Maternal and Child Health Services Title V Block Grant

Delaware

FY 2023 Application/ FY 2021 Annual Report

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I. General Requirements

I.A. Letter of Transmittal

Delaware Health & Social Services
Division of Public Health
Family Health Systems
Maternal and Child Health Bureau

August 1, 2022

Division of State and Community Health
Maternal and Child Health Bureau
Health Resources and Services Administration
5600 Fishers Lane, Room 18-31
Rockville, MD 20857
ATTN: MCH Block Grant

Dear Sir/Madam,

State of Delaware 2022 Maternal and Child Health Services
Title V Block Grant Program

With this letter of transmittal, please find the Application Face Sheet (standard Form 424) for the State of Delaware's Federal Fiscal Year 2020 Maternal and Child Health Services Title V Block Grant Application.

Please feel free to contact me at (302) 608-5754 or via e-mail leah.woodall@delaware.gov, if you have any questions or comments regarding the information presented in the application.

Sincerely,

Leah J. Woodall

Leah Jones Woodall, MPA
Chief, Family Health Systems
MCH Director

Family Health Systems
Delaware Division of Public Health
Jesse Cooper Building, Garden Level
417 Federal Street
Dover, DE 19901
(302) 608-5754

I.B. Face Sheet

The Face Sheet (Form SF424) is submitted electronically in the HRSA Electronic Handbooks (EHBs).

I.C. Assurances and Certifications

The State certifies assurances and certifications, as specified in Appendix F of the 2021 Title V Application/Annual Report Guidance, are maintained on file in the States' MCH program central office, and will be able to provide them at HRSA's request.

I.D. Table of Contents

This report follows the outline of the Table of Contents provided in the *"Title V Maternal and Child Health Services Block Grant To States Program Guidance and Forms,"* OMB NO: 0915-0172; Expires: January 31, 2024.

II. Logic Model

Please refer to figure 4 in the "Title V Maternal and Child Health Services Block Grant To States Program Guidance and Forms," OMB No: 0915-0172; Expires: January31, 2024.

III. Components of the Application/Annual Report

III.A. Executive Summary

III.A.1. Program Overview

The Delaware Maternal and Child Health/Title V Program is housed within the Department of Health and Social Services, Division of Public Health (DPH), Family Health Systems (FHS). Housed within FHS is our Bureau of Adolescent and Reproduce Health, Bureau of Maternal and Child Health and the Center for Family Health Research & Epidemiology. Delaware's Title V MCH Director also serves as the FHS Section Chief. Therefore, all programs within FHS are under the direction of the MCH Title V Director. This allows for greater collaborative relationships between the three Bureaus under FHS.

Delaware's Title V priorities and plans for the coming year are presented below by population domain, as defined by the MCHB. In some of the health areas, we are building on years of previous work and partnerships and have very detailed action plans forward.

Population Domain: Women's and Maternal Health

Defining the Need: In 2020, 81.9% of Delaware women, ages 18-44, had received a routine check-up within the last year (BRFSS). Access to preventive health care is critical to identify health issues early, prevent the onset of disease, and prepare women for healthy pregnancies. Delaware struggles with the dilemmas of recognizing different health care providers are delivering varying components of well women care; coordination and communication of well women care among health care providers and other social supports is incongruent often existing in silos.

Accomplishments to Date: Through a partnership with the Delaware Healthy Mothers and Infants Consortium, there has been much work to educate our population about preconception health, in which preventive health visits play a key role. This work includes social media outreach around the theme that "Health Begins Where You Live, Learn, Work & Play." Over the last year, Delaware DPH, DHMIC has continued to implement our 3 year strategic action plan, which includes a well women care initiative as a priority. All priorities and interventions will be carried out through the lens of improving health equity, the use of the life course approach, enhancing data collection and use of quality improvement to achieve stated goals. The DHMIC has also sustained the Healthy Women Healthy Babies 2.0 program model to focus on a) performance/value based care b) address the social determinants of health and c) coordinate and provide referral linkages with community health workers.

Plans for the Coming Year: Preventive health visits are an integral part of preconception care. In the coming year, we will work on our social media education and marketing campaign and quarterly webinars to encourage teens and women to develop reproductive life plans. We will also continue to educate and counsel women of reproductive age (ages 14-44) about all contraceptive methods that are safe and appropriate for them, including long-acting reversible contraceptives (LARCs). A law was passed this year, that allows pharmacists in DE, along with 11 other states, to administer or dispense contraceptives under a standing order from the Division of Public Health and regulations will be published to support implementation. A Delaware Momnibus bill package was passed and signed by the Governor this Delaware General Assembly session, including Doulas in Department of Corrections, cultural competency and implicit bias training development for maternal and child health providers, plan for Doula reimbursement by Medicaid, expansion of Medicaid to cover women 1 year postpartum, are among the few key policy areas.

Population Domain: Perinatal/Infant Health

Defining the Need: According to PRAMS 2020 data, the overall estimate of mothers who delivered a live infant within the past year and ever breastfed was 82.8% and currently breastfeeding/at the time of survey was 48.2%. Delaware infants who are ever breastfed in 2019 was at 87.3%. This is compared to 86.6% in 2018 and 87.1% in 2017. When you view the percent of Delaware infants who are breastfed exclusively through six months, the number are significantly lower. The data clearly shows the need for improvements in overall breastfeeding initiation but also the need to address disparities that exist in Delaware. Based on PRAMS data, the 2020 prevalence of ever breastfed among Black non-Hispanics was 82.0% as compared to 82.6% among white non-Hispanics, and 82.4% among Hispanics. Similarly, the 2020 prevalence of currently breastfeeding (or at the time of survey) among black non-Hispanics was 41.5% as compared with 50.8% among white non-Hispanics and 45.1% among Hispanics.

Accomplishments in the Past Year:
The following activities have been accomplished this past year with the use of Title V funding and through partnerships with entities such as the DHMIC, WIC and the Breastfeeding Coalition of Delaware (BCD). According to the Ripples Group findings in the Final Quarter Report of 2022, WIC WOW Data System:

- Breastfeeding initiation rates in the WIC population has remained stable at 57%
- Duration at 3 months has remained steady in all clinics at 42% since 12/21
- Duration in all counties increased at 6 months from 27% to 34% since 8/21
- Exclusivity rates at 12 months increased from 19% in 12/21 to 28% in 3/22

The virtual breastfeeding classes remain successful. Additionally, a third breastfeeding class was added to the schedule. A breastfeeding group will be added for an additional tier of support to the WIC Program participants. The Breastfeeding Coordinators also taught Levels One and Two of the NEW USDA Breastfeeding Support Curriculum, Learn Together, Grow Together in April and June of 2022. The Delaware WIC Program will also Virtually host the Annual Breastfeeding Event on August 4, 2022.

Plans for the Coming Year: The Breastfeeding Coalition of Delaware was selected as one of the HWHB mini-grant awardees. Their goal is to improve breastfeeding rates for women of color to the HWHB high-risk zones of Wilmington, Claymont, and Seaford by providing access to community resources, education, and peer support. The project, Delaware Breastfeeding Village is offering accessible support, engaging groups, text check-ins, access to variable levels of lactation support, and incentives for participation. In addition, the Breastfeeding Coalition of Delaware hired three diverse breastfeeding peer counselors (BPC) and one lactation consultant to provide breastfeeding support to women. WIC and Medicaid eligible mothers can participate in a 6-month program where they receive support from a breastfeeding peer counselor and a lactation consultant if needed.

Population Domain: Child Health
Defining the Need: The priority is for children to receive developmentally appropriate services in a well-coordinated early childhood system. Only 36.9.1% of Delaware children, ages 9-35 months, received a developmental screening in 2019 and 2020. Delaware is also below the national average of 36.9% of children having a completed developmental screening. In addition, Delaware aims to increase access to comprehensive oral health care for children most at risk for oral disease. According to the 2019/2020 National Survey of Children's Health (NSCH), 22.6% of Delaware children, ages 0 through17, have not had a preventive dental visit in the past year.

Accomplishments in the Past Year: There was a total of 13,842 PEDS Online screens completed on children 0-59 months between 1/21 and 12/21, which corresponds to an estimated 9,090 unique or unduplicated children. MCH continued the tracking of the Ages and Stages Questionnaire (ASQ) and PEDS screens through a MOU between the Office of Early Learning (OEL) and MCH. We also had success in organizing Books, Balls and Blocks

(BBB) Online using zoom. About 15 BBB online events were held from 6/20 to 7/21. MCH supported The Bureau of Oral Health and Dental Service (BOHDS) efforts to complete the Basic Screening Survey. The students in 3rd grade were screened in addition to students in kindergarten. Through the Delaware Smile Check Program, 2,363 students received individualized oral health education and resources to address their specific needs and 873 fluoride varnish applications were applied to students screened. In addition, through case management 204 students were connected to a dentist and completed care for restorative work that was not completed.

Plans for the Coming Year: Delaware's developmental program plans to partner with the Office of Early Learning to bring the universal developmental screening legislation into practice. We also plan to support efforts to increase the number people/providers/ parent leaders trained to use the ASQ and PEDS. Additionally, we will continue collaboration with early intervention programs to improve referrals following high risk developmental screens to ensure families are connected to treatment services. MCH will continue to support BOHDS efforts in reporting the results from the Statewide Oral Health Survey ASTDD. The information will be used to produce a report to be released to stakeholders that identifies the gaps in oral health access to care, insurance, and other barriers to care which were identified through the survey. BOHDS will develop access to care plans, preventive dental programs, and methods to reduce barriers to care to resolve inequities associated with care during the 2023 fiscal year.

Population Domain: Adolescent Health

Defining the Need: The priority need is to increase the number of adolescents receiving a preventative well-visit annually to support their social, emotional and physical well-being. The 2019/2020 NSCH shows that the percentage of Delaware adolescents who have had a preventive medical visit in the past year rests at 71.9%, compared to 75.6% nationally. In addition, Delaware strives to increase the number of adolescents who are physically active. According to the 2019/2020 NSCH, Delaware is among the lowest of its surrounding states when comparing the percentage of adolescents, ages 12-17, who are physically active at least 60 minutes per day.

Accomplishments in the Past Year: Many SBHC's implemented telehealth at the onset of COVID which is still in place to ensure are students have access to treatment when needed. School Based Health Centers in Delaware schools administered depression screenings, STD screenings, Emotional evaluations, and risk assessments. In addition to this, SBHC's in Delaware completed physical exams (well child), sports physicals, administrative physicals (ex. ROTC, pre-employment), immunizations, and nutritional counseling sessions. MCH recently partnered with DOE to promote Project THRIVE, which helps Delaware students, grades pre-k through 12th grade, who are struggling with traumatic situations, such as physical or emotional abuse, community violence, racism, bullying, and more. DPH's Physical Activity, Nutrition & Obesity Prevention partnered with BGC to introduce a new program called Triple Play at 3 Delaware locations. This healthy lifestyle program focuses on the three components of a heathy Self, Mind, Body, and Soul. The goal of the program is to improve knowledge of healthy habits, good nutrition, and physical fitness; increase the numbers of hours per day youth participate in physical activities; and strengthen their ability to interact positively with others and engage in healthy relationships.

Plans for the Coming Year: There is a STI campaign that is in the developmental process right now with Delaware Contraceptive Access Now (DE CAN). In addition, Delaware's SBHCs provide important access to mental health services and help eliminate barriers to accessing mental health care among adolescents. PANO will continue to support youth health through Coordinated School Health and Wellness activities, incorporating input from educational stakeholders and partners. PANO will identify and engage Healthy School Action Team members to involve them in youth health and wellness efforts. MCH is also assisting with DOE's Project THRIVE by generating brand awareness to increase program participation through a paid print materials advertising campaign. MCH will also assist DOE to post content directly to counselors, nurses, psychologists, deans, superintendent offices, etc., in addition to working with Public Information Officers (PIO) and district leaders need to loop the video in the district

offices and school offices. We will also assist with posting videos or content in other places outside of school locations such as Division of Social Services, Child Support, Division of Motor Vehicle, etc. We will also work with someone from the Delaware State Education Association (DSEA) to promote Project THRIVE.

Population Domain: CYSHCN

Defining the Need: The priority is to increase the percent of children with and without special health care needs who are adequately insured. Delaware estimates a population size of Children and Youth with Special Health Care Needs (CYSHCN) of 28,493. According to the 2019-2020 National Survey of Children's Health (NSCH), 67.2% of Delaware children are adequately insured in comparison to the national average of 66.7%. This includes CYSHCN between the ages of 0 through 17.

Accomplishments in Past Year: A competitive Request for Proposal (RFP) process was executed to revitalize the Family SHADE (Support and Healthcare Alliance Delaware) program. The approach was to select a vendor which demonstrated cultural and linguistic competencies through clearly defined values, behaviors, attitudes, policies, structures, and practices. Parent Information Center (PIC) was the awarded vendor to implement the newly approach to Family SHADE. PIC, with guidance from DPH, began to work together to align the state identified NPMs with a request for proposal mini-grantee competitive process. PIC was tasked with developing a mini-grantee process to fund local communities/organizations to implement interventions that address the Title V state and NPM. Through the competitive request for proposal minigrantee selection process, 2 community-based agencies were awarded. Jay's House and Tomaro's Change.

- Jay's House serves families of children with Autism in New Castle County, with resources in the community to assist with providing a better quality of life for all family members. Their mission is to provide support to children and families affected by Autism.
- Tomaro's CHANGE has a history of providing therapy services to youth and families. Also, the organization has provided charity services to teens and adolescents who had low or no income. Services such as, parent/child relationship building, supplying basic needs such as hygiene products, clothes/shoes, cribs, and car seats. Tomaro's CHANGE provides holistic care to youth and families, particularly those who are uninsured or underinsured.

Plans for the Coming Year: PIC will implement Learning Communities to families and organizations that serve parents of CYSHCN through the Family SHADE. In an effort to enhance capacity and sustain programs that serve CYSHCN, Family SHADE will provide technical assistance and quality assurance to two agencies that were awarded in April of 2022. The Family SHADE project will provide learning collaboratives where the organizations can learn from each other, network, learn best practices, and learn to leverage existing programs on resiliency and self-sufficiency, and do continuous quality improvement based on the collected data. The PIC Team in partnership with their external evaluator will work with the two selected organizations to create evaluations including a data collection plan to monitor baseline data, benchmarks, and quarterly data.

Through ongoing programmatic meetings with the CYSHCN Director and the PIC Team, Family SHADE will work toward educating families of CYSHCN on the available medical insurance coverage that is available in Delaware through innovative approaches such as Zoom meetings, emails, mail distribution and through the distribution contact list of partnering agencies that serve CYSHCN.

III.A.2. How Federal Title V Funds Complement State-Supported MCH Efforts

Title V MCH funding serves as the backbone funding source for addressing essential MCH and public health programs and priorities addressing infrastructure and Core Public Health Functions. The types of initiatives impacted by Title V, include chronic disease prevention, access to care, particularly in underserved or rural health areas, programs that reduce infant mortality, newborn screening, and personal care services for children and youth with special health care needs. Title V funding also helps Delaware address Preventive Health Services. Through Title V, Delaware ensures preventive health services for women and children – including well-child services and screenings, prenatal care and comprehensive services for children and youth with special health care needs.

Title V funding also supports our efforts to improve health outcomes, support policies that foster state health department transformation to lead the way towards innovative, community-based solutions. The evolution of our health care system has necessitated that public health agencies make the transformation from safety-net medical direct service providers to more innovative, community-based models which include programs for universal developmental screenings, care coordination, and home visiting. Using a population health framework allows Delaware to implement upstream, data-driven strategies to respond to broad community health needs and evaluate and monitor emerging population health trends.

In the past few years, we have allocated funds to address social determinants of health including the integration of the medical legal partnership model within our home visiting programs and our Healthy Women Healthy Babies (HWHB) providers offices. More recently, funding has been allocated to key community organizations to address community needs with a range of services and/or programs that will propel Delaware forward in two areas, systems of care for children with the special health care needs and infant mortality. Two years ago, we released a new RFP for our HWHB Zones work which includes mini-grant awards to improve maternal and infant health outcomes in Delaware using community-based approaches. Proposed projects are assessed using several criteria, including whether the applicant uses an actionable, community-based intervention designed to support identified high-risk communities across the state and they must be linked to reducing disparities related to maternal/child health. After two successful cycles, we just released a third with the aim of awarding two more grants.
Last year, we released a similar RFP to award mini grants to improve systems and standards of care for children with special healthcare needs. Two community-based organizations were selected and we are hoping to release another request for proposals for additional awardees next year.

III.A.3. MCH Success Story

In May 2022, Dr. Karyl Rattay announced that she would be leaving her role as Director of the Delaware Division of Public Health (DPH) effective June 30, 2022. Dr. Rattay assumed her position in 2009, during the H1N1 influenza pandemic, and is the nation's longest serving Public Health Director.

As Delaware's State Health Official, Dr. Rattay leads nearly 1,000 employees who promote health, reduce health inequities, and protect Delawareans from disease, environmental hazards, and public health emergencies.

"It has been the greatest honor of my lifetime to serve Delawareans in this role, said Dr. Rattay. "I am grateful for the opportunity to have served under Governor Carney, and Governor Markell before him. I could not be prouder of the DPH team and what we have accomplished together over the past 13 years."

"When you work with someone through a crisis, you really see what they're made of. Dr. Rattay is smart, steady, focused, and committed," said Governor John Carney. Most importantly though, she is kind and compassionate. Her style of leadership and her work ethic are what helped Delaware make it through this pandemic. And the work Dr. Rattay did at Public Health in the decade leading up to the pandemic is why her team was ready and able to step up and manage this crisis. We will miss Dr. Rattay as a member of our team and I am personally grateful to her for all she did to lead us through this once-in-a-generation public health crisis."

"In her 13 years as our Director of the Division of Public Health, Dr. Karyl Rattay has been driven by a singular focus: How could she and her team improve and protect the health and well-being of the Delawareans they serve," said Department of Health and Social Services (DHSS) Secretary Molly Magarik. "Her values, her work ethic and her passion for this work have never wavered. She believes in meeting communities where they are, listening to stakeholders across the spectrum, and building public health responses that are tailored to the populations we are serving. On behalf of the employees of DHSS and the people of Delaware, I offer my heartfelt gratitude to Dr. Rattay her leadership, her innovative spirit, and her commitment to our state."

Dr. Rattay says leading the state through the COVID-19 pandemic over the last two years - the greatest public health crisis in a century - has tested those in public health departments professionally and personally. She indicated that while she is not ready to announce her next role, she is excited about the new opportunities in front of her and believes this is a good time to transition the Division to its next leader.

The full press release can be found here,
https://dhss.delaware.gov/dhss/pressreleases/2022/karylrattay_051322.html

III.B. Overview of the State

Delaware is a small mid-Atlantic state located on the eastern seaboard of the United States. Geographically, the state's area encompasses only 1,982 square miles, ranking Delaware 49th in size among all states. Delaware is bordered by New Jersey, Pennsylvania and Maryland, as well as the Delaware River, Delaware Bay, and Atlantic Ocean. Centrally located between four major cities, Wilmington, the state's largest urban center, is within an hour's drive to Baltimore, MD and Philadelphia, PA and withing two hours driving distance from New York City and Washington, D.C.
Delaware's population as of July 1, 2021, was 1,003,384, according to the Census.
Delaware's population increased by 10.2% from 2010 to 2020. Population growth slowed over the past five years of the decade compared with its first five years.
The First State was above the national growth rate of 7.4%, ranking 12th among all states in population growth rate from 2010 to 2020 and first among Northeast and Mid-Atlantic states. According to estimates from the U.S. Census Bureau, in 2021, 68% of Delaware residents were White and 23% were Black. The Hispanic population is steadily increasing, from 8.7% in 2013 to 10.1% in 2021. About 20.8% of Delawareans are children under the age of 18 and 5.3% were under the age of five.

Of Delaware's three counties, New Castle County, in the northern third of the state, is the largest in population with about 571,708 residents or about 58% of the state's total population. New Castle County has a large population of African American residents (nearly 27%) and within the city of Wilmington, the state's largest concentration of African American residents (about 57% of the city's population). New Castle County also has a large population of Hispanic residents, 10%. Kent County, home to the state's capital of Dover, has an estimated 184,149 residents (64% White and 28% Black). For Sussex County, which includes very rural areas as well as coastal resort towns, the 2021 population was approximately 247,527 (83% White, 12% Black). Like New Castle, Sussex County also has a growing Hispanic population, estimated at 9.6% for 2021.
In 2020, statewide, it is estimated that there were about 185,176 women of childbearing age and over 250,000 children and adolescents aged 0-21 years of age. Data shows 10,457 births for 2020 and preliminary data shows xxxx births for 2021. According to 2019-2020 combined years of data 21.7% or 43,902 (National Survey of Children's Health/NOM 17.1) have special healthcare needs.

Economic Indicators
In Delaware, 17.2 percent of children lived in poverty in 2016-2020, which remained stable with 17.5 percent in 2015- 2019. The highest rates are among those children aged 0-5 at 20.3% or 1 in 5 young children. According to Kids Count in Delaware, 2021, from 2015-2019, 26.1% of Delaware households were families with female head and children under 18. The median income of two-parent households with children under the age of 18 in Delaware from 2015-2019 was $106,395, compared to $31,235 for single female headed households and $48,642 for male headed households.
Almost half (46.6%) of births occurring in the five-year period 2014-2018 were to single mothers, with 70.5% of Black births, 61.5% of Hispanic births, and 34.9% of White births occurring among single mothers (Kids Count in Delaware, 2019). As of 2020, an average of 60,101 households per month received food assistance through Delaware's Supplemental Nutrition Assistance Program (SNAP). (KIDS Count in Delaware, 2020).

Availability of Health Providers
Although Delaware is a relatively small state, disparities exist between its three counties regarding healthcare access. Access to health care services poses an issue for many uninsured, underserved and otherwise at-risk populations in Delaware. A myriad of factors affect access to health care, including lack of health insurance, lack of providers, an overall mal distribution of providers, etc. The Health Resources and Services Administration/Bureau of Health Workforce designated the following as Health Professional Shortages Areas (HPSAs). Regardless of their location, Federally Qualified Health Centers (FQHCs) are also automatically designated as HPSAs. In addition, many of the state correctional facilities are designated as HPSAs.

New Castle County:
- 4 Primary Care HPSAs
- 1 Dental HPSA

Kent County *in its entirety* is a:
- Medically Underserved Population
- Primary Care HPSA
- Dental HPSA

Sussex County *in its entirety* is a:

- Medically Underserved Area
- Primary Care HPSA
- Dental HPSA
- Mental Health HPSA

Services for CYSHCN

In Delaware, Children and Youth with Special Health Care Needs (CYSCHN) are served by the Birth to Three Program for infants and toddlers aged 0-3 and by evidence-based home visiting program services. The mission of the Birth to Three Early Intervention System is to enhance the development of infants and toddlers with or at risk for disabilities or developmental delays, and to enhance the capacity of their families to meet the needs of their young children. Child Development Watch (CDW) is the statewide early intervention program under the Birth to Three Early Intervention System. The CDW program provides developmental assessments of children birth to 3 years of age and service coordination for developmental services and therapies. CDW is a collaborative effort with staff from the Division of Public Health, the Department of Services for Children, Youth and Their Families, the Department of Education and the Alfred I. DuPont Hospital for Children (the only children's hospital in Delaware) working together to provide early intervention to young children with special health care needs and their families.

