



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

HAWAII

State Snapshot

FY 2017 Application / FY 2015 Annual Report

November 2016

Title V Federal-State Partnership - Hawaii

The Title V Maternal and Child Health Block Grant Program is a federal-state partnership with 59 states and jurisdictions to improve maternal and child health throughout the nation. This Title V Snapshot presents high-level data and the executive summary contained in the FY 2017 Application / FY 2015 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

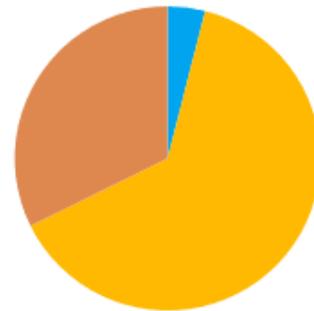
State Contacts

MCH Director	CSHCN Director	State Family or Youth Leader
Matthew Shim, Ph.D., M.P.H Chief, Family Health Services Division Matthew.Shim@doh.hawaii.gov (808) 586-4122	Patricia Heu, M.D. Chief, Children with Special Health Needs Branch patricia.heu@doh.hawaii.gov (808) 733-9070	Leolinda Parlin Director, Hilopaa Family to Family Health Informat leo@hilopaa.org (808) 791-3467

Funding by Source

Source	FY 2015 Expenditures
Federal Allocation	\$1,390,506
State MCH Funds	\$22,376,536
Local MCH Funds	\$0
Other Funds	\$6,359
Program Income	\$11,342,262

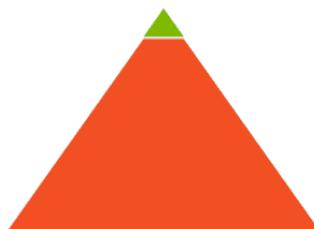
FY 2015 Expenditures



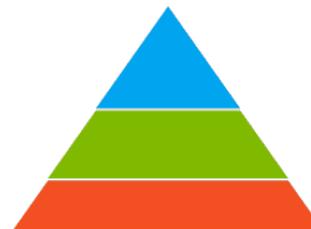
Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$0	\$13,549,925
Enabling Services	\$177,955	\$9,031,257
Public Health Services and Systems	\$1,212,551	\$6,635,643

FY 2015 Expenditures Federal



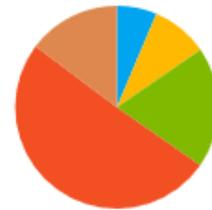
FY 2015 Expenditures Non-Federal



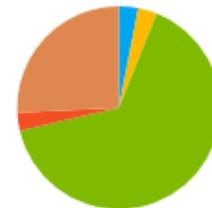
Total Reach of Title V in Serving MCH Populations

Populations Served	Individuals Served	FY 2015 Expenditures	%
Pregnant Women	18,506	\$2,232,926	6.4%
Infants < 1 Year	18,344	\$3,165,272	9.0%
Children 1-22 Years	394,877	\$6,764,099	19.3%
CSHCN	17,511	\$17,731,858	50.6%
Others *	156,045	\$5,161,130	14.7%
Total	605,283	\$35,055,285	100%

FY 2015 Expenditures



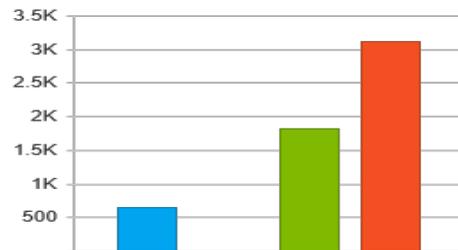
FY 2015 Individuals Served



*Others– Women of childbearing age, over age 21, and any others defined by the State who are not otherwise included in any of the other listed classes of individuals.

