

II.F. Five Year State Action Plan

II.F.1 State Action Plan and Strategies by MCH Population Domain

INTRODUCTION

The FY 2014 annual report for the 2011-2015 National and State Performance Measures is presented by population domain. The plan narratives address the eight new/continuing National Performance Measures by population domain as reflected in the state five year plan table. Hawaii is using the plan template provided by Title V. The narratives review the information in the plan table as well as discuss specific plans for the application year (FY 2016). State performance measures, evidence based/informed strategy measures will be completed in next year's report.

For the FY 2014 annual report, there is little change or no new data for most of the 2011-2015 National (NPM) and State Performance Measures (SPM):

- Women/Maternal Health: there is no new data available for the current year (due to delay in PRAMS data) other than for NPM 18 (based on vital statistics); however, the estimate for NPM 18 is not comparable to previous years due to the adoption of the 2003 birth certificate revision in 2014.
- Perinatal/Infant Health: there have been no substantial changes in the NPMs.
- Child Health: there has been no change in the measures where new data was available.
- Adolescent Health: there has been continued improvement in teen births as well as a reduction in the rate of teen suicide deaths.
- CSHCN Health: There is no new data available (all from CSHCN survey).
- Cross-Cutting/Life Course: There is no new data available (YRBS) for the SPM child oral health measure.

State Action Plan Table						
Women/Maternal Health						
State Priority Needs	Objectives	Strategies	National Outcome Measures	National Performance Measures	ESMs	SPMs
Promote reproductive life planning	By July 2020, increase the percent of women with a preventive medical visit in the last year to 65% (Baseline: 2013 BRFSS data 62.3%)	<ul style="list-style-type: none"> • Promote preconception health care visits (e.g. identify access barriers, community and provider education, public awareness) • Promote reproductive life planning (e.g. increase birth spacing, 	Rate of severe maternal morbidity per 10,000 delivery hospitalizations <hr/> Maternal mortality rate per 100,000 live births <hr/> Percent of low birth weight deliveries (<2,500 grams) <hr/> Percent of very	Percent of women with a past year preventive medical visit		

State Action Plan Table

Women/Maternal Health

State Priority Needs	Objectives	Strategies	National Outcome Measures	National Performance Measures	ESMs	SPMs
		<p>improve access to family planning)</p> <ul style="list-style-type: none"> Promote healthy behaviors (e.g. smoking cessation, decrease alcohol and substance use, maintain healthy weight, use of folic acid, chronic disease control) 	<p>low birth weight deliveries (<1,500 grams)</p> <hr/> <p>Percent of moderately low birth weight deliveries (1,500-2,499 grams)</p> <hr/> <p>Percent of preterm births (<37 weeks)</p> <hr/> <p>Percent of early preterm births (<34 weeks)</p> <hr/> <p>Percent of late preterm births (34-36 weeks)</p> <hr/> <p>Percent of early term births (37, 38 weeks)</p> <hr/> <p>Perinatal mortality rate per 1,000 live births plus fetal deaths</p> <hr/> <p>Infant mortality rate per 1,000 live births</p> <hr/> <p>Neonatal mortality rate per 1,000 live births</p> <hr/> <p>Post neonatal mortality rate per 1,000 live births</p> <hr/> <p>Preterm-related</p>			

State Action Plan Table						
Women/Maternal Health						
State Priority Needs	Objectives	Strategies	National Outcome Measures	National Performance Measures	ESMs	SPMs
			mortality rate per 100,000 live births			

Women/Maternal Health

Women/Maternal Health - Plan for the Application Year

Preliminary 5-Year Plan:

The 5-year needs assessment affirmed the importance of women’s prevention health care as a priority issue based on the work of:

- The Executive Office of Early Learning’s Action Strategy Planning (specifically the component focused on “Healthy and Welcomed Births”),
- the 2013 National Governor’s Association (NGA) Learning Network to improve Birth Outcomes,
- the establishment of the Hawaii Maternal and Infant Health Collaborative (HMIHC) to improve birth outcomes and reduce infant mortality, and
- Hawaii participation in the national Infant Mortality Collaborative Improvement and Innovation Network (CoIIN).

The Title V agency applied for and received the NGA Learning Network technical assistance (TA) to improve Birth Outcomes. The application was developed in conjunction with the March of Dimes Hawaii Chapter. This included Hawaii team participation in a Washington, DC August 29-30, 2013 Learning Network Conference on Improving Birth Outcomes to assist states in developing, implementing and aligning their key policies and initiatives related to the improvement of birth outcomes. The Conference also allowed for states selected to share with one another lessons learned and to further their respective planning processes This TA was then used to kick-off and support a series of planning sessions in 2013 to engage a broad group of stakeholders in strategic thinking about a comprehensive approach to improving birth outcomes in Hawaii. This effort was conducted in partnership with the Executive Office of Early Learning’s Action Strategy initiative which included a workgroup on “Healthy and Welcomed Births.” The HMIHC was formed to sustain the planning and implementation work begun through NGA TA. HMIHC completed a strategic plan and Logic Model, *The First 1,000 Days*, aimed at achieving the outcomes of 8% reduction in preterm births and 4% reduction in infant mortality by 2020.

To date over 80 people across Hawaii have been involved in the HMIHC. These members include physicians and clinicians, public health planners and providers, insurance providers and health care administrators.

Women’s preventive health is viewed as a critical factor to reducing infant mortality and improving birth outcomes. Thus, the HMIHC has a work group focused on preconception and interconception care which specifically focuses on the health of reproductive aged women.

Subsequently, the State participated in the July 2015 Infant Mortality CoIIN Summit and has utilized the strategic goals set by the HMIHC to select CoIIN projects for Hawaii. Hawaii has drawn from the HMIHC to provide leadership and direction for CoIIN projects. Each project has a Department of Health (DOH) and community partner as co-leaders.

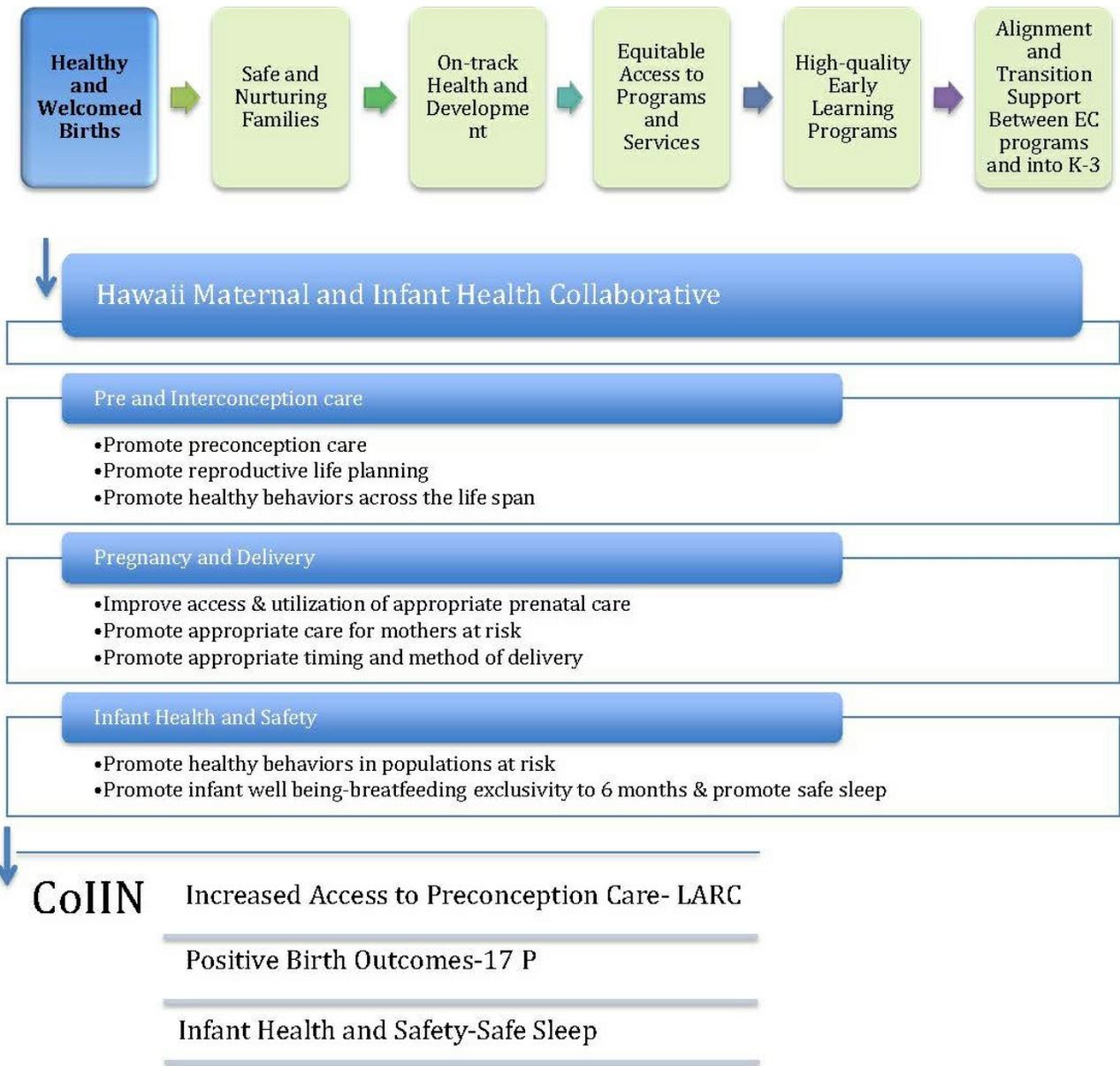
Priority: Improve reproductive life planning

The HMIHC goals for women’s preventive health are to reduce unintended pregnancy and improve birth spacing –

the improvement of reproductive life planning. This priority supports the efforts of the Infant Mortality CoIIN project activities which are focusing on Long Acting Reversible Contraception (LARC), as an evidence based strategy. Reducing the rate of unintended pregnancy also served as the state Title V priority from the previous 5-year project period. Expanding the focus on women's preventive health overall is a new Title V priority for Hawaii. Administratively, the Title V agency has always recognized the importance of women's health. Perinatal support and federal Title X funded family planning programs are housed in the "Women's and Reproductive Health Section" of the Maternal and Child Health Branch under Title V. Regrettably, staff and budget reductions over the past six years have prevented the Section from realizing its broader mission to improve women's health.

How it all Connects

Executive Office of Early Learning Action Strategy Focus Areas



Objective:

- By July 2020, increase the percent of women with a preventive medical visit in the last year to 65% (Baseline: 2013 BRFSS data 62.3%)

National Performance Measure: Percent of women with a past year preventive medical visit

The state priority is based on the Title V block grant guidance National Performance Measures (NPM) for women’s

health. The HMIHC identified several objectives relating to women's preconception and interconception health which do not include the Title V NPM for women's health. Discussions were conducted with the Title V women's health program staff, the ColIN project team, and HMIHC leadership group to determine the best alignment between the HMIHC plan, the Hawaii ColIN projects, and Title V women's health program resources. The consensus was to select the Title V NPM to increase preventive medical visits and develop a preliminary objective around the NPM. Discussions will continue to consider formal integration of the Title V measure into the existing HMIHC strategic plan and logic model.

5-Year Strategies:

- Promote preconception health care visit (e.g. identify access barriers, community and provider education, public awareness)
- Promote reproductive life planning (e.g. increase birth spacing, improve access to family planning)
- Promote healthy behaviors (e.g. smoking cessation, decrease alcohol and substance use, maintain healthy weight, use of folic acid, chronic disease control)

Strategy Development

These strategies are from the HMIHC Pre and Interconception work group. The group meets monthly and works in coordination with the ColIN project team focusing on promotion of LARC. Implementation activities will be developed in partnership with Collaborative members including March of Dimes Hawaii Chapter, Medicaid, Governor's Office on Health Care Transformation, Hawaii American Congress of Obstetricians and Gynecologists, Hawaii Section (Hawaii ACOG), and the University of Hawaii John A Burns School of Medicine (JABSOM).

Plans for Application Year Federal Fiscal Year 2016 (10/1/15-9/30/16):

- Clarify policies for Medicaid and private insurance on LARC reimbursement immediately postpartum prior to discharge, and outpatient for women of reproductive age if requested
- Assess need for provider training on changes to LARC coverage and codes
- Increase provider competency with the provision of training
- Increase voluntary utilization of LARC in our adolescent population
- Assess if barriers have been reduced (e.g. availability of pharmacy stock for hospital inpatient)

Increasing access to and utilization of LARC both postpartum and for the population in general including adolescents when wanted was identified as a priority by the HMIHC and was thus selected as a ColIN project. Specific action steps were identified to implement Increase LARC usage over the next two years.

During September 2014 the HMIHC developed a white paper on [Medicaid and Insurance Reimbursement for Immediate Post-Partum Long Acting Reversible Contraception](#). This was used to support discussion and improvement for billing and reimbursement for LARC immediate post-partum and support the reduction of unintended pregnancy.

During June 2015, a new intrauterine device (IUD) became approved by the Federal Drug Administration and available to all Title X family planning providers at a lower cost with 340-B. On April 7, 2015, the Centers for Disease Control and Prevention released a Morbidity and Mortality Weekly Report, Vital Signs: Trends in Use of Long-Acting Reversible Contraception Among Teens Aged 15-19 Years Seeking Contraceptive Services – United States, 2005-2013. The State of Hawaii was fifth for the percentage of female teen's aged 15-19 using LARC among those seeking contraceptive services at Title X service sites, by state. It should be noted though that the number of teens seen at Title X clinics is small and not representative of the State as a whole (for the Vital Signs report there were 2,787 teens using LARC during 2005 – 2013). This does though demonstrate that there is Title X provider comfort in provision of LARC although this may vary by service site, and there has been available a variety of resources for statewide LARC training since 2009 for Title X sub-recipients.

The Hawaii Department of Health (DOH) and its Title X family planning grant in partnership with the preventive health care services block grant will hold a reproductive health training for its family planning providers on 10/23/2015. This

training will include a session on adolescent counseling and a LARC practicum for IUD for clinicians. The session will support the dissemination of information including that LARC is safe for teens; training providers on using a client centered counseling approach in service delivery; LARC (IUD insertion) and, increasing awareness of LARC coverage. If completed by the date of this training the Hawaii LARC Reimbursement Guide that is being developed on both Medicaid and private reimbursement information for all Hawaii plans will also be distributed.

The HMIHC through its partnerships through Medicaid, Governor's Office on Health Care Transformation, and JABSOM will complete an assessment of Medicaid and Private Insurance policies related to reimbursement for LARC insertion immediately post-partum. This reimbursement information will be used to develop a Reimbursement Guide for providers that clarifies coverage for LARC by all Hawaii Medicaid and private health insurance plans. March of Dimes Hawaii Chapter has committed to fund the development and dissemination of the guide. The Guide will initially be distributed during the Hawaii ACOG annual meeting in November 2015. A presentation on the benefits of LARC will be conducted by faculty from JABSOM at the meeting. The presentation will also include information on clinical guidelines for adolescents and LARC insertion, as well as, a review of the Hawaii LARC Reimbursement Guide.

All training of providers on LARC insertion will include using a client centered approach that includes discussing the most effective methods of contraception and ensuring that decision making on use is voluntary, respectful of and responsive to individual preferences, needs, and values.

There will be two face-to-face meetings for up to 70 collaborative stakeholders including neighbor island representation held during FY 2016. The HMIHC will be involved in this planning with administrative support from a Maternal and Child Health contract with Healthy Mothers Healthy Babies Coalition of Hawaii. This will include discussion of opportunities to expand efforts to improve preventive women's health care beyond the current strategies for LARC.

Factor Contributing to Success

The Title V agency has been able to capitalize on key state and national resources to advance activities to improve women's health that directly impact birth outcomes and infant mortality. These resources include:

- The Executive Office of Early Learning's Action Strategy Planning process which is supported by the Governor's Office in conjunction with substantial funding commitment from the Hawaii Community Foundation/Omidyar Foundation (the former established by the founder of Ebay)
- the 2013 National Governor's Association (NGA) Learning Network to improve Birth Outcomes, and
- Hawaii participation in the national Infant Mortality Collaborative Improvement and Innovation Network (CoIIN).

In addition, Title V has utilized resources of key partners to provide leadership, staffing and funding to sustain these collaborative efforts over the past three years. These resources were crucial since the Maternal and Child Health Branch staffing and management have been hampered by significant turnover, loss of staffing due, and funding cuts over the past 5 years.

Examples of resources include funding for the collaborative work has been provided by the Department of Health (DOH), Centers for Disease Control Preventive Health and Health Services Block Grant (PHHSBG) to hire a facilitator/coordinator for the HMIHC and CoIIN projects. Administered by the DOH Office of Planning, Policy and Program Development, the CDC grant funding has been essential to sustain the momentum and work of the Collaborative. Additional PHHSBG funding will be used to support LARC activities including workforce training. The March of Dimes Hawaii Chapter has provided leadership and assistance to support ongoing communication for the Collaborative members to assure engagement and recruitment of new members and provided funding and office space for meetings

Challenges, Barriers

Some of the challenges to implementing LARC activities include:

- Establishing, coordinating and implementing linkages to ensure timely data for project benchmarks,
- Assuring all applicable providers provided the Hawaii LARC Reimbursement Guide with adequate information and training to utilize the guide effectively, and

- Potential provider barriers to LARC such as insurance coverage of device and on-site proctor insurance training for inexperienced providers.

Completing 5-Year Action Plan Activities

Family Health Services Division through its Maternal and Child Health Branch will continue to participate in the HMIHC, CoIIN and project activities discussed above. This will include participation in the Boston CoIIN In Person Learning Session 2, July 27-28, 2015. This engagement will support assessing progress to date, identifying opportunities for continued improvement in reducing infant mortality, promoting cross-state collaboration and identifying new approaches, and improving use of data and forming plans to integrate stakeholders to move forward practice improvement. The HMIHC will continue to hold its monthly meetings including pre conception and interconception work group meetings to address this priority.

Women/Maternal Health - Annual Report

NPM 1 - Percent of women with a past year preventive medical visit

Annual Objectives					
	2016	2017	2018	2019	2020
Annual Objective	65	65	65	65	65

For the Women's/Maternal population domain, Hawaii is reporting on the national and state performance measures which address the following issues:

- NPM 15: Smoking during Pregnancy
- NPM 18: Prenatal care
- SPM 01: Unintended pregnancy
- SPM 02: Alcohol Use during Pregnancy

Data Issues

Three of the four measures in this population domain rely on data from the Hawaii Pregnancy Risk Assessment Monitoring System (PRAMS). Due to changes at CDC and personnel changes in Hawaii PRAMS, PRAMS data from 2011 is the latest available data for this report. The data for 2012 is expected later in summer of 2015. The Hawaii 2013 data was submitted to CDC and is in the process of being weighted. Hawaii's 2014 data collection is completed and arrangements are being made for data entry by approved CDC contactors. Data collection for PRAMS 2015 is ongoing.

Hawaii implemented the 2003 revision of the birth certificate in 2014 and due to changes in specific data collection of some items, some indicators are not comparable across the transition. For example, prenatal care entry (NPM 18) is not comparable, but high risk deliveries at tertiary care centers (NPM 17) is comparable across. The way information on prenatal care entry data collection has changed, but the hospital and birth weight data collection methodology did not.

NPM 15: Percentage of women who smoke in the last three months of pregnancy.

Smoking is the single largest known preventable risk factor for poor pregnancy outcomes. The 2011 data (latest available) indicates 5.0% of pregnant women reported smoking during the last trimester of pregnancy. The State objective of 7% was met; the Healthy People 2020 Objective of 1.4% was not met.

According to Hawaii PRAMS data from 2009-11, of the women who smoked prior to pregnancy, 35.6% smoked during the last trimester of pregnancy and 55.5% reported smoking 2-9 months postpartum.

Title V administers the Perinatal Support Services (PSS) program with contract providers throughout the State.

Services include outreach, risk assessments/screenings, health education, and case management for high-risk pregnant and postpartum women. PSS providers screen smoking behaviors and refer for cessation counseling. In October 2013, a PSS request for proposal was issued. Contracts began with seven providers on July 1, 2014 with services to continue through June 30, 2016. The scope of work will continue to include the PSS service delivery components.

The WIC program screens pregnant women and mothers and makes referrals to the statewide Hawaii Tobacco Quitline and community health centers for smoking cessation classes and interventions.

Perinatal services continue to be provided by the DOH Public Health Nursing staff in Hawaii County through the Hawaii Island Perinatal Program (HIPP). The program includes screening for smoking and referrals for smoking cessation. PSS and HIPP programs continue to promote early prenatal care (PNC) for high-risk women.

MCHB contracts with the Healthy Mothers Healthy Babies (HMHB) Coalition of Hawaii to provide system building support for the improvement of statewide perinatal services. HMHB coordinates the statewide Perinatal Advocacy Network (PAN) meetings and works with MCHB to convene quarterly perinatal provider meetings. HMHB also provides health messaging through the pregnancy resource, referral, information phone line, website and "text4baby" program.

A revised PRAMS survey will continue to assess smoking behaviors before, during, and after pregnancy. The PRAMS program has an ongoing partnership with the Tobacco Prevention and Education Program to collect and monitor this data for the state smoking prevention plan.