The Children and Youth with Special Health Care Needs Director (CYSHCN) sits in the Division of Public Health's Maternal and Child Health Bureau in the Family Health Systems Section. This position is essential as it functions to bolster and cultivate family and professional partnerships by working closely with families and family-led organizations. Delaware's Birth to Three system works in coordination with the CYSHCN Director who oversees the Newborn Metabolic and Hearing Screening programs to ensure policies and procedures are in place for appropriate and timely receipt of needed intervention services. Delaware's Family SHADE is a collaborative alliance of family partners and organizations committed to improving the quality of life for children and youth with special health care needs, and their caregivers, by connecting families and providers to information, resources and services; advocating for solutions to recognized gaps in services; and supporting its member organizations. Last year, Family SHADE developed a process to award mini grants to community organizations to implement small place-based interventions to drive innovation and if proven effective brought to scale. Our contracted vendor, the Parent Information Center selected two community-based organizations to receive an award. Our plan is to provide more opportunities for community agencies to apply for a mini-grant.

Context for Title V within the State

Governor John Carney took office as Delaware's 74th Governor in January 2017. Governor Carey heads the Executive Branch of state government in Delaware. Within the Executive Branch, the Delaware Department of Health and Social Services (DHSS) is a cabinet-level agency and is led by Secretary Molly Magarik. The Delaware Department of Health and Social Services is one of the largest agencies in state government. DHSS has 11 divisions and employs more than 4,000 individuals in a wide range of public service jobs. In one way or another DHSS affects almost every citizen in our great state. Our divisions provide services in the areas of public health, social services, substance abuse and mental health, child support, developmental disabilities, long-term care, visual impairment, aging and adults with physical disabilities, state service centers, management services, financial coaching, and Medicaid and medical assistance. The Department includes three long-term care facilities and the state's only public psychiatric hospital, the Delaware Psychiatric Center.

The Division of Public Health (DPH) is one of the largest divisions within DHSS and home to Title V, the agency is responsible for planning, program development, administration and evaluation of maternal and child health (MCH) programs statewide. DPH was mostly recently led by Karyl T. Rattay, MD, MS, FAAP. FACPM who served as the Division Director for thirteen years. DPH remains steadfast to it mission, which is to protect and promote the health of all people in Delaware. Because Delaware does not have county or local health departments, DPH administers both state and local public health programs. Within DPH, the Family Health Systems (FHS) section has direct oversight of Title V, including the Children and Youth with Special Health Care Needs (CYSHCN) program.

Authority and regulatory charges for the Division of Public Health come from Title 16 of the Delaware Administrative Code, which governs health and safety. Specific to Family Health, the code includes regulations for operation of a Birth Defect Surveillance and Registry Program and an Autism Surveillance and Registry Program, both of which are funded in part by Title V. The Delaware Healthy Mother and Infant Consortium (DHMIC) is also established in code and is charged with coordinating efforts to prevent infant mortality and improve the health of women of childbearing age and infants in the State. Last year, the DPQC was formally established in Delaware Code and signed by the Governor during a virtual press conference in July 2020. Data collection and analysis is crucial to the DPQC's efforts to improve the care and outcomes of DE's women and their babies. The foundation of the collaborative is to share current data to use for benchmarking and QA/QI, identify best standards of care/protocols, realignment of service providers and service systems, continuing education of professionals and increasing public awareness of the importance of perinatal care.

As such, our Title V Program works closely with the DHMIC to align our priorities and strategies as much as possible. We also have regulations in Title16 for school-based health centers which were codified in 2012, and subsequently regulations were established and updated in 2017. The Newborn Hearing and Metabolic Screening Programs, which are not primarily funded by Title V, but work in close coordination with the program are also established in the Title 16 code.

As of January 1, 2021, DPH was charging the birth facilities and midwives $135.00 per newborn for the newborn metabolic screening including lab and follow up services. THE DPH contracts with A.I. duPont Children's Hospital to administer the statewide program which includes both the program and laboratory services. A.I. duPont Children's Hospital currently sub-contracts with Perkin Elmer to provide the laboratory services. Since outsourcing the program in 2018, the program has not increased the $135 fee. The Delaware Newborn Screening Advisory Committee meets at least three times a year and is a governor appointed body. The Advisory Committee members, DPH and AI. duPont spent quite a bit of time discussing the last few years discussing and voting on necessary changes including the elimination of the mandated second screen, how long blood spots should be stored and expanding the newborn screening panel. All these items, eliminating the second screen, timeline for specimen collection and the length of time bloodspot cards are stored were approved by the Advisory Committee and all birthing facilities were included the process. The Advisory Committee also voted on and provided a recommendation to the DPH Division Director to add four additional conditions, Pompe Disease, Muccopolysaccharidosis Type I (MPS I), X-Linked Adrenoleukodystrophy (X-ALD) and Spinal Muscular Atrophy (SMA) to Delaware's screening panel. With the DPH Director's approval, the additional conditions were added to the panel January 1, 2020. The program drafted the revisions needed to update the regulations to reflect the changes approved by the Board to change the timeline for storage of the specimens and collection of the specimens, the updated regulations were approved. The program also drafted changes to revise the legislative code which was approved during this most recent legislative session.

Current Priorities of the Division of Public Health

The Division of Public Health 2019-2023 Strategic Plan provides a clear and proven path for the division to continue to lead the state's public health system. DPH is embarking on the Public Health 3.0 approach. Public Health 3.0 refers to a new era of enhanced and broadened public health practice that goes beyond traditional public health department functions and programs. Cross-sectoral collaboration is inherent to the Public Health 3.0 vision. We are collaborating across multiple sectors and leveraging data and resources to address policies as well as social, environmental, and economic conditions that affect health and health equity. We spent the better part of eight months re searching and analyzing our existing goals, strategies, and data; examined current national and local public health challenges; and considered future public health challenges. As a result, we have identified five strategic priorities, of which our new strategic plan is based: Promote Healthy Lifestyles; Improve Population Health and Reduce Health Care Costs; Achieve Health Equity; Reduce Substance Use Disorder and Overdose Deaths. The DPH is doubling its efforts to work collaboratively alongside Delaware state agencies and external stakeholders to address the immediate and long-term health consequences of substance use disorder and violence in communities. To tackle these complicated issues, DPH sees its role as providing prevention expertise, as well as technical assistance related to evidence based population health practices.

DPH staff will actively implement this strategic plan by improving our services, participating in robust workforce development activities, and practicing the LeadQuest 10 Principles of Personal Leadership.

Public Health has a unique lens. Our guiding principles call upon us to engage in population-based activities to strengthen community-based public health. Research continues to tell us that while 95 percent of our health care dollars are spent on acute care, these dollars account for only 10 percent of improvements to our health status. For sustainable results, our future efforts must include collaborating with communities to improve their ability to identify the most important determinants of health, to develop strategies to address them, and to implement those strategies. This strategic plan is evidence of our commitment to working strategically with our partners to achieve our vision of healthy people in healthy communities. Final updates were made and the *DPH Division Director formally adopted the DPH 2019-2023 Strategic Plan* on January 1, 2019. We expected that strategies to address these priorities as well as other priorities surfacing would be impacted by our necessary COVID-19 response efforts. Response efforts have become less intense and strategic planning efforts have resumed.

Simultaneously, the Division engaged in maintaining its accreditation status by the Public Health Accreditation Board (PHAB). As an accredited public health agency, over the last four years we have made continuous progress. We report on that progress in annual reports to the PHAB. The Division of Public Health officially begun the journey to become reaccredited in January 2020 and we were able to acquire an extension on our submission deadline due to COVID. Once again, we assembled DPH PHAB Domain Teams and have begun organizing to develop and collect required reaccreditation documents. Like our first accreditation run, we compared the 12 PHAB Domains national public health service standards with public health services we provide in Delaware. These PHAB standards are based on the long-standing 10 Essential Public Health Services. The DPH Domain Teams met and developed narratives and capture documents describing how we implement public health services in Delaware in preparation for

our submission. Our application was submitted and several DPH staff participated in interviews with the PHAB accreditation board in July 2022.

The findings, goals, and strategies that are part of both the Delaware SHIP and DPH's strategic plan was intentionally factored into the Title V needs assessment process, with the goal of leveraging the results of these comprehensive planning efforts. We believe the input gathered from professional MCH stakeholders, families, and community members through surveys, focus groups, and interviews will reinforce the priorities of healthy lifestyles; population health; reducing health care costs; achieving health equity; and addressing substance use disorder and overdose deaths.

Health Equity

In Delaware, there is an increased effort to address health disparities and with good reason. Here are just a few

examples of the disparities that exist within our state.

- **Infant Mortality.** The annual infant mortality rate for 2020 was 5.5 per 1,000 live births as compared to 5.4 per 1,000 for the U.S. The five-year infant mortality rate (2016-2020) was 6.5 per 1,000 (11.6 per 1,000 for Black non-Hispanics and 3.8 per 1,000 for White non-Hispanics). The five-year Black infant mortality rate decreased from 12.6 per 1,000 (2012-2016) to 11.6 per 1,000 live births (2016-2020) while the five-year White infant mortality rate decreased from 4.6 per 1,000 (2012-2016) to 3.8 per 1,000 live births (2016-2020). The five-year Black to White disparity ratio was about 3 times.
- **Breastfeeding.** According to PRAMS 2020 data, the overall estimate of mothers who delivered a live infant within the past year and ever breastfed was 82.8 percent and currently breastfeeding/at the time of survey was 48.2 percent. Based on PRAMS data, the 2020 prevalence of ever breastfed among Black non-Hispanics was 82.0 percent as compared to 82.6 percent among White non-Hispanics, and 82.4 percent among Hispanics. Similarly, the 2020 prevalence of currently breastfeeding (or at the time of survey) among Black non-Hispanics was 41.5 percent as compared with 50.8 percent among White non-Hispanics and 45.1 percent among Hispanics.
- **Teen Births.** The teen birth rate in the U.S. in 2020 was 15.4 per 1,000 females aged 15-19 years and the corresponding teen birth rate in Delaware in 2020 was 14.6 per 1,000 females aged 15-19 years. Between 2014 and 2020, the teen birth rate in Delaware declined by approximately 29.5 percent (2014: 20.7 per 1,000 females aged 15-19 years). The disparity ratio in teen birth rates was 4.5 times for Black teens (27 per 1,000 females aged 15-19 years) and 5.2 times for Hispanic teens (31 per 1,000 females aged 15-19 years) to White teens (6 per 1,000 females aged 15-19 years). Despite the racial disparities, Delaware has made great, long-term strides in improving the teen birth rates among White non-Hispanic, Black non-Hispanic, and Hispanic teens through several population-based health interventions. In fact, between 1991 and 2020, the teen birth rate declined by approximately 85 percent for White non-Hispanics, decreased by approximately 86 percent for Black non-Hispanics, and decreased by 72 percent for Hispanics.
- **Overall Health.** Overall, in 2019-2020, an estimated 89.1 percent of Delaware children reported to be in excellent/very good health (White non-Hispanic: 94.3 percent; Black non-Hispanic: 88.3 percent; Hispanic: 73.2 percent; and Other: 92.7 percent) as compared with 90.4 percent nationwide (White non-Hispanic: 93.4 percent; Black non-Hispanic: 85.9 percent; Hispanic: 87.0 percent; and Other: 90.6 percent). Health status varied by income status in Delaware similar to the U.S. overall. Health status improved with increased household incomes. For instance, in Delaware, 83.4 percent of children in households at 0-99 percent federal poverty level (FPL) indicated excellent/very good health as compared to 90.5 percent in 200-399 percent FPL and 95.6 percent in 400 percent or greater FPL categories.
- **Overall Health Women of Childbearing Age.** According to 2020 BRFSS data, women of childbearing ages (18-44 years) who had lower SES tended to report poorer general health (i.e., health status improved with increase in levels of education and income). Among women of childbearing ages with less than high school, the percentage of women with excellent/very good health was 30.5 percent, 44.7 percent for high school graduates, 52.4 percent for those who attended technical school/or some college, and 64.3 percent for those who had a college degree. Similarly, 30.2 percent of women of childbearing ages whose income was <$20,000 indicated they had excellent/very good health as compared to 46.8 percent in the income category of $20,000-$49,999, and 56.2 percent in the $50,000 or more income category. With regards to race and ethnicity, 57.4 percent of White non-Hispanic women reported excellent/very good health as compared to 40.3 percent of Black non-Hispanic women, and 39.0 percent of Hispanic women.
- **Smoking.** Cigarette use during pregnancy declined by approximately 30 percent from 12.3 percent in 2010 to 8.6 percent in 2019 as per birth certificate data. According to PRAMS 2020 data, the prevalence of smoking in the two years prior to pregnancy among mothers who delivered a live infant within the past year was 21.0 percent overall; segmenting by race/ethnicity, the estimated corresponding percentages were 27.8 percent of White non-Hispanic mothers, 22.5 percent of Black non-Hispanic mothers, and 6.5 percent of Hispanic mothers.
- **Medical Home.** In the 2019-2020 National Survey of Children with Special Health Care Needs, 45.3 percent of White non-Hispanic children with special health care needs had a medical home (U.S. 47.1 percent) as compared with 17.2 percent of Black non-Hispanic children (U.S.: 40.7 percent) and 28.3 percent of Hispanic children (U.S.: 33.3 percent). Note that caution should be exercised with the Black non-Hispanic and Hispanic percentages for Delaware as they are based on small sample sizes.

It is clear from these examples that disparities exist across racial and ethnic groups, across ages, and across geographical boundaries. We know that many of these inequities are a result of the social determinants of health. Focus groups conducted for our needs assessment confirmed that our population experiences challenges with access to transportation to medical visits, access to healthy foods, and safe places to be active. There are language barriers and issues of cultural competency that prevent our Spanish-speaking citizens from being able to benefit from the programs and services that are available. And access to specialists and quality care is often limited by the county in which one lives.

The Delaware Division of Public Health has established health equity as a strategic priority for the entire division and released the second version of the Heathy Equity Guide for Public Health Practitioners and Partners. The Delaware Division of Public Health (DPH), the University of Delaware's School of Public Policy & Administration, and other partners created the guide to help Delawareans better understand tools and strategies that promote health equity and

support upstream population health approaches. The document is designed to assist all sectors which can include but are not limited to government, education, workplaces, private sector, nonprofit agencies, faith-based institutions, and health care settings address underlying causes of health inequities in communities and promote optimal health for all in Delaware. Every person deserves equal access to safe communities that foster opportunities to achieve optimal health and well-being. The Delaware Healthy Mothers and Infants Consortium continues to emphasize health equity and the social determinants of health, through highlighting the topic at Annual MCH Summit agendas, bestowing health equity awards to individuals and organizations to recognize efforts and launching an online Health Equity Action Center.

Recognizing the importance of social determinants of health, a place-based, community approach has been established as a key component. In 2019, a request for proposal was posted to solicit proposals for a backbone organization to manage what we are calling the Healthy Women Healthy Babies (HWHB) Zones project. This is main focus of the Delaware Healthy Mother and Infant Consortium's efforts as it aims to reduce the infant mortality rate. A comprehensive update on this initiative can be found in Well Woman application year narrative.

Health Care Reform Efforts in Delaware

Health care spending per capita in Delaware is higher than the national average. Historically, health care spending has outpaced inflation and the state's economic growth. Health care costs consume 25% (or approximately 1 billion in FY 2017) of Delaware's budget. Medicaid cost per capita and the growth in per capita spending have been above the national average. These challenges are not unique to Delaware – affordability is of equal concern to private employer sponsors of Commercial health insurance, as well as some consumer segments who have seen increases in deductibles, copays, and coinsurance. Delaware's demographics and the percentage of our citizens with chronic conditions are key drivers of both spending and poor health outcomes. Delaware's population is older and is aging faster than the national average – we will be the tenth oldest state by 2025. We are also sicker than the average state, with higher rates of chronic disease, in part driven by social determinants including poverty, food scarcity, and violence. The hospital landscape is more concentrated in Delaware than in most other markets, with just six acute care hospital systems across the state, with most populations relying on a single hospital for their care. Our hospital systems vary widely in both scale as well as operational efficiency. Primary care and some other physician specialties remain fragmented. Other physician specialties are concentrated. Behavioral health care is in short supply in some parts of the state. Increased demand for health care, as well as inefficiencies in the supply of health care, in combination lead to 25% greater historical spend per capita than the U.S., which itself has among the highest cost health care systems in the world. While we spend more on care, our investments have not led to better health or outcomes for Delawareans. We spend more than average, not to get better access or higher quality care, but simply to address the challenges of an older and sicker population.

After receiving federal grant monies through the Centers for Medicare and Medicaid's State Innovation Model (SIM) project, Delaware has made a significant investment in transitioning to value-based payment models. Value based payment models enable collaboration between providers and health systems in addition to allowing a greater focus on keeping people healthy through improving primary care. This is vastly different from the traditional Fee for Service model that aligns payment for services with volume, regardless of patient outcomes and whether the overall population of the state is getting healthier. The State has supported these changes from a policy perspective by setting the expectation for Medicaid Managed Care Organizations (MCOs) and State Employee/Retiree Third-party administrators to offer and promote the adoption of value-based models.

In 2017, House Joint Resolution 7 authorizes the Department of Health and Social Services to establish a health care spending benchmark linked to growth in the overall economy. In 2018, the Department of Health and Social Services (DHSS), the Delaware Health Care Commission (DHCC) and the Delaware Economic and Financial Advisory Council (DEFAC) worked together to establish the spending and quality benchmarks. Insurers reported initial calendar year 2018 baseline data in 2019, giving them and the Department experience in collecting and reporting data, which is essential to the benchmarks and improving the process moving forward. Governor Carney established heath care spending and quality benchmarks in Executive Order 25, issued in November 2018. The spending benchmark is set on a calendar year by the Delaware Economic and Financial Advisory Council (DEFAC) Health Care Spending Benchmark Subcommittee. DEFAC set the benchmark at 3.5% for calendar year 2020, with the rate transitioning down to 3.0% for calendar years 2022 and 2023. In December 2020, the Delaware Health Care Commission revised the existing quality benchmarks, as required by Executive Order 25. The results of the review will establish Quality Benchmarks for 2022-2024. The revised/new Quality Benchmarks will be announced in 2021. As the Executive Order only established quality benchmarks for calendar years 2019-2021, methodology for the 2022-2024 quality benchmarks were reviewed in 2021 and will subsequently be reviewed every three (3) years thereafter. The following quality benchmarks will be retired due to limitations in data availability and lack of adequate change showed by pursuing these benchmarks:

- High School Students who were Physically Active
- Tobacco Use Measures Furthermore,

The following four (4) new quality benchmarks were proposed and approved for calendar years 2022-2024:

- Breast Cancer Screening for women ages 50-74

- Colorectal Cancer Screening for individuals ages 50-75
- Cervical Cancer Screening for women of various age groups
- Percentage of Eligible members who received preventive dental services ages 1-20 and who are enrolled in Medicaid or CHIP Medicaid.

While we are still addressing the health care, humanitarian and fiscal crisis created by COVID-19, our essential purpose in driving change to make health care better for all Delawareans through our “Road to Value” remains vitally important. We need to support our health care system to rebound from the global pandemic with value-based goals so it can be stronger going forward. Now, more than ever, our vision to improve transparence and public awareness of spending and quality in our State through the adoption of spending and quality benchmarks will assist in these efforts.

More detailed information can be found in the 2021 Health Care Commission Annual Report, dhccannualrpt2021.pdf (delaware.gov)

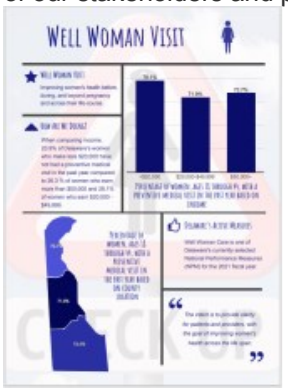
III.C. Needs Assessment

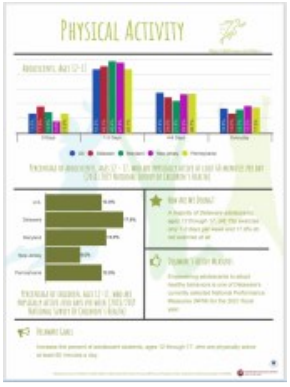
FY 2023 Application/FY 2021 Annual Report Update

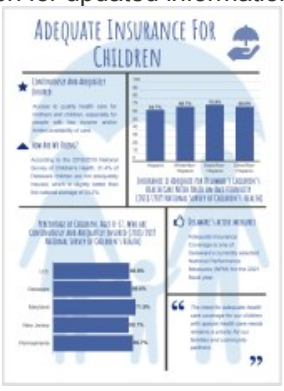
Delaware completed our comprehensive Title V Five-Year Needs Assessment in 2020. This FY 2023 Application/FY 2021Annual Report application is our third year into the 2021-2025 grant cycle.

Last year, Delaware reconvened our Title V team to prepare for the likelihood of emerging and shifting priorities due to the impacts of the COVID-19 pandemic on Delaware's maternal and child health population. We had just finished our Five-Year Needs Assessment, but the COVID-19 pandemic had impacted our MCH population, and we felt the need to keep it on our radar. Our Title V team knew that we would need to assist our partners and help address their needs. The first goal of our Title V team was to use a data-informed method to identify and prioritize Delaware's top health issues as a result of the pandemic, related to the health of women, infants, children and youth, including children and youth with special health care needs. Additionally, keeping the pandemic in mind our team aimed to incorporate stakeholder and public input into finalizing any modifications to the priority areas by population domain for action planning. The Needs Assessment Steering Committee was responsible for reviewing and understanding the data, canvassing and surveying our MCH team for emerging issues and concerns they are observing from the data, and identifying priority areas of concern from the national health areas.

Through our 2020 Needs Assessment process, MCH created detailed and specialized Health Infographics for each of the 15 National Performance Measures. The aim was to provide our stakeholders and partners with a snapshot of Delaware's health status as it related to each measure. Information such as Delaware's goals and objectives, Delaware's baseline data, how Delaware compares to our neighboring states as well as nationally, and more. This year, MCH amended these Health Infographics once the 2019/2020 NSCH data was released. Below is a picture of a few of our Health Infographics. All of our Title V and Needs Assessment information, including our health Infographics, is found in one central location, our DEThrives website (https://dethrives.com/title-v. We encourage all of our stakeholders and partners to check back often for updated information and resources.







As reported last year, part of the Title V Maternal and Child Health (MCH) Block Grant, Delaware developed another graphic for our partners to use as an additional resource. This colorful snapshot is a glimpse of Delaware's Title V, five-year State Action Plan to address our priority needs. Our Plan is organized by the six reporting domains, which includes five MCH population domains (Women/Maternal Health, Perinatal/Infant Health, Child Health, Children and Youth with Special Health Care Needs (CYSHCN), and Adolescent Health). The sixth domain addresses state-specific Cross-cutting/Systems Building needs.