Communication Reach

Communication Method	Amount
State Title V Website Hits:	654
State Title V Social Media Hits:	0
State MCH Toll-Free Calls:	1,826
Other Toll-Free Calls:	3,125



Selected National Performance Measures

Measure #	Measure Short Name	Population Domain
NPM 1	Well-Woman Visit	Women/Maternal Health
NPM 4	Breastfeeding	Perinatal/Infant Health
NPM 5	Safe Sleep	Perinatal/Infant Health
NPM 6	Developmental Screening	Child Health
NPM 7	Injury Hospitalization	Child Health, Adolescent Health
NPM 10	Adolescent Well-Visit	Adolescent Health
NPM 12	Transition	Children with Special Health Care Needs
NPM 13	Preventive Dental Visit	Cross-Cutting/Life Course

Evidence-Based or –Informed Strategy Measures

NPM #	NPM Short Name	ESM #	ESM Title
NPM 1	Well-Woman Visit	ESM 1.1	Percent of births with less than 18 months spacing between birth and next conception
NPM 4	Breastfeeding	ESM 4.1	Percent of WIC infants ever breastfed
NPM 5	Safe Sleep	ESM 5.1	Percent of birthing hospitals with current AAP safe sleep protocols
NPM 6	Developmental Screening	ESM 6.1	Development and implementation of Data sharing system for FHSD programs conducting developmental screening, referrals, and services
NPM 7	Injury Hospitalization	ESM 7.1	Percent of children in a home visiting program with an injury-related visit to the emergency department since enrollment.
NPM 10	Adolescent Well-Visit	ESM 10.1	Development and dissemination of a teen-centered, Adolescent Resource Toolkit (ART) with corresponding continuing education series (Science) to primary care providers to increase knowledge and skill in implementing the adolescent well-care visit
NPM 12	Transition	ESM 12.1	The degree to which the Title V Children and Youth with Special Health Needs Section (CYSHNS) promotes and/or facilitates transition to adult health care for YSHCN.
NPM 13	Preventive Dental Visit	ESM 13.1	The establishment of leadership for the State Oral Health Program under the direction of a dental professional and staff with public health skills.
NPM 13	Preventive Dental Visit	ESM 13.2	Completion of teledentistry pilot project at three early childhood settings to reach underserved children and pregnant women.