NPM 18: Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

Provisional data for 2014 indicates 81.7% of pregnant women received first trimester PNC. The state objective of 88% was not met; however, the Healthy People 2020 objective of 77.9% was met. Due to the birth certificate revision 2014 data is not comparable to previous years; however, rates prior to 2014 have remained relatively stable for the past 8 years.

Title V administers the Perinatal Support Services (PSS) Program with contract providers throughout the State. PSS providers conduct outreach, risk assessment/screenings, health education, and case management to high-risk pregnant women, up to 6 months post-partum. Access to early PNC is supported through community outreach, education, and by assisting uninsured pregnant women with Medicaid applications.

In October 2013, a PSS request for proposals was issued. Contracts began July 1, 2014 with services to continue through June 30, 2016. The scope of work will continue to include the PSS service delivery components.

Perinatal services continue to be provided through DOH Public Health Nursing staff in Hawaii County through the Hawaii Island Perinatal Program (HIPP). PSS and HIPP programs continue to promote early PNC for high risk women and healthy behaviors.

Four Local Area Consortia (LAC) continue to meet to improve the Hawaii County perinatal health care system. The LACs have continued to identify and implement actions to address broader system issues such as increasing access to care.

HMHB Coalition of Hawaii provides system building support to improve statewide perinatal services. For this HMHB conducts needs assessments in coordination with the Title V MCH Branch (MCHB) to identify statewide issues/concerns affecting the perinatal population. This included in July 2014 an Assessment of Parents' and Providers' Knowledge and Use of Postpartum Depression Support Resources in Hawaii. Bi-annual Statewide Perinatal Provider Advocacy Network (PAN) meetings are held to facilitate discussions on legislation, perinatal service issues, and to share strategies to assure early and ongoing PNC by improving outreach and case management. HMHB works with MCHB to plan the quarterly PSS provider meetings and sponsor workforce trainings. HMHB also manages the pregnancy referral and information phone line, "text4baby," and website that include information on PNC.

In May 2013, the DOH was selected to join the National Governor's Association (NGA) Learning Network to Improve Birth Outcomes. The Learning Network assisted states in developing, implementing and aligning key policies and initiatives to improve birth outcomes. This effort is assisted to fulfil the DOH commitment to reduce infant mortality

and improve birth outcomes. Approximately 60 private and public stakeholders attended the NGA In-State Planning Session on July 17, 2013. Perinatal and women's health data was presented and reviewed to assess needs and identify issues. Participants emphasized the need to have a life course approach; a collaborative to address improvement of birth outcomes including a clinical component; access to relevant data for ongoing assessment on improvement of birth outcomes; and that discussions, development of strategies, and approaches continue. A Hawaii Team including DOH, March of Dimes Hawaii Chapter, and Health Care Association of Hawaii attended a Washington, DC conference to share our efforts and hear from national experts of their challenges and successes. As a result of the planning session and conference, the Hawaii Maternal and Infant Health Collaborative (HMIHC) was formed. A planning document was developed, "The First 1,000 Days", which aimed at achieving an 8% reduction in preterm births and 4% reduction in infant mortality by 2018. Three work groups were formed:

- preconception and interconception care;
- pregnancy, care during pregnancy and delivery, and
- infant health and safety.

The groups identified strategies and tactics to decrease preterm births for each perinatal period. To date over 80 members across Hawaii have been involved in the HIMHC and include physicians and clinicians, public health planners and providers, insurance providers and health care administrators.

In July 2014, the DOH along with public private partners participated in the national Collaborative Improvement and Innovation Network Summit (CollIN) to Reduce Infant Mortality in WA, D.C., these efforts coordinated and support the work of the HIMHC. As part of the HIMHC there is a core leadership team which meets monthly to develop and revise the HMIHC plan, ensure stakeholder engagement, and address barriers to implementation. The HIMHC also distributes a quarterly newsletter to inform collaborative stakeholders on activities and progress occurring and support ongoing engagement in these efforts.

The Hawaii PRAMS survey includes questions on prenatal care.

SPM 01: Percent of pregnancies (live births, fetal deaths, abortions) that are unintended.

This measure reflects the state Title V priority to reduce the rate of unintended pregnancy (UP) in Hawaii. The percent of UP increased slightly from 51.6% in 2011 to 52.0 % in 2012, although the data is provisional. The state objective was not met, nor was the Healthy People 2020 Objective of 46%. Because Hawaii uses PRAMS data to this measure no new data is available at this time.

In 2012, 70,970 women in Hawaii were in need of publicly supported contraceptive services and supplies. This includes 17,100 women less than 20 years of age. Many women who do not have health insurance cannot afford contraceptive services. When family planning services are not used, women have an increased risk for an unintended pregnancy. Nearly half of women with UP were using contraception. The use of effective contraceptive method (CM) to prevent UP is well known but education to clients and providers to increase awareness and access to accurate information, client-centered counseling approach that includes discussing the most effective contraceptive methods first and providing these methods at reduced or not cost to the clients are barriers to its acceptance and utilization.

Family planning (FP) services administered by the Title V MCH Branch (MCHB) Reproductive Health Services Unit are funded primarily by the federal Title X Family Planning Services. FP services are available in 38 clinic sites in 10 community health centers, 1 college and 1 university health center, 1 hospital, and 1 community-based non-profit organization located on 6 of the major islands. Target populations are the uninsured and underinsured, males, adolescents, homeless and at-risk youths, immigrants, persons with limited English proficiency, persons exposed to or experiencing violence, clients recently released from incarceration and others experiencing situations that impact their ability to access health related services. Providers offer outreach, clinical education, and referral services, and translation services. FP education materials are culturally tailored to meet the needs of varied racial/ethnic, geographic, and disparate groups. Title V programs and other departmental programs (i.e. STD/HIV Prevention Program), and community partners refer clients to FP services.

There were 37,129 clinic visits by 18,999 clients in FY 2014. Over two-thirds of clients received services through community health centers (CHC), 84% had incomes less than 100% of the Federal Poverty Level, and 30% uninsured. The proportion of FP clients who have a positive pregnancy test and stated they are avoiding pregnancy declined from 63% in FY 2013 to 50.3% in FY14. Our data indicates over 70% of the FP clients state they are not seeking pregnancy and leave with a chosen method. Counseling and developing a reproductive life plan and preconception planning, as appropriate are integral components of the FP services. Long acting reversible contraceptive (LARC) use rates in teens are higher among Title X clients than the national average. Hawaii ranks 5th highest in the nation in LARC use for 15-19 years old and 4th for 18-19 years old. Population-based services provided through 11 Title X FP community health educators (HE) statewide emphasized discussing a reproductive life plan with all FP clients and providing preconception health services as part of FP, as appropriate. Activities to increase awareness of how to access FP services include distribution of educational materials, health fairs, and mass media. There were 46,579 adolescent and 14,579 male educational contacts made in FY 2014. In addition, 49,515 direct contacts and 372,048 indirect contacts were served, The Title X funded digital video disk presentation on FP and CM developed and translated by Kalihi Palama Health Center in Marshallese, Chuukese, Vietnamese and Mandarin languages has been distributed for clients to take home and have follow-up discussions with partners and significant others to assist with the decision process on contraceptive use. In May 2013, the DOH was selected to join the National Governor's Association (NGA) Learning Network (LN) to Improve Birth Outcomes. Hawaii is involved in the CoIIN to reduce infant morbidity. The Hawaii Maternal and Infant Health Collaborative (HMHIC) was formed as part of this effort with a workgroup focused on improving preconception and interconception health and care. The workgroup released a white paper assessing the potential barriers to LARC including access following delivery and any related Medicaid coverage barriers. More details are provided in NPM 15 and 18 narratives regarding the CoIIN/HMHIC efforts. Two FP health educators provided comprehensive sex education at the Boys and Girls Club of Hawaii's (BGCH) Nanakuli and Spalding Clubhouses'. This is the 2nd program year of the Abstinence Education Grant Program (AEGP). The promising Skilled Mastery and Resistance Training (SMART) Moves curriculum, is a product of the Boys and Girls Club of Hawaii and is the abstinence curriculum used to educate 231 participants aged 10-16 in positive youth development and teen pregnancy prevention.

SPM 02: Percent of women who report use of alcohol during pregnancy.

This measure reflects the State priority to reduce prenatal alcohol use. The priority was selected based on research demonstrating how alcohol use during pregnancy has many negative effects on the developing fetus. The 2011 indicator is 6.9% (the latest available data); the annual objective was nearly met. The rate has stayed stable over the past 5 years. The Healthy People 2020 objective of 1.7% was not met. The Title V MCH Branch administers the Perinatal Support Services (PSS) Program with contracted providers throughout the State. The PSS providers conduct outreach, risk assessment/screenings, health education, and case management to high-risk pregnant women, up to 6 months post-partum. Providers screen clients for prenatal and post-partum alcohol use, and provides brief interventions and referrals for treatment. The federally funded Healthy Start Big Island Perinatal Health Disparities program (BIPHDP) provides perinatal and postpartum support services to high-risk pregnant women. The program targets women of Native Hawaiian, Other Pacific Islander, Filipino, and Hispanic ancestry as well as teens. The program screens clients for prenatal and post-partum alcohol use, and provides brief interventions and referrals for treatment. The BIDHP provider contract ended in March. Services continue to be provided by DOH Public Health Nursing (PHN) and Title V staff. The service delivery component of this program under PHN was renamed to Hawaii Island Perinatal Program (HIPP). PSS and HIPP programs continue to support access to early prenatal care and promote healthy behaviors for high risk women. The BIDHP grant helped support four Local Area Consortia (LAC) that work to improve the Hawaii County perinatal health care system. The LACs have continued to identify and implement actions to address broader system issues.

The WIC program at the initial client visit uses a health questionnaire to screen for alcohol use during pregnancy and refers when appropriate.

The Children’s Research Triangle (CRT) continues to expand its perinatal screening and intervention for substance use during pregnancy to Federally Qualified Health Centers (FHQC) after starting the program on Hawaii Island. CRT also conducted a training with pediatricians, OB/GYN’s, and hospital nurses on Maui on the CRT 4 P’s Plus screening tool. CRT continues to meet with partners, including Title V, to build a system of services to prevent, screen, and treat substance use/abuse, including alcohol, among women.

Title V continued to provide staffing for the Fetal Alcohol Spectrum Disorders (FASD) Task Force (TF) comprised of private/public partners. Staff supported the TF in partnership with the Hawaii MCH Leadership Education in Neurodevelopmental and Related Disabilities (LEND) program to develop a legislative bill that would establish an Interagency Council to promote awareness building, screening and treatment for individuals with a FASD. The LEND program prepares health professionals for leadership roles to improve support and services for children with special health needs and their family members. Unfortunately, the bill was not passed. A number of different awareness building and education efforts were conducted across the islands. As part of September FASD Awareness Month, three of the four county mayors conducted proclamation signings. The warning signs developed with TF partners and funded by the March of Dimes and the DOH CDC Preventive Health Services Block Grant were again placed on all of Oahu’s public buses. The Maui county bus system agreed to retain the warning signs from the previous year. National training resources were returned to the islands covering mental health treatment planning and strategy development and diagnosing FASD, and developing a strategic plan for FASD.

The TF Clinical Committee addressed screening and testing for neuro-cognitive deficits; currently used screening and assessments tools, the need to increase the awareness, diagnostic capacity of providers in the community; and expanding treatment/referral resources.

The HMHB Coalition of Hawaii provides system building support to improve statewide perinatal services. HMHB coordinates the statewide Perinatal Advocacy Network (PAN) meetings and quarterly perinatal provider meetings where FASD prevention information is shared. HMHB also provides health messaging through an information phone line, website and “Text4baby” program that includes information on abstaining from alcohol use during pregnancy. Through a federal Healthy Care grant, HMHB launched a marketing campaign to publicize resources to support healthy pregnancies and early newborn care.

State Action Plan Table						
Perinatal/Infant Health						
State Priority Needs	Objectives	Strategies	National Outcome Measures	National Performance Measures	ESMs	SPMs
Reduce the rate of infant mortality	By July 2020, increase the percent of infants who are ever breastfed to 94% (Baseline: 2011 NIS data 89.5%) By July 2020,	<ul style="list-style-type: none"> Strengthen programs that provide mother-to-mother support and peer counseling. Use community-based 	Post neonatal mortality rate per 1,000 live births Sleep-related Sudden Unexpected Infant Death (SUID) rate per 100,000 live	A) Percent of infants who are ever breastfed and B) Percent of infants breastfed exclusively through 6 months		

State Action Plan Table

Perinatal/Infant Health

State Priority Needs	Objectives	Strategies	National Outcome Measures	National Performance Measures	ESMs	SPMs
	increase the percent of infants breastfed exclusively through 6 months to 28% (Baseline: 2011 NIS data 26.4%)	organizations to promote and support breastfeeding.	births			
Reduce the rate of infant mortality	By July 2020, increase the percent of infants placed to sleep on their backs to 82% (Baseline: 2011 PRAMS data 78.1%)	<ul style="list-style-type: none"> • Review all birthing hospital policies and training needs • Increase infant safe sleep environment knowledge for caregivers • Safe sleep behavior is understood and championed by trusted individuals. • Collect information on co-sleeping beliefs and behaviors among diverse culture in Hawaii. 	Infant mortality rate per 1,000 live births <hr/> Post neonatal mortality rate per 1,000 live births <hr/> Sleep-related Sudden Unexpected Infant Death (SUID) rate per 100,000 live births	Percent of infants placed to sleep on their backs		

Perinatal/Infant Health

Perinatal/Infant Health - Plan for the Application Year

Preliminary 5-Year Plan: Breastfeeding

The 5-year needs assessment affirmed the importance of breastfeeding as a priority issue. Founded in 2013, the Hawaii Maternal and Infant Health Collaborative is a public-private partnership committed to work on the Executive Office of Early Learning's Action Strategy #1 Improving Birth Outcomes and Reducing Infant Mortality.

Priority: Reduce the rate of infant mortality by improving breastfeeding rates.

New state priorities focus on improving breastfeeding rates of infants ever breastfed and breastfed exclusively through 6 months, based on the Title V National Performance Measures.

Objectives:

The preliminary 5-year plan objectives were developed using the National Immunization Survey (NIS) data as a baseline and projecting a 5 percent improvement for infants ever breastfed and 6 percent improvement for infants exclusively breastfed at 6 months over the next five years.

- By July 2020, increase the percent of infants who are ever breastfed to 94% (Baseline: 2011 NIS data 89.5%)
- By July 2020, increase the percent of infants breastfed exclusively through 6 months to 28% (Baseline: 2011 NIS data 26.4%)

National Performance Measures:

- A. Percent of infants who are ever breastfed and,
- B. Percent of infants breastfed exclusively through 6 months.

5-Year Strategies:

- Strengthen programs that provide mother-to-mother support and peer counseling.
- Use community-based organizations to promote and support breastfeeding.

Strategy Development

The strategies were extracted from the Actions for Communities section of the 2011 Surgeon General's Call to Action to Support Breastfeeding. To assure regular feedback/input, breastfeeding stakeholders are routinely informed about the initiative through reports at meetings, web/conference calls, email updates, and conferences.

Plans for Application Year Federal Fiscal Year 2016 (10/01/15-09/30/16):

- Train home visitors on helping mothers overcome common breastfeeding challenges.
- Refer all pregnant WIC moms to Healthy Mothers Healthy Babies Text4Baby service.
- Increase capacity at birthing facilities by offering a "Baby Behavior Train the Trainer" session.
- Continue participation of WIC Breastfeeding Coordinator as a coalition board member.

Factors Contributing to Success

Title V programs continue supporting high-risk pregnant women through the Hawaii Island Perinatal Program and WIC. Home visitors and others working with breastfeeding mothers received training to build support capacity in partnership with WIC and the Hawaii and Maui District Health Offices.

The WIC Breastfeeding Coordinator participated as a Breastfeeding Hawaii board member (the State Breastfeeding Coalition) and attended monthly meetings.

In August 2014 WIC co-sponsored a World Breastfeeding Week event with Castle Medical Center and Breastfeeding Hawaii. The event was marketed to pregnant women and featured a variety of sessions such as: Tips for Successful Breastfeeding; Food Myths of Hapai & Breastfeeding Moms; Family & Community Roles in Caring for Baby; Getting the Support You Need; How to Choose a Pediatrician and How Healthy Mothers Healthy Babies Can Help Your Family. Approximately 50 attendees attended the event.

The Affordable Care Act requires breast pump coverage through medical plans which can assist mothers with exclusive breastmilk feeding, especially as new mothers return to work or school.

Challenges, Barriers

While Hawaii has many dedicated breastfeeding advocates and partners, efforts to develop strategies and sustain

their implementation has been difficult due to the lack of a Statewide Breastfeeding Coordinator to serve all families.

Despite Hawaii's excellent breastfeeding initiation rate, the CDC's Maternity Practices in Infant Nutrition and Care report shows that birthing facilities in Hawaii still have opportunities for improvement. Areas for improvement include appropriate use of breastfeeding supplements, inclusion of model breastfeeding policy elements, provision of hospital discharge planning support and adequate assessment of staff competency. Since the benefits of breastfeeding are dose-related, duration and degree of exclusivity need to be reviewed as well.

Completing 5-Year Action Plan Activities

FHSD will continue to work on the current administrative and project activities discussed above. An update on progress will be provided in next year's Title V report and needed adjustments made to the preliminary 5-Year Plan. Performance measures will be identified for evidence-based practices based upon guidance provided by AMCHP and the federal MCH Bureau.

Preliminary 5-Year Plan: Safe Sleep

The 5-year needs assessment confirmed the importance of providing safe sleep education and training to parents and childcare providers as a priority issue. Founded in 2013, the Hawaii Maternal and Infant Health Collaborative, is a public private partnership committed to Improving Birth Outcomes and Reducing Infant Mortality. The Collaborative was developed in partnership with the Executive Office of Early Learning's Action Strategy with help from the DOH and National Governor's Association. The National Institute for Children's Health Quality provides technical assistance to the Collaborative through our participation in the national CoIIN Initiative. The Collaborative has completed a strategic plan and accompanying Logic Model, The First 1,000 Days, aimed at achieving the outcomes of 8% reduction in preterm births and 4% reduction in infant mortality by 2018. The Collaborative has identified two priority strategies to achieve the objective of decreasing infant mortality in the first year of life, they are 1) to foster safe sleep practices for all who care for infants and 2) to provide professional development and training opportunities for caregivers of infants.

Priority: Promote Safe Sleep practices

The state priority is based on the Title V block grant guidance National Performance Measures for safe sleep practices which focuses on infant health. The focus on improving safe sleep practices is a new priority for Hawaii.

Objectives:

- By July 2020, increase the percent of infants placed to sleep on their backs to 82% (Baseline: 2011 PRAMS data 78.1%)

The preliminary 5-year plan objectives were developed using the Pregnancy Risk Assessment Monitoring System data as a baseline and projecting a 4 percent improvement over the next five years.

National Performance Measure: Percent of infants placed to sleep on their backs.

5-Year Strategies:

- Review all birthing hospital policies and training needs
- Increase infant safe sleep environment knowledge for caregivers
- Safe sleep behavior is understood and championed by trusted individuals.
- Collect information on co-sleeping beliefs and behaviors among diverse culture in Hawaii.

Strategy Development

The five strategies were extracted from the Safe Sleep Team's national CoIIN Initiative's Planning Worksheet. To assure regular feedback/input, safe sleep stakeholders are routinely informed about the initiative through reports at meetings, web/conference calls, email updates, conferences, and newsletters.

Plans for Application Year Federal Fiscal Year 2016 (10/1/15-9/30/16):

- Develop a survey for childcare providers to determine their preferred method of receiving training.
- Develop focus group questions for providers working with parents to gain an understanding of the challenges related to providing safe sleep education to parents.
- Develop questions for parents to better understand parental reactions and responses to different safe sleep messages.
- Provide feedback towards the development of administrative rules and the development of a safe sleep policy template.
- Integrate safe sleep education into WIC services.
- Continue new and ongoing safe sleep training of health professionals working with new parents.

The Safe Sleep Hawaii Committee was formed in 2002 by Dana Fong, a safe sleep champion who continues to advocate for the ongoing training and education increasing awareness of safe sleep practices. In 2015, Safe Sleep Hawaii and new safe sleep partners came together as the national CoIIN Initiative Hawaii Safe Sleep Team. Through CoIIN, the collaborative effort combines partners from hospitals, early child care partners, home visitors, parenting educators, nurses, physicians, parent advocates, and public and private agencies. To help inform the efforts the Hawaii Safe Sleep Team is first working to reinstitute the state's Child Death Review to provide surveillance data.

Factors Contributing to Success

Safe Sleep Hawaii has promoted each October as Safe Sleep Awareness Month and has secured legislative and gubernatorial proclamations and press releases to raise awareness of the issue. A Core Committee of dedicated Safe Sleep Hawaii members worked to support the establishment of safe sleep policies in all birthing hospitals. In 2013, Safe Sleep Hawaii worked to introduce and successfully pass legislation that required safe sleep practices to be addressed in childcare facilities. The legislature has also provided grant funding to support the Cribs for Kids program which provides education and free cribs to new parents with limited resources. Sleep Hawaii and other Core Committee members also work and respond between the monthly national CoIIN webinars/calls.