This State Action Plan offers an at-a-glance snapshot for the public, our partners, and our stakeholders to better understand our five-year plan. This report identifies the priority needs within each of the six domains, the program objectives, key strategies and relevant national and state performance measures for addressing each objective. Provided below is a picture of our colorful State Action Plan that can be utilized by our partners.

After reviewing the available data and convening as a team, we determined the best course of action would be to survey our partners for input in their specialized maternal and child health population domain. We wanted our partners to know that Title V is committed to improving our ability to support programs continuing to address the MCH population during the pandemic. We aimed to better understand how our stakeholders were adapting to the ongoing challenges of the pandemic and we wanted to be more informed of the ways that our partner's programs were adjusting to address COVID-19 related response needs. In addition, we felt that we should be closely looking into the impacts of COVID on service delivery and the modifications our partners have made due to the pandemic in their particular fields. We were hopeful to find out what options have been the most impactful.

Additional evaluation activities included an effort led by the SSDI Project Director in working with Forward Consultants for this ongoing Title V Mini Needs Assessment process. Together, we modified our 2020 Needs Assessment Professional Stakeholder Survey. Our finalized objectives for our Mini Needs Assessment were:

- Gauge the impacts of the pandemic on our partners within each health domain
- Learn how our partners were adapting to the ongoing challenges of the pandemic
- Be more informed of the ways each program is adjusting
- Support programs that continue to address the MCH population
- Identify ways MCH can better support our Title V funded partners with technical assistance

Our team knew that we wouldn't be removing any priorities previously selected as a result of the 2020 Needs Assessment and new five-year grant cycle. Rather, we would be addressing additional priorities that rose to the top. Therefore, we chose to keep our original Professional Stakeholder Survey that was utilized during the 2020 Five-Year Needs Assessment and modify it to include questions pertaining to the COVID-19 pandemic. Additionally, we selected to utilize the previous survey in an effort to compare data from one survey to the next.

Part of this survey included additional questions for our Title V Partners of the various ways Title V is able to provide technical assistance. The Division of Public Health (DPH) coordinates and collaborates with many organizations and other state agencies to implement activities that address grant goals and objectives. Title V was concerned about how we can better support our partners. We asked for various ways Title V could provide technical assistance to our partners to be better responsive to their needs. We listed the different ways Title V could provide technical assistance and requested they rank their most pressing needs. We supplied examples such as:

- Provide data
- Assist with data to apply for resources
- Strategic planning
- Disseminate information via social media outlets
- Guide a grant writing process

Another focus Title V wanted to gain a pulse on due to the pandemic, were Social Determinants of Health (SDOH) on Delaware's MCH population. Our aim was to see if the women, children, adolescents, and families in Delaware's unmet needs have changed since the beginning of the pandemic. We understand that poor health tied to unmet social needs is a widespread problem and these factors impact a person's physical and mental well-being, along with their ability to access quality health care. Title V is making an effort to ensure that Delaware has it on the forefront of all our activities. Our Professional Stakeholder Survey included questions pertaining to the top three most important things that women, children and families need to live their fullest lives in our community. In addition, we canvased our partners to learn what are the top three greatest unmet needs of women, children and families in Delaware.

Interestingly, when asked about SDOH, employment was listed most often as a SDOH that women, children, and families need to live their fullest lives. However, it was not considered as much of as an unmet SDOH in the survey

respondents' communities. Both food security and child-care were listed as among the top three SDOH-related responses that women, children, and families need to live their fullest lives as well as SDOHs that are unmet in communities.

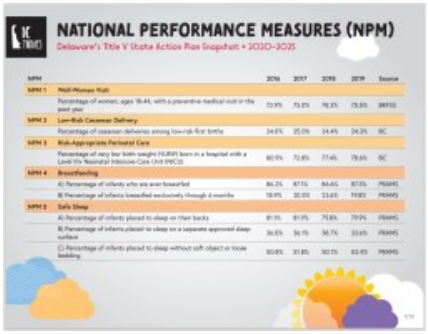
Our Title V team requested Forward Consultants complete an in-depth analysis of the results of this Mini Needs Assessment and compare to the results of the Five-Year Needs Assessment results. Our team was specifically interested in understanding any differences or likenesses that resulted when comparing the stakeholder responses in selecting important NPMs pre-COVID and post pandemic. Specifically, we asked if anything stood out that would lead us to deviate from our current course and wanted to justify any changes. Interestingly, there were no major differences in NPM-related responses in either survey.

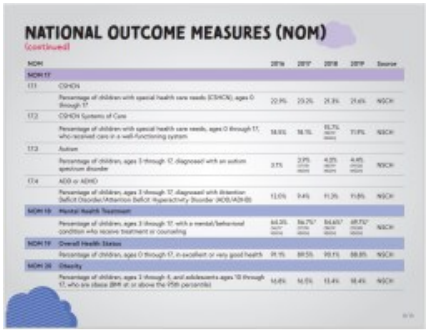
As a result of our Title V team meetings, internal review of data and Professional Stakeholder Survey and analysis, our Title V team determined that Well-Woman Visit and Adolescent Well Visit will continue to be top priorities for MCH to focus on even through the pandemic. Through the priority of Adolescent Well Visit, we will continue to incorporate mental health in addition to physical activity.

We learned that our Title V funded partners ranked "provide data" as either the first or second choice by 60% of Title V partners. Conversely, assistance with strategic planning was considered to be the first or second most important need to be addressed by only 20% of Title V partners. Therefore, our Title V team decided that our SSDI Project Director would work with our CDC Epidemiologist to continue with a previous goal identified prior to the pandemic. We would pursue including data relevant to the MCH population on the State Action Plan Snapshot created last year. Our intentions were for our partners and stakeholders to be able to view Delaware's data in one document. This would also include previous year's data, so our partners can track the information from year to year. We understood that we would face additional challenges that might arise, such as repetitive display of data, partner agencies not allowing us to use the data publicly and, obtaining the perfect conduit for partners accessing the data.

Through this mini-Needs Assessment and Stakeholder Survey, we sought to answer the identified need of our partners; how we could better support our Title V funded partners with technical assistance. This year our SSDI Project Director was able to schedule regular meetings with our two-Family Health Systems (FHS) epidemiologists to begin the task of compiling all MCH data into one central location. Both epidemiologists, Khaleel Hussaini, CDC assignee epidemiologist, as well George Yocher, FHS epidemiologist, are also members of our Title V team. Our goal was to gather and organize Delaware's data pertaining to each National Performance Measure as well as all the National Outcome Measures. This data sheet was created as a result of the survey, where 60% of our Title V partners requested MCH provide data as a way to support and assist them with their needs.

We hope this MCH Performance Measure data sheet supports our partners and our stakeholders with the very important maternal and child health work they do.





In the future, Title V may pursue an app for our Title V information. We feel that our partners, stakeholders and the public will be in favor of having Delaware's data readily available via an application on their phone. We believe finding all maternal and child health resources in one place would be beneficial to their work. Our plan is to begin with displaying the data on our colorful State Action Plan Snapshot first, and then we will research pursuit of an app.

This year, we again reconvened our Title V team throughout this year to assess the health needs of our population, Title V's program capacity, as well as Delaware's partnerships and ability to collaborate and coordinate efforts. When possible, our team has met in person throughout the year to review the most recent state and national data that was specific to Delaware's MCH populations. Our team used the Behavioral Risk Factor Surveillance System (BRFSS); Youth Risk Behavior System (YRBS); National Immunization Survey; National Survey of Children's Health (NSCH); Pregnancy Risk Assessment Monitoring Systems (PRAMS); and Delaware Health Statistics (birth records,

death records, hospital discharge data).

Our Title V team met periodically to review Delaware's State Action Plan. We reviewed all previously selected Strategies, Objectives, and ESMs for each of our Priority Needs. Collectively, we determined which Strategies and ESMs have been successfully completed. In addition, our team also identified new ESMs that could be incorporated into Delaware's State Action Plan moving forward. These new ESMs were added to the Plan to continue to strengthen Delaware's maternal and child health population.

Delaware's Title V team also reviewed our State Action Plan based on guidance received from the National Center for Education in Maternal and Child Health. Delaware received the MCH Evidence Center's annual Evidence-based/informed Strategy Measure report for the 2022 Application/2020 Annual Report. Based on these findings, Delaware began conversations and used the suggestions to find ways to strengthen our ESMs by linking them to effective, science-based practices and to measure our progress in ways that tell how Delaware Title V is advancing each National Performance Measure.

As the Title V agency, DPH operates a comprehensive array of programs and services to promote and protect the health of Delaware's mothers and children, including children and youth with special health care needs. Within, DPH, the Family Health Systems section houses many of these programs, as described within the application. However, the capacity to support the MCH population extends throughout all sections of the Division, including services such as the WIC program, immunizations and lead testing through State Service Centers and supports for healthy lifestyles (physical activity, nutrition, tobacco cessation), to name a few. An overview of DPH's partnerships, collaborations and coordination surrounding our programs and services for the MCH population is summarized below.

The Delaware Title V MCH program can meet the needs of women, mothers, infants, children, CYSHCN and adolescents through partnerships, collaboration, and coordination with other entities. Delaware benefits from the commitment and engagement of its stakeholder community. Delaware has many advisory boards, councils, and coalitions that our MCH program works with to extend the reach of Title V, guide our work and expand on the overall capacity to support mothers, children and families. Two of the largest groups of partners coming together around MCH issues in Delaware are the DHMIC and Family SHADE.

MCH's finest collaboration is the Delaware Healthy Mother & Infant Consortium (DHMIC). The DHMIC pursues the health of women, infants and families through a life course approach. The DHMIC approach includes planning with the community, thinking holistically about women's health and addressing inter-generational health. The DHMIC supports a continuum of services promoting optimal health from birth throughout the lifespan, from one generation to the next. Formed as a statewide vehicle to address infant mortality, the consortium includes approximately 20 Executive Committee members, including two representatives from the House of Representatives, two representatives of the Delaware State Senate (one selected by each caucus), a representative from the Governor's office, a representative from the Department of Services for Children, Youth and their Families (DSCYF), the Secretary of the Department of Health and Social Services, and 15 additional members approved by the Governor who represents the medical, social service and professional communities as well as the general public. These additional representatives come from the State Senate, DPH, hospital systems, universities, faith-based communities, and more. The DHMIC invites over 150 partners and stakeholders to the quarterly meetings.

In August 2019, the consortium developed a three-year strategic plan with one-year and three-year objectives. The DHMIC Goals are:

- The DHMIC will provide statewide leadership and coordination of efforts to prevent infant mortality and improve the health of women of childbearing age and infants throughout Delaware.
- All programs will be carried out through the lens of improving health equity, the use of the life-course approach, enhancing data collection and use of quality improvement to achieve stated goals. These initiatives will also be designed and carried out through the lens of *culturally and linguistically appropriate services (CLAS)* in achieving a reduction in premature birth and infant mortality in Delaware.
- The DHMIC will select a "champion" for each key initiative.

The four focus areas are: Well Woman Care/Life Course Perspective, Maternal Morbidity/Mortality, Social Determinants of Health and Continue Emphasis on Reducing Preterm Birth and Infant Well Being.

Due to the ongoing challenges with the pandemic and the comfort level and ease of partners to meet in person, we held our 2022 Annual DHMIC MCH Summit virtually on April 26, 2022. For 16 remarkable years, DHMIC has been making good on its promise to provide statewide leadership coordination of efforts to prevent infant mortality and improve the health of women of childbearing age and infants throughout Delaware. The Delaware Healthy Mothers and Infants Consortium (DHMIC) and the Department of Health and Social Services (DHSS), Division of Public

Health (DPH) organize this event. The summit brings together leaders in the area of family health to discuss new approaches to enhance the health of women, children and families of all ages. Developed around the theme "*Listening. Connecting. Inspiring Change*," the DHMIC summit integrates a full agenda of educational, advocacy, networking, and story-sharing opportunities to mobilize participants to better understand the reasons why - and the ways how - they can leverage their professional, personal, and community service resources to decrease racial disparities in maternal and infant health.

The Summit reached another historic reach this year, with over 450 attendees, including health care professionals, community influencers, policymakers, faith community leaders, and concerned citizens to be empowered on critical topics by leadership from DHMIC, Delaware Thrives, and the Delaware DPH, along with local and national experts from various fields who are committed to ending racial and ethnic health disparities. A summary of the agenda follows:

Keynote presentations

- Understanding and Effectively Addressing Inequities in Health — David R. Williams PhD, MPH, Florence and Laura Norman Professor of Public Health, Chair, Department of Social and Behavioral Sciences; and Professor of African and African American Studies and of Sociology, Harvard University Transforming and Empowering Women in Birth - Jennie Joseph, LM, CPM, Founder and President of Commonsense Childbirth Inc. and Creator of The JJ Way®
- Black Maternal Awareness Resolution - Delaware Representative Melissa Minor-Brown
- Panel Discussion: Addressing Black Maternal Health in Delaware from a Community and Provider Lens
- Postpartum Revolution - Angelina Spicer, Stand-Up Comedian and Activist

As in the past, we put out a call for the Summit looking for bold ideas, bold new programs, or a bold new approach to improving the health of women, men, infants, and families, calling them "Delaware Thrives! Community Voices Breakout Sessions." Participants were encouraged to submit a short description of their organization and/or program and a facilitator was assigned to each room to ask questions and engage the participants in a dialogue. The following topics were covered virtually in breakout rooms on the conference platform:

- Women's Emotional Wellness – Focus on the Needs and Barriers for Hispanic and Latina Women in Delaware
- Be Empowered: Resources, Programs and Tools for Women
- Urgent Maternal Warning Signs Hope
- Healthy Women Healthy Baby Zones

Not only are the organizations/programs featured during the DHMIC 2022 Summit rich with content, featuring the breakouts also establish the foundation for consistent dialogue around these organizations/programs as DHMIC partners and ultimately result in greater awareness of and support for the DHMIC mission.

In the domain of CYSHCN, a key partnership group is Family SHADE (Support and Healthcare Alliance Delaware). Family SHADE is a collaborative alliance of family partners and organizations committed to improving the quality of life for children and youth with special health care needs, and their caregivers, by connecting families and providers to information, resources and services in addition to advocating for solutions to recognize gaps in services and supporting its member organizations. Delaware believes in the provision of supports and services to families of children with special healthcare needs that foster (1) empowerment and not dependency; (2) equity and equality; and (3) an individually defined quality of life. In addition, caregivers must be viewed as experts in regard to their children within a context of self-determination and family culture. Effective family support of CYSHCN requires a multi-faceted, family-centered approach. Family SHADE works with committed partner organizations (either formal organizations or parent groups) to ensure that parents, siblings and extended families have the resources, information, and social and emotional support to care for children with special needs.

Family SHADE promotes the Learning Communities as well as promoting access to high quality health care, including having adequate health insurance that reduces barriers to primary and specialty care which continues to be of most importance to women, children, and families to live their fullest lives. Family SHADE continued to utilize their website as well as regularly monthly scheduled Networking Breakfast meetings which continued to be held virtually in year two of the COVID-19 pandemic. Family SHADE continued to distribute a Family Knows Best Survey (FKBS) on a quarterly basis to maintain awareness of the gaps in services throughout the state.

DPH recently contracted with our new vendor, Parent Information Center (PIC), to execute the Family SHADE project with a revitalized approach. PIC implemented the Family SHADE project through the utilization of a cultural and linguistic competent and clearly defined values, behaviors, attitudes, policies, structures, and practices. PIC began their process of establishing their Family SHADE approach through a collective impact approach which would consist of management and implementation of Family SHADE. This is accomplished through PIC's significant

experience with community collaborations and working with stakeholders on collective goals and fostering partnership. The collective impact approach is predicated on transparency and collaboration to achieve common goals. As the backbone organization for Family SHADE, PIC has provided the needed support, connections and transparency to support Maternal Child Health Block grant (MCHB) and mini-grantees to achieve a common agenda. As the backbone support organization, PIC has provided administrative support as well as technical assistance to structures developed as part of the Family SHADE program. This approach includes:

- Family SHADE Advisory Board
- Family Leadership Network
- Learning Communities for National Performance Measures
- Mini-grantees
- Organizations serving CYSHCN and other community partners

The DHMIC and Family SHADE represent two of the largest groups of partners coming together around MCH issues, but there are many other advisory boards, councils, and coalitions that our MCH program works with to extend the reach of Title V, guide our work, and expand the overall capacity to support mothers, children, and families. For example, the Help Me Grow Advisory Committee, convened by DPH, consists of representatives from organizations across the state. Similarly, the Home Visiting Community Advisory Board pull together home visiting and partnering programs from across the state to ensure a coordinated continuum of home visiting services. In addition, the Governor's appointed Early Hearing Detection and Intervention (EHDI) Board was created by legislation passed in 2012. The Newborn Screening Advisory Council, formed in 2000, helps the Division determine best practices for the program including the addition of new conditions to the Delaware panel. Additional key partnerships and collaborations include Delaware's Early Childhood Council (ECC), the Safe Kids Coalition, the Family Coordinating Council, the Sussex County Health Coalition, and the Breastfeeding Coalition of Delaware.

As outlined in our organizational structure, our Title V program is intimately connected with federal investments, such as the State Systems Development Initiative (SSDI), Maternal and Infant Early Childhood Home Visiting (MIECHV), Early Childhood Comprehensive Systems (ECCS), and Personal Responsibility Education Program (PREP) Partners by virtue of the location of these grant programs within the same section - Family Health Systems. In addition, we have partnered with Project LAUNCH and the Division of Substance Abuse and Mental Health in combating the opioid epidemic. The State of Delaware created a committee bringing together the Division of Public Health, Division of Family Services, and the Division of Substance Abuse and Mental Health. The group is made up of key leadership including all three Division Directors, two Deputy Directors and senior program directors including both the Title V Director and Deputy Director/MIECHV Project Director. The group decided to work on three key goals, a MOU, training for direct service staff and education.

The purpose of the MOU stems from both The Department of Health and Social Services and The Department of Services for Children, Youth and Their Families recognizing that each has an important role to improve the lives of families impacted by substance use disorder. The MOU was jointly developed for the agencies to:

- Work as a team on shared client cases to attain the most positive outcomes;
- Provide each client with the most comprehensive care; and
- Prevent duplication of activities.
-

The MOU states that each agency agrees to establish a multi-disciplinary coordination committee. The focus for the committee was training, messaging, case management, and the development of procedures. Since the development of this MOU, it has been decided that each of Delaware's three counties will have a committee focused on the above-mentioned items.

Home visiting supervisors, treatment providers, Division of Family Services administrators, supervisors, and caseworkers have come together to form the Delaware Multisystem Healthy Action Committees (MSHAC) in each county. Since the initial kick off in September 2016, quarterly meetings in each of our three counties continue to meet and collaborate. The charge of MSHAC is to plan how to serve families with substance use disorder better through a multi-agency approach.

Agenda topics for these meetings have included sharing resources and educational materials, Neonatal abstinence syndrome (NAS), updates from local treatment providers, coordination of services and referrals, substance use disorder, sober living, breastfeeding support, parent education, mental health, home visiting, related state legislation, and even walking through substance abuse specific cases in each agency. Supervisors and agency representatives are asked to refer information back to their staff of professionals who work directly with substance abuse clients and families. Guest speakers have been invited quarterly and continue to enrich the knowledge of the committee.

In addition to the wide range of organizational collaborations listed above, we also value partnership with families

and consumers. As part of our Five-Year Needs Assessment process, we commissioned 12 discussion groups statewide, with a total of 92 women and men participating. Four maternal health groups focused on questions related to women's health. Three groups were conducted in English and one group was in Spanish. Four groups focused on mothers and children and youth with special health care needs. Two of those groups were in English and two were conducted in Spanish. Two father/partner groups were conducted. And lastly, two preconception groups were held with African American women without children.

Parents continue to be engaged through the Families Know Best Surveys administered by Family SHADE. Families Know Best is a voluntary parent advisory group. Participating families are asked to fill out monthly online or print surveys about the services they receive. Information gained through these surveys is shared with Family SHADE organizations, policy makers and agencies statewide.

As in years past, Title V supported a very important activity, the Managed Care Organization (MCO) health calls facilitated by Delaware Family Voices, with the phone line provided by DPH. These regularly scheduled calls give family members an opportunity to ask questions or discuss an issue. On the call are representatives from various agencies and organizations, such as Medicaid, private practitioners, Disability Law Program, and Health Management Organizations (HMO) representatives, to listen and help problem solve. These calls give families a non-adversarial venue discussion to share their concerns. These calls are offered in both English and Spanish. As a result, many families get a better understanding of how the system works and the providers and policymakers hear how a family is impacted by the rules and regulations.

In the spirit of Title V, we are committed to continuing these efforts to partner with families and consumers of our programs and services to ensure that our efforts and resources are aligned with the priority needs of Delaware's mothers, children, and children and youth with special health care needs.

Click on the links below to view the previous years' needs assessment narrative content:

2022 Application/2020 Annual Report – Needs Assessment Update

2021 Application/2019 Annual Report – Needs Assessment Summary

III.D. Financial Narrative

	2019		2020	
	Budgeted	Expended	Budgeted	Expended
Federal Allocation	$1,913,137	$1,992,794	$1,993,981	$2,027,826
State Funds	$9,782,274	$9,782,274	$10,287,704	$10,287,704
Local Funds	$0	$0	$0	$0
Other Funds	$0	$0	$0	$0
Program Funds	$3,294,852	$3,294,852	$2,973,146	$2,973,146
SubTotal	$14,990,263	$15,069,920	$15,254,831	$15,288,676
Other Federal Funds	$7,715,622	$7,715,262	$6,162,044	$6,162,064
Total	$22,705,885	$22,785,182	$21,416,875	$21,450,740

	2021		2022	
	Budgeted	Expended	Budgeted	Expended
Federal Allocation	$2,027,826	$2,042,781	$2,042,781	
State Funds	$10,128,656	$10,128,656	$9,957,273	
Local Funds	$0	$0	$0	
Other Funds	$0	$0	$0	
Program Funds	$2,957,897	$2,957,897	$2,053,906	
SubTotal	$15,114,379	$15,129,334	$14,053,960	
Other Federal Funds	$6,890,346	$8,067,874	$9,974,592	
Total	$22,004,725	$23,197,208	$24,028,552	

	2023	
	Budgeted	Expended
Federal Allocation	$2,067,298	
State Funds	$9,783,792	
Local Funds	$0	
Other Funds	$0	
Program Funds	$2,580,255	
SubTotal	$14,431,345	
Other Federal Funds	$8,200,541	
Total	$22,631,886	

Expenditures

The Delaware Division of Public Health (DPH) maintains budget documentation for block grant funding/expenditures for reporting consistent with Section 505(a) and section 506(a)(1) for auditing. The Division of Public Health's financial policies and procedures are based on the requirements of the State of Delaware Budget and Accounting Policy Manual. As stated in the manual, it is "an essential element used to achieve the State's goals to gather data and to produce reports with the financial information needed to effectively plan activities and control operations for the services provided to the citizens of Delaware."