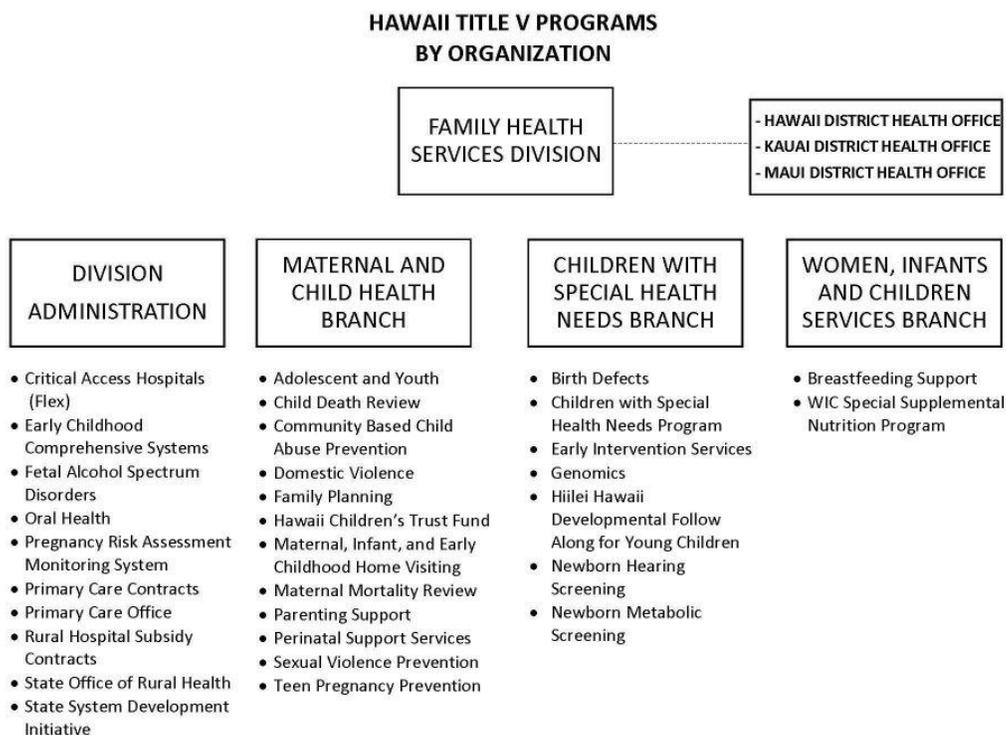
State Performance Measures

SPM #	SPM Title	Population Domain(s)
SPM 1	The degree to which Title V programs utilize telehealth to improve access to services and education for families and providers.	Cross-Cutting/Life Course
SPM 2	The percentage of Family Health Services Division (FHSD) staff that have increased their knowledge on family/consumer engagement.	Cross-Cutting/Life Course
SPM 3	The percentage of Family Health Services Division (FHSD) staff that have increased their knowledge on Partner Engagement.	Cross-Cutting/Life Course

Executive Summary

Executive Summary

The Family Health Services Division (FHSD) of the Hawaii State Department of Health (DOH) is committed to improving the health of women, infants, children including those with special health care needs, and families. FHSD works to promote health and well-being, with health equity, social determinants of health, and multi-generational approaches. FHSD has 3 branches—Maternal and Child Health (MCH), Children with Special Health Needs, and Women, Infants & Children (WIC) Services—which together comprise 28 programs, 23 grants, approximately 150 contracts, and 317 FTE positions. FHSD receives approximately \$2.2 million each year from Title V (Maternal and Child Health Services Block Grant), which is part of the federal Social Security Act



Hawaii State Title V Five Year Plan

In 2015, FHSD completed a statewide needs assessment and selected 9 priorities. In 2016, FHSD selected 2 additional priorities on Engaging Families/Consumers and Meaningful Partnerships. Priorities were selected based on:

- Data reflect a need and opportunity for improvement
- FHSD could take a lead or major role for the issue
- FHSD has capacity/resources (staffing and funding) to address the issue
- Community concern and opportunity to align efforts with existing groups

During the past year, FHSD staff developed evidence-based/informed strategy measures and state performance measures for each priority (see table). Accomplishments, challenges, and plans for priority areas are summarized below.

Hawaii State Title V Priorities & Measures for 2016-2020		
Domain	Title V Priority	Measure*
Women/ Maternal Health	Promote reproductive life planning	ESM 1.1 – Percent of births with less than 18 months spacing between birth and next conception
Perinatal/ Infant Health	Reduce infant mortality through breastfeeding	ESM 4.1 – Percent of WIC infants ever breastfed
	Reduce infant mortality through safe sleep	ESM 5.1 – Percent of birthing hospitals with current American Academy of Pediatrics safe sleep protocols
Child Health	Improve percentage of children age 0-5 years screened early and continuously for developmental delay	ESM 6.1 – Development and implementation of Data sharing system for FHSD programs conducting developmental screening, referrals, and services
	Reduce rate of child abuse and neglect with special attention on ages 0-5 years	ESM 7.1 – Percent of children in a home visiting program with an injury-related visit to the emergency department since enrollment
Adolescent Health	Improve the development, health, safety, and well-being of adolescents	ESM 10.1 – Development and dissemination of a teen-centered Adolescent Resource Toolkit (ART) with corresponding continuing education series (Science) to primary care providers to increase knowledge and skills in implementing the adolescent well-care visit
Children & Youth with Special Health Care Needs	Promote transition to adult health care	ESM 12.1 – Degree to which the Title V Children and Youth with Special Health Needs Section promotes and/or facilitates transition to adult health care for youth with special health care needs
Life Course	Improve oral health of children and pregnant women	ESM 13.1 – Establishment of leadership for the State Oral Health Program under the direction of a dental professional and staff with public health skills ESM 13.2 – Completion of teledentistry pilot project at three early childhood settings to reach underserved children and pregnant women
	Increase use of telehealth across Title V activities to improve access to services and education for families and providers	SPM 1 – Degree to which Title V programs utilize telehealth to improve access to services and education for families and providers
	Improve family and consumer engagement in Title V programs	SPM 2 – Percent of FHSD staff that have increased their knowledge on family/consumer engagement
	Improve partner engagement in FHSD	SPM 3 – Percent of FHSD staff that have increased their knowledge on partner engagement