Challenges, Barriers

While Hawaii has many dedicated safe sleep advocates and partners, efforts to develop a universally adopted training on safe sleep practices has been difficult due to the established, but understated practice of co-sleeping amongst local families. The general acceptance of bed sharing has anecdotally been attributed to the state's ethnic/cultural diversity and economic constraints related to the State's high cost of housing which contributes to the sharing of small dwellings and/or multi-family living arrangements. Current training and policies promote the 2011 expanded recommendations set by the American Academy of Pediatrics (AAP) that states that babies should share a room with their parents, but not share their beds. However, parents continue to choose to sleep with their babies and much discussion by safe sleep advocates has focused on shifting to harm reduction training in order to help in-home service providers to engage parents in making decisions on how they can create as safe of an environment as possible within the context of their living situation and values. Funding cuts to the Child Death Review program has led to the loss of data that could inform which risk factors are associated with sleep related infant deaths.

Completing 5-Year Action Plan Activities

FHSD will continue to work on the current administrative and project activities discussed above. An update on progress will be provided in next year's Title V report. Any needed changes to the preliminary 5-Year Plan will be made. Based upon guidance provided by AMCHP and the federal MCH Bureau, performance measures will be identified for evidence based practices.

Perinatal/Infant Health - Annual Report

NPM-4 A) Percent of infants who are ever breastfed

Annual Objectives					
	2016	2017	2018	2019	2020
Annual Objective	94.0	94.0	94.0	94.0	94.0

NPM-4 B) Percent of infants breastfed exclusively through 6 months

Annual Objectives					
	2016	2017	2018	2019	2020
Annual Objective	28.0	28.0	28.0	28.0	28.0

NPM 5 - Percent of infants placed to sleep on their backs

Annual Objectives					
	2016	2017	2018	2019	2020
Annual Objective	82	82	82	82	82

For the Perinatal/Infant population domain, Hawaii is reporting on the national and state performance measures which address the following issues:

- NPM 1: Newborn Screening
- NPM 11: Breastfeeding
- NPM 12: Newborn hearing screening
- NPM 17: High risk deliveries at tertiary care centers

NPM 1: The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.

In fiscal year (FY) 2014, 100% of infants who screened positive received timely follow-up to definitive diagnosis and clinical management for conditions mandated by the State sponsored newborn screening program.

The Hawaii Newborn Metabolic Screening Program (NBMSPP) is administered by the Children with Special Health Needs Branch (CSHNB). NBMSPP has statewide responsibilities for assuring that all infants born in the state are tested for 32 disorders and another 25 secondary conditions found in the course of screening for the core conditions. This meets the national newborn screening recommendations from the American College of Medical Genetics and Genomics and the March of Dimes.

NBMSPP is self-sustaining through a \$55 fee assessed for each screening specimen collection kit. Hospitals purchase the collection kits and the fees are deposited in a state newborn metabolic screening special fund.

A Critical Congenital Heart Disease (CCHD) bill, that would have required hospitals to screen each newborn for CCHD with the use of pulse oximetry and to report the data and information to DOH, was introduced but did not pass this legislative session. However, NBMSPP assisted hospitals in the implementation of and written policies for routine

pulse oximetry for all newborns. To date, all birthing hospitals statewide have included routine pulse oximetry as part of their newborn care.

The Statewide NBMSAP Advisory Committee met in September for updates including increasing the fee from \$55 to \$85 and to discuss adding Severe Combined Immunodeficiency Disease (SCID) to Hawaii's newborn screening panel. The members were in agreement that SCID should be added to the panel. Plans are to begin SCID screening early 2015 as time is needed to develop a draft protocol for follow up, explore the resources available on Oahu, the neighbor islands, and the mainland if a newborn screens positive; and provide technical assistance to stakeholders. The increase in fees is necessary for the addition of SCID screening and the increase in general administrative costs. The fee has not been increased since 2006.

NBMSAP maintained oversight of the newborn metabolic screening system: obtaining blood specimens at hospitals, specimen transport, central laboratory testing, physician notification, and tracking. NBMSAP staff tracked all infants who were diagnosed with metabolic and other disorders, had abnormal and unsatisfactory screening results, transferred to another facility, or were not screened. For infants who were confirmed with disorders, NBMSAP identified the medical home, linked the medical home with the metabolic consultants, and followed-up with the medical home to ensure timely treatment. Follow-up was also provided for infants who did not receive newborn screening as identified by "Specimen Not Obtained" forms and Hospital Monthly Newborn Screening Reports from birthing facilities.

The midwives' reporting accounted for 275 out of approximately 329 home births. To assure access to newborn screening, NBMSAP provided newborn screening specimen collection kits to midwives and naturopaths with payment dependent on parents' ability to pay. The NBMSAP coordinator along with the Newborn Hearing Screening Program (NBHSP) coordinator met with midwives on Maui to discuss the changes in both programs and ways to increase screening rates. Plans for the coordinators are to present to the annual meeting of the Midwives Alliance of Hawaii in December 2014.

NBMSAP continued to provide informational packets with newborn metabolic screening and hearing screening information to midwives, as well as to the District Health Offices on each island and the Vital Statistics office on Oahu.

NBMSAP continued to contract a Hemoglobinopathy Clinic and DNA mutation testing for alpha thalassemia testing to improve genetic counseling services to families. This analysis is needed for accurate alpha gene mutation information.

NBMSAP along with the Genetics Program continued to participate in HRSA's multi-state Western States Genetic Services Collaborative to coordinate and improve access to genetic services for children with genetic disorders. NBMSAP funds Hawaii Community Genetics to provide clinic services for infants and their families with metabolic disorders and Hemoglobinopathies. CSHNB contributes services of genetic counselors, metabolic nutritionist, and a NBMSAP coordinator or follow-up nurse.

NPM 11: The percent of mothers who breastfeed their infants at 6 months of age 12.

The provisional 2014 data indicates that in 2011, 61.5% of Hawaii mothers were breastfeeding their infants at 6 months, a decrease from fiscal year (FY)2013 but significantly higher than previous years. The 2014 indicator met the HP 2020 objective of at least 61% of women breastfeeding their infants at 6 months of age and Hawaii greatly surpassed the national rate of 49.4%

Title V administers the Perinatal Support Services (PSS) program with contract providers throughout the State. Services include outreach, risk assessments/screenings, health education, and case management for high-risk pregnant and postpartum women. PSS providers provide information and encourage new mothers to breastfeed. The Title V administered Big Island Perinatal Health Disparities Program (BIPHDP) provided perinatal support services (PSS) to high-risk pregnant women on the island of Hawaii. In 2013, services moved to the DOH Public Health Nursing and the service delivery components of this program were renamed Hawaii Island Perinatal Program (HIPP). Services are provided for two years during the interconception period and include breastfeeding promotion and education prenatally and postpartum. Their target population included women of Hawaiian, Pacific Islander,

Hispanic, and Filipino ancestry and adolescents. The impact of these efforts resulted in an average breastfeeding duration of seven weeks for women who were enrolled prenatally and had a child at least six months old at the time of data collection.

In partnership with WIC and the Hilo and Maui District Health Offices, members of the Hawaii Home Visiting Network and others working with breastfeeding mothers received training to support capacity building in community based programs. The trainings were held on May 22nd and 23rd in Hilo and August 25th and 26th in Maui and were conducted by three WIC State Agency staff – Melanie Murakami, Belinda Reyes and Lorilyn Salamanca.

Title V administers the Hawaii Home Visiting Network which provides information and support on breastfeeding to participants.

The WIC Breastfeeding Coordinator participated as a board member to the State Breastfeeding Coalition, Breastfeeding Hawaii, and attended monthly meetings. Breastfeeding Hawaii is a federally recognized 501(c) (3) organization with a mission to promote, protect, and support breastfeeding within the State of Hawaii through collaboration and organization of community efforts, outreach, legislation, policy change, education, and advocacy. The coalition's vision is that breastfeeding be seen by Hawaii's community and families as the normal natural way to nourish and nurture infants. The Hawaii WIC Program's State Agency Breastfeeding Coordinator serves as a board member to help recommend and implement breastfeeding promotion efforts.

WIC co-sponsored a World Breastfeeding Week (WBW) event in August 2014 event with Castle Medical Center and Breastfeeding Hawaii. The event was marketed to pregnant women and featured a variety of sessions such as:

Tips for Successful Breastfeeding; Food Myths of Hapai & Breastfeeding Moms; Family & Community Roles in Caring for Baby; Getting the Support You Need; How to Choose a Pediatrician; and How Healthy Mothers Healthy Babies Can Help Your Family. Approximately 50 attendees attended the event.

NPM 12: Percentage of newborns who have been screened for hearing before hospital discharge.

The 2013 data showed that 99.2% of newborns were screened for hearing before hospital discharge. The 2014 preliminary data showed that 99% were screened. The objective of 99% was met. The 2014 rate will likely increase since not all hospitals have reported at the time of this report.

Newborn Hearing Screening Program (NHSP) began in 1990 through a law mandating that DOH establish a statewide program for screening of infants and children age 0-3 years for hearing loss. Screening began in two hospitals in 1992 and was provided in all birthing facilities by 1999. The NHSP law was amended in 2001 to mandate screening of all newborns for hearing loss and reporting of screening results to the DOH. Hearing screening is now available to families statewide, regardless of birth location. All hospitals have both otoacoustic emissions (OAE) and automated auditory brainstem response (AABR) screening capability and backup equipment. By 2013, all except one birthing hospitals implemented the two stage (OAE and AABR) hearing screening. Funding from the MCH Bureau for the Baby Hearing Evaluation and Access to Resources and Services (Baby HEARS)-Hawaii project has supported the CSHNB/NHSP efforts to improve newborn hearing screening and follow-up in Hawaii since 2000.

NHSP continues to work closely with hospitals and medical home providers. NHSP reconciles state data monthly against hospital delivery logs and tracks follow-up needs. All hospitals which submitted screening data to the HI*TRACK data system use the web-based system. The web-based system provides real time data to facilitate timely services and improved follow-up.

Contracts with four community providers to conduct hearing screening for home births continued in 2014. The NHSP loaned the screening equipment, arranged for onsite training, and provided ongoing technical support to the contractors. Screening rates for homebirths increased from 15% to 49% in 2013.

The NHSP/ Early Hearing Detection and Intervention (EHDI) Advisory Committee has 19 members. The committee met four times in 2014. The committee members received training on the quality improvement methodology (Plan-Do-Study-Act) in 2014 and agreed to serve as the Quality Improvement Team to oversee the Baby HEARS grant quality improvement activities.

Two NHSP brochures were finalized and printed. The "Hawaii Newborn Hearing Screening - information for New Parents" brochure is distributed to new parents before their babies receive hearing screening. The "Can Your Baby

Hear?” brochure is about hearing development and is distributed to parents after their babies completed hearing screening.

To strengthen parent support and participation, NHSP continued to collaborate with the Deaf/Hard of Hearing (D/HH) Specialist and the Hands & Voices (H&V)-Hawaii Chapter and offered workshops and other activities for families with D/HH children.

A work group was established to revise the resource guide, “Sound Step”, for parents of deaf and hard of hearing children. The revised draft was distributed to parents for their review and input and is awaiting finalization and publication.

NHSP staff met with midwives to discuss barriers for homebirth screening. As a result, a work group was established to develop talking points for the midwives to be used as a tool to discuss hearing screening with parents. NHSP and the Newborn Metabolic Screening Program (NBMS) coordinate on quality assurance efforts and provide brochures/letters to homebirth families through Birth Registrars and the district health offices.

NHSP, with the support of the CSHNB Research Statistician, continues to monitor the percentage of children who are lost to follow-up/documentation at all stages and to document progress.

NPM 17: Percent of very low birth weight (VLBW) infants delivered at facilities for high-risk deliveries and neonates.

Provisional data for 2014 report 90.5 % of VLBW infants were delivered at facilities for high-risk deliveries and neonates. The objective was not met but exceeded the Healthy People 2020 objective of 83.7%. The rate increased slightly over 2013 (89.7%).

Title V programs work to reduce preterm births and VLBW infants targeting services to high-risk pregnant women. Programs include the Perinatal Support Services (PSS) with contracted providers throughout the state that conduct outreach, risk assessments, health education, and case management to high-risk pregnant women up to 6 months post-partum.

Title V supports infrastructure building services through a contract with Healthy Mothers Healthy Babies Coalition of Hawaii (HMHB) to enhance the statewide perinatal system of care through assessment, advocacy, pregnancy resource information, and perinatal provider training.

In May 2013, the DOH was selected to join the National Governor’s Association (NGA) Learning Network to Improve Birth Outcomes. The learning network technical assistance led to the establishment of a Hawaii Maternal Infant Health Collaborative (HIMHC) to identify and implement several strategic activities to improve birth outcomes. More details are available in the narrative for in NPM 18 under the Women’s/Maternal domain narrative report.

In July 2014, the DOH along with public private partners participated in the national Collaborative Improvement and Innovation Network Summit (CoIIN) to Reduce Infant Mortality in Washington, D.C., these efforts are part of those of the HIMHC. As part of the HIMHC there is a core leadership team which meets monthly to develop and revise the HIMHC plan, ensure stakeholder engagement, and address barriers to implementation. The HIMHC also distributes a quarterly newsletter to inform collaborative stakeholders on activities, monitoring progress, and support ongoing engagement in these efforts.

State Action Plan Table						
Child Health						
State Priority Needs	Objectives	Strategies	National Outcome Measures	National Performance Measures	ESMs	SPMs
Improve the percentage of	By July 2020, increase the	• Training & Technical	Percent of children meeting the criteria	Percent of children, ages		

State Action Plan Table

Child Health

State Priority Needs	Objectives	Strategies	National Outcome Measures	National Performance Measures	ESMs	SPMs
children screened early and continuously age 0-5 years for developmental delay	percent of children, ages 10 through 71 months, receiving a developmental screening using a parent-completed screening tool to 41% (Baseline: 2011-2012 NSCH data 38.9%)	<p>Assistance. Develop infrastructure for on-going training, technical assistance, and support for practitioners conducting developmental screening activities.</p> <ul style="list-style-type: none"> • Policy & Advocacy. Develop protocols, guidelines and standardized referral processes and communication system on developmental screening. • Data & Evaluation. Develop data system to track and monitor screening, referral, utilization system. • Family Engagement. Develop collateral 	<p>developed for school readiness (DEVELOPMENTAL)</p> <p>Percent of children in excellent or very good health</p>	10 through 71 months, receiving a developmental screening using a parent-completed screening tool		

State Action Plan Table

Child Health

State Priority Needs	Objectives	Strategies	National Outcome Measures	National Performance Measures	ESMs	SPMs
		<p>material needed to support understanding and importance of developmental screening.</p> <ul style="list-style-type: none"> • Service System. Develop website to house materials, information, and resources on developmental screening. 				
<p>Reduce the rate of child abuse and neglect with special attention on ages 0-5 years.</p>	<p>By July 2020, reduce the rate of confirmed child abuse and neglect reports per 1,000 for children aged 0-5 years to 5.9% (Baseline: Center on the Family 2013 6.2)</p>	<ul style="list-style-type: none"> • Raise awareness about the importance of safe and nurturing relationships to prevent child abuse/neglect. • Improve evaluation capacity of Title V Family Support and Violence Prevention Section programs to assure improved 	<p>Child Mortality rate, ages 1 through 9 per 100,000</p> <hr/> <p>Adolescent mortality rate ages 10 through 19 per 100,000</p> <hr/> <p>Adolescent motor vehicle mortality rate, ages 15 through 19 per 100,000</p> <hr/> <p>Adolescent suicide rate, ages 15 through 19 per 100,000</p>	<p>Rate of hospitalization for non-fatal injury per 100,000 children ages 0 through 9 and adolescents 10 through 19</p>		

State Action Plan Table

Child Health

State Priority Needs	Objectives	Strategies	National Outcome Measures	National Performance Measures	ESMs	SPMs
		outcomes. • Improve collaboration and integration between programs addressing child wellness and family strengthening.				

Child Health

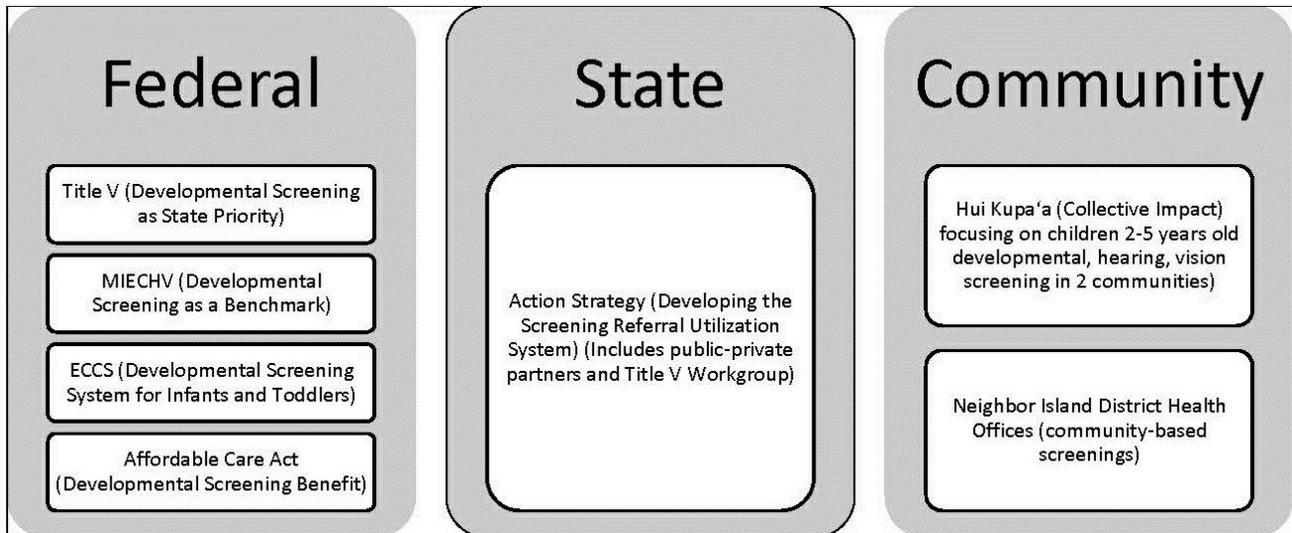
Child Health - Plan for the Application Year

Preliminary Five Year Plan: Developmental Screening

Hawaii continues to focus on developmental screening as a state priority issue based on results of the 5-year needs assessment. At both the state and federal levels, developmental screening has surfaced as a lever to help improve the health and well-being of children and families. Work continues on the findings of the public-private partnership led by the Governor’s Office Action Strategy for Hawaii’s Children which identified a priority on establishing a universal, voluntary screening-referral-utilization system starting with developmental screening (DS) of young children birth through age 5. Hawaii has also been working on a collective impact model of public private partnership which identified developmental, vision, and hearing screening as a priority affecting the school readiness of young children. The Hawaii Chapter of the American Academy of Pediatrics (HAAP) identified developmental screening beginning at infancy through the early elementary school years as a priority.

At the federal level, Health Resources Services Administration (HRSA) awarded Hawaii an Early Childhood Comprehensive Systems (ECCS) grant focusing on developmental screening activities of young children birth through age 3. This grant works in partnership with the Maternal Infant Early Childhood Home Visiting (MIECHV) which has a benchmark focusing on the percentage of children who have received developmental screening and coordination and referral for services.

Federal, State, and Community Initiatives focusing on Developmental Screening



Priority: Improve the percentage of children screened early and continuously age 0-5 years for developmental delay. The state priority is based on the Title V block grant guidance National Performance Measures for developmental screening on children. In the previous 5-Year project period developmental screening of children was identified as a Title V priority, so this is a continuing priority issue for children.

Objective:

- By July 2020, increase the percentage of children, ages 10 through 71 months, receiving a developmental screening using a parent-completed screening tool to 41% (Baseline:2011-2012 NSCH data 38.9%).

The preliminary 5-year plan objectives were developed using the Title V website data from the National Survey of Children’s Health data as a baseline and projecting a three percent improvement over the next five years.

National Performance Measure: Percent of children, ages 10 through 71 months, receiving a developmental screening using a parent-completed screening tool.

5-Year Strategies:

1. Training & Technical Assistance. Develop infrastructure for on-going training, technical assistance, and support for practitioners conducting developmental screening activities.
2. Policy & Advocacy. Develop protocols, guidelines and standardized referral processes, and communication system on developmental screening.
3. Data & Evaluation. Develop data system to track and monitor screening, referral, utilization system.
4. Family Engagement. Develop collateral material needed to support understanding and importance of developmental screening.
5. Service System. Develop website to house materials, information, and resources on developmental screening.

Strategy Development

The strategies reflect the plans of the Governor’s Action Strategy workgroup “On-Track Health and Development”, led by the ECCS Coordinator and the HAAP representative. This workgroup also includes staff from other Title V programs. Developmental screening is the first step in forming the voluntary screening referral utilization system. These strategies also include input from the community-level through the Collective Impact work of the group Hui Kupa’a (the Hawaiian term for “many hands working together”). Hui Kupa’a is a joint partnership between the State and Hawaii’s nonprofit social service providers to address some of the state’s complex social problems including homelessness and early childhood. The strategies are also included in the ECCS grant plan. Additional stakeholder input has been collected through meetings, online surveys for information and feedback, and participation at

conferences or other public events.