Procedures are in place to ensure that there is proper authorization for transactions, supporting documentation of all financial documents, and proper segregation of duties. In addition, DPH adheres to the guidance and memoranda of the Office of Management and Budget, the Department of Finance, the Division of Accounting, the State Treasurer's office federal rules and regulations, and Delaware Department of Health and Social Services/ Division of Public Health policies and procedures. DPH also adheres to the State of Delaware and Department of Health & Social Services (DHSS) policies and procedures regarding the use of state and department contracts.

DPH's record retention schedule is retained and approved by the Division of Public Archives. All records retention and destruction must first be approved by Archives, in accordance with the approved records retention schedule.

DPH and all associated programs are subject to periodic audits to ensure compliance with state and federal law, regulatory requirements, and agency policies.

Federal Block Grant and non-federal MCH Partnership expenditures are reported separately on Forms 2 and 3. Any significant variations from previous years' reporting are described in the field-level notes on those forms.

It should be noted that, per the definition of "direct service" on p.95 of the Appendix to the Title V Block Grant guidance, Delaware does not fund direct services with the federal Block Grant funds. We do, however, use state funds appropriated for infant mortality initiatives to pay for direct services through the Healthy Women, Healthy Babies program.

Budget

Federal Block Grant and non-federal MCH Partnership budgets are reported separately on Forms 2 and 3. The total budget for our federal-state MCH partnership is $15,114,379 which includes our block grant award and state Maintenance of Effort funds, as indicated on Form 2.

When additional federal grants are included, the state MCH budget totals $10,401,192 Form 2 provides more detail on these other federal funds, which include the following grants: State Systems Development Initiative (SSDI); Early Hearing Detection and Intervention (EHDI); Maternal, Infant, and Early Childhood Home Visiting (MIECHV); Early Childhood Comprehensive Systems (ECCS); Pregnancy Risk Assessment and Monitoring System (PRAMS); Title X; and Universal Newborn Hearing Screening.

Any significant variations from previous years' reporting are described in the field-level notes on those forms. In general, these variations do not represent changes in the way we are budgeting our funds, but rather in how we are categorizing and reporting our budget, based on the revised block grant application guidance and forms. For example, one significant variation for FY17 is the amount of federal funds budgeted for "direct services". In previous years, our budget breakdowns reflected a substantial amount of expenditures for direct services. However, after reviewing the new definition of "direct service" in the 2016 Title V Block Grant guidance, we have determined that staff salaries that were previously considered to be direct service are now categorized as "enabling services". As reported on form 3b, we are not planning to use any Title V funds for direct services for FY17. Another example of a variation is the amount budgeted for infants in FY16 (Form 3a). We do have funds budgeted to support infants (for ex.salaries of home visitors). However, the linkages in the online versions of forms 2 and 3 required the dollar amounts entered in certain fields to match. Therefore, we added the amount budgeted for infants to the amount budgeted for children 1-22 and inserted that amount in Form 3a. This is reflected in the field level notes.

FY21 Budget – Federal Title V Funds

Personnel Costs		**$1,551,888**
Salary, fringe, health insurance, indirect	$1,538,492	
Other employment costs (personnel, phone lines, DTI, network charges)	$13,396	

Title V Maternal and Child Health Block Grant Funding has historically funded staff positions within the Division of Public Health's MCH services and programs, including the Smart Start/Healthy Families America home visiting program, Child Development Watch, Adolescent Health, and Reproductive Health. As a result, most of the federal allocation of each year's MCH Block Grant award is budgeted for staff salaries, other employment costs (OEC), and indirect costs.

Contractual $219,874

All contractual funding will support the activities described in our action plan. Based on activities described in our 5-year action plan narrative, the following are budgeted amounts for each domain. The largest amount of funds will be used to support the Family SHADE mini grant project. Please note that we will also be working to align the work and responsibilities of the staff funded by the Block Grant with the activities laid out in the action plan.

Travel $0

Due to COVID, we do not anticipate traveling this coming budget year.

Supplies $3,260

We are budgeting funds to support supply needs of our staff.

FY 21 TOTAL BUDGET $2,042,781

Spending Requirements

Maintenance of Effort

In FY89, the Delaware Division of Public Health allocated $5,679,728 in general fund dollars to Maternal and Child Health, including programs for Children with Special Health Care Needs. This figure serves as the base for determining our required maintenance of effort. For the current application, the state is allocating $13,086,553 in state funds to the Maintenance of Effort agreement. This includes support for 46.4 FTEs from state general funds and 6.6 FTEs from state appropriated special funds, as well as the appropriated special funds for infant mortality initiatives, developmental screening, and Nurse Family Partnership home visiting.

CYSHCN

The budget planned for FY 2021 meets the 30% requirement for CYSHCN. This requirement will be met through the following:

- funding for staff who serve CYSHCN and their families
- implementation of the Family SHADE contract
- operation of the birth defects registry
- support for the newborn metabolic and hearing screening programs

Preventive and Primary Care for Children

The budget planned for FY 2021 meets the 30% requirement for preventive and primary care for children. This requirement will be met through the following:

- funding for staff that provide services to infants and children 1-22
- programs supporting developmental screening such as Books, Balls and Blocks, QT 30
- promotion of availability of oral health services
- support for the implementation of the HMG program serving as the central intake for some of our early childhood programs as well assisting and referring families with children ages 0-8.

Administration

Less than 10% of our FY2021 budget is allocated for administrative costs. This category primarily includes funding for staff (salaries, indirects) who work to administer the Title V Block Grant (fiscal analyst, administrative assistant, etc), as opposed to staff who are implementing programs or delivering services. Small amounts for travel and supplies are also included.

III.E. Five-Year State Action Plan

III.E.1. Five-Year State Action Plan Table

State: Delaware

Please click the links below to download a PDF of the Entry View or Legal Size Paper View of the State Action Plan Table.

State Action Plan Table - Entry View

State Action Plan Table - Legal Size Paper View

III.E.2. State Action Plan Narrative Overview

III.E.2.a. State Title V Program Purpose and Design

Delaware's Division of Public Health (DPH) is the largest division within the Department of Health & Social Services (DHSS). The Title V Team is part of the Bureau of Maternal & Child Health (MCH), which is situated within the Family Health Systems (FHS) unit. Title V is responsible for the planning, programming, development, administration, and evaluation of maternal and child health programs statewide. Within DPH, the Family Health Systems & Management section has direct oversight of Title V, as well as a number of other MCH programs including Children and Youth with Special Health Care Needs (CYSHCN), the Early Childhood Comprehensive Systems (ECCS) initiative, Newborn Screening (Metabolic and Hearing), Birth Defects Registry, State Systems Development Initiative (SSDI), Adolescent Health and School Based Health Centers, Infant Mortality Elimination program, Center for Family Health and Epidemiology, Title X/Family Planning, and Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program, as well as others that require partnerships, coalition building and leadership.

The Life Course Perspective continues to be the lens through which we view our MCH work. Delaware's Title V MCH work focuses on ways to increase these protective factors and decrease risk factors. The Life Course Perspective suggests that a complex interaction of protective factors and risk factors contributes to health outcomes across the span of a person's life, or developmental trajectory.[1] These protective factors and risk factors include disease status, health care status, nutrition, race and racism, socioeconomic status, and stress. Protective factors increase the developmental trajectory of a person while risk factors decrease the developmental trajectory of a person. Some key examples of protective factors:

- Data driven decision making
- Access to care
- Education and prevention
- Supporting coordinated, comprehensive and family-centered systems of care
- Title V as a leader and convener

Developing and utilizing innovative and evidence-based or -informed approaches to address cross-cutting issues
Within DPH, a performance improvement initiative led by the Division Director is re-focusing the organizations priorities to focus on core public health functions and address specific health priorities. The aim is to have DPH working at the "bottom of the public health pyramid on population based and infrastructure building services.

Title V MCH plays a very important role in the State Health Assessment (SHA) and State Health Improvement Plan (SHIP) process. It requires that our MCH partners across the state be engaged in the process, in order to access data, provide various perspectives in the analysis of data, and make a determination of contributing factors that impact health outcomes, particularly as it relates to women, infants and children. Assets and resources must also be identified and addressed as well learning directly from the community about attitudes about health behavior, socioeconomic and environmental factors, and the social determinants of health. The Title V priorities and State Action Plan build off the priorities identified through the SHA and SHIP process, as well as the DPH Strategic Planning priorities.

Mentioned throughout the application, the Healthy Women, Healthy Babies program promotes access to care, by providing an evidence-based framework to improve women's health, mental health, and nutrition before, during & after pregnancy. The framework uses a Life Course perspective model that conceptualizes birth outcomes as the end product of the entire life course of the mother leading up to the pregnancy – not simply only the nine months of pregnancy. The goal is to provide assistive services to encourage the woman to maintain a healthy weight, nutritious diet, receive appropriate amounts of folic acid, manage chronic disease, address environmental risk factors such as smoking, substance abuse or other stress-inducing circumstances, as well as the development of a personalized reproductive life plan (for all women and men). The model is a value/performance-based approach focused on meeting or exceeding 6 benchmark indicators, with an emphasis on addressing the social determinants of health and incorporates the role of community health workers to further support outcomes.

Looking ahead, content for our Well Woman Initiative is robust on our DEThrives site to inform women of childbearing age (15-44 years old) the issues around maternal health in Delaware. This content focuses more on the consumer than the provider providing evidence-based education about annual well woman visits for example and will provide call to action messaging to help encourage women to play an active role in their maternal health.

HerStoryDE landing page recently went live on DEThrives. The HerStoryDE landing page was posted live on DEThrives in mid-March 2022. HerStoryDE is meant to educate, empower, and encourage women to use their voices when it comes to addressing their own health. It is a platform where it is has a consumer-focused voice and

the woman can share their health experiences before, during, and after pregnancy. The HerStoryDE platform is a place where the consumer feels safe knowing someone is listening to them and advocating for them.

It is a powerful thing when someone decides to educate and advocate for themselves. And, hearing stories of other women stepping out of their comfort zone and sharing their story first usually helps encourage others to speak up as well. This action could empower the person to start advocating for themselves when it comes to their own health. That affect could turn into someone helping others in their community and the pattern grows outwards. If a consumer does actions such as this, they will be informed as to why it is vital to work alongside their physician by attending their well woman visits and asking questions so that they may address their health early on. These qualities are what the HerStoryDE platform aims to accomplish for the women in Delaware.

Six short form videos were created to tell the stories of different women, at different ages and stages in their life regarding their health. The videos compromised of women (consumers, a health care provider, and a DE State Representative) who shared their health journey before, during, and after pregnancy. In, addition, two long form videos were showcased during the 2021 DHMIC Summit which showcased the provider's voice and consumer's voice. A black maternal health infographic was also created that contains eye opening statistics about the deadly health issues women, particularly women of color, go through before, during, and after pregnancy.

To bring more attention to the Community Health Workers and to showcase how a woman can learn ways to live a healthier lifestyle, MCH ran a newsfeed video ad to increase awareness of the Community Health Workers campaign. One of the goals of this month long ad was to inform the public that the MCH CHW's services were reaching out to new areas in the Kent and Sussex counties in addition to their services they already serve in NCC/Wilmington. Flyers were provided, which were placed on the DEThrives as well. The ad targeted females aged 15-44 years old living in specific zip codes.

MCH and community partners will again come together in observance for Black Breastfeeding Week to provide information on the benefits of breastfeeding a black or brown baby to improve black infant mortality rates and improve black maternal health. MCH ran a newsfeed ad that featured information on celebrating Black Breastfeeding Week and shared news that there was a week of community events to help black and brown mothers. The Black Breastfeeding Week blog post was written sharing the community breastfeeding related events that occurred in Delaware. In addition, HerStoryDE aired a live interactive webinar. The title for the event was "Elevating Women's Voices: An Intimate Conversation About Black Maternal Health". In-person panel discussions, with a live audience, were led by Tiffany Chalk and DE State Representative Melissa Minor-Brown, both DHMIC Leads. Panelists included one consumer, a physician, and a licensed professional counselor for mental health. The panel discussed topics around the health disparities women, particularly for black and brown women face before, during, and after pregnancy. The hour-long webinar was aired on DETv Broadcast and was also shown live on the DEThrives' FB page. A flyer was created, a press release and op-ed were done, and organic social media posts were done to increase awareness of the event.

Implementing the core public health functions of assessment, assurance, and policy development through program efforts

"Delaware Thrives" (DEThrives) is the branding theme and umbrella for all maternal and child health social marketing programming, developed in partnership with the Delaware Healthy Mother and Infant Consortium (DHMIC), which the state funds along with other federal funding sources, such as Title V, and DPH Family Health System staff support. DEThrives has purposefully become more robust with social media posts, messaging, programs, and partnerships. DEThrives utilizes Facebook, Twitter, Instagram and blog posts to educate, inform, and provide resources, services and links to the Delaware maternal and child health population and our partners. MCH is using this strategy to engage and inform our population with up-to-date information pertaining to various needs and topics.

Healthy Women Healthy Babies (HWHB) Zones mini grantees were awarded funding (the latest two or three mini grantees were provided second cycle funding on 1/1/21) for local communities/organizations to share their strategies aiming to improve health outcomes for women of childbearing age and their babies to address the root causes of infant mortality across Delaware. This funding for existing mini grantees will continue their HWHB zone programs through June 2022. A new cycle of funding was just announced in July 2022. This cycle of funding will begin 11/1/22 and will be for 20 months of funding through 6/30/24. Through this process, we are seeking to engage new potential mini-grantees, including those who may not already be at our table, but who are well connected to communities with the highest rates of infant mortality and where the health of pregnant people is most at risk. We are seeking actionable, community-based interventions designed to support identified high-risk communities across the state. We feel strongly that community input and buy in is critical, so we have included components of that as part of our process. Based on historical system inequities, we are requiring applicants to focus on reducing racial/ethnic disparities related to maternal and child health in their communities.

MCH responded quickly to the infant formula shortage dilemma the nation continues to face. In response to HRSA's Infant Formula Shortage letter, MCHB immediately shared this important resource at the top of DEThrives as a call out bar. The letter was also distributed electronically via MCH email networks (Title V, Home Visiting, HMG, HWHB partners, DHMIC, etc.). MCH also worked with DPH and other leaders to create consistent messaging, updated consumer friendly flyers (planned to be distributed in grocery stores, drug stores/pharmacies, smaller stores), a press release, multiple social media posts on the topic, and a blog post.

MCH promoted a Facebook post for the Formula Shortage blog post. DEThrives Facebook page ran a single image newsfeed ad to increase awareness of the shortage blog post. The ad targeted people who indicated interest and self-declaration within the Facebook platform that they are parents or show interest in grandparents' content, they are 18+, and living in Delaware. The post was seen on Facebook & Instagram Feeds, Stories and Instant Articles as well as on partner app sites as a native ad unit.

In terms of website traffic, the DEThrives site has seen a 49% increase in new users visiting the site within the past year. That means, DEThrives content has not only been able to reach new users but it also sparks their interest in some way for them to visit. The blog and order material sections of the website ranked as the top two sections that have received the most pageviews within the past year. The most popular searched for blog post within the past year is titled "The Importance of Developmental Screening for Children" which also happened to rank as the top searched for blog post in 2020. In addition, within the past year, the most popular searched for term on the DEThrives site was "dental".

Between 6/21 and 6/22, the DEThrives social channels which consist of Facebook, Instagram, and Twitter saw an increase of fans (or followers) on both FB and Instagram, but a decrease of fans on Twitter. Over the past year, there has been a 4.6% net follower increase on all of DEThrives' social media accounts. That means, platforms such as Facebook and Twitter have remained steady in the number of followers and the audience has grown on the DEThrives Instagram page within the last year. New tactics could be done to keep and entice our Facebook and Twitter followers and to continue and build up to entice our Instagram followers by continuing to post relevant, relatable content Instagram users want to see.

We are currently in phase V (Site Development and Production) out of VII for the status of DEThrives website rehaul project. Webpages have been built and staging links are in the works of being confirmed and passed along to DPH stakeholders to review in depth. We feel there is content that is still missing on the site and we are open to adding additional content as the site grows. We are working with our vendor to create a plan on ways to help promote the site once it goes live. Promotion may even occur three months after the site goes live to help bring awareness of the revamped site.

The Delaware Division of Public Health (DPH) is pleased to be recognized by the Office of Disease Prevention and Health Promotion (ODPHP) within the U.S. Department of Health and Human Services (HHS) as a Healthy People 2030 Champion for its commitment to furthering health and well-being.

As a Healthy People 2030 Champion, DPH has demonstrated a commitment to helping achieve the Healthy People 2030 vision of a society in which all people can achieve their full potential for health and well-being across their lifespan. ODPHP recognized Delaware's DPH as part of a growing network of organizations partnering with it to improve health and well-being at the local, state, and tribal levels.

Supporting coordinated, comprehensive, and family-centered systems of services
Early identification and intervention for developmental delays to improve birth outcomes for children birth to 8 years continue to be the north star for the Early Childhood Comprehensive Systems (ECCS) program. Over the past five years, Delaware has leveraged multiple funding sources from state and federal programs such as ECCS, Title V, Maternal Infant Early Childhood Home Visiting (MIECHV) and the Preschool Development grants to drive its efforts to improve these developmental health outcomes and family well-being. In July 2021, the ECCS program within DPH lost its funding from Federal Health Resources and Services Administration. The bulk of the funding supported local place-based community partners to promote developmental health and screening within their communities. It therefore meant a scaling back of developmental health activities, especially at the local level. That said however, Federal Title V funds are currently being used to support the program in addition to state general funds.

With a long-term goal of progression toward universal developmental surveillance and screening, Delaware's EC community emphasizes a coordinated, comprehensive and holistic approach which takes into account the impact of the social determinants of health of the child and his/her family. This entails focusing on the integration of a host of multi-sector programs in the health and early learning and education settings. To this end, the developmental screening effort places emphasis on collective impact with a goal toward shared measurement and agenda, in addition to the use of continuous quality improvement methods to address the gaps identified within the system.

In 10/21, DPH contracted with our new vendor Parent Information Center (PIC) to execute the Family SHADE project with a revitalized approach. DPH will support and offer technical assistance when working with PIC to execute the mini-grants to organizations that serve CYSHCN. PIC and DPH have worked together to align the state identified NPMs with a request for proposal mini-grantee competitive process. PIC was tasked with developing a mini-grantee process to fund local communities/organizations to implement interventions that address the Title V state and NPMs. Through the competitive request for proposal mini-grantee selection process, 2 community-based agencies were awarded in April of 2022. Jay's House and Tomaro's Change.

1. Jay's House serves families of children with Autism in New Castle County, with resources in the community to assist with providing a better quality of life for all family members. Their mission is to provide support to children and families affected by Autism.
2. Tomaro's CHANGE has a history of providing therapy services to youth and families. Also, the organization has provided charity services to teens and adolescents who had low or no income. Services such as, parent/child relationship building, supplying basic needs such as hygiene products, clothes/shoes, cribs, and car seats. Tomaro's CHANGE provides holistic care to youth and families, particularly those who are uninsured or underinsured.

DPH believes everyone – regardless of race, religion, and economic or social condition – has the right to a standard of living adequate for health and necessary social services. In recent years, DPH has strived to improve health equity with the help of many community leaders, non-profit organizations, state agencies, and stakeholders. One example is improving prenatal education and care to reduce the infant mortality rate. Another is educating parents and guardians how to protect children with asthma to keep them in school and out of the hospital.

The State of Delaware's Department of Human Resources implemented a Workplace Wellness Policy and Procedures in June 2022. The Workplace Wellness Policy provides guidance on the foundation and infrastructure for Executive Branch agencies to establish and maintain workplace wellness initiatives. Workplace wellness initiatives focus on promoting a healthy lifestyle — including exercise, healthy eating, tobacco cessation, and preventive care — as well as supporting employees' social and emotional wellness — including stress management and mental health. As the state's largest public employer, the State of Delaware, has a responsibility to lead by example by promoting a culture of health; reducing health care costs, unplanned absences, and disability and workers' compensation claims; improving health-related productivity; and enhancing morale and staff retention.

Serving as a leader, convener, collaborator and partner in addressing MCH issues
Partnerships are a unique and a fantastic asset in Delaware and our Title V MCH is a leader and convener of a broad spectrum of partners to address the needs of women, infants, children, adolescents, and children with special health care needs. Delaware prides itself in building and maintaining partnerships and collaborations with both state and federal organizations. Many organizations and coalitions are working to improve maternal and child health in the state of Delaware. In working to improve the lives of women, children and families, leadership is an essential role for maternal and child health programs. Leaders must have a vision, take initiative, influence people, solve problems, and take responsibility in order to make change happen.

In addition, regardless of your title and level in the organization, everyone at every level on the DPH Title V MCH team is engaged in the process of leadership. We conduct our work and our interactions with others using the 10 Principles of Leadership (LeadQuest) and these values as guideposts for our personal behavior, professional practice, and public health decisions. DPH has been focused on creating a culture of leadership for over 10 years, using this framework. Title V MCH has a proven track record of creating unity, building trusting relationships to help achieve success by working with others rather than stepping on or over people. We work on bringing people together, to establish a common vision and set of values along with programmatic systems and operations, such as planning, goal setting, communications and quality improvement. Examples of our role as Title V leaders and conveners are discussed throughout the application, including the DHMIC, Help Me Grow and Early Childhood Comprehensive Systems work.

The strengths of the MCH leadership and core team lie in our depth of professional experience, educational background, and passion for the work. Therefore, we feel that it is in our best interest to pursue a collaboration with the Office of Performance Management to identify the training needs of MCH staff. Together OPM and MCH could develop a training plan that would strengthen Title V staff's capacity for data-driven and evidence-based decision making. Especially due to the pandemic, virtual and/or hybrid trainings would be afforded to each participant.

This past year, we completed a training series through *FranklinCovey* titled 6 Critical Practices for mid-level managers and above. This program was developed to equip first-level leaders with the essential skills and tools to get work done with and through other people. Staff also have access to the FranklinCovey all access pass provides

access to content and technology, as well as a deep bench of experts to design and deliver unique learning experience tailored to our team's needs. Course examples include Leading at the Speed of Trust; The 4 Essential Roles of Leadershp; and The 6 Critical Practices for Leading a Team.

Through the power of partnerships, we continue to integrate our programs where it makes sense, find the connections to make sure we are not duplicating work, focus on doing things right. Public Health success will depend on health leaders working closely with both the private and public sectors, and over the next year, we are making a concerted effort to tap new and non-traditional partners (i.e., business community, transportation, housing, planning, including faith-based organizations, etc.), particularly as we address social context issues impacting the health of women, infants and children.

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[1] Lu, M. and Halfon, N. (2003). Racial and ethnic disparities in birth outcomes: a life course perspective. *Maternal Child Health Journal*, 7(1), 13-30.

