

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

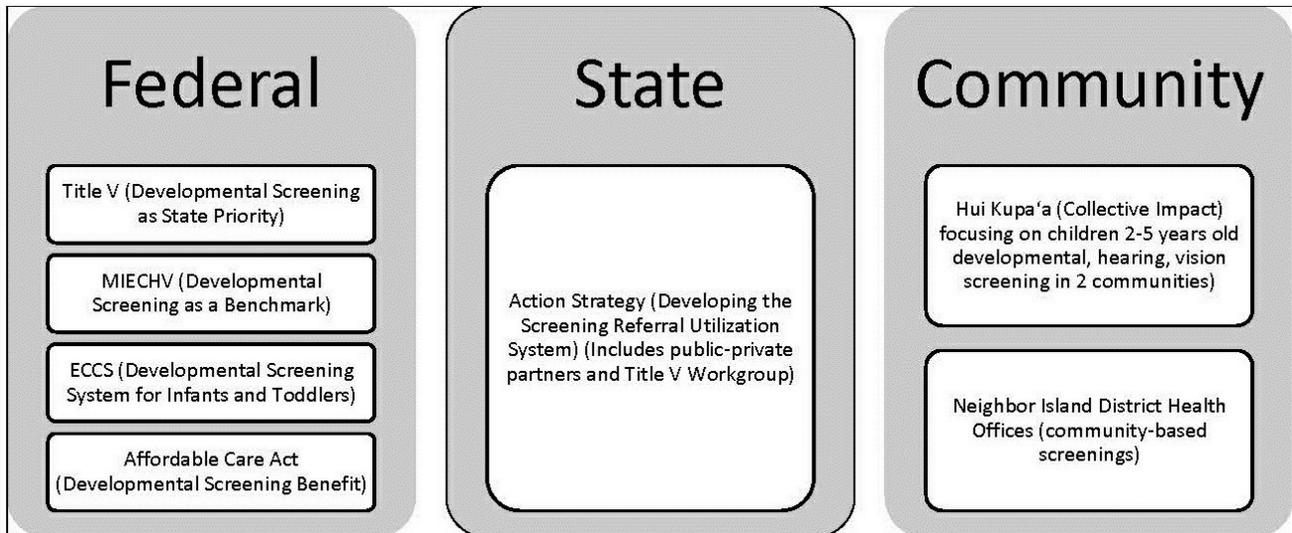
Child Health - Plan for the Application Year

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.		