Plans for Application Year Federal Fiscal Year 2016 (10/1/15-9/30/16):

1. Training & Technical Assistance (TA)
 - a. Identify training and TA on developmental screening needs in the community
 - b. Develop training and TA package for community-based providers
 - c. Work with MCH Workforce Development Center to continue Process Mapping

2. Policy & Advocacy
 - a. Host discussion groups with communities to inform work plan for screening system needs in the areas of: family engagement, service delivery, policy & advocacy, data & evaluation, and training and TA
 - b. Develop work plan with benchmarks and timeline
 - c. Finalize screening, referral, and utilization policies for DOH programs

3. Data & Evaluation
 - a. Test screening, referral, and utilization data in two communities
 - b. Develop universal consent form for data sharing

4. Family Engagement
 - a. Engage family groups to develop family-friendly messages on developmental screening
 - b. Develop collateral material for parents, medical and early childhood providers, and the general public

5. Service System
 - a. Track number of “hits” to developmental screening website.
 - b. Develop systems’ mapping with support from MCH Workforce Development Center.

Factors Contributing to Success

Partners have been diligently working on the developmental screening priority for the past five years and many have been long standing champions to promote children’s optimal health and development. Factors contributing to success can be attributed to: partnerships with the medical home, utilizing public-private partnerships, focusing on data and outcomes, building on existing federal and state resources, and internal integration among FHSD programs.

- Partnership with the Medical Home: The ECCS Coordinator works closely with HAAP supporting annual community meetings to bring together the early childhood and medical/healthcare communities, utilizing HAAP visiting professors. In May, Dr. Ellen Perrin, the creator of the Survey of Well-Being of Young Children, discussed her developmental screening tool and its successful implementation. While Hawaii continues to promote the Ages and Stages Questionnaire and the Parents’ Evaluation of Developmental Status, the discussion on other tools proved valuable.

- Public Private Partnerships: Hawaii’s non-profits and community-based organizations play a major role in supporting efforts from the State. These partnerships and relationships are crucial to developing a statewide system and ensures that the voices of the community and providers are considered. These non-profits also help sustain and build capacity in local communities. Partners include the Hawaii Association for the Education of Young Children, the Hawaii Head Start Association, PATCH (the Child Care Resource and Referral agency which provides community-based trainings statewide), and the Department of Human Services Child Care Program which oversees the Child Care Development Block Grant.

- Data & Evaluation: PHOCUSED is the Hui Kupa’ā backbone organization, helping group leaders with administrative support for data sharing between families, screening providers, and PHOCUSED. Currently data sharing is being piloted for children 2-5 years old to see how many referrals are receiving services from

the Early Intervention Services program (Part C, IDEA). The data is being checked for duplicates, referral numbers, and follow up with EIS. The data will be eventually be incorporated into a state longitudinal child data system and help guide the workgroup to reach better outcomes.

- **Federal Alignment:** Because HRSA funds both the Title V and ECCS grant, there have been opportunities at the state level to align and combine the work on developmental screening. Because the ECCS, Title V, and the MIECHV grants are all housed within the FHSD the coordinators maintain a good working relationship. Hawaii was fortunate to be a part of the first cohort of the MCH Workforce Development Center and chose to focus on developmental screening. The team members represented ECCS, MIECHV, EIS, HAAP, and Hui Kupa'a. Through TA from the Center, the team developed process maps to show the developmental screening processes in two community based programs. The Center will work with Hawaii to develop an expanded systems' map to identify areas to support family engagement.
- FHSD supported a strategic operations planning pilot to better align and integrate its work across the Division. One of the projects from the process was the establishment of a Title V Developmental Screening Workgroup with representatives from all early childhood programs and the district health offices. This group demonstrates how programs can develop common outcomes to improve child health. A local community organization was able to conduct developmental screenings in a WIC clinic as a potential best practice statewide.

Challenges, Barriers

While there is interest and activity by many groups focusing on developmental screening, it will be important to engage with the Governor's Healthcare Transformation Office (HTO) who is overseeing the Affordable Care Act (ACA) and the Department of Human Services Medicaid agency since developmental screening is covered under both the ACA and Early Periodic Screening Diagnosis and Treatment (EPSDT). Even though developmental screening of infants and toddlers up to age 3 is a covered benefit, there is still the need for an integrated system to ensure the supports are available statewide and in each community.

- **Policy:** Hawaii's DOH does not have a policy on developmental screenings. As the public health agency, standard policies, guidelines, or protocols would assist community providers. This would also help the DOH work with Departments of Education and Human Services, which oversees public education, child welfare and the Medicaid program, to align efforts. While ECCS is able to point towards federal (HRSA) guidance to work on developmental screening efforts, similar guidelines from DOH is lacking. FHSD is working with partners to develop principles, protocols and guidelines for DOH consideration.
- **Partnership with Medicaid:** Approximately 40% of Hawaii's children are insured through Medicaid. However, EPSDT data is not readily available for analysis to assure screening and follow-up services. Only state-level utilization rates on the CMS 416 form are available. Thus, Hawaii is not able to identify disparities to target interventions.
- **Affordable Care Act:** Most of the State's ACA efforts focused on the development of the Health Care Exchange. Hawaii is still struggling with understanding and assuring consumers utilize the full benefits under ACA, especially with regards to developmental screening of infants and toddlers. There is no clarity regarding screening tools, follow up, and how families access habilitative services. Hawaii will continue to work with the state Office of Healthcare Transformation and health plans to develop consistent messaging to families. Infrastructure support for screening is also needed including training, data systems, and research and evaluation.

Preliminary Five Year Plan: Child Abuse and Neglect Prevention

The 5-year needs assessment reaffirmed the importance of child abuse and neglect (CAN) prevention as a

continued priority issue from the previous Title V needs assessment. CAN rates have changed little in 5-years and remains a high profile health concern with broad community support. There are numerous programs that serve families in the state and opportunities to improve system delivery through improved collaboration.

The Title V agency has a statutory role in CAN prevention and administers several major programs dedicated to CAN prevention and family strengthening, including the MIECHV grant and the CBCAP grant. These programs are housed in the MCHB, Family Support and Violence Prevention Section (FSVPS), which programs include CAN Prevention, Sexual Violence Prevention, Domestic Violence Prevention, Home Visiting, Parenting Support, and the Child Death Review.

Priority: Reduce the rate of child abuse and neglect with special attention on ages 0-5.

The state priority is a continuing priority from the previous Title V needs assessment.

Objective: By July 2020, reduce the rate of confirmed child abuse and neglect reports per 1,000 for children aged 0-5 years to 5.9% (Baseline: Center on the Family 2013 6.2).

The 5-year plan objective continues the state objective and measure from the previous Title V needs assessment.

National Performance Measure: Rate of hospitalization for non-fatal injury per 100,000 children ages 0 through 9 and adolescents 10 through 19.

5-Year Strategies:

- Raise awareness about the importance of safe and nurturing relationships to prevent child abuse/neglect.
- Improve evaluation capacity of Title V Family Support and Violence Prevention Section programs to assure improved outcomes.
- Improve collaboration and integration between programs addressing child wellness and family strengthening.

Strategy Development

The strategies reflect the work of the Governor’s Executive Office of Early Learning Action Strategy initiative for “Nurturing and Safe Families” and portions of the planning framework utilized by the CBCAP grant. The strategies also reflect guidelines promoted by the CDC to prevent child maltreatment utilized by the Hawaii Children’s Trust Fund which is staffed by FSVP staff.

Current CAN prevention activities include participating in a promising initiative convened by State Senator Suzanne Chun-Oakland to address CAN issues utilizing a systems approach. The Senator has a significant and lengthy history working with both the DOH and DHS, chairing the Senate Committee on Housing and Human Services. With new departmental leadership, the intent is to increase collaboration across the departments to develop system improvements. Staff from both departments are currently developing an inventory of family programs from primary prevention to tertiary and intervention services.

The group is documenting data needs and researching frameworks to guide the process to assure child well-being. This initiative as well as activities in process at the MCH Branch will assist the FHSD to formulate a CAN prevention plan.

The Home Visiting (HV) Program received 2 HRSA MIECHV grants totaling over \$9.4M, both for the project period through 2017. The \$1M Formula Grant will be used to maintain Early Identification of participants at a birthing hospital and to strengthen current HV services. The \$8.4M Expansion Grant will be used to: increase enrollment of prenatal women; strengthen HV effectiveness in prenatal health and birth outcomes, school readiness, referrals to community resources; and promote sustainability through quality improvement.

The program continues to demonstrate success meeting four of the six MIECHV grant benchmark areas: maternal and newborn health; child injuries, maltreatment, and emergency department visits; school readiness and achievement; and coordination and referrals.

Because the Child Death Review (CDR) Program does not currently have dedicated funds or staffing, a CDC grant for \$63K was submitted to support a Sudden Unexpected Infant Death (SUID) Case Registry grant. The notification of award is expected in September 2015. Grantees will conduct infant death reviews within 30 days of death and adopt data driven best practices and policies to reduce or prevent SUID.

The Parenting Support Program (PSP) provides contracted services that utilize the CAN prevention protective factors to encourage the development of safe and nurturing relationships between parents and children. PSP targets families who are transitioning out of homelessness or are socially isolated. Providers train on the impact domestic violence has on children and families, as well as how adverse childhood experiences impacts a parent's health and the ability to parent effectively.

FSPV programs also support the Safe Sleep Hawaii Committee and is participating in the National Institute for Children's Health Quality's Collaborative Improvement & Innovation Network (COIIN) to reduce infant mortality and sleep related infant deaths.

The CAN Prevention Program supports building systems capacity and sponsored a statewide partners meeting to promote collaboration. Participants included: FRIENDS NRC (National technical assistance for CBCAP grantees), government and community based agencies, survivors, coalition members, university faculty, and legislative staff. Community partners shared their goals and priorities to reduce CAN. The information will be used for program mapping and planning.

FHSD staff at the Neighbor Island DHO co-lead the State's Child Welfare Citizens Review Panel. The DHO staff assure collaboration with community-based programs and family engagement for DOH child and family wellness services.

Plans for Application Year FY 2016:

- The meetings convened by Sen. Chun-Oakland designed to improve coordination among family service programs will continue to identify areas for collaboration. Data needs to improve quality and assure outcomes will be documented. Plans will be developed to increase child well-being and reduce the rate of CAN.
- Title V HV, PSP, CBCAP, Safe Sleep, and DHO program activities to prevent CAN will continue.
- Plans to re-establish the CDR program will continue with training for SUID reviews.
- The Title V CAN prevention program will work with the Division epidemiologist and new CSTE MCH Epi Fellow to determine the feasibility of developing an integrated data system to evaluate program outcomes and measure the collective impact of the section's programs.

Factors Contributing to Success:

- CAN prevention is a long standing issue in child health with a high level of public awareness and support. There are numerous programs throughout that state that work with families; however, coordination across these programs is often lacking. Many of these programs are staffed by a highly dedicated and knowledgeable workforce. There is also strong legislative and administrative support for child maltreatment as a priority health concern.
- Within FHSD, there are many potential partner programs serving families including Neighbor Island DHOs, WIC, and CSHNB. Other Division resources include the ECCS Coordinator and Office of Primary Care and Rural Health.
- Hawaii has also been able to access technical assistance and resources. Title V also partners closely with the DOH Injury Prevention and Control Section. Through IPCS, Title V has been able to access TA from both the CDC and the Child Safety Network.
- CAN prevention efforts have been utilizing the new Title V guidance and activities to help initiate program collaboration efforts in the FSPV Section. The new 5-year plan template has helped focus discussions among the Title V CAN prevention programs and will help to communicate the programs' common agenda around CAN prevention.

Challenges, Barriers

While Hawaii has many dedicated CAN and family support assets, the key challenge is the lack of expertise,

leadership to develop and support coordinated service systems. Fragmentation at all levels, starting with federal funding streams, promote separate program purposes, reporting, data collection, although programs often target the same families for services and information.

Although in a formative stage, the systems improvement initiative convened by Sen. Chun-Oakland may serve as a model to promote agency collaboration and system integration in other areas.

Completing 5-Year Action Plan Activities: Developmental Screening & CAN

FHSD will continue to work on the current project discussed in the plan narratives. An update on progress will be provided in next year’s Title V report. Any needed changes to the preliminary 5-Year Plan will be made. Based upon guidance provided by AMCHP and the federal MCH Bureau, performance measures will be identified for evidence based practices.

Child Health - Annual Report

NPM 6 - Percent of children, ages 10 through 71 months, receiving a developmental screening using a parent-completed screening tool

Annual Objectives					
	2016	2017	2018	2019	2020
Annual Objective	41	41	41	41	41

NPM 7 - Rate of hospitalization for non-fatal injury per 100,000 children ages 0 through 9 and adolescents 10 through 19

Annual Objectives					
	2016	2017	2018	2019	2020
Annual Objective	142	142	142	142	142

For the Child population domain, Hawaii is reporting on the national and state performance measures which address the following issues:

- NPM 7: Immunizations
- NPM 10: Child Motor Vehicle Deaths
- NPM 13: Children without Medical Insurance
- NPM 14: Child Obesity
- SPM 3: Developmental Screening
- SPM 5: Child Abuse & Neglect
- SPM 11: Disparities in Childhood Obesity

NPM 7: Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, & Hepatitis B.

The latest NIS data from 2013 indicate that 77.2% of children ages 19-35 months have completed the recommended schedule of immunizations in Hawaii, a slight decrease (from 85.5%) after two years of significantly low immunization

rates. The annual 2013 state objective HP 2020 goal of 80% was not met. The 2013 state indicator is comparable to the 2013 national rate of 78.7%.

The Title V agency assures health care providers monitor and track whether children are receiving immunization through service contracts. Primary care contracts with the Federally Qualified Health Centers and private providers for health and dental services to the uninsured and underinsured, Hawaii Home Visiting Network service providers, and WIC programs provide infant immunization education and referrals and collect data on immunization rates.

Healthy Mothers Healthy Babies (HMHB) Coalition of Hawaii, a Title V agency contractor, provides system building support to improve statewide perinatal services. HMHB manages the perinatal information phone line, "text4baby" service, and website which include information and resources on childhood immunizations.

Parenting support programs administered by the MCH Branch sponsors several outreach/informational services including: the Parent Line which provides informal counseling, referrals, and "Keiki 'O Hawaii" and a newsletter featuring information on early childhood development and resources for first-time parents.

The CSHN program encourages parents to get required immunizations. This information is included in the child's medical record. CSHNP may refer parents to immunization clinics operated by DOH Public Health Nursing.

NPM 10: The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

The provisional data for 2014 is 1.7 motor vehicle (MV) related deaths for children younger than 14 years (per 100,000 children). The Hawaii objective was not met. This measure includes child deaths related to transport events as well as child pedestrians or cyclists fatally injured in a transport event. MV related injuries is the leading cause of injury death for children aged 10-14 years and the second leading cause of injury death for children aged 1-4 years and 5-9 years as reported in 2013 in Hawaii.

The Hawaii Home Visiting Network, supported by the ACA Maternal Infant Early Childhood Home Visiting grant, continues to measure the number of families who receive information or training on the prevention of child injuries as part of benchmark data reporting. Seventy-nine (79) families received information on prevention of childhood injuries and two hundred eight (208) families received training.

In addition, several Title V programs promote car seat usage with parents, may offer to conduct car seat checks, and provide assistance to acquire car seats including WIC and CSHN. WIC also provides assistance to help families acquire bicycle helmets for children which are mandated in Hawaii for children under 14 years of age.

NPM 13: Percent of children without health insurance.

In 2013 (the latest available year), the estimated percent of Hawaii's children 0-17 years without health insurance is 3.0%, representing an estimated 9,335 uninsured children. The objective was not met; the rate compares favorably to the national rate of 6.5%. In fiscal year (FY) 13 approximately 31,000 children were enrolled in CHIP, and an additional 138,000 children were enrolled in Medicaid for a total of 169,000 representing a 0.8% increase.

Hawaii continued to participate in the Children's Health Insurance Program Reauthorization Act (CHIPRA) which provides Medicaid and CHIP coverage to children and pregnant women who are lawfully residing in the United States, including those within their first five years of having certain legal status.

Hawaii's safety net includes 14 Federally Qualified Health Centers (FQHC) and their satellite sites. In 2013, the FQHCs provided care to 146,484 patients representing an increase of over 2,000 patients. Of these, 30% (43,945) were children under 18 years of age. Over half (53%) of the children were insured with Medicaid/CHIP.

Approximately 13% of 0-17 year olds were uninsured reflecting a decrease of approximately 3% from the previous year. All FQHCs assist eligible clients with Medicaid enrollment; individuals that do not meet the eligibility criteria are helped to identify other options. The Primary Care Office (PCO), under Title V, contracts the 13 FQHCs as well as three private clinics to provide comprehensive primary care services to uninsured and underinsured children, adults, and families whose income falls within 250% FPL. Services include perinatal, pediatric, and adult primary care.

The Hawaii Primary Care Association continues to support and facilitate a range of trainings for the FQHC outreach workers.

Other Division Title V programs including WIC, Children with Special Health Needs, Perinatal Support Services, and the federal Home Visiting program continued to actively work with families with children continue to provide assistance and referrals to help secure insurance coverage for children. Most direct service providers and contractors are making referrals to the Hawaii insurance Connector services supported by the Affordable Care Act.

NPM 14: Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.

The data for 2014 indicates 18.4% of WIC children ages 2-5 years were overweight or obese. The state objective was met; however, the Healthy People 2020 objective of 9.6% was not.

WIC continues to promote USDA core nutrition messages to motivate caregivers to offer whole grains, low-fat milk, and fruits/vegetables as part of family meals and snacks. WIC provides educational messages and resources on the importance of healthy weight for children.

WIC staff continue to use skills and knowledge gained from Health at Every Size® and Intuitive Eating. WIC trained neighbor island staff and community partners on breastfeeding skills utilizing the Loving Support© Through Peer Counseling: A Journey Together curriculum. WIC also continues to work with the University of Hawaii State Longitudinal Data System (SLDS) to include program data to assess and assure better health and educational outcomes for children.

The Native Hawaiian Family Child Interaction Learning Programs (FCIL) has a database which includes the number of children enrolled in their play and learn groups. One of the data sets collected involves the number of children who are in the WIC program. Hawaii's Title V workgroup is awaiting approval from the FCIL to release the information to help with planning for the mostly native Hawaiian children enrolled in their programs.

Family Health Services Division (FHSD) continues to partners with the Executive Office on Early Learning (EOEL) in developing early childhood health and wellness guidelines that will be used in early childhood programs which reaches approximately 40% of young children birth through age 5. The goal is to embed these guidelines into early childhood programs with training and technical assistance support to help prevent obesity at an early age. While these draft Guidelines were originally intended to focus on obesity prevention, Hawaii is using this opportunity to develop a comprehensive set of health and wellness guidelines for children in early childhood programs

SPM 3: The percentage of parents of children 10 months to 5 years who report completing a standardized developmental and behavioral screener (SDBS) during a health care visit in the past 12 months.

This measure reflects the State priority to increase early child developmental screening. The latest data for Hawaii indicates 38.9% of parents completed a developmental screen for their young child, an increase over 2007 survey (a trend also reflected in the national data). The objective was met. Hawaii screening rates continue to compare favorably to the U.S. (38.9 vs. 30.8).

Hawaii's Title V Developmental Screening Workgroup has merged with the Executive Office on Early Learning (EOEL) Action Strategy Group Health & Development on Track which focuses on efforts to build a system of screening, referral, and utilization.

Hawaii received an Early Childhood Comprehensive Systems (ECCS) grant from the Maternal and Child Health Bureau (MCHB) Health Resources Services Administration (HRSA) and its focus is on developmental screening activities in infant/toddler programs. Hawaii's ECCS Coordinator is working to coordinate the various screening activities across the state. The ECCS Coordinator works with the Centers for Disease Control and Prevention (CDC) Act Early Ambassador and continues to promote the free educational material developed by the CDC. During the 10/1/13 – 9/30/14 timeframe, over 400 pamphlets and brochures from the CDC was distributed to families and early childhood providers.

Hawaii has a Collective Impact effort (also known as *Hui Kupa'a*) and the Early Childhood Workgroup focuses on developmental, hearing, and vision screening in two Oahu communities using the collective impact model. Collective Impact brings together representatives from the business, non-profit, and state agencies to work together to improve outcomes for children. Representatives from Early Intervention Section and the ECCS Coordinator are principal members of this team.

Hawaii's Title V programs applied for and received a MCH Workforce Development Center grant from HRSA. Hawaii became one of the first cohort states to receive this training and technical assistance grant. Hawaii's team included: ECCS Coordinator, EIS Part C Quality Assurance Coordinator, MIECHV Home Visiting Program Coordinator, Hawaii's Family to Family Health Information Center Representative, and a representative from PHOCUSED (a non-profit advocating for social services). Hawaii's project focused on quality improvement for developmental screening and referral efforts and developed metrics for optimal outcomes.