III.E.2.b. State MCH Capacity to Advance Effective Public Health Systems

III.E.2.b.i. MCH Workforce Development

In Delaware, the majority of Title V block grant funding is used to support approximately 16.25 positions (FTEs) across the division that are involved with MCH programs and services, including Child Development Watch, adolescent health, home visiting, health education, and primary care. In this way, Title V funding has historically been leveraged to bolster the capacity of many DPH programs that serve mothers, children, adolescents, children and youth with special health care needs and their families. The majority of these positions do not report directly to the Title V program, but rather to the administrator of the specific program or clinic that they work within.

However, five of these positions are currently vacant and will remain vacant for the time being. These frees up funding which allows us to support more community based interventions including new innovations that support Title V priorities. To maximize the reach and impact of these funds, we rely heavily on collaboration and coordination with a variety of other agencies, coalitions, and partners with shared goals. These partnerships are described in more detail in the Needs Assessment Summary section, lll.C.2.b.ii. of our FY21 application.
Although the MCH leadership team has a significant amount of professional experience, a couple of our key members of our unit are relatively new in their current positions. Elizabeth Orndorff was recently hired in August 2019 as our new Title V Block Grant Coordinator. Elizabeth also serves as our State Systems Development Initiative (SSDI) Project Director. Isabel Rivera-Green, MSW, has been serving as the Director of Children & Youth with Special Health Care Needs since September 2018. Before this role, Isabel was also in the MCH unit as the Early Hearing Detection Intervention (EHDI) Coordinator from October 2015 until she was hired as the CYSHCN Director. In addition, Leah Woodall, MPA, the state MCH Director for Delaware and Section Chief for the Family Health Systems Section, is in her ninth year serving in these capacities, having previously served as the MCH Bureau Chief and Deputy Director for three years. Crystal Sherman has served in the role of MCH Bureau Chief and Title V Deputy Director since October 2015.
The strengths of the MCH leadership and core team lie in our depth of professional experience, educational background, and passion for the work. However, professional development is an ongoing process to ensure staff have the tools needed to perform all job functions with the highest level of execution. We have utilized a variety of training platforms for professional development including the MCH Navigator, *FranklinCovey* and our internal DPH training office.

All MCH staff are encouraged to utilize the MCH Self-Assessment tool as a guide to develop their professional development goals annually. Supervisors are tasked with reviewing and coaching staff on the development of their goals and ensuring time is allotted for professional development. Leadership meets regularly to discuss strengths of staff to ensure we continue to recruit team members that have the skills that are needed as well as complement the section.
In October 2018, 30 staff members from administrative to leadership roles, participated in a two-day training on *FranklinCovey 7 Habits of Highly Effective People*. Our workforce gained hands on experience, applying timeless principles that yielded greater productivity, improved communication, strengthened relationships, increased influence, and laser-like focus on critical priorities.
The training was very interactive and involved role playing so participants could put what they were learning into practice. The 7 Habits Objectives during this training included habits like:

- Paradigms and Principles of Effectiveness
- Be Proactive
- Begin with the End in Mind
- Put First Things First
- Private Victory to Public Victory
- Think Win-Win
- Seek First to Understand, Then to Be Understood
- Synergize
- Sharpen the Saw
- Living the 7 Habits

All MCH have access to an All Access Pass to the entire *FranklinCovey* Library which provides a refresher of all the habits along with several other topics important to leadership. The All Access Pass was designed to help organizations achieve strategic initiatives, develop leaders, and build skills and capabilities across the organization in a completely nimble and flexible way that helps them overcome those challenges - all at the very best value. With access to *FranklinCovey* courses, assessments, videos, tools, and digital assets, we can utilize the content in a wide variety of ways and across multiple delivery modalities to best meet the needs of our organization. The All Access Pass includes courses such as: The 4 Essential Roles of Leadership; Managing Millennials; Presentation Advantage; Find Out WHY: The Key to Successful Innovation, and more. All courses are offered in formats that are convenient to participants and on a schedule that is most convenient to them.

Last year, we provided an opportunity to participate in the following *FranklinCovey resources* :

- The 5 Choices – Course Summary: Learn a process which will dramatically increase their ability to achieve life's most important outcomes. Backed by science and years of experience, this course will make you more productive and give you an inner sense of fulfillment and accomplishment. This time and life management workshop will help you make the right choices as you plan your day, week, and life, by aligning tasks with your most important goals. You will move from being buried alive to being extraordinarily productive!
- Implicit Bias – Course Summary: Bias is a natural part of the human condition—of how the brain works. And it affects how we make decisions, engage with others, and respond to various situations and circumstances, often limiting potential. There is nothing more fundamental to performance than how we see and treat each other as human beings.
- Change Management Model – Course Summary: Although we all can change our behavior, we rarely ever do. As you understand the change model, you can help people work through short-term turbulence so they can get to longer-term benefits of the change.

This past year, we completed a training series through *FranklinCovey* titled 6 Critical Practices for mid-level managers and above. This program was developed to equip first-level leaders with the essential skills and tools to get work done with and through other people. The program is ideal for new first-level leaders who need to transition successfully from individual contributors to leaders of others. However, this program also applies to leaders who have been in their roles for some time and are looking for practical and relevant guidance on how to effectively lead and manage their teams. The six critical practices covered in the training were:

1. Develop a Leaders' mindset: Explore the critical mindset shifts that will maximize your success as a leader of others.
2. Hold Regular 1-on 1s: Increase engagement of team members by conducting regular 1-on-1s, deepen your understanding of team member issues, and help them solve problems for themselves.
3. Set up Your Team to Get Results: Create clarity about team goals and results; delegate responsibility to team members while providing the right level of support.
4. Create a Culture of Feedback: Give feedback to develop team member confidence and competence; improve your own performance by seeking feedback from others.
5. Lead You Team Through Change: Identify specific actions to help team members navigate and accelerate through change and achieve better performance.
6. Use weekly planning to focus on the most important priorities and strengthen your ability to be an effective leader by applying the 5 Energy Drivers.

Training and development of our workforce is one part of a comprehensive strategy to improve the competence of, and services delivered by the Delaware Division of Public Health (DPH). Fundamental to this work is identifying gaps in knowledge, skills, and abilities through the assessment of the employee's individual needs and addressing those gaps through targeted training and development opportunities.
It's important to note that not all learning occurs in a classroom or on an electronic device. Learning can be as simple as a supervisor observing an employee performing a task and offering suggestions on how to improve that performance (i.e. on-the-job training). It can occur during staff, one-on-one, and, performance feedback meetings, or by reading an article in a professional periodical and putting the concepts to work on the job. All supervisors at the DPH are encouraged to and can facilitate learning by adding a Professional Development section to employees' Performance Plans. Working together on this will help employees focus on his/her training goals and establish a more productive working relationship. To keep track of this, employees can use the DPH Personal/Professional Development Plan, as a tool to help them and their supervisors, develop goals and document uniquely tailored training needs and experiential learning exercises to expand their knowledge, skills and abilities to provide the best service possible to the citizens of Delaware.

Additionally, internal DPH workforce development opportunities include our Office of Performance Management, which has created a comprehensive workforce development plan outlining DPH training goals and objectives, as well as resources, roles and responsibilities related to the plan's implementation. With regard to specialized cultural and linguistic competency training, DPH offers in-house training opportunities. In addition, DPH offers training opportunities through a collaborative agreement with Johns Hopkins Bloomberg School of Public Health/Mid-Atlantic Public Health Training Center.
As part of the Governor's Trauma-Informed Care initiative, DHSS required every employee complete the online course titled: DHSS Trauma Informed Awareness Training. This training is also part of the New employee/supervisor curricula for future new hires. DHSS Trauma Informed Awareness Training examines the pervasive effects trauma has on individuals, families and organizations. Trauma results from many experiences such as an event, a series of events or a set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects. Many DPH programs are considered trauma informed, some

sections have no idea about the impacts of trauma on our clients, patients and co-workers, therefore, the Governor's initiative is that we all become trauma aware.
DPH staff are also afforded the opportunity to advance their skills through the DE TRAIN Learning Network. DE TRAIN is an affiliate of the TRAIN national learning network that provides quality-training opportunities for professionals who protect and improve Delaware's public health. This is a free service funded by Delaware Public Health's Emergency Medical Services and Preparedness Section (EMSPS) in partnership with the Public Health Foundation Training.
DPH Policy Memorandum Number 65 outlines the Health Equity and Cultural Competency Policy for the Division of Public Health. The purpose of the policy states that DPH's policies, processes, programs, services, interventions, and materials will be provided in a manner that considers the social and cultural and linguistic characteristics of the population we serve and strive to improve health equity as outlined in Title VI of the Civil Rights Action of 1964. The policy gives direction to when all DPH employees must complete health equity and cultural competency training courses.
The Division of Public Health released a Second Edition Health Equity Guide for Public Health Practitioners and Partners in November 2019. This guide will help support our work around the social determinants of health and will be a valuable resource to enhance our collective work to move upstream to improve the conditions that create not only health, but also the inequities related to health.
Delaware's MCH program does not include parents or family members who fill staff positions in our department, and we do not have a dedicated staff member to focus on evaluation, data-analysis, or epidemiology. To fill this gap, we have a contractual relationship with JSI and Forward Consultants to provide this level of support. In addition, we are pleased to have a CDC MCH Epidemiology assignee, Khaleel Hussaini who came aboard in May 2016 and is still with us in Delaware. He brings a wealth of MCH experience primarily from his leadership roles at the Department of Health in Arizona.
Khaleel S. Hussaini is a Centers for Disease Control and Prevention (CDC) Maternal and Child Health Epidemiologist (MCH) assignee to DPH. In addition to his routine analyses of quantitative and qualitative population health data available at DPH to support MCH Block Grant, and other program initiatives and evaluation, Dr. Hussaini provides scientific and technical assistance to Division staff and stakeholders in the areas of maternal and child health outcomes, development of surveillance databases, and integration of technologies. Dr. Hussaini's work plan and projects are contingent upon DPH and Title V's urgent priorities for the upcoming year.

III.E.2.b.ii. Family Partnership

One of the most impressive examples of collaboration is the Delaware Healthy Mothers and Infants Consortium (DHMIC). Formed in 2005 as a statewide vehicle to address infant mortality, the consortium includes approximately 150 members, including representatives from DPH, hospital systems, universities, the legislature, March of Dimes, and more. The consortium has several committees addressing standards of care, health equity, education and prevention, and data and quality improvement. The Delaware Perinatal Quality Collaborative (DPQC) was initially established in 2011 as a subcommittee of the Delaware Healthy Mother and Infant Consortium (DHMIC). In 2019 the DPQC was memorialized in state code as a freestanding organization. The DPQC is now constituted as an independent public instrumentality. All seven birthing institutions in Delaware are members of the DPQC. The Collaborative is comprised of voting members appointed by member organizations. Each member organization has one representative. Delaware's Perinatal Cooperative is a subcommittee of the consortium. Staff from the Family Health Systems Section of DPH staff these committees and support the partners in advancing shared work. Collectively, the DHMIC follows a life course model. (For more information, visit www.dethrives.com)

In the domain of CYSHCN, a key partnership group is Family SHADE (Support and Healthcare Alliance Delaware), a collaborative alliance of family partners and organizations dedicated to supporting families of children with disabilities and chronic medical conditions. However, the Family SHADE program has evolved over the last year and is now focusing on awarding mini-grants and providing the necessary technical assistance for the awardees to be successful. Learning communities are also being offered to community organizations serving this population to get organizations an opportunity to learn and support each other as well. The DHMIC, Family SHADE and the Delaware Early Childhood Council represent three of the largest groups of partners coming together around MCH issues, but there are many other advisory boards, councils, and coalitions that our MCH program works with to extend the reach of Title V, guide our work, and expand the overall capacity to support mothers, children, and families. For example, the Help Me Grow Advisory Committee, convened by DPH, consists of representatives from organizations across the state. Similarly, the Home Visiting Community Advisory Board pulls together home visiting and partnering programs from across the state to ensure a coordinated continuum of home visiting services. In addition, the Governor's appointed Early Hearing Detection and Intervention (EHDI) Board was created by legislation passed in 2012. The Newborn Screening Advisory Council, formed in 2000, helps the Division determine best practices for the program including the addition of new conditions to the Delaware screening panel.

Additional key partnerships and collaborations include the Developmental Disabilities Council, the Sussex County Health Coalition, the Breastfeeding Coalition of Delaware and the Early Hearing Detection and Intervention (EHDI) Board.

Champions for Young Children is a partnership of the Delaware Division of Public Health's (DPH) Maternal Child Health Bureau (MCHB), Christina Cultural Arts Center, and Public Allies Delaware that seeks to engage community members in advocating for health, education, and well-being of children birth to age 8 years and their families. This partnership has helped parents within the community enhance their leadership skills and learn how to advocate for the health, education, and wellbeing of young children and their families. Over two dozen parents have completed this training through the course of the ECCS program.

The Parent Information Center offers several ways for parents to be engaged including educational opportunities for parents to learn, engage with each other as well community providers. Members of the Parent Information center workforce are parents themselves and bring a wealth of knowledge and expertise.

A very important activity for partnering with families is the Managed Care Organization Health calls facilitated by Delaware Family Voices, with the phone line provided by DPH. These regularly scheduled calls give family members an opportunity to ask a question or discuss an issue. On the call are representatives from various agencies and organizations to listen and help problem solve. These calls give families a non-adversarial venue discuss to share their concerns, and as a result many families get a better understanding of how the system works and the providers and policymakers hear how a family is impacted by rules and regulations.

The Department of Services for Children Youth and their Families (DSCYF) and the Department of Health and Social Services (DHSS) recognize that each Department has an important role to improve the lives of families impacted by substance abuse. For this reason, the agencies entered into a Memorandum of Understanding in 2016 developed for the agencies:

- To work as a team on shared client cases to attain the most positive outcome
- To provide each client with the most comprehensive care
- To prevent duplication of activities

Maternal, Infant, Early Childhood Home Visiting (MIECHV) continues target families with Substance Use Disorder (SUD and substance exposed infants (SEI). Families with SUD and/or a substance exposed infant need the support and benefits that home visiting programs provide as these infants can experience symptoms of withdraw that could include body shakes, fussiness, excessive crying or have a high-pitched cry, have breathing and feeding problems. Delaware has developed NAS recommendations, which include referring any baby that had a positive drug screen and/or diagnosis of NAS prior to discharge. Home Visiting programs have established relationships with hospitals and the child welfare office. With the introduction of the Comprehensive Addiction and Recovery Act (CARA) legislation, Delaware passed similar legislation in June 2018. This legislation requires reporting all incidents of all infants born with substance exposure including not only opioids but also marijuana and alcohol. Once child welfare receives the notification, discharge planning begins with the development of a plan of safe care. A referral to home visiting services is completed as soon as possible so that is possible that first home visit is conducted prior to discharge or the home visitor is at least part of the discharge plan/meeting. Individuals with substance abuse issues are being targeted by many programs with most of them being members of the Home Visiting Community Advisory Board and are struggling with engagement. Strategies to engage these families are discussed at meetings and the acceptance rate for this population is monitored. Our MIECHV Innovation grant revolved around working with the SUD population and as part of the project trainings were developed to support home visitors were developed.

In the spirit of Title V, we are committed to continuing these efforts to collaborate with families and consumers of our programs and services to ensure that our efforts and resources are aligned with the priority needs of Delaware's mothers, children, and children and youth with special health care needs.

III.E.2.b.iii. MCH Data Capacity

III.E.2.b.iii.a. MCH Epidemiology Workforce

Delaware's epidemiologists complement the Maternal and Child Health (MCH) Block grant by promoting MCH data infrastructure. Delaware relies on the ability to use data, and therefore, has a trained workforce in data analysis and data systems. This ensures that Delaware's Title V team has the needed MCH data collection and analysis capacity. With these resources we are then able to leverage this capacity to make data informed decisions, particularly regarding program planning. This in turn facilitates the creation of effective programs, which leads to health improvements in the MCH population.

Delaware has two dedicated Full Time Equivalents (FTE) epidemiologists in our MCH section, Khaleel S. Hussaini and George Yocher. By ensuring access to MCH data, Delaware's epidemiologists are able to analyze and present information which programs can then use to make data informed decisions. Funds used to support evaluation and analysis of MCH data allows us to ensure that data relevant to Title V programs and priorities is made available in a timely manner.

Khaleel S. Hussaini, PhD, is a Centers for Disease Control and Prevention (CDC) Maternal and Child Health Epidemiologist (MCH) assignee to the Delaware Division of Public Health. Dr. Hussaini's position is a federal/state funded partnership, which is funded by Title V or our State Systems Development Initiative (SSDI) grant.

Dr. Hussaini provides scientific and technical assistance to Division staff and stakeholders in the areas of maternal child health outcomes, the development of surveillance databases. His current research examines Neonatal Abstinence Syndrome and its implications on maternal and neonate health. Dr. Hussaini is also working on initiatives specific to social determinants and life-course with a focus on women's mental health and its impact on child health. His work focuses on population health through application of health informatics principles. Prior to joining the Delaware Division of Public Health as a CDC MCH Assignee, Dr. Hussaini was a Research Assistant Professor at the University of Arizona College of Medicine – Phoenix in the Department of Biomedical Informatics. Dr. Hussaini received his Doctorate in Philosophy in Sociology with a minor in Statistics from Arizona State University, and a Masters from Cornell University.

Dr. Hussaini's research has focused on immigrant adaptation specifically those relating to acculturation, assimilation, and global identities and intersection of civil society and its implications on maternal and child health and well-being. Methodological interests relate to application of quasi-experimental designs for evaluating public health interventions, with special focus on propensity score analyses, regression discontinuity designs, and regression point-displacement designs.

George Yocher, MS, MS is an epidemiologist within the Family Health Systems (FHS), Center for Family Health Research & Epidemiology section, Division of Public Health. George Yocher's position is a state funded position. George is part of our Title V team and one of our Steering Committee members. George primarily oversees our Pregnancy Risk Assessment Monitoring System (PRAMS) data research.

George received two Masters of Science degrees in Economics and Epidemiology, both from the University of Massachusetts, Amherst. George has advanced statistics training as well as epidemiology training. In addition to overseeing our PRAMS data research, George also analyzes our Healthy Women, Healthy Babies data as well as some data related to our Community Health Worker (CHW) project from Quality Insights. Quality Insights is supplying CHWs for work in several areas of the state.

Delaware's MCH epidemiologists have direct, consistent, electronic, and timely access to:

- Behavioral Risk Factor Surveillance System (BRFSS)
- Child Fatality Review
- Delaware Birth Defects Registry
- Delaware School Survey (DSS)
- Evidence-Based Home Visiting
- High School Youth Risk Behavior Surveillance (YRBS)
- Hospital Discharge Data (HDD)
- Medicaid claims data
- Middle School Youth Risk Behavior Surveillance (YRBS)
- Neonatal Abstinence Syndrome Surveillance (Based on HDD)*
- Newborn Bloodspot Screening*
- Newborn Hearing Screening*
- Pregnancy Risk Assessment Monitoring System (PRAMS)*

- Syndromic Surveillance Data (ESSENCE)
- Vital Records Birth
- Vital Records Birth-Death Linked
- Vital Records Death
- Vital Records Fetal Death
- Youth Risk Behavior Surveillance System (YRBSS)
- FHS program-specific data
    - HWHB*
    - FPAR TITLE X Family Planning data*
    - School-based health centers data*
- Delaware Perinatal Quality Collaborative (DPQC) (specific to quality indicators) *

**FHS oversight*

If a program partner or other epidemiologist outside of FHS needs access to FHS data, they can do so by coordinating with our MCH program managers or through our epidemiologists.

Dr. Hussaini continued to assist in Delaware's COVID-19 efforts contact tracing and epi investigation activities at State Health Operations Center (SHOC) especially during early genesis of the pandemic due to capacity issues. These efforts ended during the last grant reporting cycle with the creation of lab reports. He also coordinated local and state efforts to provide regular updates to the CDC on Delaware's efforts for COVID-19 and assignee's involvement specific to women of childbearing ages (15-44 years) and children. He continues to work on informing the Delaware Perinatal Quality Collaborative (DPQC) on COVID-19 providing scientific and technical assistance.

In addition to his routine analyses of quantitative and qualitative population health data available at DPH to support MCH Block Grant, and other program initiatives and evaluation, Dr. Hussaini provides scientific and technical assistance to Division staff and stakeholders in the areas of maternal and child health outcomes.

The MCH program relies on our epidemiologists, who assist in developing process and outcome measures to gauge the impact of the Action Plan on the health of the MCH population. Progress is monitored on each measure by MCH program staff and other stakeholders periodically throughout the year and during our Steering Committee meetings. Based on measurement performance, MCH program staff and stakeholders revise our strategies and objectives as needed to improve health impact. MCH program staff and epidemiologists completed our Five-Year Needs Assessment review, which provided data on the MCH population. MCH staff, stakeholders and our Steering Committee then used this data to select priorities for the upcoming grant cycle. Once the priorities were chosen an action plan was developed to impact each priority.

During the past grant cycle, Delaware executed a stakeholder survey to gauge the effects of the pandemic on our partners and to determine if additional priorities have emerged or shifted as a result. In addition, we were specific to seek additional input from our Title V funded partners on any technical assistance Title V can provide. Title V was concerned about how we can be more intentional with supporting our partners. We were asking our partners for ways we could be responsive to their needs. We asked our partner to rank their pressing needs, which included: providing data, assist with data to apply for resources, strategic planning, disseminate information via social media outlets and guide a grant writing process.

As a result of this mini–Needs Assessment, during this past grant cycle, our SSDI Project Director scheduled regular meetings with our two-Family Health Systems (FHS) epidemiologists to begin the task of compiling all MCH data into one central location. Both epidemiologists, Khaleel Hussaini, CDC assignee epidemiologist, as well George Yocher, FHS epidemiologist, are also members of our Title V team. Our goal was to gather and organize Delaware's data pertaining to each National Performance Measure as well as all the National Outcome Measures. A data sheet was created for our Title V partners, who requested MCH provide data as a way to support and assist them with their needs.

Access to MCH data allows for program development and progress monitoring of the MCH Block grant Action Plan. This year, we again reconvened our Title V team throughout this year to assess the health needs of our population, Title V's program capacity, as well as Delaware's partnerships and ability to collaborate and coordinate efforts. When possible, our team has met in person throughout the year to review the most recent state and national data that was specific to Delaware's MCH populations. Our team used the Behavioral Risk Factor Surveillance System (BRFSS); Youth Risk Behavior System (YRBS); National Immunization Survey; National Survey of Children's Health (NSCH); Pregnancy Risk Assessment Monitoring Systems (PRAMS); and Delaware Health Statistics (birth records, death records, hospital discharge data).

Our Title V team met periodically to review Delaware's State Action Plan. We reviewed all previously selected Strategies, Objectives, and ESMs for each of our Priority Needs. Collectively, we determined which Strategies and ESMs have been successfully completed. In addition, our team also identified new ESMs that could be incorporated into Delaware's State Action Plan moving forward. These new ESMs were added to the Plan to continue to strengthen Delaware's maternal and child health population.