*ESM = Evidence-based/informed Strategy Measure
SPM = State Performance Measure

DOMAIN: WOMEN/MATERNAL HEALTH

Promote reproductive life planning

Accomplishments: Hawaii participated in the 2015 Infant Mortality Collaborative Information and Innovative Network (CoIIN) Learning Session and was introduced to One Key Question® (OKQ). This screening approach was integrated into the Hawaii Maternal Infant Health Collaborative (HMIHC) workplan to improve preventive health for reproductive age women. Long acting reversible contraception (LARC) was also adopted as an evidence based strategy from CoIIN. HMIHC completed an assessment of Medicaid insurance policies reimbursement for LARC placement for post-partum women and developed a Provider Reimbursement Guide on coverage for LARC by Medicaid plans.

Challenges: Acquiring timely data for monitoring project benchmarks. Staffing to oversee activities for the OKQ implementation. Provider barriers to LARC such as insurance coverage of device and on-site proctor insurance training for inexperienced providers.

Plans: 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 services). Promote healthy behaviors (e.g. smoking cessation, decrease alcohol and substance use, healthy weight, use of folic acid, chronic disease control).

DOMAIN: PERINATAL/INFANT HEALTH

Reduce infant mortality through promoting breastfeeding

Accomplishments: HMIHC identified breastfeeding promotion as important to improving birth outcomes and reducing infant mortality. WIC provides mothers with education and support and has a Breastfeeding Coordinator. WIC Breastfeeding Peer Counselor Project conducts monthly group sessions for pregnant and breastfeeding WIC moms. WIC participates in the State Breastfeeding Coalition which sponsored a Secrets of Baby Behavior Train the Trainer Workshop on infant-feeding practices.

Challenges: Lack of a Statewide Breastfeeding Coordinator to serve all families, including those not served by WIC. Birthing facilities improving in appropriate use of breastfeeding supplements, inclusion of model breastfeeding policies, hospital discharge planning support, assessing staff competency.

Plans: Strengthen programs that provide mother-to-mother support and peer counseling. Use community organizations to promote and support breastfeeding. Train home visitors and WIC staff to help mothers overcome common breastfeeding challenges. Refer pregnant moms served by FHSD programs to *Text4Baby* information service. Offer *Baby Behavior Train the Trainer* session at birthing facilities.

Reduce infant mortality through promoting safe sleep

Accomplishments: HMIHC's strategic plans to reduce infant mortality includes fostering safe sleep practices. In 2015, Safe Sleep Hawaii (supported by Title V MCH Branch) and HMIHC participated in the national CoINN meeting as the Hawaii Safe Sleep Team. The Team efforts to reinstitute Child Death Review (CDR) lead to state law Act 203 (2016) which provides DOH funding for CDR and maternal death reviews. In June 2016 a statewide CDR training was held for stakeholders, staff, and CDR council members.

Challenges: Practice of co-sleeping among local families, which may be related to ethnicity/culture and small or multi-family living arrangements due to high housing costs. Providing safe sleep education that engages parents in making informed decisions on creating a safe environment.