MCHB/HRSA also funds the Maternal and Infant Early Childhood Home Visiting (MIECHV) grant. The DOH uses the MIECHV funding to help support the Hawaii Home Visiting Network to work with the existing evidence based models in Hawaii. The Hawaii Home Visiting Models all promote the use of the Ages and Stages Questionnaire (ASQ) and ASQ-Social Emotional (SE) to monitor child development.

Children with Special Health Care Needs Branch (CHSNB) administers the Hi'ilei (to carry and tend to a beloved child) program which is a developmental follow along program for young children who may not be eligible for EIS, but continue to need support.

The Title V Newborn Hearing Screening program continues screening newborns before hospital discharge. The Fetal Alcohol Spectrum Disorder (FASD) Task Force works to improve screening and training activities.

SPM 5: Rate of confirmed child abuse/neglect reports per 1,000 for children aged 0-5 years.

This measure reflects the state priority to reduce child abuse and neglect (CAN). In 2013 (latest available data), the Hawaii CAN rate was 6.2 per 1,000 children 0-5 years of age. The 2013 state objective was met. In 2013, an estimated 9.1 per 1,000 children 0-17 years were victims of CAN in the US. In Hawaii, the rate of confirmed cases of CAN has declined over the past 9 years, but still accounted for 1,324 cases, a rate of 4.3 in 2013 (Child Maltreatment Report 2013).

The Affordable Care Act (ACA) through the Maternal Infant Early Childhood Home Visiting (MIECHV) grant and State funding supported 11 home visiting (HV) programs (5 new sites since 2013) and 5 hospital-based early identification (EID) programs within the Hawaii Home Visiting system.

The HV and EID programs within the Hawaii Home Visiting Network (HHVN) operate using three evidence-based models (Parents As Teachers, Home Instruction for Parents of Preschool Youngsters, and Healthy Families America), as well as, two culturally-based HV models. Through the HHVN system, these participating HV and EID programs received technical assistance (TA) and infrastructure building support to ensure that HV and EID programs operate with fidelity to their model. Infrastructure support also included training and TA for programs to respond to 36 outcome measures. Reported suspected maltreatment, reported substantiated maltreatment, and first time victims of maltreatment for children in HHVN programs are 3 of the 36 outcome measures collected.

The DOH Maternal & Child Health Branch (MCHB) is the State lead for primary and secondary CAN prevention. MCHB administers the federal Community-Based Child Abuse and Prevention (CBCAP) grant and serves as the coordinating agency for programs that provide a range of child abuse and neglect prevention services. CBCAP contracts with Prevent Child Abuse Hawaii (PCAH) to facilitate the Child Abuse Prevention Planning (CAPP) Council to support year-round public awareness activities, including Child Abuse Prevention Month in April and Children & Youth Day in October. PCAH and the CAPP Council also support advocacy building, community engagement, training and professional development, as well as, promoting the protective factors framework to support parents. The Council meets monthly and brings together a wide spectrum of prevention partners from the public and private sector statewide, including each branch of the armed services.

MCHB is the public sector lead agency for the Hawaii Children's Trust Fund (HCTF). Established in 1993 as a public-private partnership to support family strengthening programs aimed at preventing CAN, the HCTF is comprised of an Advisory Board (AB), Advisory Committee (AC), and a Coalition of community members committed to reducing the incidence of CAN in Hawaii. The Director of Health serves on the AB, a DOH appointee serves on the AC, and MCHB provides administrative support to the AC and Coalition. In 2013, strategic planning identified key priorities areas and mechanisms for implementation. In 2014, HCTF awarded ten three-year grants to community agencies statewide to support direct services, coalition building, and the training of trainers to promote the protective factors. Grants are administered and monitored through the Hawaii Community Foundation, the

designated lead agency from the private sector.

In 2014, MCHB staff provided leadership and staffing to support the Executive Office of Early Learning's (EOEL) Action Strategy work. The Safe and Nurturing Families Team ("the Team") will center their focus on primary prevention, and efforts will be strengths-based, to reduce the incidence of family violence (FV) in the home. FV is inclusive of domestic violence, sexual violence, interpersonal violence, as well as, CAN. The Team's task is to raise awareness of the importance of utilizing resources that will make families stronger, as research supports the correlation and connection between safe families and on-track brain development and learning. Activities in the work plan include:

- Mapping of family resources statewide;
- Identification of training curriculum for early educational center providers and families;
- Identification of partners to promote training;
- Selection of early childhood education center pilot site(s);
- Evaluation, assessment, and selection of a current public awareness campaign to advance a high impact primary prevention messaging initiative; and
- Promotion of TA and guidance from national resources network of partners.

The mapping of resources has begun with the state Departments of Human Services (DHS) and Health (DOH). The inventory database will be expanded to include programs funded by other state agencies; to eventually include community-based programs funded by other means.

MCHB also administers Parenting Support Programs (PSP) Parent Line, a free, statewide telephone line and website that provides support, encouragement, informal counseling, information, and referral to callers experiencing concerns about their children's development and behavior or who have issues regarding family stresses or questions about community resources. Mobile Outreach is another PSP contract which is designed to provide activities and developmental programs to isolated or homeless families to promote age-appropriate parent-child interaction, and communication.

The WIC and Children with Special Health Needs program work closely with at-risk families and assist families to address problems/issues that generate undue stress hardship for the families where possible. Referrals are often made to access services and resources including respite care.

SPM 11: Percentage of Native Hawaiian and Other Pacific Island (NHOPI) children, ages 2-5 years receiving WIC services with the Body Mass Index (BMI) at or above the 85th percentile.

This measure reflects the State priority to reduce the obesity rate in young children ages 0-5 years with a focus on the Native Hawaiian and Other Pacific Islander (NHOPI) children. The 2014 WIC data indicates 21.4% of NHOPI children 2-5 years were overweight or obese. The 2014 WIC data is roughly equivalent to rates reported for previous years.

Hawaii chose this state performance measure based on a review of the data where NHOPI children were found to have the highest rates of overweight/obesity. Adult and adolescent data in Hawaii has also shown substantially increased estimates of obesity among NHOPI compared to other groups. There are many factors that contribute to this and the disparity is reflected in the WIC data used for this measure. Key stakeholders, such as the state Office of Hawaiian Affairs, 'Eleu (Early Childhood Native Hawaiian groups), and Papa Ola Lokahi (Native Hawaiian Health Care System) are interested in the data and will be important partners in future activities.

Besides the EOEL early childhood health and wellness guidelines, the Healthy Hawaii Initiative (HHI) within the DOH is also focusing on obesity prevention efforts in child care programs and has been assisting with the development of the Early Childhood Health and Wellness Guidelines. The University of Hawaii's Children's Healthy Living (CHL) Program for Remote Underserved Minority Population in the Pacific Region has also participated in the development of these guidelines.

WIC continues to use and distribute the children's book "Move 'Um" developed by the Honolulu Community Action Program. WIC also continues to give families the Sesame Street Workshop's "Healthy Habits for Life" kit and is exploring coordination with early child care centers to ensure a consistent message. WIC nutritionists and the

breastfeeding peer counselor conducted breastfeeding training on three islands (Kauai, Oahu, and Hawaii Island). The workshops targeted home visitors, early childhood practitioners, and public health nurses to support those who work with mothers and caregivers in their efforts to breastfeed their babies. FHSD along with other perinatal partners formed the Hawaii Maternal Infant Health Collaborative (HMIHC) and is addressing disparities amongst prenatal and infant health. One of the areas that the group will be focusing on is the NHOPI disparity with regards to obesity prevention efforts.

State Action Plan Table						
Adolescent Health						
State Priority Needs	Objectives	Strategies	National Outcome Measures	National Performance Measures	ESMs	SPMs
Improve the healthy development, health, safety, and well-being of adolescents	By July 2020, increase the percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year to 86% (Baseline: 2011-2012 NSCH data 82.2%)	<ul style="list-style-type: none"> Promote current “Bright Futures” guidelines for adolescents. Incentivize providers, adolescents & parents to encourage preventive care. Encourage teen-centered health care. Leverage missed opportunities to increase adolescent preventive services. Develop partnerships with key community stakeholders. 	<p>Adolescent mortality rate ages 10 through 19 per 100,000</p> <p>Adolescent motor vehicle mortality rate, ages 15 through 19 per 100,000</p> <p>Adolescent suicide rate, ages 15 through 19 per 100,000</p> <p>Percent of children with a mental/behavioral condition who receive treatment or counseling</p> <p>Percent of children in excellent or very good health</p> <p>Percent of children and adolescents who are overweight or obese (BMI at or above the 85th percentile)</p>	Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.		

State Action Plan Table

Adolescent Health

State Priority Needs	Objectives	Strategies	National Outcome Measures	National Performance Measures	ESMs	SPMs
			<p>Percent of children 6 months through 17 years who are vaccinated annually against seasonal influenza</p> <hr/> <p>Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine</p> <hr/> <p>Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine</p> <hr/> <p>Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine</p>			

Adolescent Health

Adolescent Health - Plan for the Application Year

Preliminary 5-Year Plan

The 5-year needs assessment reaffirmed the importance of adolescent well-being as a priority issue. Adolescence

is a period of major physical, psychological, and social development. As adolescents move from childhood to adulthood, they assume individual responsibility for health habits, and those who have chronic health problems take on a greater role in managing those conditions. Initiation of risky behaviors is a critical health issue during adolescence, as adolescents try on adult roles and behaviors. Risky behaviors often initiated in adolescence include unsafe sexual activity, unsafe driving, and use of substances, including tobacco, alcohol, and illegal drugs.

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. Receipt of services can help prepare adolescents to manage their health and health care as adults. Adolescent health visits are recognized as an important standard of care. The Bright Futures guidelines recommend that adolescents have an annual checkup starting at age 11. The visit should cover a comprehensive set of preventive services, such as a physical examination, discussion of health-related behaviors, and immunizations. It recommends that the annual checkup include discussion of several health-related topics, including healthy eating, physical activity, substance use, sexual behavior, violence, and motor vehicle safety.

The Hawaii Chapter of the AAP recently adopted improving access to adolescent care as one of its priorities. The Hilopā`a Family to Family Information Center (F2FHIC) has also made adolescent preventive visits a key priority. F2FHIC has developed materials and provides education/training to health providers and consumers on adolescent health. Surveys of Hawaii adolescent providers show serious interest in working to improve adolescent access to health care given expanded prevention benefits covered under the Affordable Care Act. Focus groups with Hawaii youth validate that teens have an alarmingly low awareness of the importance of preventive health care and many do not know their medical home provider.

Data from the National Survey of Child Health (NSCH) 2011-2012 showed the rate of Hawaii for adolescents, ages 12 through 17 with a preventive medical visit in the past year was 82.2% which is a slight decrease from the previous 2007 survey (87.9%). The Hawaii rate was comparable to the national rate of 81.7%. Given Hawaii's high level of insurance coverage due to the mandated employer based insurance coverage, it is somewhat surprising the Hawaii rate is not significantly better than the U.S.

Also key disparities exist for access to preventive care in Hawaii for adolescents. Rates for non-English speaking, those born outside the U.S. and those residing in rural areas have significantly lower rates. Moreover, Hawaii EPSDT data shows a dramatic decrease of health visits as children reach adolescence.

The 2013 Youth Risk Behavior Survey data showed that 46% of middle school aged adolescents and 62.2% of the high school teens saw a doctor for a check-up or preventive physical exam. Improving access to and receiving preventive services by adolescents means enhancing certain preventive services such as screening, counseling to reduce risk, immunizations and the provision of general health guidance for adolescents. Practitioners can use clinic visits for routine examinations, such as preparticipation athletic evaluations and chronic disease management, to provide other preventive services like early identification of risk behavior and disease, reproductive health assessments, updating immunizations, or offering health guidance.

Priority: Improve the healthy development, health, safety, and well-being of adolescents.

The state priority is based on the Title V National Performance Measures to promote preventive care for adolescents and reflects the interest of key adolescent health partners and Title V programmatic resources that largely focus on teen pregnancy prevention. This is a new priority for Hawaii.

Transition to Adult Health Care and Establish Medical Homes

Hawaii elected to continue work on the state priority to improve the percentage of youth with special health care needs (YSHCN) ages 14-21 years to make transitions to adult care. The national performance measure for transition services addresses both youth with and WITHOUT special needs. The Title V Adolescent Health Coordinator will coordinate efforts with the CSHN program to address both adolescent health performance measures. (See the Plan narrative for the Children with Special Health Needs Domain for plans to improve transition services for all

adolescents).

Objective:

- By July 2020, increase the percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year to 86% (Baseline: 2011-2012 NSCH data 82.2%)

The preliminary 5-year plan objectives were developed using the National Survey of Child Health data for Hawaii as a baseline and projected an almost 5 percent improvement over the next five years.

National Performance Measure: Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.

5-Year Strategies

- Promote current “Bright Futures” guidelines for adolescents.
- Incentivize providers, adolescents & parents to encourage preventive care.
- Encourage teen-centered health care.
- Leverage missed opportunities to increase adolescent preventive services.
- Develop partnerships with key community stakeholders.

Strategy Development

These strategies are derived from Center for Medicare and Medicaid Services (CMS) guidelines for states to increase adolescent preventive health care. The CMS guidelines also complement the national Office of Adolescent Health’s Think, Act, Grow (TAG) Call to Action designed to promote adolescent health through a comprehensive approach with varied stakeholders including-parents; professionals; businesses and policymakers; and adolescents themselves.

Plans for Application Year Federal Fiscal Year 2016 (10/1/15-9/30/16)

- Conduct focus groups with adolescents to identify barriers and incentives to access preventive services.
- Partner with key health professional and adolescent provider stakeholder organizations to identify and address the barriers to adolescent preventive care.
- Assess parent and family awareness regarding adolescent preventive health care and barriers to accessing care to inform strategy development.
- Identify evidence based strategies and pursue opportunities for implementation.

Title V will focus its work over the next year establishing partnerships around the priority to improve adolescent well-being with particular focus on increasing adolescent wellness visits. Title V will also continue assessment activities to collect data and research on evidence based approaches to inform strategy development.

In an effort to secure resources for implementation of an evidence based strategy using text messaging, Title V was part of a project team that submitted a grant proposal to the federal Office of Adolescent Health for the Tier 2B funding opportunity to conduct a Rigorous Evaluation of an Innovative Approach to Prevent Teen Pregnancy. Project team members included the University of Hawaii Center on Disability Studies (UHCDs) and the Hawaii Pediatric Association Research and Education Foundation. While approved but not funded, the Title V project team will continue to pursue grants to explore ways to increase preventive services by adolescents.

Factor Contributing to Success

Among the 6 population domains, adolescent health has the most limited staffing/resources in the Hawaii Title V agency. Virtually all adolescent program efforts are directed toward administration of federal teen pregnancy prevention grants. In recognition of this, Title V partnered with the MCH LEND program to conduct adolescent focus groups and provider surveys to assist with needs assessment activities. The LEND program faculty will remain a critical partner to successfully identify and implement activities for this measure.

Other partners and key stakeholders who will be critical to develop systems level strategies to improve adolescent well visits include:

- the University of Hawaii’s Center on Disability Studies (UHCDs) research and evaluation team,

- the Hawaii Pediatric Research and Evaluation Foundation (HPREF),
- Hilopa`a Family to Family Information Center (F2FHIC) and
- the Hawaii Medical Services Association (HMSA), the state largest health insurer, and
- Hawaii Youth Services Network (HYSN).

Key state agency partners who work with youth include the:

- Office of Youth Services (OYS),
- Office of the Attorney General (AG),
- DOH Child and Adolescent Mental Health Division (CAMHD)
- DOH Alcohol and Other Drugs Division (ADAD),
- DOH Injury Prevention and Control Section (IPCS),
- City & County of Honolulu Parks and Recreation (HPR) and
- Department of Education’s (DOE) health education resource teachers and counselors.

Title V will also explore partnering with new partners including Accountable Care Organizations.

Challenges, Barriers

Securing adequate resources (including dedicated staffing, funding, and leadership) to assure progress for this effort will remain the greatest challenge for FHSD.

Completing 5-Year Action Plan Activities

FHSD will continue to work on the project activities discussed above. An update on progress will be provided in next year’s Title V report. Any needed changes to the preliminary 5-Year Plan will be made. Based upon guidance provided by AMCHP and the federal MCH Bureau, performance measures will be identified for evidence based practices.

Adolescent Health - Annual Report

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

Annual Objectives					
	2016	2017	2018	2019	2020
Annual Objective	86	86	86	86	86

For the Children with Special Health Needs (CSHN) population domain Hawaii is reporting on the national and state performance measures which address the following issues:

- NPM 8: Teen births
- NPM 16: Adolescent Suicide

NPM 8: The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

The 2014 data indicate a rate of 9.6 live births per 1,000 teenagers aged 15-17 which met the State objective of 11 per 1,000. The State continues to improve each year. The comparable Healthy People 2020 objective for this measure is to reduce pregnancies among females aged 15-17 years to no more than 36.2/1,000 females 15-17. Hawaii exceeded the HP 2020 objective (18.0 for 2012, latest available data). Of all 4 counties, Hawaii County teen birth rates are consistently higher than the state average.

In Hawaii in 2013, 35.9% of high school students reported ever having sexual intercourse, and 24.8% of those who ever had sex reported being currently sexually active - both percentages are lower than the national averages. However, among those who ever had sex, 54.1% did not use a condom at last sexual intercourse compared to 40.9% nationally, putting them at increased risk for both pregnancy and sexually transmitted infections. Alcohol or drugs were commonly associated with last intercourse among more than one in five students both nationally

(22.4%) and in Hawaii (24.0%).

Efforts to implement and promote teen pregnancy prevention (TPP) by replicating evidence based curricula continue. Three federal TPP grant awards were made to Hawaii in the past few years including the Title V program. The MCH Branch (MCHB) administers the Personal Responsibility Education Program (PREP) grant and the Abstinence Education Program (AEP) formula grants that target youth at greatest risk of teen pregnancy (TP) and areas with high teen birth rates.

The PREP grant targets services to Hawaii County teens where 7 out of 8 school districts exceeded the state's average percentage of births to teen mothers. Because of the high teen birth rate, the PREP grant was sub-awarded to Hawaii County's Prosecuting Attorney's Office to provide county-wide community-based services. The Teen Outreach Program (TOP) is a teen club model for adolescents 15-19 years old. The Youth Challenge Academy (YCA), a 26 week residential facility, formed the first 2 TOP clubs with 26 of 32 cadets completing the program. TOP is a teen club community-based program model with an integrated teen pregnancy prevention, life skills and community service learning curriculum. The PREP grant has been extended for two additional years.

The AEP grant is in its third year on Oahu and has been extended an additional year. The after school program began classes at the Spalding Clubhouse in urban Honolulu and the NFL Youth Education site in Nanakuli, a rural Oahu community with a large Native Hawaiian population. Pre-post surveys for more than 50 participants showed that 90% of participants had increased knowledge, attitudes, behaviors and skills on the sexual health content presented.

MCHB's Family Planning Program (FPP) health educators work in collaboration with FPP contract providers and the Department of Education's (DOE) health education resource teacher to adapt existing evidence-based, reproductive health curricula to be used in the schools. The 10 FPP health educators provide statewide outreach services and provide content support to the PREP and AEGP facilitators in class work.

FPP will continue to monitor provider contracts; provide training and technical support; work with Title V to reach disparate populations; and address the need for culturally relevant approaches to reproductive health.

The MCHB Adolescent Wellness Program staff serves on the Hawaii School Health Survey Committee, which is convened jointly by the Department of Education (DOE) and Department of Health (DOH). The University of Hawaii's Curriculum Research & Development Group (CDRG) is contracted to conduct the survey. DOH provides epidemiological and programmatic guidance/expertise. The committee supports the administration and implementation of population-based health surveys in schools to monitor risk behaviors that contribute to mortality, morbidity and social problems among youth. The Committee is preparing for the administration of the 2015 YRBS.

NPM 16: The rate (per 100,000) of suicide deaths among youths 15-19.

The provisional data for 2014 is 8.2 suicide deaths per 100,000 youth aged 15-19. The state objective of 8 was nearly met. The 3 year average rates appear to be slightly decreasing from 2007.

Generally, the Youth Risk Behavioral Survey (YRBS) data shows similarities in Hawaii's youth and their mainland counterparts. In 2013, 16.9% of Hawaii's high school youth reported considering attempting suicide, similar to 17% of their peers nationally. However, there was a significant increase in reported suicide attempts (10.7% up from 2011 8.6%) as compared to their mainland counterparts at 8.0%.

The Prevent Suicide Hawaii Task Force (PSHTF) is under the guidance of the DOH's Injury Prevention Control Section (IPCS). PSHTF is a state, public, and private partnership consisting of individuals, organizations, and community groups. Membership includes public and private agency members such as the Department of Education (DOE), Honolulu Police Department (HPD), the University of Hawaii, School of Psychiatry, the DOH Child and Adolescent Mental Health Division, Adult Mental Health Division, Emergency Medical Services (EMS) and others interested or with a stake in suicide prevention. There are PSHTFs in the four counties: Hawaii, Maui, Kauai and Honolulu and the chair persons of each county task force and community groups and organizations actively participate and support suicide prevention activities throughout the state. The MCHB's Adolescent Health Coordinator represents Title V on the Honolulu County and PSHTF and the Neighbor Island DOH FHSD public health nurses represent Title V on their Hawaii, Maui and Kauai task forces.