Delaware's Title V team also reviewed our State Action Plan based on guidance received from the National Center for Education in Maternal and Child Health. Delaware received the MCH Evidence Center's annual Evidence-based/informed Strategy Measure report for the 2022 Application/2020 Annual Report. Based on these findings, Delaware began conversations and used the suggestions to find ways to strengthen our ESMs by linking them to effective, science-based practices and to measure our progress in ways that tell how Delaware Title V is advancing each National Performance Measure.

Delaware's MCH and epidemiological staff work in multiple capacities within the Division of Public Health. Our epidemiologists provide broad support for data analysis and program evaluation across the Division and specialized support in program areas such as reproductive and women's health, SSDI, home visiting, chronic disease prevention and health promotion, newborn screening, and children and youth with special healthcare needs. Additional data analysis support is provided through a number of collaborative relationships.

These activities provide clear and concise evidence of epidemiological and data enhancement activities that support the Title V Block Grant and performance measure reporting and are being utilized in an integrated manner to provide us with a vast array of information to inform our Title V strategies and activities.

Our epidemiologists have areas of interest for training and development. Developing small area estimates from National/State level survey data, training on creation of weight using iterative proportional fitting (IPF or raking). Dr. Hussaini is also interested in using SAS to produce prevalence ratios when other software such as SAS/Callable SUDAAN, STATA, or other software are not available for survey data. Training specific to machine learning using SAS for big data analytics. Extracting and using social media (i.e., twitter, facebook, instagram etc.) data to create structured datasets. Natural language processing (NLP) to create structured data from EMR. Training on EPIC, AllScripts, and CERNER EMR systems to assist hospitals and facilities to extract EMR data. George is also specifically interested in program evaluation and software use.

III.E.2.b.iii.b. State Systems Development Initiative (SSDI)

Delaware's State Systems Development Initiative (SSDI) grant is a key component and complements the Maternal and Child Health (MCH) Block Grant by allocating funds for the purpose of developing, enhancing, and expanding state and jurisdictional Title V MCH data capacity. Our intent is to improve the availability, timeliness, and quality of MCH data in Delaware. The program's initiatives ensure the MCH programs have access to relevant information and data. Utilization of these data is central to state and jurisdictional reporting on our Title V program assessment, planning, implementation, and evaluation efforts, along with related investment, in the yearly MCH Block Grant Application/Annual Report. Our SSDI grant enhances our ability to respond to our performance measure reporting requirements in the Block Grant. This heightened data capacity is intended to enable us to engage in informed decision-making and resource allocation that supports effective, efficient, and quality programming for women, infants, children, including children and youth with special healthcare needs, and their families.

The Division of Public Health (DPH) recognizes that a structured surveillance system to enable analysis of risk factors, behaviors, practices, and experiences before, during and after pregnancy would provide valuable statistics to support existing MCH programs and a basis for applications for new MCH funding allocations for new intervention programs. DPH promotes the sharing of data within our data systems and encourages enhancing current systems versus building new systems.

The purpose of the SSDI program has always focused on access to data and data linkages of key data elements to support the Title V program. Delaware's SSDI program has made tremendous progress towards gaining access to Middle and High School Surveys, Vital Statistics, Newborn Screening, Birth Defects, Oral Health and Medicaid data, as well as, executing data linkages as needed. The SSDI program will continue to support the Title V program by improving access to data by expanding or enhancing current data systems. The SSDI program supports the continued work on projects that increase our ability to receive more "real time" data.

By promoting MCH data infrastructure, our community stakeholders and partners have MCH data collection and analysis capacity. They are then able to leverage this capacity to make data informed decisions, particularly regarding program planning. This in turn facilitates the creation of effective programs, which leads to health improvements in the MCH population.

Resources deployed by the SSDI program include not only financial, but also project management and epidemiological resources. Delaware has two dedicated Full Time Equivalents (FTE) epidemiologists in our MCH section, Khaleel S. Hussaini and George Yocher. By ensuring access to MCH data, Delaware's epidemiologists are able to analyze and present information, which programs can then use to make data informed decisions. Funds used to support evaluation and analysis of MCH data allows us to ensure that data relevant to Title V programs and priorities is made available in a timely manner. Throughout the current 5-year SSDI grant cycle, the SSDI Program Manager will provide valuable support to the on-going Needs Assessment effort, as well as program management for at least three of the Title V National Performance Measure population cohorts. The SSDI Program Manager led the Title V 2020 5-year Needs Assessment as well as our ongoing Mini Needs Assessment due to the impacts of the COVID-19 pandemic on our maternal and child health population.

The SSDI program is instrumental in providing data support by funding a portion of the contractual costs for our CDC MCH Assignee to Delaware, Dr. Khaleel Hussaini. Additional contractual dollars are allocated to working with Forward Consultants to support projects that provide evaluation services such as the Title V Mini Needs Assessment survey and analysis.

Khaleel S. Hussaini, PhD, is a Centers for Disease Control and Prevention (CDC) Maternal and Child Health Epidemiologist (MCH) assignee to the Delaware Division of Public Health. In addition to his routine analyses of quantitative and qualitative population health data available at DPH to support MCH Block Grant, and other program initiatives and evaluation, Dr. Hussaini provides scientific and technical assistance to division staff and stakeholders in the areas of maternal and child health outcomes, development of surveillance databases, and integration of technologies.

Besides developing data and research briefs for Title V, Dr. Hussaini has continued to assist in Delaware's COVID-19 efforts contact tracing and epi investigation activities at our State Health Operations (SHOC) especially during early genesis of the pandemic due to capacity issues. These efforts recently ended in late April of this year with creating lab reports. He has also coordinated local and state efforts to provide regular updates to the CDC on Delaware's efforts for COVID-19 and assignee's involvement specific to women of childbearing ages and children. He continues to work on informing the Delaware Perinatal Quality Collaborative (DPQC) on COVID-19, providing scientific and technical assistance.

His current research examines Neonatal Abstinence Syndrome and its implications on maternal and neonate health. Dr. Hussaini is also working on initiatives specific to social determinants and life-course with a focus on women's mental health and its impact on child health. His work focuses on population health through application of health informatics principles. Dr. Hussaini's research has focused on immigrant adaptation specifically those relating to acculturation, assimilation, and global identities and intersection of civil society and its implications on maternal and child health and well-being. Methodological interests relate to application of quasi-experimental designs for evaluating public health interventions, with special focus on propensity score analyses, regression discontinuity designs, and regression point-displacement designs.

He also provided technical feedback and worked with our Title V Needs Assessment Coordinator for Delaware's 2021 Title V Mini Needs Assessment to ensure timely completion of the needs assessment process despite competing COVID-19 priorities.

He continues to serve as a local resource for Delaware Maternal Mortality Review Committee under the auspices of Child Death Review Commission (CDRC), and Delaware Medicaid and Medical Assistance (DMMA), severe maternal mortality and morbidity (SMM) to assist in Center for Medicaid and Medicare Services (CMS) learning collaborative on SMM. Dr. Hussaini has continued to work with DMMA to advocate for proper utilization of SMM claim codes as part of an ongoing learning collaborative funded by CMS.

Dr. Hussaini has continued to assist with Center for Family Health and Epidemiology team members within Family Health Systems in Delaware to assist with data collection and tracking for Healthy Women Healthy Babies (HWHB) program version 2.0. In addition, he recommended and utilized Drug Enforcement Agency (DEA) census data to develop gap analysis for Delaware Perinatal Quality Collaborative (DPQC) Opioid Quality Improvement Initiative (CDC Grant) for identification of potential trainees. The financial support of Dr. Hussaini's contract emphasizes the value provided to assuring we have the richest data to inform our Title V decisions.

Dr. Hussaini is updating and completing a 100+ page report using PRAMS data for 2012-2019 that provide prevalence estimates for a variety of indicators before, during, and after pregnancy. The anticipation release date was August 2021. These indicators are stratified by age, SES, and race and place to highlight health disparities. Dr. Hussaini completed the 2010-2019 SMM brief. One manuscript is a multistate collaborative effort to examine preterm births before and during the COVID-19 pandemic. The multistate paper was rejected by the journal. The second one is a research letter that examines a variety of perinatal quality indicators and specifically increase in cesarean deliveries pre-lockdown and post-lockdown in Delaware during COVID-19. The paper was cleared by CDC however, has not been published yet. The third manuscript is based on linked birth certificate, hospital discharge, and PRAMS data that examines the impact of adverse maternal experiences and NAS was cleared by CDC is still currently under review for over 11 months at Maternal and Child Health Journal. The one manuscript that examines postpartum contraceptive use among NAS and non-NAS deliveries was cleared by CDC and is currently under peer review.

Delaware recently had significant developments in achieving our goal of accessing data to support the Title V program. We were able to obtain data from state-wide school surveys that we typically haven't had access to in the past. We worked with the University of Delaware, Center for Drug and Health Studies (CDHS) to obtain access to the Delaware School Survey as well as the Middle School Youth Risk Behavior Survey (YRBS).

The Delaware School Survey (DSS) provides information on substance use, risk and health behaviors, and protective factors. The DSS is administered to 5th, 8th and 11th graders annually. The Middle School YRBS will provide information on tobacco use, alcohol and other drug use, mental health, unintentional injuries, violence, bullying, healthy eating, sexual behaviors, parental relationships, protective factors, and other health behaviors. The Middle School YRBS is administered to middle and high school students. In addition, we were also able to obtain data access to the Youth Tobacco Survey (YTS). The YTS provides information on tobacco use and attitudes and is administered to middle and high school students. Access to this data increases our data capacity and affords Delaware to use reliable data for our Title V policy and program development.

A significant development Delaware gained in accessing data during the last reporting year was the facilitation of a MOU between DPH and Department of Education (DOE). The MOU enables the availability of school enrollment data for all students in Delaware with limited identifiers for linkage. The primary goal of this data sharing agreement is to develop high need school-level profiles for providing access to elementary/middle school-based health centers as well as potentially assessing health outcomes.

Timely access to 2019/2020 record-level data for vital statistics (i.e., birth and death data) was one that has been a

challenge due to the pandemic as well as issues specific to a facility. However, monthly birth certificate aggregate data used for monitoring perinatal quality indicators was readily available. These data were used to examine multistate preterm births. COVID-19 data specific to women of childbearing ages, and pediatric population for surveillance has not been available, which has led to a local knowledge gap about the changing epidemiology of COVID-19 in the Title V MCH population. This past year's school YRBS survey data was available as well as local DSS data. However, because the YRBS did not meet the response rates of CDC, the data was not usable for analysis.

During the last reporting cycle, additional evaluation activities supported by the SSDI program include an effort led by the SSDI Project Director in working with Forward Consultants for our ongoing Title V Mini Needs Assessment process. Our objectives for our Mini Needs Assessment were:

- Gauge the impacts of the pandemic on our partners within each health domain
- Learn how our partners were adapting to the ongoing challenges of the pandemic
- Be more informed of the ways each program is adjusting
- Support programs that continue to address the MCH population
- Identify ways MCH can better support our Title V funded partners with technical assistance

We learned that our Title V funded partners ranked "provide data" as either the first or second choice by 60% of Title V partners. Therefore, our Title V team decided that our SSDI Project Director would work with our MCH epidemiologists to continue with a previous goal identified prior to the pandemic. We would pursue including data relevant to the MCH population on the State Action Plan Snapshot created last year. Our intentions were for our partners and stakeholders to be able to view Delaware's data in one document. This would also include previous year's data, so our partners can track the information from year to year. We understood that we would face additional challenges that might arise, such as repetitive display of data, partner agencies not allowing us to use the data publicly and, obtaining the perfect conduit for partners accessing the data.

Through this mini-Needs Assessment and Stakeholder Survey, we sought to answer the identified need of our partners; how we could better support our Title V funded partners with technical assistance. This year our SSDI Project Director was able to schedule regular meetings with our two-Family Health Systems (FHS) epidemiologists to begin the task of compiling all MCH data into one central location. Both epidemiologists, Khaleel Hussaini, as well George Yocher, FHS epidemiologist, are also members of our Title V team. Our goal was to gather and organize Delaware's data pertaining to each NPM as well as all MCH NOMs. This data sheet was created as a result of the survey, where our Title V partners requested MCH provide data as a way to support and assist them with their needs.

These activities provide clear and concise evidence of epidemiological and data enhancement activities that support ongoing Title V Needs Assessment and performance measure reporting are being utilized in an integrated manner to provide us with a vast array of information to inform our Title V strategies and activities.

Delaware would also like to report recent progress with emphasis on the contributions of the SSDI grant in building and supporting accessible, timely and linked MCH data systems. Vital statistics data (i.e., birth and death) data are routinely matched to Hospital Discharge Data (HDD). The data from Birth Defects Registry Data, PRAMS data, Medicaid data, program specific data such as Healthy Women Healthy Babies, School-Based Health Centers, Title X Family Planning data are matched as needed for program evaluation and monitoring purposes. As noted previously, there has been a significant knowledge gap with regards to the impact of COVID-19 on the Title V MCH population as these data are not easily accessible for surveillance purposes and/or linkage to enhance the epidemiological knowledge base.

III.E.2.b.iii.c. Other MCH Data Capacity Efforts

Delaware's MCH Block Grant is complimented by other funding sources within the Family Health Systems (FHS) that increase our data capacity efforts, which support up to date Maternal and Child Health (MCH) data and information systems. This ensures our program managers, epidemiologists, partners, and stakeholders have MCH data collection and analysis capacity. They are then able to leverage this capacity to make data informed decisions, particularly regarding program planning. For example, access to MCH data allows for population assessment, program development, and progress monitoring of the MCH Block Grant State Action Plan. This in turn, facilitates the creation of effective programs, which leads to health improvements in the MCH population.

The accomplishment of our mission will facilitate the Division in realizing its vision of creating an environment in which people in Delaware can reach their full potential for a healthy life. The Division of Public Health (DPH) Family Health Systems (FHS) section solicits services in the area of maternal, child, adolescent, children and youth with special health care needs, health epidemiology, research, and evaluation. It is the intention of FHS to integrate data and epidemiology into research and evaluation of programs and activities.

In addition to our State Systems Development Initiative (SSDI) grant, other key components of our MCH epidemiological and data enhancement activities support our Title V program and activities. FHS is committed to contracting consistent, high-quality support in research, epidemiology and program evaluation for our section and its associated programs. Forward Consultants is our epidemiology, research, and evaluation (ERE) contractor and FHS is confident they have the experience and capacity to carry out all required activities with assistance and guidance from the DPH, FHS section. Our ERE contracting services maintain and improve existing methods of information collection for FHS MCH statistical analysis. Examples include linked infant birth and death records, poor birth outcomes registry, and birth certificate data analysis.

The contract covers developing new methods to collect key information for decision-making and research. This can include merging existing sources of information (e.g., population-based information, surveillance systems, survey information and program/service utilization information). Project examples include data collections methods to assess the impact of nurse home visiting, data collection methods to assess the impact of preconception care and enhanced prenatal care services, and literature review of provider cultural competence and health equity.

Our Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) Needs Assessment was also facilitated by our ERE contracting services. MCH leveraged and aligned the activities of our MIECHV Needs Assessment as well as our Title V Five-Year Needs Assessment. Combining efforts to gather the information and data required for both needs assessments helped leverage staff and fiscal resources across the two programs and aligned the data collected by each to better meet the needs of women, infants, and children in the state of Delaware. Coordinating the two needs assessments, helped avoid duplication of effort and strengthened a statewide approach to addressing the needs of young children and their families.

Our ERE contracting services also aims to improve access to and use of information in addition to translating information into an easily understandable form to inform the public and key stakeholders. Project examples include data analysis and presentation of data for the annual Delaware Healthy Mother & Infant Consortium (DHMIC) report, birth defects registry analysis, and social distal factors report. Forward Consultants also designs and implements research studies to assess program impact. This includes natural experiments, prospective studies, case control studies, and/or cross-sectional studies. Research studies may rely on quantitative methods, qualitative methods, or a mix of the two. Some project examples include one research study proposed by the Data/Science Committee of the DHMIC, and a study to assess the impact of nurse home visiting.

The FHS contracted services with Forward Consultants design and implements program evaluation to measure whether program goals are met, and activities are effective. This may include process evaluation but should primarily focus on outcome and impact evaluation. Some project examples may include evaluation of preconception and enhanced prenatal care programs, evaluation plan and two surveys funded through the federal Pregnancy Risk Education Prevention (PREP) grant, Healthy Women, Healthy Babies (HWHB) Program, community health program, and Children & Youth with Special Health Care Needs (CYSHCN) activities.

This past year, Forward Consultants has assisted MCH with the development of a dashboard that would capture developmental screenings and referrals from pediatricians to early intervention programs through the CHADIS platform. In addition, our ERE has worked with Delaware's core team to implement House Bill 202, which mandates licenses child care facilities to administer developmental screens on an annual basis. Forward Consultants also leads the Data and Surveillance sub-committee of the Help Me Grow Advisory committee to track, analyze HMG/2-1-1 data and recommend improvement. Lastly, our ERE participated in the HMG National Return on Investment (ROI)

sessions and developed a detailed ROI for Delaware.

In addition, the ERE contracted services provide expertise with respect to all phases of statistical interpretation related to family health epidemiologic topics. This includes interpreting infant birth certificate data, newborn screening, birth defects surveillance data, hospital discharge data, Pregnancy Risk Assessment Monitoring System (PRAMS), and other national data sets to answer MCH questions posed by consumers and/or stakeholders.

Lastly, our contracted services also require Forward Consultants to analyze and prepare reports in order to communicate research and surveillance trends to diverse audiences. This also requires prepared ad-hoc reports and data summaries, as requested by DPH and DHMIC.

The following are examples of programs that require ERE services:

- Healthy Women, Healthy Babies
  - This is composed of: preconception care, prenatal care, interconception care services, and infant care (home visiting)
- Adolescent health services through school-based wellness centers
- Children with special health care needs (traumatic brain injury, birth defects and newborn screening)
- Violence and injury preventions services
- Pregnancy Risk Assessment Monitoring (PRAMS) system
- Fetal Infant Mortality Review (FIMR)
- Reproductive health
- Women's health
- Men's health
- Community health

When it comes to women's and maternal health, we continue to focus on increasing the number of women who have a preventive visit to optimize the health of women before, between and beyond pregnancies. As in the past, our key priority is to find ways to reduce the infant mortality rate in Delaware and we understand the importance of preconception care and quality prenatal care for our mothers. In order to continue making progress in providing "whole health" care to our women and mothers, we continue to bolster and nurture our community partnerships by working together focused on addressing the social determinants of health, leveraging talents and resources, and striving to find new ways to provide services.

Extensive data shows that unplanned pregnancies have been linked to increased health problems in woman and their infant, lower education attainment, higher poverty rates, and increased health care and societal costs. Some of the social determinants of health include income, education, housing, culture and customs, occupation, health behaviors (drinking, smoking, drug use, exercise), and stress. DPH will strive to promote and provide training on cultural competency to improve access to health services for Delaware's under-served populations.

Working with Forward Consultants, Newborn Screening was recently able to look into the Early Hearing Detection and Intervention (EHDI) system. Based on the data above we can identify where the gaps are within the system. One of the gaps that can be identified in the system is the lost to follow up, although Delaware has a great system in place to help keep the lost to follow up rate down, there is still work to be done to close the gaps. The Diversity and Inclusion Plan will help accomplish the following:

- Engage, educate, and train health professionals and service providers in the EHDI system about the 1-3-6 recommendations;
- Emphasize the need for hearing screening up to age 3 years;
- Enhance the benefits of a family-centered medical home; and
- Strengthen the importance of communicating accurate, comprehensive, up-to-date, evidence-based information to families to facilitate the decision-making process.

Given this background, the relatively rural population in both Kent County, Delaware and Sussex County, Delaware comprises the target population chosen for the Diversity and Inclusion Plan. Specifically, individuals and families residing in the following three regions of the state will be of focus: Smyrna/West Dover, East Dover, and Georgetown/Seaford.

In 2019, DPH launched a data portal allowing Delawareans to assess the overall health of their communities. The My Healthy Community data portal delivers neighborhood-focused population health, environmental and social determinant of health data to the public. The innovative technological showpiece allows users to navigate the data at the smallest geographical area available, to understand and explore data about the factors that influence health. Just recently published on My Healthy Community is Delaware's 2014-2018 Suicide Surveillance Study, where Delaware

completed a comprehensive look at suicide. This is a perfect example of how Delaware is making data more transparent, accessible, and easy to understand. Sharing community-level statistics and data allows Delawareans to understand what is occurring in their neighborhoods, make informed decisions about their health, and take steps to continue improving our quality of life.

Delaware residents are able to explore a variety of data indicators in the following categories: community characteristics, the environment, chronic disease, mental health, COVID-19, and substance use. Air quality data, asthma incidence data, public and private drinking water results, drug overdose and death data, community safety, maternal and child health, healthy lifestyles, health services utilization, infectious diseases, education, socioeconomic influencers, lead poisoning, suicide and homicide, and populations vulnerable to climate change are all currently available. DPH believes that our health and the environment in which we live are inherently connected and the My Healthy Community portal will allow communities, governments and stakeholders to better understand the issues that impact our health, determine priorities and track progress. Communities can use the data to initiate community-based approaches, support and facilitate discussions that describe and define population health priorities and educate residents about their community's health and the environment in which they live.

The Division of Public Health in convinced that access to data is a key factor in making progress toward a stronger and healthier Delaware. The ability to easily access such crucial information like substance use and overdose data by zip code enables Delawareans to compare it to larger areas and examine trends. For the first time, Emergency Department non-fatal drug overdose data from DPH, and Prescription Monitoring Program (PMP) data will be available thanks to a partnership with the Division of Professional Regulation. Addiction, air quality, chronic disease and drinking water quality impact every one of us and when communities become aware of the level at which these issues are occurring in their neighborhoods, it can spur action that can improve the quality of life for current and future generations.

Additional substance use disorder (SUD) data and additional health indicators were also built to highlight Delaware's progress in meeting health care benchmarks (obesity, tobacco use, preventable Emergency Department visits, etc.) as part of DHSS's ongoing efforts to bring transparency to health care spending and to set targets for improving the health of Delawareans. Future funding has been secured for data on vulnerable populations and climate change, and for violent death data and internal sharing of timely SUD data.

Over the last three decades, scientific evidence has clearly demonstrated how personal behaviors affect development of diseases. Smoking, physical inactivity, poor eating habits, obesity, alcohol abuse, and other risk factors can lead to a variety of chronic health problems-like heart disease, cancer, type 2 diabetes, or lung diseases. Lifestyle behaviors increase the risk of communicable diseases such as AIDS, sexually transmitted diseases, and vaccine-preventable diseases. Injuries from violence and accidents also may be caused by behavioral risks. As a result of this evidence, public health professionals are focusing on ways to help people change their behaviors to reduce risks and prevent illness or premature death

These data are gathered through the Behavioral Risk Factor Surveillance System (BRFSS). The Behavioral Risk Factor Survey (BRFS) is an annual survey of Delaware's adult population about behaviors which increase the risk of disease, premature death, and disability. BRFS is a cooperative effort of the Delaware Division of Public Health and the CDC and is primarily funded by CDC.