Plans: Review all birthing hospital policies and training needs. Increase infant safe sleep environment knowledge for caregivers. Collect information on co-sleeping beliefs/behaviors among diverse cultures in Hawaii. Integrate safe sleep education into WIC services. Continue safe sleep training of professionals working with new parents. Work with perinatal nurse managers to assess hospital protocols.

DOMAIN: CHILD HEALTH

Promote Developmental Screenings and Services

Accomplishments: FHSD coordinated with various initiatives, including the Early Learning Action Strategy workgroup to establish a universal screening-referral-utilization system, Collective Impact public/private partnership which included a developmental screening focus, Maternal Infant and Early Childhood Home Visiting which provides developmental screening, and FHSD Developmental Screening Workgroup on internal coordination. Hawaii received federal Early Childhood Comprehensive Systems funding for 2016-2021 to conduct developmental screening of 3-year-olds on Maui island.

Challenges: Need integrated developmental screening system to ensure there are available supports statewide and in each community. Lack of detailed EPSDT data on screening. Need infrastructure support including training and data systems.

Plans: Develop guidelines and toolkit for early childhood providers and health professionals on developmental screening, referral, and services. Work with families and parent organizations to develop family-friendly materials on the importance of screening. Develop an internal data sharing system for FHSD programs. Develop infrastructure for developmental screening, referral, and services for children in DOH programs.

Prevent Child Abuse and Neglect (CAN)

Accomplishments: FHSD staff participated in an initiative convened by a State Senator to address CAN issues with the intent to increase collaboration across departments. This initiative will assist FHSD to formulate a CAN/child well-being plan for Hawaii. FHSD activities to prevent CAN include Home Visiting services, Parenting Support Program services that utilize CAN prevention protective factors to encourage safe nurturing relationships, and Neighbor Island District Health Office staff co-leading the State's Child Welfare Citizens Review Panel.

Challenges: Improving coordination and collaboration of many CAN prevention and family support assets. With different federal funding streams, there are separate program purposes, reporting, and data collection, even when programs target the same families and communities.

Plans: Raise awareness about importance of safe nurturing relationships to prevent CAN. Improve evaluation capacity of Family Support and Violence Prevention Section programs to assure improved outcomes. Improve communication, coordination, and collaboration between programs addressing child wellness and family strengthening.

DOMAIN: ADOLESCENT HEALTH

Promote Adolescent Well-Being

Accomplishments: FHSD partnered with Hawaii Maternal Child Health Leadership Education in Neurodevelopmental & Related Disabilities (MCH LEND) program to conduct adolescent focus groups and provider surveys to assist with needs assessment. Hilopaa Family to Family Health Information Center (F2FHIC) (whose Director was MCH LEND Co-Director) completed supplemental interviews and a focus group with primary care providers. F2FHIC remains a critical partner to identify/implement activities for this measure.

Challenges: Securing adequate resources (staff, funding, leadership) to assure progress. Community health care transformation activities may compete for primary care providers' interest and time.

Plans: Partner with key community stakeholders to develop strategies to improve quality of adolescent well care visits (AWCV). Develop messaging to describe value of AWCV. Disseminate medical home materials including the Adolescent Resource Toolkit and consumer materials on adolescent preventive services. Increase resources, training and practice improvement support for adolescent health providers to provide teen-centered, well-care visits aligned to Bright Futures.

DOMAIN: CHILDREN WITH SPECIAL HEALTH CARE NEEDS (CSHCN)

Promote transition to adult health care

Accomplishments: Following Maui's Big Moving Across the Community Transition Fair, Kauai, Oahu, and Hawaii hosted similar events for youth with special health care needs (YSHCN). Children with Special Health Needs Program (CSHNP) provided Transition to Adulthood education sessions (Kauai); shared transition information at annual parent/special needs conference (Oahu); and worked with Kona Kardiatic Kids support group to educate them about transition (Hawaii).

Challenges: Busy families with other priorities. Time to coordinate and organize discussions with and between multiple service providers. Individualizing the transition process with youth input.