The mission of PSHTF is to prevent suicide by raising awareness, eliminating stigma, and supporting those at risk

of, or affected by, suicide. According to IPCS, for every child 10 to 19 years of age who dies from suicide in Hawaii, there are 5 who are hospitalized, and another 12 who are treated in emergency departments for nonfatal self-inflicted injuries each year. The goal of the PSHTF is to reduce the incidence of suicides and suicide attempts in Hawaii. PSHTF efforts will continue to focus on building capacity for suicide prevention activities and sustain training on the neighbor island counties. An example of neighbor island task force activities includes a consortium of safeTALK trainers on Hawaii Island. The intent of this group is to collaborate with community-based agencies to have safeTALK become an integral part of communities, including within the DOE system. The Title V neighbor island staff participates in these coalitions.

State Action Plan Table						
Children with Special Health Care Needs						
State Priority Needs	Objectives	Strategies	National Outcome Measures	National Performance Measures	ESMs	SPMs
Improve the percentage of youth with special health care needs ages 14-21 years who receive services necessary to make transitions to adult health care.	By July 2020, increase the percent of adolescents with and without special health care needs who received services necessary to make transitions to adult health care to 40% [Baseline: Hawaii 37.3%, National Survey of CSHCN (NSCSHCN) 2009/10]	<ul style="list-style-type: none"> • Collaboration: - Convene agency and community stakeholders to develop strategies to improve services for adolescents and their families necessary to make transition to adult health care. Include youth in the planning process. - Collaborate with stakeholders and reach out to new stakeholders to increase awareness of the importance of health care in transition planning. - Collaborate with the Hilopaa Family to Family Health Information Center Director (also MCH LEND Co- 	Percent of children with special health care needs (CSHCN) receiving care in a well-functioning system Percent of children in excellent or very good health	Percent of adolescents with and without special health care needs who received services necessary to make transitions to adult health care		

State Action Plan Table

Children with Special Health Care Needs

State Priority Needs	Objectives	Strategies	National Outcome Measures	National Performance Measures	ESMs	SPMs
		<p>Director) in working with health care providers.</p> <hr/> <p>- Collaborate with the FHSD/MCH Branch/Adolescent Program in working to increase the percent of adolescents age 12-17 years with a preventive medical visit in the past year, and include the transition to adult health care message.</p> <hr/> <p>- Develop and implement plan to address key factors (e.g., medical home, health insurance, preventive medical visit, etc.) that support the transition to adult health care.</p> <hr/> <p>• Education: - Develop educational materials to “chunk” manageable steps for transition for younger ages.</p> <hr/> <p>- Continue to</p>				

State Action Plan Table

Children with Special Health Care Needs

State Priority Needs	Objectives	Strategies	National Outcome Measures	National Performance Measures	ESMs	SPMs
		<p>provide transition materials to other agencies to incorporate into their programs.</p> <hr/> <p>- Provide education/training on transition to adult health care</p> <hr/> <ul style="list-style-type: none"> • Staff development: Promote staff development in transition issues via webinars, trainings, etc. <hr/> <ul style="list-style-type: none"> • Potential opportunities: Investigate the inclusion of transition in other FHSD services/contracts. 				

Children with Special Health Care Needs

Children with Special Health Care Needs - Plan for the Application Year

Preliminary 5-Year Plan

The 5-year needs assessment affirmed the importance of transition to adult health care as a priority issue. Youth with special health care needs, compared to those without special health care needs, are less likely to complete high school, attend college, or be employed. Health and health care are major barriers to making successful transitions.

Transition to adult health care remains an important issue at the national level. In 2011, the American Academy of Pediatrics (AAP), American Academy of Family Physicians, and American College of Physicians jointly published “Clinical Report – Supporting the Health Care Transition from Adolescence to Adulthood in the Medical Home”. In 2015, Federal Partners in Transition Workgroup published “The 2020 Federal Youth Transition Plan: A Federal Interagency strategy”, which emphasizes the importance of interagency collaboration and takes an Inclusive

approach to improve adult outcomes. A Healthy People 2020 Objective (DH-5) focuses on increasing the proportion of youth with special health care needs whose health care provider has discussed transition planning from pediatric to adult health care.

The five-year needs assessment reaffirmed the importance of transition to adult health care as a priority issue in Hawaii:

- Hawaii data from the National Survey of Children with Special Health Care Needs (NSCSHCN) 2009/10 showed that the Hawaii rate for transition (37.3%) was lower than the national rate (40.0%). The Hawaii rate for this measure was 39.4% in 2005/6 and 37.3% in 2009/10, but estimates may not be comparable since the survey method added cell phones in 2009/10.
- Professional and state/community agencies and organizations are interested in transition:
 - AAP-Hawaii Chapter priorities for 2015 and beyond include transition of adolescents to adult care with a focus on youth with special health care needs.
 - Hilopaa Family to Family Health Information Center (F2FHIC) has developed materials and provides education/training on transition to adult health care.
 - Transition fairs have been held throughout the state. On the island of Oahu, planning has involved the FHSD/Children and Youth with Special Health Needs Section, Community Children's Council Office, DOH/Developmental Disabilities Division, Hawaii MCH Leadership Education in Neurodevelopmental and Related Disabilities [MCH LEND] Program, Hawaii State Council on Developmental Disabilities, Hawaii State Department of Education (DOE), Hilopaa F2FHIC, Special Parent Information Network (SPIN), and other agencies/organizations.
 - The Hawaii State Council on Developmental Disabilities 2012-2016 State Plan includes a goal about preparing students at all educational levels for the transition from high school to adult life including employment, self-employment, and/or post-secondary education and training.

Priority: Transition of Youth to Adult Health Care

The state priority is based on the Title V National Performance Measures for transition to adult health care for youth with and without special health care needs. The focus on the transition of children with special health care needs to adult health care is a continuing priority for Hawaii. The focus on the transition of children without special health care needs to adult health care is a new priority for Hawaii.

Objective: By July 2020, increase the percent of adolescents with and without special health care needs who received services necessary to make transitions to adult health care to 40%. [Baseline: Hawaii 37.3%, National Survey of CSHCN (NSCSHCN) 2009/10)

The preliminary 5-year plan objectives were developed using the NSCHCN data for Hawaii as a baseline and projected an almost 3 percent improvement over the next five years.

National Performance Measure: Percent of adolescents with and without special health care needs who received services necessary to make transitions to adult health care.

5-Year Strategies

- Collaboration:
 - Convene agency and community stakeholders to develop strategies to improve services for adolescents and their families necessary to make transition to adult health care. Include youth in the planning process.
 - Collaborate with stakeholders and reach out to new stakeholders to increase awareness of the importance of health care in transition planning.

- Collaborate with the Hilopaa Family to Family Health Information Center Director (also MCH LEND Co-Director) in working with health care providers.
- Collaborate with the FHSD/MCH Branch/Adolescent Program in working to increase the percent of adolescents age 12-17 years with a preventive medical visit in the past year, and include the transition to adult health care message.
- Develop and implement plan to address key factors (e.g., medical home, health insurance, preventive medical visit, etc.) that support the transition to adult health care.
- Education:
 - Develop educational materials to “chunk” manageable steps for transition for younger ages.
 - Continue to provide transition materials to other agencies to incorporate into their programs.
 - Provide education/training on transition to adult health care.
- Staff development: Promote staff development in transition issues via webinars, trainings, etc.
- Potential opportunities: Investigate the inclusion of transition in other FHSD services/contracts.

Strategy Development

Strategies were developed based on recommendations from national reports as well as discussions at the local level. The 2020 Federal Youth Transition Plan and other reports recommend closer collaboration among providers working with transitioning youth. Many agencies have been working on transitioning their clients to adult life. Most work separately, without consulting others in the youth’s circle of support. The 2020 Plan also recommends quality professional development for staff engaged in providing services to youth. In 2014, the CMS report on Paving the Road to Good Health recommended developing partnerships among key stakeholders and creating adolescent-friendly material.

Plans for Application Year Federal Fiscal Year 2016 (10/1/15-9/30/16)

Much work centers on establishing or continuing partnerships to reach wider audiences, to spread resources and expertise, and to develop youth-friendly material.

- Continue Footsteps to Transition/Big MAC (Moving Across Community)/other transition awareness planning involvement.
- Participate in other large well-established events, such as SPIN Conference, in which participants include youth with special needs and their families.
- Support professional development opportunities to develop competencies in addressing transition issues, via webinars, trainings, conferences, etc.
- Collaborate with FHSD/Adolescent Program to infuse transition planning into their established networks and contracts.
- Assist in supporting Medicaid Buy-in, which was not approved by legislature.
- Research public/private insurance coverage for yearly physical exams for adolescents, and review recommendations from the AAP.
- Collaborate and broaden partnerships to increase awareness of multiple facets of transition to boost successful outcomes. Partnerships may include the Hawaii Immunization Coalition, Project Laulima, Medicaid Buy-in Task Force, Public Health Nursing, and stakeholders in youth/health/service network. Utilize the partnerships to educate participants about the importance of transition to adult health care.
- Develop catchy information materials to use with younger-aged children and their families. Develop a transition brochure with local appeal.

Factors Contributing to Success

Strong encouragement from the Federal level to include transition in agency services has helped to heighten recognition that good transition planning and execution improve adult outcomes. Resources are available (and free)

for health providers, community, and youth/family use. Multiple transition booklets, tips, and recommendations can be found on various nationally-endorsed websites. The national Got Transition website has current transition materials for community providers. The 2020 Federal Youth Transition Plan on enhanced interagency coordination will help to make transition more integrated leading to improved outcomes.

In Hawaii, DOE requires that all high school students have a Personal Transition Plan to transition from high school to college and careers. DOE has also co-sponsored and hosted transition events. QUEST Integration AlohaCare recommends that physicians expand school and sports physicals to meet the criteria of a well-care screening. Their website includes information on adolescent health. MCH LEND and Family Voices continue to promote and educate future/current providers and leaders in the field in the art and science of Transition.

Challenges, Barriers

There are many challenges in addressing transition. However, introducing the idea earlier and in smaller chunks over a longer period of time may mitigate some barriers.

- Families are busy with life, work, their other children, etc. There can be a huge physical and emotional toll of having a family member with a special care need.
- Providers and families are still learning about the importance of transition planning. Preparation for independence, responsibility, and transition is often addressed later, rather than sooner.
- Youth may be connected to multiple systems of care that don't talk to each other, which may make coordination confusing.
- Providers have limited time with clients, have limited staff, and may not feel competent in discussing issues. Until recently, coding for reimbursement was problematic.
- The process needs to be individualized and (if possible) youth needs to have input into the process (self-determination).
- Benefits planning takes skill and expertise. However, low cost/free consultations are limited. Persons with disabilities often need the full coverage of public insurance; they cannot afford to earn "too much" and lose their eligibility.

Completing 5-Year Action Plan Activities

FHSD will continue to work on the current activities discussed above. An update on progress will be provided in next year's Title V report. Any needed changes to the preliminary 5-Year Plan will be made. Based upon guidance provided by AMCHP and the federal MCH Bureau, performance measures will be identified for evidence-based practices.

Children with Special Health Care Needs - Annual Report

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

Annual Objectives					
	2016	2017	2018	2019	2020
Annual Objective	39	39	39	39	39

For the Children with Special Health Needs (CSHN) population domain Hawaii is reporting on the national and state performance measures which address the following issues:

- NPM 2: CSHN family decision-making & satisfaction

- NPM 3: Medical Home
- NPM 4: CSHN medical insurance coverage
- NPM 5: CSHN community based services
- NPM 6: CSHN transition services
- SPM 9: YSHN transition to adult care

NPM 2: The percent of children with special health care needs age 0 to 18 whose families partner in decision-making at all levels and are satisfied with the services they receive.

Data from the National Survey of CSHCN show that 77.6% of Hawaii CSHCN families partnered in decision making and were satisfied with services compared to 70.3% nationally. Families of children with special health care needs (CSHCN) were involved in decision-making in various ways: as advisory committee members; developing parent education materials; in presentations and panels; interviewing applicants for staff positions; advocacy for legislation; and providing input on program policies and procedures. Parents were compensated or assisted by providing stipends, transportation and child care costs.

The Hawaii Early Intervention Coordination Council (HEICC) advises the DOH regarding early intervention (EI) services. As required by Part C of the Individuals with Disabilities Education Act, the HEICC has parents of CSHCN as members. A Co-Chair of the HEICC is a parent of a youth with special health care needs (YSHCN).

Early Intervention Section (EIS) supports families attending conferences and trainings by paying registration fees, including airfare & ground transportation for Neighbor Island families to come to Oahu, EIS continues to obtain feedback from families through meetings, committees, and an annual family outcome survey.

The Newborn Hearing Screening Program (NHSP) provides parent support to families with children who did not pass newborn hearing screening or who had confirmed hearing loss. Family members participate on the Early Hearing Detection and Intervention (EHDI) Advisory Committee. The Hawaii Chapter of the national parent organization, Hands & Voices (H&V) has been established. NHSP will contract HV to provide parent supports to families. NHSP collaborated with the H&V Hawaii Chapter and the Early Intervention Program to offer parent education and parent support activities.

Family members of children with metabolic conditions participate in Newborn Metabolic Screening (NBMS) Advisory Committee and task forces as new conditions are considered for addition to the newborn screening panel of disorders. Most recently, families had a voice in the decision to start testing all of Hawaii's Newborns for the genetic disorder SCIDS (Severe Combined Immunodeficiency Syndrome). Families of children with genetic conditions participate in State Genetics Advisory Committee and as an integral partner in Western States Genetic Services Collaborative (WSGSC).

The family resource handbook in Children with Special Health Needs Program (CSHNP) includes a Transition section to develop a Family Individual Plan (FIP) for services. The Transition Checklist tool and FIP are developed together with children and their families. Plan components are reviewed annually with the family to address current and emerging concerns. CSHNP also partners with the Arc, Hawaii Department of Education (DOE), Hilopa'a, Developmental Disabilities Branch, Special Parents Information Network (SPIN), Childrens Community Council (CCC) and Best Buddies to host annual transition fairs in the community.

CSHNP coordinates a Hawaii Island Kardiak Kids support group that serves as an active resource for children and parents. The Oahu Kapiolani Kardiak Kids parent support group also provides mentorship and support to the Hawaii Island group. Teen mentorship club members provide positive peer support and speakers for community group events. Teens have their own officers and are encouraged to make an impact in the community. Participants are taught lifestyle management and plan fun group outings.

Children with Special Health Needs Program (CSHNP) works closely with parents of children with orofacial birth defects (cleft lip and palate) to make changes in medical/health insurance coverage. Medicaid and Tricare already provide medical coverage for medically necessary orthodontic treatments for these children as it is part of the reconstruction of the birth defect and would address functional problems such as biting, chewing, speech and respiration. For children covered by commercial/private health plans the high cost of repeated orthodontic treatment

is an out of pocket expense. Parents, medical, dental and community stakeholders collaborated with CSHNP to support legislation to expand insurance coverage for these services. Parents participated in the legislative process by submitting testimony for proposed bills, meeting with the legislators and the creation of a Facebook page, "Lifetime of Smiles", to inform others of this issue. Lifetime of Smiles is also the name of the informal parent support group of parents and their children who have orofacial birth defects. CSHNP has provided leadership, guidance, updates and coordination of these activities but the strength of these activities have come from partnerships with parents who are directly affected by inadequate insurance coverage for medically necessary treatment. Efforts by CSHNP and parents resulted in the successful passage of legislation in 2015 to include orthodontic treatments for these children into all insurance plan benefit packages. The bill was recently signed by the Governor at a public ceremony with the families, legislators, and Title V staff.

Title V participates in the annual Special Parent Information Network (SPIN) conference to provide information on health issues, services, and opportunities to participate in CSHN programs.

NPM 3: The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, and comprehensive care within a medical home.

Data from the National Survey of Children with Special Health Care Needs (CSHN) show that 45.4% of Hawaii CSHN had a medical home compared to 43% nationally.

The Children with Special Health Needs Branch (CSHNB) supports medical homes by assisting families with access to specialty services. Pediatric cardiology, neurology and nutrition clinics are provided in neighbor island districts where those services are otherwise unavailable. CSHNB expanded access to cardiology services in West Hawaii. The West Hawaii CSHNB social worker is able to support cardiac clinic services in conjunction with client medical homes. Financial assistance for medical specialty services and neighbor island travel is provided to eligible children. CSHNB provides information and referral, outreach, service coordination, social work, audiology and nutrition services for CSHCN age 0-21. Title V Workgroups on Early Childhood Development/Screening and Transition to Adult Health Care continue efforts to improve access to services for families in collaboration with community partners.

CSHNB is part of the Kapi'olani Medical Center Cleft and Craniofacial Center multi-disciplinary team which sees patients weekly. Parents are given guidance on issues and concerns to discuss with their medical home. The goal is to enable parents to understand the needs of their children so they can communicate and coordinate services with their medical home. In situations where parents require more assistance, direct coordination is done with their medical home and specialists.

The Newborn Metabolic Screening Program (NMSP) provides metabolic screening to all newborns, collaborates with the medical home for follow up and has "Hawaii Practitioner's Manual" posted on their website. The Early Intervention Services (EIS) includes care coordination and involves the medical home in the Individual Family Support Plan conferences with family consent.

The Genomics Program facilitates in person and telemedicine genetics consultations on all islands. The Program is working with neighbor islands to increase referrals for telemedicine genetics consultations. The Western State Genetic Services Collaborative (WSGSC) is working with local and regional medical home advocates to improve primary care provider genetics education and ability to determine the need for referral to a genetics specialist. WSGSC will continue to participate in the national Health Resources and Services Administration (HRSA) efforts to integrate family history and genetics knowledge into medical homes.

In response to a change in Early Intervention program eligibility guidelines in 2013, Hi'ilei Hawaii was created as a safety net developmental follow along program for young children. Hi'ilei Hawaii provides developmental follow-up for young children who are high risk and not eligible for Early Intervention services. Hi'ilei provides screening results to the medical home and involves the medical home when there are referrals to early intervention services or to DOE preschool special education.

The Early Childhood Comprehensive Systems (ECCS) Coordinator is one of the co-leaders for the Executive Office on Early Learning (EOEL) strategic action group addressing the health and development of children prenatal to age 8. The key role of the Medical Home is recognized in the plan activities and outcomes.

On the Neighbor Islands there are challenges securing medical homes for CSHN given shortage of providers. CSHNP staff provide enabling services in coordination with the medical home to secure transportation services for flights to access care on Oahu given limitation of insurance coverage and accessibility issues with the planes for CSHN. CSHN staff also provide case management services at the request of the medical home to assure families keep provider appointments and comply with medication schedules.

The WIC program works to assure all clients have a medical home and insurance coverage through the Health Insurance Exchange. Referrals are also made to federally qualified health centers for care.

NPM 4: The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need.

Data from the National Survey of Children with Special Health Care Needs (CSHCN) show that 72.6% of Hawaii CSHN had adequate insurance coverage to pay for needed services compared to 60.6% nationally. The study also reported 5.3% of CSHCN were without insurance at one or more periods and 94.7% were consistently insured the entire past 12 months.

Children with Special Health Needs Program (CSHNP) service coordinators assisted CSHCN and their families obtain and maximize use of health coverage. CSHNP provided financial assistance for medical specialty, laboratory, x-ray, hearing aids, orthodontic treatment, neighbor island air/ground transportation, lodging, and specialty clinics on Kauai, Maui, and the Big Island. CSHNP administered the Hawaii Lions Foundation Uninsured/Under-Insured Fund for hearing and vision services.

Newborn Metabolic and Hearing Screening Programs provided outpatient screening and diagnostic evaluations for families who could not afford the cost. Hospital screening is generally covered by insurance.

CSHCN with family income up to 300% are eligible for Medicaid services under QUEST managed care or under QUEST Expanded Access (QExA) for individuals who are aged, blind, or disabled (ABD). QExA, began in 2009, provides a comprehensive package of medical, dental, long-term care, and behavioral health care. Expanded Medicaid eligibility under the ACA uses new MAGI rules for income which eliminate the asset test for non-ABD and eliminate disregarded income types by increasing the MAGI FPL to 308%. This increase in coverage helps families whose income fall into the 300-308% range that did not have income which could be disregarded.

CSHNP, Hawaii District FSHD Coordinator, HMSA, medical provider, and West Hawaii Keiki Health Clinic collaborated to expand access of the CSHNP funded cardiac clinic services to the wider pediatric community. The CSHNP Kauai Cardiac Clinic was discontinued and patients transferred to a cardiologist at Kauai Medical Clinic. These actions resulted in greater access for non-CSHNP children and shifted reimbursements from CSHNP to insurance plans.

CSHNP funded neurology, genetic and nutrition clinics on the Big Island, Kauai, and cardiac, genetic and nutrition clinics on Maui. CSHNP coordinated and managed these specialty clinics and collaborated with community providers.