During the current reporting period Delaware applied for AMCHP/HRSA GSEP fellowship but was unsuccessful in matching a candidate. Delaware has been collecting behavioral risk factor data continuously since 1990. Interviewing is conducted every month of every year, and data are analyzed on a calendar-year basis. The BRFS made methodological improvements in 2011 to address social and technical changes in telephone usage. The annual sample in Delaware is about 4,000 adults aged 18 and older. The random-sample telephone survey is conducted for the Division of Public Health by Abt Associates, Inc. Data from the survey are used by both public and private health providers to plan health programs and to track progress toward the state's health goals.

III.E.2.b.iv. MCH Emergency Planning and Preparedness

The Delaware DPH supports every section within the Division to develop a Continuity of Operations Plan Standard Operating Guidelines (COOP SOG). This COOP SOG is a recovery plan that works as a companion plan with the Delaware Emergency Operations Plan (DEOP) and other Division of Public Health (DPH) preparedness plans and provides a framework to minimize potential impact and allow for rapid recovery from an incident that disrupts operations. This plan encompasses the magnitude of operations and services performed by the section and is tailored to the section's unique operations and mission essential functions.

The document has been tailored for the use of the Family Health Systems (FHS) section using *the Federal Emergency Management Agency (FEMA) Continuity of Operations (COOP) Plan Template, State of Alaska Division of Homeland Security and Emergency Management and Virginia Department of Emergency Management COOP SOG.*
This COOP SOG was prepared by the Section Chief of FHS/Title V Director, to develop, implement and maintain a viable COOP capability. This plan complies with applicable internal Department of Technology & Information (DTI) policy, Executive Order 38 and supports recommendations provided in FEMA's Continuity Guidance Circular 1 (CGC 1) and Continuity Guidance Circular 2 (CGC 2). This COOP SOG has been distributed internally to appropriate personnel within DPH and with external organizations that might be affected by its implementation.

The purpose of a well-designed COOP SOG is to minimize interruption of FHS' operation if an internal or external disruptive event were to occur. By having an effective COOP SOG in place, FHS can resume its core activities within an acceptable period following such an incident. The COOP SOG allows FHS to shift efficiently from its normal structure and organization to one that facilitates rapid recovery and continuation of services. The ability to make this shift immediately is critical for FHS to continue as a viable and stable entity during a crisis. The objectives of the COOP SOG are to:

• Establish policies and procedures to assure continuous performance of FHS's operations
• Identify and pre-arrange constitution of an alternate facility
• Assure safety of all FHS personnel
• Provide communication and direction to stakeholders
• Minimize the loss of assets, resources, critical records and data
• Build infrastructure to support a timely recovery
• Manage the immediate response to an emergency effectively
• Provide information and training for employees regarding roles and responsibilities during an emergency; and
• Maintain, exercise and audit the COOP SOG at least annually

This plan includes guidance for FHS staff that may respond to a significant outage or disruption of a business process due to a natural or manmade event. Section staff would be responsible for reestablishing critical tasks (services to the general population and for internal purposes) immediately following an event. This document shall provide guidance for directing and controlling all key tasks disrupted by an event.

The DHSS/DPH has also developed the State Health Operations Center (SHOC) which provides command and control for all public health and medical response and recovery functions, Emergency Support Function (ESF) 8, in a statewide or local emergency or disaster. The SHOC oversees and coordinates health and medical response operations including the operation of Points of Dispensing (PODs), Alternate Care Sites, Shelter Medical Stations, and hospital coordination. Organizational Structure: The organization and structure of the SHOC follows the Incident Command System (ICS) and is National Incident Management System (NIMS) compliant. The State Health Officer (SHO) serves as the Incident Commander (IC) for whom the members of the Command staff work to provide legal and policy support as well as maintain communications with the media and the public. Four Section Chiefs report to the IC during a SHOC: The Finance & Administration Section handles human resources, procurement, and other administrative services. Planning Section gathers and analyzes information and helps to formulate the Incident Action Plan (IAP). Operations Section implements the IAP and manages the SHOC's tactical response to the event. Logistics Section maintains all supply, transportation, communications, and other such support to SHOC operations. SHOC can be activated at one of three levels, depending on the type and complexity of the event. The DPH Director or their designee determines the level of SHOC activation.

- SHOC Level 1 activation indicates heightened assessment and is used for events such as a mass public gathering requiring the deployment of DPH resources, or the presentation of a suspicious substance associated with a credible threat.
- SHOC Level 2 activation is the result of a localized event with a potential statewide impact, such as a severe weather warning, or a confirmed regional or Delaware case of a disease with potentially urgent public health

implications and/or widespread impact.
- SHOC Level 3 is activated during a statewide emergency, such as a pandemic disease or illness or a credible threat of or an actual terrorist attack in the state or region

Every Performance Plan for staff members in the Family Health Systems section includes the following statement:

> As an essential employee in the Division of Public Health, you will be available or reachable through electronic means 24 hours per day, 7 days per week except when on annual leave. You may be called upon to perform functions pertinent to any emergency including coming to the work site (or an alternate work site) when other state offices are closed to perform emergency work functions at the request of the supervisor, section chief, Associate Deputy Director, Senior Deputy Director or Director.

Our FHS system did not play a big role in emergency planning and preparedness related to the pandemic. All DPH staff essentially function as essential personnel and can be tasked with assisting and supporting a response team effort and be reassigned duties (as stated in performance plans). We saw this as an example, during Covid, whereby staff were assigned SHOC roles – i.e., call center, call center coordinators, support during testing and vaccination pods, Nurses/APNS reassigned to support DPH clinics to support response efforts/vaccination pods, data/epidemiologists support data system entry and analytics and contact tracin.

Our Title V Director was brought into School Reopening response efforts, whereby we are receiving ARP funds, CDC ELC and CDC Crisis Response PH Workforce Supplemental Funding to address impact of Covid 19. We are using funds to support home visiting program expansion and emergency supplies, funding to hire CHWs in high-risk communities and screen for SDOH and make referrals to much needed health and social support services, funding to hire a Family SHADE CYCHN Consultant, funding for SBHCs, funding to support a DPH/DOE/SBHC Liaison to assist with school based health programming, prevention and response/recovery efforts.

III.E.2.b.v. Health Care Delivery System

III.E.2.b.v.a. Public and Private Partnerships

Delaware's Title V program aims to ensure access to quality health care and needed services for maternal and child health (MCH) populations across the state. We have been successful at leveraging partnerships and resources to maximize services available to the MCH population. Delaware's Title V program is responsible for grants and cooperative agreements from numerous federal funders and generates revenues through the provision of services such as the Part C and Newborn Screening programs.

Delaware's Title V program has mostly shifted away from a direct service delivery orientation to a preventive, population-based assurance role that could be responsive to new national programs and policies and the changing economic climate. Our MCH partners typically refer uninsured pregnant women, women of childbearing age, children, and adolescents to resources to access primary and preventive and reproductive health care services such as DPH clinics, FQHC and HWHB providers.

One of the most significant roles that our Maternal and Child Health program plays is supporting the implementation of the Affordable Care Act as it relates to preventive health services for women. Specifically, many MCH partners, including the Division of Public Health is a lead partner in an initiative to increase access to the most effective methods of birth control (i.e. IUDs and implants), which involved reimbursement policy changes, building provider capacity through training and technical assistance, increasing awareness of family planning services, and removing barriers to same day access to long-acting reversible contraceptives (LARCs). For more details on our accomplishments and planned activities to promote LARCS, please see the narrative for the domain of Women/Maternal Health. Medicaid continues to be a strong partner in this work for LARC access as well as our sustainability efforts.

Healthy Communities Delaware (HCD) involves business, community, and organizational participants, and is managed as a collaboration among DPH, the University of Delaware Partnership for Healthy Communities, and the Delaware Community Foundation. HCD works in partnership with communities to address resident priorities around the social determinants of health - conditions in which we are born, live, learn, work and age. The Division of Public Health (DPH) and the Healthy Communities Delaware (HCD) initiative announced collaborations with several communities throughout Delaware that have been significantly impacted by COVID-19 in 2020. Many Delawareans lack the basic resources for health and well-being - safe and healthy homes, a quality education, meaningful employment, a healthy environment, access to healthy foods, financial stability and reliable transportation. Many of these inequities are a result of and perpetuated by structural racism and discrimination and are exacerbated by the COVID-19 pandemic.

Working with 12 community-based lead organizations, Healthy Communities Delaware is providing more than $720,000 in funding to nine communities across the state to reduce the impact of COVID-19 on Delaware's most vulnerable populations. This funding will help communities address important fundamental needs by creating neighborhood hubs to serve as food pantries and provide prevention care and resources; hiring bilingual resource navigators; and replacing deteriorating buildings with affordable rental units. Projects will engage residents in identifying the needs of their communities, building trust, and directly providing food, education, and care resources. These collaborative efforts will support nine communities working with 12 community-based organizations to navigate such challenges as food security, resource navigation, housing, job creation and workforce development. Healthy Communities Delaware is collaborating with 8 organizations in New Castle County, 1 organization in Kent County and 3 in Sussex County. Progress on each of the community projects can be reviewed here, Community Impact (healthycommunitiesde.org).

Senate Bill 227 and Executive Order 25 was passed/issued in 2018 which 1) requires the Delaware Health Care Commission to collaborate with the Primary Care Reform Collaborative to develop annual recommendations to strengthen the primary care system in Delaware 2) requires all health insurance providers to participate in the Delaware Health Care Claims Database. 3)require individual, group, and State employee insurance plans to reimburse primary care physicians, certified nurse practitioners, physician assistants, and other front-line practitioners for chronic care management and primary care at no less than the physician Medicare rate for the next 3 years. The scope of the Primary Care Reform Collaborative long-term recommendations would include payment reform, value-based care, workforce and recruitment, directing resources to support and expand primary care access, increasing integrated care (including for women and behavioral health), and evaluating system-wide investments into primary care using claims data.

The Primary Care Reform Collaborative released their annual report in May 2020 and highlighted how the landscape of our health care delivery and life in general has been drastically altered since the last report. The necessary measures to ensure recovery from the health pandemic that has swept the globe has also paralyzed the normal

rhythm and function of every aspect of life. For health care, it has starkly highlighted deficiencies, gaps and disparities but it has also accelerated innovation, partnerships and collaboration, which hopefully will drive the development of successful solutions for the former.

Department of Health and Social Services (DHSS) Secretary Molly Magarik presented the State's second annual Benchmark Trend Report at a May 2022 Delaware Health Care Commission (DHCC) meeting. The report displays trends in Delaware's health care spending and quality, comparing new 2020 data against a set benchmark, as well as baseline data from 2019. The report continues the State's efforts to improve health care quality for all residents, while simultaneously working to monitor and reduce the economic burden of health care spending. In November 2018, Governor John Carney signed Executive Order 25, establishing a state health care spending benchmark, an annual per-capita-rate-of-growth benchmark for health care spending, and multiple health care quality measures that are to be evaluated and adjusted every three years. The first spending benchmark went into effect on Jan. 1, 2019, and was set at 3.8%. That spending benchmark was not met, as the finalized health care spending for 2019 grew at a rate of 5.8%. For calendar year 2020, the spending benchmark was set at a more ambitious target of 3.5%. This benchmark was met as the 2020 Total Health Care Expenditures (THCE) per-capita change from the prior year was estimated at -1.2%. THCE encompasses health care spending associated with Delaware residents from private and public sources. Total Health Care Expenditures increased by $39 million in calendar year 2020, totaling $8.1 billion. However, with Delaware's population increasing by 1.7% from 2019 to 2020, the per-capita total decreased from $8,268 in 2019 to $8,173 in 2020. "While the decreases in per-capita health care spending and the spending growth rate appear at first glance as a positive change, it is important to note that the COVID-19 pandemic had a significant impact on preventative health care services, health care facility utilization, service delivery, and payer/provider finances," Secretary Magarik said. "These benchmark findings need to be viewed in the context of the extraordinary circumstances we faced in 2020. And that makes equitable comparisons with previous calendar years extremely difficult." The 2020 Trend Report also provides insight into Delaware's health care quality by presenting data on six quality measures. "Unfortunately, the results of the quality measures are mixed," Secretary Magarik said. "While Delaware made progress in some important measures, the report shows us there is still significant work to be done to improve the health of Delawareans in other areas. At DHSS, we look forward to working with health care providers, insurers, legislators, businesses, other government leaders and, most importantly, consumers to help build a healthier Delaware."

To learn more about the health care spending and quality benchmarks, visit the Health Care Commission website.

III.E.2.b.v.b. Title V MCH – Title XIX Medicaid Inter-Agency Agreement (IAA)

As of June 15, 2018, Title V and Title XIX have an updated current MOU (please see section titled Title V-Medicaid IAA/MOU). The purpose of the MOU is to improve the maternal and child health service delivery and public health outcomes for underserved populations throughout the State of Delaware. In particular, the implementation of the MOU seeks to:

- Provide coordination between the Division of Medicaid and Medical Assistance (DMMA) and the Division of Public Health for programs impacting women, infants and children.
- Provide coordination in the administration of programs that are designed to improve the health of children (particularly Children with Special Health Care Needs) and families in the State of Delaware.
- Maintain a process that allows for joint access to critical data without duplication of effort.

Further, the MOU enables the agencies to:

- Define the roles of staff in each agency;
- Clarify expectations of each agency;
- Provide guideline for case referral and case management;
- Establish joint training schedules; and
- Organize mechanisms for information sharing and problem resolutions

The MOU also directs the DPH and DMMA to establish a multi-disciplinary coordination. This committee should focus on training, messaging, case management and coordination procedures.

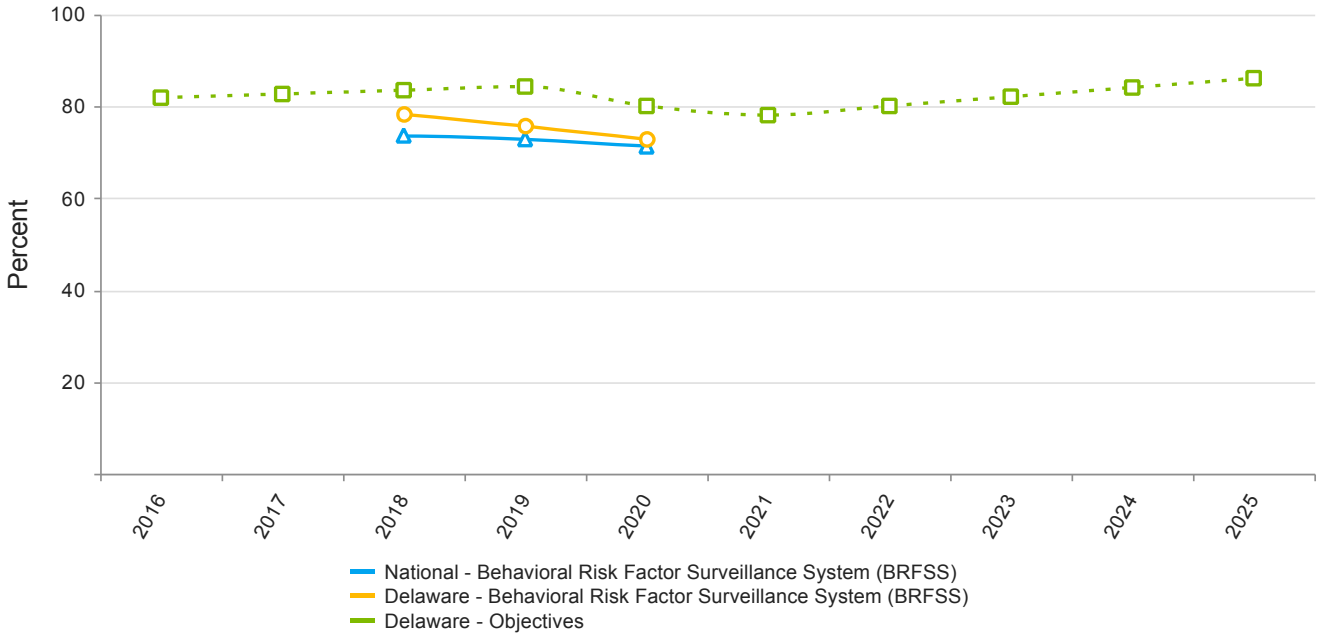
The DMMA hired a Maternal and Child Health Quality Assurance Administrator recently, and DPH sees this as a fantastic opportunity to align quality improvement efforts with Title V MCH priorities to improve health outcomes for women and babies. The DMMA Medical Director, Dr. Liz Brown is a close partner as a DPQC member as well as a previous member of the Preconception CoIIN. Currently, key MCH leadership including the Title V Director meet monthly with both DMMA staff members along with other DMMA policy staff members. Currently, we are not pursuing a separate coordination meeting as we feel it is more important for DMMA staff to have the time to participate in several MCH partner meetings such the DHMIC, Doula Committee, etc. We will continue to meet monthly as a small group to tackle internal matters to ensure we are a united team and that we continue to make progress on things like home visiting reimbursement, a plan to support doulas and to support other meaningful MCH policy.

III.E.2.c State Action Plan Narrative by Domain

Women/Maternal Health

National Performance Measures

NPM 1 - Percent of women, ages 18 through 44, with a preventive medical visit in the past year
Indicators and Annual Objectives



Federally Available Data					
Data Source: Behavioral Risk Factor Surveillance System (BRFSS)					
	2017	**2018**	**2019**	**2020**	**2021**
Annual Objective				80	78
Annual Indicator			78.2	75.6	72.8
Numerator			127,950	124,769	117,625
Denominator			163,676	165,041	161,675
Data Source			BRFSS	BRFSS	BRFSS
Data Source Year			2018	2019	2020

Previous NPM-1 BRFSS data for survey years 2016 and 2017 that was pre-populated under the 2017 and 2018 Annual Report Years is no longer displayed since it is not comparable with 2018 survey data.

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	80.0	82.0	84.0	86.0

Evidence-Based or –Informed Strategy Measures

ESM 1.1 - # of women who receive preconception counseling and services during annual reproductive health and preventive visit at family planning clinics

Measure Status:				Active	
State Provided Data					
	2017	**2018**	**2019**	**2020**	**2021**
Annual Objective	15,000	15,500	15,700	17,000	17,250
Annual Indicator	15,891	16,386	16,672	8,488	8,015
Numerator					
Denominator					
Data Source	FPAR Title X/Family Planning Data	FPAR Title X/Family Planning Data	FPAR Title X/Family Planning Data	FPAR Title X/Family Planning	FPAR Title X/Family Planning
Data Source Year	2017	2018	2019	2020	2021
Provisional or Final ?	Final	Final	Final	Final	Final

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	8,500.0	9,000.0	9,500.0	10,000.0

ESM 1.2 - % of women served by the HWHBs program that were screened for pregnancy intention

Measure Status:	Active

State Provided Data			
	2019	2020	2021
Annual Objective			90
Annual Indicator		88	84.2
Numerator			
Denominator			
Data Source		HWHB Program Data	HWHB Program Data
Data Source Year		2020	2021
Provisional or Final ?		Final	Provisional

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	86.0	88.0	90.0	92.0

ESM 1.3 - % of Medicaid women who use a most to moderately effective family planning birth control method

Measure Status:	Active

State Provided Data			
	2019	2020	2021
Annual Objective			63
Annual Indicator		62	53.1
Numerator			
Denominator			
Data Source		Medicaid Claims Data	Medicaid Claims Data
Data Source Year		2019	2020
Provisional or Final ?		Final	Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	60.0	65.0	70.0	75.0

State Performance Measures

SPM 1 - Percent of Delaware women of reproductive age that had an unintended pregnancy

Measure Status:				Active	
State Provided Data					
	2017	**2018**	**2019**	**2020**	**2021**
Annual Objective	57	56	52	30	28
Annual Indicator	45.5	43	27.5	28.7	49.7
Numerator					
Denominator					
Data Source	DE PRAMS	DE PRAMS	DE PRAMS	DE PRAMS	DE PRAMS
Data Source Year	2016	2017	2016-2018	2019	2020
Provisional or Final ?	Final	Final	Final	Final	Final

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	27.0	26.0	25.0	24.0

SPM 2 - Reduce the disparity in infant mortality rates

Measure Status:	Active

State Provided Data			
	2019	2020	2021
Annual Objective			5
Annual Indicator		4.6	21.1
Numerator			4
Denominator			19
Data Source		HWHB Program Data and Vital Statistics Data	HWHB Program Data and Vital Statistics Data
Data Source Year		2019	2020
Provisional or Final ?		Provisional	Provisional

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	5.0	5.0	5.0	5.0

State Action Plan Table

State Action Plan Table (Delaware) - Women/Maternal Health - Entry 1
Priority Need
Women have access to and receive coordinated, comprehensive services before, during and beyond pregnancy.
NPM
NPM 1 - Percent of women, ages 18 through 44, with a preventive medical visit in the past year
Objectives
By July 2025, increase percentage of women with birth interval > 18 months.
Increase the number of HWHBs Zone Mini-grantees focused on MCH Priority High Risk Areas engaged in MCH funded activities from 6 to 8 in 2020 to 8 to 10 in 2025.
By 2025, increase the number of women receiving a timely postpartum visit.
Strategies
Convene the Well Woman Workgroup with expertise in women's health and preconception health to develop a framework for optimizing the health and well-being of women of reproductive age.
Work with DPH's seven contractual health providers using a performance and outcomes based approach to deliver the Healthy Women Healthy Babies program services across the state.
Work with 6 HWHBs Zones Mini-Grantees focused on MCH Priority High Risk areas engaged in MCH funded activities.
Patient Reminders-Support providers in disseminating reminders and education materials (e.g., postcard, text, email, phone) to women about the importance of scheduling annual preventative visits
In collaboration with the Delaware Healthy Mother and Infant Consortium's Well Woman Workgroup, develop a Media Campaign-Utilize media outlets to increase awareness of the importance of preconception health and reproductive life planning as well as promote preventive well woman medical visits.
Patient-Navigators-Adopt protocols where clinic staff and Community Health Workers (e.g., WIC, HWHBs providers) assist with referrals to make preventative visits
Collaborate with the Delaware Perinatal Quality Collaborative to implement quality improvement projects in birthing hospitals that will improve health outcomes for women and babies.
Provider Education-Host a webinar series for providers about annual preventive visits and strategies to address missed opportunities
Support the development and implementation of the housing pilot for pregnant women in collaboration with the DHMIC's Social Determinants of Health workgroup.
Ensure the data reports produced by Title V describe releveant disparities and discuss potential root causes, implications, and recommendations for moving towards equity and improved health outcomes for women and babies.