Plans: Convene stakeholders including youth to develop strategies to improve services for adolescents/families necessary to transition to adult health care. Develop educational materials with smaller manageable transition steps for younger ages. Promote staff development in transition issues. Collaborate with FHSD/Adolescent Health Program to integrate transition planning into the program's stakeholder networks and service contracts. Promote and/or facilitate transition to adult health care for YSHCN age 14-21 years receiving CSHNP services.

DOMAIN: CROSS-CUTTING OR LIFE COURSE

Improve oral health

Accomplishments: FHSD has a 5-Year CDC oral health state infrastructure building grant. Efforts have focused on establishing oral health positions, building data surveillance, promoting/piloting evidence-based practices including a pilot school dental sealant project and pilot teledentistry project at three early childhood settings.

Challenges: Difficulty filling the Dental Director and Program Manager positions. This impacted progress in developing a coordinated system of care and promoting evidence-based oral health practices.

Plans: Fill the oral health positions to assure leadership for the state oral health program; continue building oral health data surveillance, complete environmental scan to inform state planning; pilot evidence-based strategies (i.e. school dental sealant project and promotion of fluoride varnish application by pediatric providers); pilot teledentistry in early childhood settings including Head Start and WIC; and promote coalition-building and partnerships to assure broad participation in state oral health planning.

Improve access to services & education through telehealth

Accomplishments: FHSD is implementing or increasing telehealth activities for genetics, newborn screening, early intervention, and home visiting activities. Telehealth workforce training is being developed. Project ECHO Hawaii utilizes videoconferencing to build primary care workforce capacity while improving patient access to specialty health care in rural communities. FHSD is supporting a pilot teledentistry program on Hawaii island.

Challenges: Programs/staff learning and using new skills and tools for services and education.

Plans: Telehealth infrastructure development—form a FHSD telehealth work group, develop and implement policies/procedures for telehealth, develop network of telehealth sites and personnel.

Workforce development—develop curriculum to train staff on using telehealth, implement and evaluate training to improve curriculum.

Service provision—identify services to be provided using telehealth, pilot programs, expand successful pilot programs.

Education/Training—identify education and training to be provided using telehealth, pilot programs, expand successful pilot programs.

Engage families & consumers as partners with FHSD

Accomplishments: FHSD held Focus Group staff training with information on working with families and listening to their perspective. In 2015, FHSD supported the Parent Leadership Training Institute for parent leaders. Hawaii Directors of Health and Human Services studied the Two-Generation model, and are adopting Ohana Nui ("Extended Family") with a multi-generational approach for engaging families. FHSD recognizes the need to include family and consumer partners for improved health outcomes.

Challenges: Resources to support stipends for parents to attend meetings; schedule staff planning meetings to ensure families/consumers can attend; developing infrastructure and policy to support family and consumer engagement.

Plans: Work together on collaboration, providing awareness and education, and encouraging staff development. Collaboration activities include convene agency and community stakeholders to develop strategies, inventory FHSD program efforts in family/consumer engagement, identify programs that need family/consumer engagement strategy, initiate Plan-Do Study Act cycles for early adopters to evaluate engagement and refine processes, develop FHSD engagement guideline.

Increase meaningful partnerships with FHSD

Accomplishments: In the 2010 FHSD strategic planning, FHSD determined that its primary audience was partners, stakeholders, and contractors. The Title V needs assessment recognized many partners work on similar issues including needs assessments. FHSD recognizes the importance of improving partnerships to improve outcomes for children and families.

Challenges: Defining partners and supporting staff to see the value in partnership development. Critically looking at FHSD programs and how they engage partners; programs seeing value in improving partnerships; staff and partner willingness/time to change and engage.

Plans: Focus on collaboration, education, and staff development. FHSD workforce development on partnership. Work with partners to study and implement the “meaningful partnership continuum”. Bring new partners to FHSD programs.