Early Intervention (EI) services for QUEST (Medicaid)-eligible children are in part reimbursed under a Memorandum of Agreement (MOA) between the Department of Human Services (DHS) and DOH. EI services provided a full array of therapies, interventions, and services to address five areas of development; communication, cognitive development, physical, social/emotional, and adaptive skills.

The Ho'opa'a Project, the Hawaii Autism Spectrum Disorders (ASD) State Implementation Grant, helped to develop a framework for integrated service planning and quality monitoring for Medicaid funded program services, with strategies focused on maximizing existing benefits. The Ho'opa'a Project provided workshops to train and educate families on the legislative process and insurance issues related to autism spectrum disorder.

CSHNP, Lifetime of Smiles parent support group, Hawaii Pacific Health and community stakeholders collaborated to address a medical insurance disparity for medically necessary orthodontic treatments for orofacial birth defects such as cleft lip and palate. Tricare and Medicaid were already providing this specific medical benefit whereas private medical plans did not.

During the 2014 legislative session, House Bill (HB) 2522 was introduced through private/public collaboration. This

bill would have required private medical insurance plans cover the high cost out-of-pocket expenses for medically necessary orthodontic treatments for children with orofacial birth defects. The bill did not advance. However, the legislature did pass House Concurrent Resolution, HCR 100. It required the State Auditor's Office to conduct a study of the social and financial effects of requiring private health plans cover medically necessary orthodontic treatment of orofacial birth defects.

In September 2014, the Hawaii State Auditor's Report, No. 14-08, recommended HB 2522 be enacted since coverage would provide a substantial social benefit in exchange for a minimal cost to private insurers due to the small portion of the general population affected. Based on the State Auditor's recommendation advocates organized to support the legislation in 2015.

The Genetics program with the HRSA funded multi-state Western States Genetic Services Collaborative (WSGSC) and national efforts continued to work on issues to improve coverage for medical foods/formulas for children with metabolic conditions. This past year, the WSGSC has started a pilot project to help medical directors of state Medicaid agencies and private third party payers to assess the necessity of genetic services and testing. The medical directors can submit cases to an objective expert panel which reviews the case and provides expert opinion about the requested services to help the medical director make the coverage decision. The Genetics program also continues to work with third party insurers to improve reimbursement for telehealth genetic consultations and newborn screening services.

NPM 5: Percent of children with special health care needs age 0 to 18 whose families report the community-based service system are organized so they can use them easily.

Data from the National Survey of CSHCN indicates that 75.1% of Hawaii CSHN can access community based services compared to 65.1% nationally. Children with Special Health Needs Branch (CSHNB) programs work toward coordinated, family-centered services/systems:

- Early Intervention Section is the lead for Part C of Individuals with Disabilities Education Act (IDEA) for early intervention (EI) services for children age 0-3 years with or at biological risk for developmental delays. The EI system includes central directory, public awareness, child find, evaluation/assessment procedures, Individual Family Support Plan, personnel development, procedural safeguards, complaint resolution, financial policies, and data collection.
- Newborn Hearing Screening Program is responsible for the statewide system of newborn hearing screening, including diagnostic audiological evaluation and link to EI services, technical assistance, quality assurance, data/tracking, and education.
- Newborn Metabolic Screening Program is responsible for the statewide system of newborn metabolic screening, including diagnosis and intervention/follow-up, data/tracking, quality assurance, and education.
- Children with Special Health Needs Program (CSHNP) provides medical specialty, nutrition, social work, neighbor island (NI) clinics, outreach for Supplemental Security Income, and other services as a safety net and to increase access to services.
- Genetics Program and state/community partners work to assure the availability and accessibility of quality genetic services in the state. The Program with the WSGSC developed a Portable Health Record for use by people with genetic/metabolic conditions in times of transition or emergencies to improve access to genetic services.

Hawaii Community Genetics, a partnership of CSHNB Genetics Program, Kapiolani Medical Center, Queen's Medical Center, and UH School of Medicine/Pediatrics, provides clinical genetic/metabolic services, clinics, and telehealth visits. Activities to improve access to genetic services for neighbor island families continue through WSCSC projects and evaluation of approaches utilized.

Neurotrauma Supports, in DOH/Developmental Disabilities Division, addresses needs of brain-injured persons and their families. CSHNB is a member of the State Traumatic Brain Injury Advisory Board.

Family Health Services Division (FHSD) coordinates the Fetal Alcohol Spectrum Disorder (FASD) Task Force for development of a comprehensive statewide system for prevention, identification, surveillance, and treatment of FASD. Training is provided for community providers and programs.

CSHNP participates on the multidisciplinary team for the Kapiolani Medical Center's Cleft and Craniofacial Center by providing service coordination for families to identify needs/resources, providing referrals to community programs, and accessing specialized dental/orthodontic treatment services. Team members include craniofacial surgeon, neonatologist/pediatrician, geneticist, genetic counselor, audiologist, speech therapist, pediatric dentist, oral surgeon, orthodontist, and other specialists.

CSHNP Audiologist is a member of Senator Suzanne Chun Oakland's Deaf and Blind Task Force. A bill was introduced to mandate insurance companies to cover hearing aid purchases but did not pass.

CSHNP leads the Vision Screening Task Force that is setting statewide vision screening protocols. Team members include DOH, DOE, doctors and community organizations. CSHNP partners with community organizations like the Hawaii Lions Foundation to help uninsured/underinsured children get access to hearing/vision services, and with Special Olympics Hawaii and Developmental Disabilities Division to ensure that Summer Games athletes have access to medical care.

CSHNP Social Worker participates in the Hiilei Program. Children age 0-5 who do not qualify for EI services are periodically monitored using the Ages and Stages Questionnaire.

The issues of early childhood development/screening and transition to adult health care were selected as state Title V priorities. Two Title V Workgroups focus on system-building to develop resources, provide information, and incorporate the issues in state planning and policy initiatives.

Ho'opa'a Project—Hawaii Autism Spectrum Disorder (ASD) State Implementation Grant is a collaboration of **Hawaii** Pediatric Association Research and Education Foundation with Hilopa'a, Family Voices of Hawaii, DOH/CSHNB, AAP-Hawaii Chapter, and UH Department of Pediatrics/MCH Leadership Education in Neurodevelopmental and Related Disabilities (LEND) (Sept. 2010-Aug. 2013). Project activities focus on improving/strengthening the system of care for children/youth with ASD and other developmental disabilities in areas of family support, medical home, autism screening, insurance coverage, and information/training on evidence-based practices, community resources, and transition.

With the Hawaii District Office FHSD Coordinator, CSHNP expanded access to pediatric cardiology clinic services in West Hawaii, by transitioning the CSHNP cardiac clinic (limited access) to a community health center with wider community access, supported in part by health insurance. This helped increase access to specialty care and related services.

NPM 6: The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work and independence.

SPM 9: The percentage of youth with special health care needs, 12-17 years of age who received all needed anticipatory guidance for transition to adult health care.

The foundation for transition begins in early childhood. The DOH CSHNB EIS instills the importance of transition planning and support for children with developmental delays from the initial meeting. Data from the National Survey of CSHCN 2009/2010 show that 37.3% of Hawaii CSHN received transition services compared to 40% nationally. The National Survey also indicated that 34.5% of YSHCN, 12-17 years of age who received anticipatory guidance for transition to adult health care compared to 31.6% nationally. Hawaii selected a measure that best reflects the current focus of program efforts to improve transition services.

CSHNB staff continued to offer outreach services including transition information to medically eligible SSI applicants 16 years old and younger, and other families. CSHNB Chief presented on the needs of YSHCN/families to physicians involved in designing adolescent health strategies for Hawaii Medical Services Association (HMSA).

Title V Transition Workgroup and a Hilopa`a parent participated in the joint Family Voices and National Initiative for Children's Healthcare Quality webinar, "The ABC's of QI". These interactive sessions explained some of the art and science behind QI using PDSA-Plan, Do, Study, Act cycle steps.

Homework included identifying an aim statement and measurements, doing small scale testing, and studying the results. PDSA tools will be used in future planning efforts.

The Title V Transition Workgroup developed an eye-appealing 'Footsteps to Transition' handout. Based on the Hilopa`a Transition Workbook, this one-pager identifies key transition activities for families and/or providers. It is an educational tool shared as part of client services and at public events and presentations. An additional handout, "The Student Disability Services in Higher Education" was developed by the workgroup listing of university, community college, and adult education program contact information. The handout is updated regularly. These tools may be used with the general adolescent population, with some modification.

Following Maui's Big MAC Transition Fair's footsteps, the islands of Kauai, Oahu, and Hawaii hosted similar events for youth and their families. Presentations were conducted by local and national experts, youth panel speakers and agency/program exhibits to help youth and families access transition services. All families received a Hilopa`a Transition Workbook and Personal Health Record (PHR).

The events are conducted in partnership with the DOE, Title V, Hilopa`a F2FIC, the Arc, Special Parent Information Network (SPIN), the Children's Community Councils, DOH Developmental Disabilities Division (DDD), Department of Health and Human Services Vocational Rehabilitation program, Disability and Communication Access Board (DCAB) and other agencies. The DOE have become strong supporters of the events providing the venue, security, and staffing as well as promoting the fairs to DOE staff and YSHCN.

Building on the success of the school health fairs, Kauai CSHNP received a \$2500 Hawaii State Rural Health Association grant for a series of Transition to Adulthood education sessions targeting 16-17 year old special need youth, their parents/caregiver, and service providers. The sessions were held in the evenings to accommodate parents/caregivers. Dinner was provided. Over the six sessions participants were provided information on:

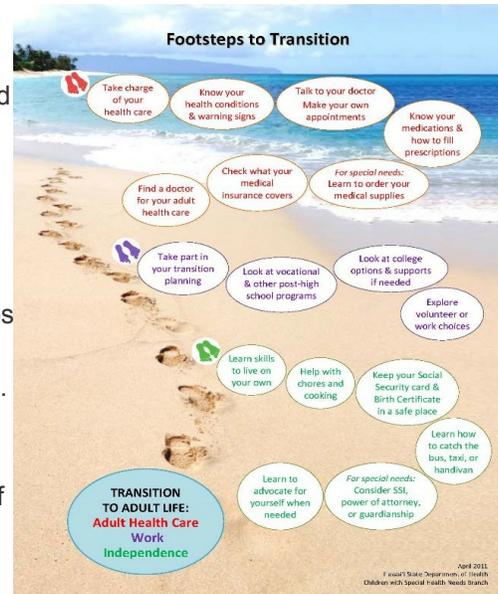
- medical health care needs such as establishing a medical home, other specialist providers and obtaining medical insurance to enable YSHN to be more empowered about their own health care, and
- post high school preparation (alternatives such as college, trade school or vocation training, employment, programs that supportive services, living independent) to promote greater independence.

Thirteen families and 18 YSHCN participated. Evaluations indicate the sessions were very helpful for the families and youth as well as the 12 agencies represented. Plans are being developed to offer future sessions.

CSHNP participates in the annual SPIN Conference, sharing information about transition planning and services.

Roughly, 500 families attend this major event. This interactive display includes a "Wheel of Fortune", spin the wheel game comprised of transition topics/questions that family/youth "contestants" have to answer. Small prizes given.

CSHNP staff worked with the Kona Kardiak Kids support group on the island of Hawaii to educate them about transition planning. The group arranged for older peers experienced with transition challenges to work with younger group members for mentoring and support. Neighbor island CSHNP staff in Hilo also integrated transition information and resources for families as part of their "Malama Da Mind" fair. Malama means to protect/care for in Hawaiian.



Cross-Cutting/Life Course						
State Priority Needs	Objectives	Strategies	National Outcome Measures	National Performance Measures	ESMs	SPMs
Improve the oral health of children and pregnant women.	<ul style="list-style-type: none"> By July 2020, increase the percent of children, ages 1 through 17 who had a preventive dental visit in the past year to 87% (Baseline: 2011-2012 NSCH data 83.1%) By July 2020, increase the percent of women who had a dental cleaning during pregnancy to 39% (Baseline: 2011 PRAMS data 37%) 	<ul style="list-style-type: none"> Develop program leadership and staff capacity Develop or enhance oral health surveillance Assess facilitators/barriers to advancing oral health Develop and coordinate partnerships with a focus on prevention interventions Develop plans for state oral health programs and activities 	<ul style="list-style-type: none"> Percent of children ages 1 through 17 who have decayed teeth or cavities in the past 12 months Percent of children in excellent or very good health 	<ul style="list-style-type: none"> A) Percent of women who had a dental visit during pregnancy and B) Percent of children, ages 1 through 17 who had a preventive dental visit in the past year 		
Improve access to services through telehealth	To be determined	To be determined				

Cross-Cutting/Life Course

Cross-Cutting/Life Course - Plan for the Application Year

Preliminary 5-Year Plan: Oral Health

The five-year needs assessment reaffirmed the importance of oral health for adults and children as a priority issue. Oral health was identified in a number of statewide assessments and reports including the State Hospital Association and the state Health Transformation Office which both conducted extensive stakeholder surveys and community meetings to identify statewide health concerns. In 2015 the Pew Charitable Trusts confirmed oral health as an important issue for Hawaii giving the state its fifth consecutive “F” grade on children’s oral health in the U.S. While not mandated, the DOH does have statutory responsibility for assessing state dental needs and resources, providing services, conducting education and training, applying for federal funds, as well as planning.

Priority: Improve the oral health of children ages 0-18 years and pregnant women

The state priority is based on the Title V block grant guidance National Performance Measures for oral health which focuses on both children and pregnant women. In the previous 5-Year project period oral health for children was identified as a Title V priority, so this is a continuing priority issue for children. The focus on oral health of pregnant women is a new priority for Hawaii.

Objectives:

- By July 2020, increase the percent of children, ages 1 through 17 who had a preventive dental visit in the past year to 87% (Baseline: 2011-2012 NSCH data 83.1%)
- By July 2020, increase the percent of women who had a dental cleaning during pregnancy to 39% (Baseline: 2011 PRAMS data 37%)

The preliminary 5-year plan objectives were developed using the Title V website data from the National Survey of Children's Health and the Pregnancy Risk Assessment Monitoring data as a baseline and projecting a five percent improvement over the next five years.

National Performance Measures:

- A. Percent of women who had a dental visit during pregnancy, and
- B. Percent of children, ages 1 through 17 who had a preventive dental visit in the past year.

5-Year Strategies

- Develop program leadership and staff capacity
- Develop or enhance oral health surveillance
- Assess facilitators/barriers to advancing oral health
- Develop and coordinate partnerships with a focus on prevention interventions
- Develop plans for state oral health programs and activities

Strategy Development

The five strategies are extracted from FHSD's 5-Year CDC oral health state infrastructure building grant which ends in August 2018. To assure regular feedback/input, oral health stakeholders have been routinely informed about the grant through press releases, presentations/reports at meetings, email updates, conferences, workshops, and legislative hearings. FHSD is working with the DOH Communications Officer to develop an oral health email newsletter. A prototype newsletter has been completed and will be sent to the state oral health Task Force with a survey to collect feedback on preferences for communication/meeting methods, frequency and topics.

Plans for Application Year Federal Fiscal Year 2016 (10/1/15-9/30/16)

- Hiring and conducting leadership orientation for the Dental Director and Program Manager to assure state public health leadership for the state oral health program.
- Complete the third grade oral health basic screening survey, publish final report and disseminate to stakeholders.
- Pilot school dental sealant project (evidence based strategy) to identify cost-effective, sustainable service delivery/financing models.
- Evaluate pilot oral health co-location project at WIC and develop plans to expand to other WIC clinic locations
- Integrate oral health promotion for both women and children into WIC services
- Continue to promote and monitor pediatric providers' application of FV in young children.
- Promote coalition-building, partnerships to assure a diverse/broad participation in efforts state oral health planning.

FHSD was able to fill a half-time office assistant position, but is still recruiting for the Dental Director and Program Manager positions. The exempt Program Manager position is being funded for one year by the CDC PHHSBG grant administered by the DOH OPPPD. The position was established in April 2015. The tentative plan is to deploy the position to FHSD to manage the pilot sealant project and serve as Program Manager for the DOH oral health program. The CDC oral health grant will be used to fund the position once PHHSBG funds expire. Interviews for both

positions are in the process of being scheduled.

Once the positions are filled ASTDD will be providing orientation and training of the new Dental Director and Program Manager. An established distance learning and on site technical assistance will be provided. In addition ASTDD also has a mentoring program where new state dental directors can be paired with an experienced director in another state for a year.

The third grade oral health screening project completed data collection in May 2015. Data entry is planned through June 2015. Data analysis and the writing of the final report will be done by ASTDD by October 2015. The results will be disseminated to agencies, key stakeholder organizations, policymakers, and through media release. The data should help to inform policy and planning decisions including the State oral health task force convened by the Hawaii Healthcare Project Office, to implement a second year CMS State Innovation Model (SIMS) grant. One of the SIM focus area is oral health. The DOH Deputy Director is a co-leader for the oral health task force.

A funding proposal for the pilot school dental sealant project was submitted to the Hawaii Dental Service Foundation (Delta Dental affiliate) and was recently awarded in April 2015. DOH will partner with an existing FQHC dental program to identify a cost-effective, sustainable service delivery and financing models. DOH will work with Medicaid to implement federal policies allowing reimbursement for oral health services delivered in public health settings including schools. OPPPD is also using PHHSBG funds to document the two ongoing school based oral health programs. TA for the project is being provided by a number of national organizations working to promote this evidence based approach to promote oral health prevention to at-risk children (CDC, Children's Dental Health Project, School Based Health Alliance).

The project to improve the oral health of pregnant women will target WIC clients. FHSD is contracting with the University of Hawaii, School of Nursing and Dental Hygiene (SONDH) to evaluate the WIC oral health "*Keiki Smiles*" program and develop recommendations to expand the program to other WIC locations. WIC clients will also be surveyed to identify common barriers to oral health care. The SONDH will explore how the program can extend oral health care to pregnant/post-partum women and conduct workforce training to support oral health promotion in the WIC program statewide.

In 2015, AAP partnered with Hawaii Dental Association to conduct FV trainings for pediatric providers. Website resources were developed and are accessible to providers. An additional training was requested and provided for Family Practitioners. Evaluations of the trainings and information from provider surveys is being compiled and analyzed. Medicaid EPSDT data will also be monitored to assess progress and inform future planning for this recommended evidence based practice. The trainings and website development was funded using the DOH CDC oral health grant.

FHSD will continue to support partnership development and coalition building to assist with development and implementation of project activities. FHSD will draw upon this broad base of partners to help plan and conduct state oral health planning efforts later in the CDC grant project period. To help inform the planning process, FHSD is first working to complete data surveillance and assessment reports (including the environment scan and policy review).

Factors Contributing to Success

Strong public health leadership is critical to guide planning and assure progress with the CDC Oral Health Disease Prevention grant. The acting Dental Director, a non-dental professional, was trained in public health administration and served as the former manager of the state chronic disease program, thus she was extremely knowledgeable/experienced regarding the public health approach to program development and problem solving. ASTDD content expertise, technical assistance, orientation was critical to guiding planning, implementation, and achieving CDC grant benchmarks and requirements.

Locating the oral health program in the MCH agency, with a culture of working in collaboration and partnership, helped facilitate:

- teamwork among a diverse group of staff,
- working with internal/external partners and
- leveraging resources.

The MCH agency also provided access to extensive resources including MCH epidemiology staff, Office of Primary Care and Rural Health, as well as a number of federal HRSA grant resources.

Additional assets that have helped drive progress include:

- many dedicated oral health stakeholders and community-based programs,
- strong legislative and administrative support for oral health as a priority, and
- substantial national technical assistance and resource availability.

Challenges, Barriers

While Hawaii has many dedicated oral health assets, a major challenge is the lack of oral health infrastructure to develop a coordinated system of care. Unlike most states, Hawaii has no local health departments, thus DOH is key in providing statewide leadership for critical public health surveillance, evaluation, planning, and prevention functions. With no dental school in Hawaii, DOH plays an important role to promote evidence-based oral health practices in both public and private settings by supporting workforce training, policy guidance, and research. The state also lacks a current strategic oral health plan; the last plan is nearly 10 years old.

The primary barrier to achieving greater progress are the vacant oral health positions (Dental Director and Program Manager) which are essential to provide dedicated public health leadership and staffing for the DOH oral health program. A protracted personnel process required almost a year to establish the positions. The election of a new Governor and resulting administrative changes in the DOH has also impacted the program efforts. The acting State Dental Director and FHSD Chief, who also serves as the grant Principal Investigator (PI); was appointed to be the Deputy Director in the DOH. While she continues to serve as State Dental Director and grant PI, her areas of responsibility have significantly expanded resulting in less time to focus on the immediate needs of the grant. This has contributed to further delays in the grant progress.

FHSD has also been hampered by loss of key administrative and management positions. The unexpected death of the Division chief administrative officer and untimely injury to his secretary (which required her to be on sick leave for several months) has also created additional work for an already overburdened staff.

Completing 5-Year Action Plan Activities

FHSD will continue to work on the current administrative and project activities discussed above. An update on progress will be provided in next year's Title V report. Any needed changes to the preliminary 5-Year Plan will be made. Based upon guidance provided by AMCHP and the federal MCH Bureau, performance measures will be identified for evidence based practices.

New State Priority: Improve to Services through Telehealth

A state performance measure will be established for this new priority. With the reduction in personnel resources, increases in travel costs, and availability of high speed internet and affordable devices, telehealth can be one of the tools to increase access to families and providers while saving time and money.

The legislature is supportive of telehealth as evidenced by the passage of Act 159 (2014) which mandated reimbursement parity for face-to-face and telehealth visits provided by health care providers. Health care providers are defined as primary care providers, mental health providers, oral health providers, physicians and osteopathic physicians, advanced practice registered nurses, psychologists, and dentists.

The Title V Genetics Program currently works to increase access to genetic services on the Neighbor Islands, with genetic consultations done with in-person clinics or using telehealth via videoconferencing. Satisfaction surveys of neighbor island families receiving genetic services and counseling via live videoconferencing show a very high acceptance and satisfaction with the services provided. Twenty percent of the families reported that they would not have sought genetic services for their child if telehealth had not been an option. Although the Genetics program is effectively using telehealth, Title V programs/activities are generally not using the technology for service delivery to clients

Title V is also supporting the use of telehealth resources for healthcare provider training. The State Office of Rural Health is supporting Project ECHO. Part of a national telehealth training network, Project ECHO links expert specialist teams at an academic hub with primary care clinicians in local communities. Primary care clinicians,

particularly on the neighbor islands, will participate in a learning community, receiving mentoring and feedback from specialists. Together, patient cases will be managed to assure needed care is provided.

Plans include:

- Inventory of telehealth sites and equipment available to Title V programs.
- Continue and expand provision of genetic services via telehealth to the neighbor islands.
- Implement and expand Project ECHO (Extension for Community Healthcare Outcomes), using a tele-education model, to Title V programs and other partners
- Collaborate with University of Hawaii Telecommunications and Social Informatics Research Program, State Telehealth Access Network, and the Pacific Basin Telehealth Resource Center to plan, develop, implement, and evaluate telehealth activities used by Title V programs.
- Develop a telehealth training and mentoring program to increase the workforce knowledge and use of telehealth for their activities.
- Collaborate with other local, regional and national maternal and child health partners to support policies and activities to increase the use of telehealth for families and providers.

Completing 5-Year Action Plan Activities

FHSD will select a state performance measure for this priority next year. Work will continue on the project activities discussed above and an update on progress will be provided in next year’s Title V report. Any needed changes to the preliminary 5-Year Plan will be made. Based upon guidance provided by AMCHP and the federal MCH Bureau, performance measures will be identified for evidence based practices.

Cross-Cutting/Life Course - Annual Report

NPM-13 A) Percent of women who had a dental visit during pregnancy

Annual Objectives					
	2016	2017	2018	2019	2020
Annual Objective	45.0	45.0	45.0	45.0	45.0

NPM-13 B) Percent of children, ages 1 through 17 who had a preventive dental visit in the past year

Annual Objectives					
	2016	2017	2018	2019	2020
Annual Objective	87.0	87.0	87.0	87.0	87.0

For the Cross-Cutting/Life Course population domain Hawaii is reporting on the national and state performance measures which address the following issues:

- NPM 9: Dental Sealants
- SPM 10 Youth Oral Health Visits.

NPM9: Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

The 2014 data indicates 11.8% of 6-9 year children enrolled in the Medicaid EPSDT program received sealants; the objective of 12% was nearly met. At this time the state does not have population based data for this measure. The

sealant placement rate has remained low for this high risk group, far below the HP 2020 objective of 25.5%. Data from the state's largest commercial dental insurer, Hawaii Dental Service (HDS) reported 28.8% of high risk 6 & 7 year olds (having one or more restorations in the past two years) and 19.9% of low risk children receive sealants. Thus, children with private insurance are also not receiving sealants as a preventive practice. With no civilian fluoridated water systems in Hawaii, dental sealants are an important preventive intervention. See narrative for SPM 10 under "Cross-cutting/Life Course" domain for report on dental activities.

SPM 10: Proportion of public high school students who received dental care in the past year.

The 2013 Youth Behavioral Risk Survey (YRBS) data indicates 70.3% of students reported seeing a dentist in the past year. FHSD sponsored the addition of an oral health question in the YRBS after consultation with stakeholders and the MCH Bureau to provide a more consistent, reliable data source for the measure. The addition of these core question options will generate national comparative data for future work and research.

In 2009 the DOH dental health program was eliminated as part of the state budget cuts. Three years later, in 2012, the Title V agency was assigned the responsibility for rebuilding the DOH oral health infrastructure including surveillance, planning and prevention functions. In lieu of an oral health professional to lead the program, FHSD works in consultation with the DOH Developmental Disabilities Divisions (DDD) dentist and utilizes technical assistance from the Association of State & Territorial Dental Directors (ASTDD). The DDD operates dental clinics on Oahu and at the Hawaii State Hospital serving largely adults with disabilities.

Oral health is particularly important since Hawaii's long standing last place state ranking for accessibility to fluoridated water systems. The only fluoridated water systems are located on military bases and housing. Strong public sentiment has persisted over the past fifteen years against efforts to adding fluoride to Hawaii's public water systems.



To help build the state oral health program, FHSD applied for and received a 5-year CDC state oral health infrastructure building grant in 2013. The grant funds will go largely to funding a dental director position to provide leadership for the program. The seven grant goals includes hiring/training of dental program leadership, establishment of surveillance system, support coalition building and partnership development, completing an environmental scan of barriers/facilitators, building of evaluation capacity, development of a state oral health plan, and communications plan. The goals were designed to support a "collective impact" approach to oral health improvement.

With no dedicated oral health staff, FHSD convened a collaborative team led by the FHSD Division Chief and comprised of staff from the Office of Primary Care and Rural Health, the Title V Division Planner, and the CDC-deployed MCH Epidemiologist to develop the application and manage the grant until positions could be established and filled. This unique partnership among the HRSA grantees was recognized in the National Organization of State Offices of Rural Health newsletter. Additional support was provided by FHSD neighbor island nurses, part-time pediatric Medical Director who also serves as the American Academy of Pediatrics (AAP)-Hawaii Chapter Oral Health Champion, and a Council of State and Territorial Epidemiologists (CSTE) MCH Epidemiology Fellow. Key assistance for Hawaii's CDC grant application was also provided by local and national oral health partners. In 2014, the grant staff positions were established and posted on the DOH website and various professional listings at the state and national levels. Recruitment continues. In the meantime, FHSD has been able to leverage the CDC grant salary savings funds to initiate a number of infrastructure building projects and establish important partnerships to help expand the program's resources and capacity.

An oral health data surveillance plan as well as three evaluation plans were developed with technical assistance (TA) from ASTDD. An Oral Health Data report is being finalized for posting on the DOH website. The report includes existing data from self-reported survey data (BRFSS, PRAMS, YRBS, National Survey on Children's Health), hospital emergency room data, Medicaid Early and Periodic Screening, Diagnostic and Treatment (EPSDT) data, and medical provider data. A Key Findings summary report is scheduled for publication in June 2015.

FHSD contracted with the Hawaii Primary Care Association to conduct a third grade oral health Basic Screening

Survey (BSS), using a representative sample, assessing the oral health status of children. Branded *Hawaii Smiles*, the project completed data collection in May 2015. The sample involves 66 public and charter schools throughout the state on six islands. The survey data will provide county and state-level estimates. Hawaii is one of five remaining states that have not reported BSS data to the CDC National Oral Health Surveillance System (NOHSS).



Hawaii Smiles

The Hawaii Dental Service Foundation (the Delta Dental affiliate and Medicaid third party administrator for oral health) provided an additional \$137,000 for the BSS. FHSD was also able to leverage funds from two federal DOH grants for the BSS: HRSA State Systems Development Initiative (SSDI) and CDC Preventive Health and Health Services Block grant (PHHSBG). The latter is administered by the DOH Office of Planning, Policy and Program Development (OPPPD).

The project reflects the success of FHSD to leverage its partnerships. In addition to the partners mentioned the project included the full support of the Department of Education (from the state superintendent, Central Office staff, District superintendents, principals, student health aides, and parent volunteers); DOH Public Health Nursing, all three District Health Offices, Immunization Branch, Hawaii Dental Association, Hawaii Dental Hygiene Association, FQHC dental programs, Lutheran Medical Center Pediatric Dental Residency Program, and Hawaii's Medical Service Corp.

In 2014, the DOH hosted an oral health data workshop with Iowa Dental Health Director, Dr. Bob Russell. The participants identified state oral health data needs. Participants representing the Hawaii Dental Association, Hawaii Dental Service, Public Health Nursing, the University of Hawaii School of Nursing and Dental Hygiene, dental staff from Federally Qualified Health Centers (FQHC), and WIC meet quarterly to follow up on recommendations from the workshop. The group has also provided input on data publications and other DOH projects. While in the islands, Dr. Russell presented the keynote talk at the State Primary Care Conference. Grant funds were used to sponsor an oral health track at the conference.

In an effort to complete the state environmental scan of oral health facilitators/barriers, FHSD contracted with the Children's Dental Health Project (CDHP) to complete a policy review of oral health legislation passed over the past eight years. The review, along with the data publications, is intended to inform a future policy consensus planning process. FHSD also contracted a local dental professional to complete a program profile of key state oral health programs, services, and resources.

FHSD in partnership with the OPPPD, an initial plan was developed for a pilot school based dental sealant program. The project is a result of work conducted under an Aspen Institute for Excellence in Public Health Law Award begun in 2013 which DOH used to examine oral health policies in the state. To support the project, OPPPD is supporting the hiring and funding of a program manager position in the CDC PHHSBG grant.

FHSD contracted with the American Academy of Pediatrics (AAP)-Hawaii Chapter to conduct fluoride varnish (FV) training with pediatric providers and develop website resources. The trainings were designed to promote the 2014 Hawaii Medicaid policy decision to reimburse pediatric providers to apply fluoride varnish for young children. The Medicaid policy was adopted after six years of advocacy by AAP-HI Chapter. FV has been found to be effective in preventing cavities for children 3-5 years. New recommendations released in 2014 from the US Preventive Services Task Force, AAP, and American Dental Association recommends FV in the primary care setting every 3-6 months starting at tooth emergence.

Oral Health Activities in FHSD Programs

WIC educates clients on baby bottle tooth decay, caries prevention and the importance of the dental home and regular oral care. The Kona WIC office provides space and makes appointments for a dentist and dental hygienist with the West Hawaii Community Health Center (WHCHC) Oral health exams, fluoride varnish, and education is provided to children and their parents. Referrals are made to assure follow-up care and establish a dental home. Title V's Children with Special Health Needs Program (CSHNP) provides case management for children with craniofacial conditions and partners with the multidisciplinary craniofacial center at the children's hospital in Hawaii to address access issues or gaps in dental services. CSHNP also provides limited financial assistance for

orthodontic treatment and provides assistance to other families enrolled in HMO plans.

The Title V Primary Care Office (PCO) provides state dental health subsidies to 13 FQHC for treatment services (no preventive services), and establishes/updates federal dental health shortage area designations. Of the 14 FQHC, 13 provide dental services. The PCO also supports the recruitment and retention of oral health professionals to practice in underserved areas. Services for the uninsured are available on all the major islands through the FQHCs or through partnerships with dental providers. FQHCs are able to expand their services by utilizing dental residents. Two FQHCs enabled greater access to oral health care through mobile dental services and two FQHCs on Oahu have school dental sealant programs.

The neighbor island counties have oral health coalitions where access to dental services is more challenging since most dentists practice on Oahu. The FHSD neighbor island nurses play critical convener/facilitator roles for the coalitions. The Hawaii Primary Care Association (HPCA) and FHSD convenes the meetings of the State Hawaii Island Oral Health Task Force (HIOHTF) to share information and identify collaborative strategies.

Through its home visiting programs for at-risk families with children 0-3 years old, the Maternal and Child Health Branch is partnering with the AAP-Hawaii on a project to train home visitor staff on oral health education for families.

Other Programmatic Activities

GENOMICS SECTION was reorganized in November 2012 and continues to be extensively involved in planning, coordinating, implementing, and evaluating statewide activities to improve access to genetic, newborn screening, and birth defect services and education. This includes providing genetics, newborn screening, and birth defects education to health care providers, public health staff, and students; maintaining newsletters and several websites; supporting Hawaii Community Genetics for clinical services; establishing Neighbor Island genetics services (in-person outreach and telehealth clinics); and working with the Newborn Metabolic Screening Program on current issues such as expansion of disorder panel, quality improvement activities and retention of residual dried blood spots.

The Genomics Section is the grantee of one of the seven Health Resources and Services Administration funded Regional Genetics networks, the Western States Genetic Services Collaborative (WSGSC). This Collaborative covers Alaska, California, Hawaii, Idaho, Oregon, Washington, and Guam and seeks to improve genetics and newborn screening assessment, services, and education. One of the well-received activities of the WSGSC is the newborn screening parent fact sheets. The fact sheet website (www.newbornscreening.info) receives almost 300,000 unique visitors per year. Another growing initiative is the website resource (http://www.westernstatesgenetics.org/ACA_home.htm) to help families and healthcare providers find information about the Affordable Care Act (ACA). The resource uses the concept of HRSA's life course approach combined with Milton Bradley's "Game of Life" to help families navigate to the information they want about the ACA. Also, as part of this project, the Genomics Section continues to work with Guam to develop a comprehensive newborn screening follow-up program.

HAWAII BIRTH DEFECTS PROGRAM (HBDP) is a population-based active surveillance system for birth defects and other adverse pregnancy outcomes that was established in 1988. It annually finds and collects demographic, diagnostic, and health risk information on 800 to 1,000 infants diagnosed with a birth defect. Data are analyzed for incidence, trends, and clustering, which contribute to the identification of genetic, environmental hazards, and other causes or risk factors. HBDP is funded from \$10 of each marriage license fee which goes into a special fund. HBDP was established as a DOH program by the 2002 State Legislature (H.R.S. SS321-421).

DOMESTIC VIOLENCE FATALITY REVIEW The Maternal and Child Health Branch has implemented a Domestic Violence Fatality Review which is a legislative initiative intended to reduce the incidence of preventable deaths related to domestic violence. The DOH is the lead agency to administer statewide team reviews and through this process the MCHB is collaborating with key agencies involved in Domestic Violence. The hope is that through this collaboration the MCHB can participate in advocacy efforts improve the systems of care and interventions related to intimate partner violence.

DOMESTIC VIOLENCE, SEXUAL ASSAULT SPECIAL FUND AND SEXUAL VIOLENCE/RAPE PREVENTION AND EDUCATION

The Maternal and Child Health Branch receives funding through a Centers for Disease Control Grant to address Sexual Violence Prevention. The Rape Prevention Education grant provides needed primary prevention dollars to address this critical public health issue. The Maternal and Child Health Branch also oversees the Domestic Violence and Sexual Assault Special Fund established by the legislature. This fund and the programs related to domestic violence/intimate partner violence and sexual violence prevention provides opportunity for the MCHB to expand its efforts toward violence prevention statewide. The Branch is looking at ways to expand the surveillance capacity in these areas and ways to collaborate with other women's health initiatives within the branch, such as family planning and the perinatal programs to assure that women are screened and able to access violence prevention information and services as needed through these service delivery points. As state funding and staffing diminish, the branch continues to find ways to coordinate and collaborate across MCHB programs and integrate violence prevention strategies where there are shared outcomes.

THE OFFICE OF PRIMARY CARE AND RURAL HEALTH (OPCRH) is composed of three programs, the State Office of Rural Health (SORH), the Medicare Rural Hospital Flexibility Program (FLEX), and the Primary Care Office (PCO). The overall goals of the programs to coordinate federal, state, and local efforts aimed at improving the health of Hawaii's rural and medically underserved populations.

The **STATE OFFICE OF RURAL HEALTH SORH** administers the HRSA Rural Communities Healthcare Infrastructure Transformation (RCHIT) grant that provides technical assistance to meet rural community health needs coordinates rural health resources and activities statewide in collaboration with other public and private organizations, and plan, organize, coordinate, implement, and evaluate rural health projects, particularly those that build capacity in rural communities. The SORH was instrumental in supporting the development and distribution of two successful documentaries based on the social determinants of health. The first film, *Ola, 'Health is Everything'*, is about health, hope and the power of communities to heal themselves. The sequel - *Ike: Knowledge is Everywhere* - explores the challenges of the education system in Hawaii and, in the spirit of the first documentary, offers solutions to those challenges by showcasing the inspiring work of community leaders. A very recent effort will be bringing the Project ECHO to the islands. Project ECHO links expert specialist teams at an academic hub with primary care clinicians in local communities. Primary care clinicians, the spokes in our model, become part of a learning community, where they receive mentoring and feedback from specialists. Together, they manage patient cases so that patients get the care they need.

The **MEDICARE RURAL HOSPITAL FLEXIBILITY PROGRAM (FLEX)** and the **SMALL RURAL HOSPITAL IMPROVEMENT PROGRAM** (both HRSA funded) work closely with rural health hospitals and in particular Critical Access Hospitals (CAH) addressing quality-of-care issues, improving the financial, operational, and clinical performance of rural hospitals, developing and implementing rural health networks, and educating and providing technical assistance to rural facilities on the implementation of electronic health records, health information exchange, and other health information technology. The FLEX program plans and conducts quarterly meetings of all CAHs. These meetings serve as an important venue for training and technical assistance regarding financial and organizational performance. In 2014, the FLEX office sponsored and provided comprehensive technical assistance with five CAHs to conduct community needs assessments. The results of the assessment included a list of needs, prioritization of the needs, and listing of possible strategies and responsible organizations to meet the needs.

The **PRIMARY CARE OFFICE (PCO)** administers the HRSA-funded Primary Care Services Coordination and Development grant to improve primary care service delivery and workforce availability in the State to meet the needs of underserved populations. The PCO is responsible for researching and developing new federal Health Professional Shortage Areas (HPSA) and Medically Underserved Areas/Populations (MUA/P) as well as renewing

current designations based on need. HPSAs are used by over 20 federal programs including the CMS Physician Bonus Payment, HRSA training grants, and Medicare Incentive Program. The PCO also serves as the state point of contact and resource for the federal financial loan and scholarship programs under the National Health Service Corps. Technical assistance and training is provided to community organizations and individuals working in the recruitment and retention of health care providers across the state. Key partners in these efforts include the Hawaii Primary Care Association, Hawaii's 14 Federally Qualified Health Centers, and the health professional schools in the islands.

II.F.2 MCH Workforce Development and Capacity

The needs assessment identified several critical areas concerning the MCH workforce and capacity. A substantial portion of the MCH Title V agency capacity has been lost since 2009 due to the reduction in force (77 permanent positions eliminated, 20% of workforce) and elimination of several state funded programs for children, including the MCH Branch Child Wellness Section. These RIFs also precipitated a number of retirements resulting in the loss of MCH expertise within the agency. FHSD was further crippled when RIF'd employees from other state agencies were placed into vacant FHSD positions or "bumped" junior employees from their positions. Most of these employees did not have the skills or expertise for these positions.

Over the past six years, the strain on the Title V agency has only magnified. Additional positions were eliminated or have been left vacant due to funding shortfalls. Workloads for remaining staff have increased substantially. For those positions which FHSD is allowed to fill, significant barriers remain in hiring qualified candidates.

In 2015, the Title V agency suffered an additional setback with the loss of key leadership positions due to the election of a new Governor and change in administration. This resulted in the vacancy of the Title V Division Chief position and the MCH Branch Chief. The Branch Chief position has experienced continuous turnover since the 2009 RIFs. While the Title V agency has been able to add staff positions due to new federal grant awards (for home visiting, oral health, and teen pregnancy programs), these positions have a program-specific focus and have not helped to fill critical gaps left by staffing losses over the last six years. In fact, the size and scope of the home visiting grants have added considerable strain to the administrative staff.

Given the crippling impact of these changes, Title V management embarked on a pilot process to re-examine agency operations and identify ways to work "smarter" and more efficiently with remaining resources. The Division was afforded a unique opportunity to work with an organizational consultant, Fresh Leadership. FHSD piloted this strategic operations planning process for the Department of Health (DOH) to determine its value to other DOH programs. With over 300 employees and an annual budget of \$90 million, the Family Health Services Division is one of the largest divisions in the DOH (the size of a large corporation) and served as a microcosm of the overall Department. The project was funded by a grant to DOH from the Centers for Disease Control and Prevention for infrastructure building and performance improvement. Through the initial process, the FHSD team identified four core operational issues:

- Quality Integrative Programs (to improve cross program collaboration and internal communications),
- Workforce Development,
- Partnership Development, and
- Operational Effectiveness.

One of the first activities resulting from the StratOps process was a Division meeting designed to promote greater collaboration and coordination among FHSD programs. The meeting was held in January 2014 and used a new planning approach compared to Division meetings held in previous years. A planning committee with broad participation from all staffing levels was convened. Family Voices/F2FIC was a vital partner. Meeting attendance was also expanded to be more inclusive of clerical, administrative and neighbor island staff.

The result was a Division meeting that was one of the most fun, successful, well-attended, and well-received meetings. Titled "Mission ~~im~~Possible: Promoting Lifelong health and Wellness. The day was used to promote and