ESMs	Status
ESM 1.1 - # of women who receive preconception counseling and services during annual reproductive health and preventive visit at family planning clinics	Active
ESM 1.2 - % of women served by the HWHBs program that were screened for pregnancy intention	Active
ESM 1.3 - % of Medicaid women who use a most to moderately effective family planning birth control method	Active

NOMs
NOM 2 - Rate of severe maternal morbidity per 10,000 delivery hospitalizations
NOM 3 - Maternal mortality rate per 100,000 live births
NOM 4 - Percent of low birth weight deliveries (<2,500 grams)
NOM 5 - Percent of preterm births (<37 weeks)
NOM 6 - Percent of early term births (37, 38 weeks)
NOM 8 - Perinatal mortality rate per 1,000 live births plus fetal deaths
NOM 9.1 - Infant mortality rate per 1,000 live births
NOM 9.2 - Neonatal mortality rate per 1,000 live births
NOM 9.3 - Post neonatal mortality rate per 1,000 live births
NOM 9.4 - Preterm-related mortality rate per 100,000 live births
NOM 10 - Percent of women who drink alcohol in the last 3 months of pregnancy
NOM 11 - Rate of neonatal abstinence syndrome per 1,000 birth hospitalizations
NOM 23 - Teen birth rate, ages 15 through 19, per 1,000 females
NOM 24 - Percent of women who experience postpartum depressive symptoms following a recent live birth

State Action Plan Table (Delaware) - Women/Maternal Health - Entry 2

Priority Need

Women have access to and receive coordinated, comprehensive services before, during and beyond pregnancy.

SPM

SPM 1 - Percent of Delaware women of reproductive age that had an unintended pregnancy

Objectives

By July 2025, decrease the number of live births that were the result of an unintended pregnancy.

Strategies

Work with the DHMIC as well as inter-agency and community-based partners to improve messaging regarding birth spacing and reducing unintended pregnancy

Promote routine pregnancy intention screening

State Action Plan Table (Delaware) - Women/Maternal Health - Entry 3

Priority Need

Women have access to and receive coordinated, comprehensive services before, during and beyond pregnancy.

SPM

SPM 2 - Reduce the disparity in infant mortality rates

Objectives

Decrease the Black/White Infant Mortality Ratio from 3.8 in 2020 to 2.0 in 2025

Strategies

Ensure the data reports produced by Title V describe relevant disparities and discuss potential root causes, implications, and recommendations for moving towards equity and improved health outcomes for women and babies.

Support the development and implementation of the housing pilot for pregnant women in collaboration with the DHMIC's Social Determinants of Health workgroup.

Launch training on the use of the DPH Health Equity Guide to provide information and resources to local community-based organizations and other providers to incorporate an equity framework into planning.

Women/Maternal Health - Annual Report

In the domain of Maternal/Women's Health, we continue to focus on increasing the number of women who have a preventive visit to optimize the health of women before, between and beyond pregnancies. As in the past, our key priority is to find ways to reduce the infant mortality rate in Delaware and we understand the importance of preconception care and quality prenatal care for our mothers. In order to continue making progress in providing "whole health" care to our women and mothers, we continue to bolster and nurture our community partnerships by working together focused on addressing the social determinants of health, leveraging talents and resources, and striving to find new ways to provide services.

Over the last year, we continue to monitor the Delaware Healthy Mothers and Infants Consortium's (DHMIC) strategic plan which covers a 3-5-year timeframe. The MCH Director was involved in the strategic planning process, as well as several other MCH stakeholders that were involved in the Title V MCH Needs Assessment process and selection of priorities, which helped with alignment of goals and strategies. Beginning in the 1990s, Delaware's infant mortality rate was increasing while the national trend was decreasing. Prompted by a list of 20 recommendations, developed by an Infant Mortality Task Force in 2005, the plan called for the creation of the Delaware Healthy Mother & Infant Consortium (DHMIC), a Governor appointed body, to help ensure that the recommendations were put into effect. The DHMIC is currently undergoing a review of its current infrastructure and revisiting its bylaws and committee structure to monitor implementation of the Infant Mortality Task Force recommendations. Staff in the Division of Public Health's Family Health Systems Section largely provide staff support to the committees and help carry out and execute strategies to support the DHMIC's strategic plan. The new framework and structure of the DHMIC is designed to focus more intensively on the strategic goals and priorities. The Committees include:

1. Well Woman/Black Maternal Health Committee - The focus of this committee is on a comprehensive, evidence-based approach to reproductive health and the health of women before, during, and after pregnancy - one that is woman-centered and clinician-engaged. The group functions to meet the diverse and often complex needs of reproductive-age women, particularly from more vulnerable populations, and works to foster leadership and information sharing, solicit voices of the consumer, encourage innovation, build awareness, and promote reproductive life planning.
    a. The Black Maternal Health Workgroup (BMHW) sits under and reports to the Well Woman Committee. The purpose of the BMHW is to address the disproportionately high and unacceptable rates of maternal mortality and morbidity in Black and Indigenous People of Color (BIPOC) communities in Delaware. The BMHWG will work to ensure all women of reproductive age in Delaware will be healthy and have access to safe, respectful, culturally appropriate maternal care before, during and beyond pregnancy.

2. The Social Determinant of Health Committee which seeks to understand where people live, work, play and pray can help create actionable engagement strategies to improve health outcomes by addressing barriers rooted in structural racism. This group works to collaborate with the community, offer space for shared learning with providers, review policies and programs to identify opportunities for change, evaluate best practices, identify health needs, and engage the faith-based community. The SDOH Committee decided to focus on housing for pregnant and parenting women as a priority. In reviewing literature and recent studies, SDOH Committee Co-chairs Rita Landgraf and Rep. Minor Brown proposed exploring the feasibility of a pilot in Delaware similar to the Healthy Beginnings at Home pilot in Columbus, Ohio.

    1. The Housing and Guaranteed Basic Income Implementation Workgroup. This group was recently established over the last year to report directly to the SDOH Committee. While we don't yet know the full extent, the unique health and social vulnerabilities faced by pregnant women who experience homelessness or are housing insecure have no doubt increased during the COVID-19 pandemic. To respond to this crisis, the workgroup is exploring a case management and wrap around support

intervention to provide these women with housing stability and prevent homelessness and wrap around social supports, such as financial literacy coaching, home visiting, and connectivity to the Delaware Housing Assistance Program (i.e. pays for utilities, monthly rent, security deposits, and offers case management support). In addition the group along with the Division of Public Health maternal and child health team, are implemented a second demonstration pilot, which is a guaranteed basic income model. In doing so, programs such as the Healthy Beginnings at Home Pilot in Columbus, Ohio, and other guaranteed basic income pilots in other municipalities across the country are under review, which have led to a decrease in emergency hospital stays and negative birth outcomes, like the number of pre-term births, infant mortality, and decrease the number of days baby is in the NICU.

The guaranteed basic income demonstration project, called Healthy Women Healthy Babies (HWHBs) Opportunity. HWHBs Opportunity is for pregnant women who live within certain high-risk community zip codes, and are under 185% FPL. Approximately 15 women will be enrolled in this initial phase of the project, with potential for expansion. The women will receive $1,000 per month for 24 months, getting a debit card with disbursements the 1st and 15th of each month.

To support this work, Family Health Systems is working on a MOU Agreement to work with the Federal Reserve Bank of Atlanta ("Atlanta Fed") to update and make available a free interactive tool called the Guaranteed Income (GI) Dashboard to Delawareans. The Federal Reserve Bank of Atlanta is leading an initiative to conduct research on benefits cliff and develop tools to support community and state efforts to improve economic security for families. Through this work, the Atlanta Fed developed an interactive tool called the CLIFF Guaranteed Income (GI) Dashboard to assist policymakers, program leaders, funders, individual families, and other stakeholders understand the interactions between GI and public assistance support. The GI Dashboard does not store any information that is input into the tool.

The CLIFF GI Dashboard shows the effect that receiving guaranteed income through the Healthy Women Healthy Babies Opportunity has on the receipt of public assistance. The dashboard is being used to inform prospective participants in guaranteed-income (GI) pilot programs about the possible implications of a guaranteed income on their eligibility for social safety net programs so they can make an informed decision about whether to enroll in the GI demonstration project.

DPH is supporting the GBI demonstration project, Healthy Women Healthy Babies Opportunity, with State Infant Mortality funds as well as ARPA funds to expand and support this demonstration project, which was approved by the Office of the Governor.

Health Management Associates (HMA) was hired contractually by the Division of Public Health to analyze conditions in Delaware that would inform these two demonstration pilots, such as housing stability, enrollment size and criteria, funding availability, and evaluation needs. As part of this, HMA also engaged childbearing women who are or who have been housing insecure to help in the design of the pilot. The findings should help the DHMIC's implementation workgroup and the SDOH Committee make recommendations to the broader DHMIC on how to design and monitor these demonstration pilots.

The Housing and GBI Implementation Workgroup established through the Delaware Healthy Mother and Infant Consortium, continues to meet to design and implement both demonstration projects.
As of July, the first guaranteed basic income cohort is full, serving 15 women. Thirteen women started April 1st and 2 women started on May 15th. Four more women started in Cohort two as of July 1, 2022. Rosehill

Community Center, one of the Healthy Women Healthy Babies mini grantees, is screening for eligibility and administers enrollment and manages the program. Each recipient receives a debit card and gets $500 1st and 15th of each month, for 24 months. DPH is supporting this effort with both State Infant mortality funds as well as ARPA funds. The backbone entity is Health Management Associates, and contracts with DPH to support and monitor and report on this work. Some basic program model components are described below:

- GBI Eligibility
  - Pregnant women in 1st or 2nd trimester
  - Eligibility based on current income; under 185% FPL
  - Eligibility based on $1,000 extra earnings per month
  - Live in a HWHB High risk Zones

- Minimum requirements:
  - Program recipients must be a part of the evaluation (survey and interview) every 2-3 months
  - Work with a Case worker/Community Health Worker, preferred weekly to 2x per month; required every quarter
  - Work with a Financial Coach and Career Team (if applicable); preferred weekly tot 2x per months; required every quarter

- Some preliminary data (as July 2022):
  - All 15 cards are active
  - Average Purchase Amount: $43.63
  - 25% spent on food
  - When fast food and restaurants are combined, these account for 13% of expenditures
  - 12% of the funds were spent at grocery stores
  - About 12% were third party transfers – we will explore these in our interviews in late June/July
  - 8% on gas
  - 4% at discount stores
  - 4% on utilities
  - Everything else – 3% or less
  - Planning to add a new Cohort of 25 women in July 2022 (4 women enrolled as of this writing).

3) Maternal and Infant Morbidity/Mortality workgroup, which examines the data and evidence of the health status of women in Delaware, particularly those in the 14- to 44-year-old age range and those with poor birth outcomes (e.g., premature birth, low birth weight). This group works to foster leadership, identify gaps in data, cultivate relationships, enhance provider knowledge, review findings, reframe postpartum/interconception care, enhance capacity for statewide quality improvement, and explore best practices to address risks.

Education and prevention are a cornerstone of the DHMIC work, utilizing the latest social media platforms. In partnership with a social marketing firm, Aloysius Butler and Clark (AB&C), the Division of Public Health and several Maternal and Child Health partners we continued to develop, update and launch messaging through the use of social media, whereby we continue to post messages via blogs, Twitter, Facebook, YouTube, and most recently added Instagram, in which all MCH programs and initiatives participate. The branding tagline, Delaware Thrives, evolves around the theme that "Health Begins Where You Live, Learn, Work & Play". This year we continued to focus on updating existing content and adding new content on the website (www.DEThrives.com) that is easy to grow, easy to maintain, and easy to navigate, and one that is search relevant. A small core workgroup continues to meet to look at the content and develop messaging for blogs, tweets and posts on preconception health topics for men and women. It is

hard to believe that the DEthrives social media and website was launched in 2013, and now is due for a refresh and update. DEThrives is currently undergoing a comprehensive update.

Due to the ongoing challenges with the pandemic and the comfort level and ease of partners to meet in person, we held our 2022 Annual DHMIC Maternal and Child Health Summit virtually on the platform Socio, on April 26, 2022. For 16 remarkable years, DHMIC has been making good on its promise to provide statewide leadership coordination of efforts to prevent infant mortality and improve the health of women of childbearing age and infants throughout Delaware. The Delaware Healthy Mothers and Infants Consortium (DHMIC) and the Department of Health and Social Services (DHSS), Division of Public Health (DPH) organize this event. The summit brings together leaders in the area of family health to discuss new approaches to enhance the health of women, children and families of all ages. Developed around the theme "*Listening. Connecting. Inspiring Change*," the DHMIC summit integrates a full agenda of educational, advocacy, networking, and story-sharing opportunities to mobilize participants to better understand the reasons why - and the ways how - they can leverage their professional, personal, and community service resources to decrease racial disparities in maternal and infant health.

The Summit reached another historic reach this year, with over 450 attendees this year, including health care professionals, community influencers, policymakers, faith community leaders, and concerned citizens to be empowered on critical topics by leadership from DHMIC, Delaware Thrives, and the Delaware Division of Public Health (DPH), along with local and national experts from various fields who are committed to ending racial and ethnic health disparities. A summary of the agenda follows:

Keynote presentations

- Understanding and Effectively Addressing Inequities in Health — David R. Williams PhD, MPH, Florence and Laura Norman Professor of Public Health, Chair, Department of Social and Behavioral Sciences; and Professor of African and African American Studies and of Sociology, Harvard University Transforming and Empowering Women in Birth — Jennie Joseph, LM, CPM, Founder and President of Commonsense Childbirth Inc. and Creator of The JJ Way®
- Black Maternal Awareness Resolution — Delaware Representative Melissa (Mimi) Minor-Brown
- Panel Discussion: Addressing Black Maternal Health in Delaware from a Community and Provider Lens
- Postpartum Revolution — Angelina Spicer, Stand-Up Comedian and Activist

Special Remarks and Presentations

- Lt. Governor Bethany Hall-Long, State of Delaware
- Karyl Rattay, MD, MS. FAAP, Director, Delaware Division of Public Health
- Dr. David Paul, Chair, DHMIC
- DHMIC Health Equity Awards presentation
- Health Equity Awards presentation

As in the past, we put out a call for the Summit looking for bold ideas, bold new programs, or a bold new approach to improving the health of women, men, infants, and families, calling them Delaware Thrives! Community Voices Breakout Sessions. Participants were encouraged to submit a short description of their organization and/or program and a facilitator was assigned to each room to ask questions and engage the participants in a dialogue. The following topics were covered virtually in breakout rooms on the conference platform:

- Room 1: Women's Emotional Wellness – Focus on the Needs and Barriers for Hispanic and Latina Women in Delaware
- Room 2: Be Empowered: Resources, Programs and Tools for Women
- Room 3: Urgent Maternal Warning Signs Hope
- Room 4: Healthy Women Healthy Baby Zones

Not only are the organizations/programs featured during the DHMIC 2022 Summit rich with content, featuring the breakouts also establish the foundation for consistent dialogue around these organizations/programs as DHMIC partners and ultimately result in greater awareness of and support for the DHMIC mission.

The DHMIC also awarded its Health Champions awards during its Annual Summit. Representative Melissa Minor Brown, and DHMIC member, received the individual Champion in Health award for championing maternal health policy to address health disparities. Westside Family Health Care, a federally qualified health center in Delaware, received the group Champion in Health award. Westside Family Health Care, a federally qualified health center in Delaware, received the group Champion in Health award.

All speaker presentations have been repurposed on https://dethrives.com/summit-2022and social media channels, including Facebook and Twitter.

As a continued effort on addressing maternal mortality and morbidity and to make a concerted effort to reduce our racial disparity in infant mortality, Delaware has identified Infant Mortality as a State Performance Measure. Our work to address infant mortality is spearheaded by the Center for Family Health Research and Epidemiology, which is housed within the Family Health Systems Section, led by our Title V/MCH Director. These efforts are very much a part of our Title V federal state partnership and continue to be supported by $4.2M in state funding allocated to DPH for prevention of infant mortality. The DHMIC has undertaken an aggressive initiative to examine the social determinants of health by taking a Life Course approach to both understanding and addressing the disparities that have led to the rise in black maternal and infant mortality in Delaware. DHMIC and its partners continue to engage the community at large, health care providers, policymakers, faith-based organizations, and African American influencers in understanding the impact of race-related constructs such as perceived discrimination and structural racism on black women and their families.

All eyes are on the accomplishments resulting from implementing 8 Healthy Women Healthy Baby (HWHB) Zones community-informed strategies that aim to increase awareness, educate, better serve women of reproductive age and amplify the voice of black maternal health grass roots organizations. The primary focus is innovation and to spread evidence-based programs and place-based strategies to improve the social determinants of health and equity in maternal and infant health outcomes, as a complement to our medical intervention, HWHBs 2.0. The first-ever mini grants support the shared initiative to narrow the wide variance in birth outcomes between black women and white women by building state and local capacity and testing small-scale innovative strategies. DPH worked with Health Management Associates (HMA), as the lead backbone entity, to develop a mini-grant process to fund local communities/organizations to implement interventions to address social determinants of health in priority communities throughout Delaware. The eight mini grantees awarded include Delaware Adolescent Program, Inc. (DAPI), Delaware Coalition Against Domestic Violence (DCADV), Delaware Multicultural and Civic Organization (DEMCO), Hispanic American Association of Delaware (HAAD), Kingswood Community Center (cycle 1 only), Black Mothers in Power, Parent Information Center (PIC), Delaware Breastfeeding Coalition and Rosehill Community Center. A short description of the awarded community-based interventions are described below.

- Delaware Adolescent Program, Inc.: serves teen mothers and their partners providing mentoring services and Support for social and emotional well-being and support in navigating the health and social services system.
- Delaware Coalition Against Domestic Violence: This organization provides support to victims of domestic violence and administers flexible Health Access Funds to support the safety and health of the participants. DCADV also trains health care providers on best practices for domestic violence assessment and response.
- Delaware Multicultural and Civic Organization (DEMCO): Provides life skills supports and job training

education to young women of childbearing age, including those who are pregnant and parenting

- Hispanic American Association of Delaware: This organization provides pregnancy and postpartum support in Spanish to women ages 15-44 who live in ZIP code 19720 in New Castle County.
- Rose Hill Community Center: Provides fitness, nutrition counseling and self-improvement classes to women at no cost.
- Parent Information Center (PIC): Train six doulas, who will provide nonclinical emotional, physical, and informational support before, during, and after labor and birth. In partnership with community organizations, the program will also provide virtual training on childbirth education, breastfeeding initiation, prenatal nutrition, healthy family relationships, and community supports; empower women to be their own self-advocates; provide one-on-one coaching calls with pregnant women (prenatal and postpartum) starting six weeks before due date and continuing six weeks postpartum; offer postpartum support groups with other new parents as well as breakout sessions on breastfeeding, sexuality, mental health, and infant development; and create an awareness campaign focused on prenatal and postpartum support.
- Rosehill Community Center: This organization will use its new cycle of additional grant funding to address toxic stress - as they feel that stress during the pandemic has led to fear and anxiety, and has caused residents in their service area to be overwhelmed and have feelings of isolation and loneliness. Rose Hill's funded program will work to serve women ages 15 to 44 in New Castle (ZIP code 19720) and Wilmington (ZIP code 19801) by providing free mental health workshops with psychologists and psychiatrists twice a month, covering the following topics: feelings of isolation, depression, self-care, setting boundaries, stress, and knowing your triggers, etc. Rose Hill will provide lessons on reducing stress, breathing sessions, mindfulness training, and journaling. They will also provide massage therapy and stretching techniques (three times per client), as well as yoga lessons once a week.
- Black Mothers in Power (BMIP), a grassroots organization focusing on Black mothers in the community and underserved populations. The BMIP will provide and sponsor a doula program to train 10 black women to become certified doulas through the National Black Doula Association. The organization will be training five doulas in New Castle County and Kent County, and will be focusing on engaging at-risk pregnant women who live in high-risk zones. Each doula will help women during the critical times of pregnancy, birth and postpartum, and early parenting.
- Breastfeeding Coalition of Delaware will provide breastfeeding support groups to the HWHB high-risk zones of Wilmington, Claymont, and Seaford. It will offer accessible support, engaging groups, text check-ins, access to variable levels of lactation support, and incentives for participation. In addition, the Breastfeeding Coalition of Delaware will hire three diverse breastfeeding peer counselors (BPC) and one lactation consultant to provide breastfeeding support to women. At the completion of the program, the Breastfeeding Coalition of Delaware will host a baby shower for participants, where they will provide needed baby supplies, education, and support to pregnant and postpartum women.

The second full year Evaluation report was released in June 2022. Some of the preliminary findings from the participants demonstrate progress and a positive impact as it relates to the overall NPM1 Well Woman:

- Demographic data: 500 women and girls served; majority of participants from Zip codes 19702, 19720, 19801, 19804, 19805, 19901, 19904; 605 of participants were black, 35% were white, 6% identified as "multi-racial/other"; 105 participants said Spanish was their primary language; About ½ have a high school diploma or GED.
- Most common expressed needs by the women screened and engaged in the mini grantee interventions were referred to resources for stable housing, utility assistance, help reading health materials (health literacy), and access to food. Nearly half struggle with childcare, transportation, social support or access to medical care.
- 72% of participants have either been pregnant, are parenting, or is currently pregnant.

- Participants were screened for pregnancy intention and referrals were made as appropriate to local family planning provider sites and Healthy Women Healthy Babies providers. The majority of participants are not intending to become pregnant in the next year.
- Of the DEMCO participants, on average 82% of participants felt that they had improved their professional skills and increased confidence to prepare for employment.
- Of the DCADV participants, 96% of flex fund recipients reported that the funds "Significantly" or "Completely" reduced their financial stress.
- Of the Rosehill participants, 59% of participants lost weight. On average, participants lost 3lbs over the course of the program.
- Of those that participated in the DAPI intervention, they were asked “To what extent did the program increase resilience to relationship pressure and intention to apply refusal skills?” 75% of students reported confidence applying refusal skills (“I would feel comfortable saying no to my partner when I don't feel like having sex”).
- Participants showing statistically significant improvements in depression, anxiety and stress.
- Adapted wrap around services and support during Covid-19 included “flex funds”, computers and internet needs. Flex funds were most commonly used to meet basic needs such as food, diapers, winter coats, and feminine hygiene products, to support needs of children, to pay utility bills, to meet physical needs, and to buy essential furnishings.

One key component of the HWHB Zones initiative is the provision of coaching and technical assistance (TA) to the mini-grantees (and one unfunded organization) throughout the life of the initiative to build capacity and ensure sustainability of the interventions, as well as focus on continuous quality improvement. In Grant Cycle 1, 2, and 3, the TA consisted of two learning collaborative meetings as well as individual coaching and TA. Each mini grantee has a coach from HMA with whom they meet regularly. The frequency and length of coaching and TA calls and meetings over the last year were developed by each coach and mini grantee in collaboration.

Coaches reported a variety of strengths and weaknesses across the HWHBs Zones mini-grantees prior to participating in the HWHBs Zones initiative and, therefore, the TA needs that were identified vary widely across the mini-grantees. Common needs included:

- programmatic challenges (i.e., unexpected challenges related to implementing the proposed program).
- fiscal challenges (i.e., challenges with submitting invoices or receipts).
- data challenges (such as challenges collecting data, recording data, or submitting data); and/or
- infrastructure challenges (i.e., not having enough staff).

The HMA coaches supported the mini grantees in their efforts to be responsive to the changing and emerging needs of the people they serve. Mini grantee needs for technical assistance during these crises have included:

- how to transition services to virtual rather than in person.
- how to respond to changing and emergent needs of the people served by the mini-grantees, such as technological needs to be able to continue to participate in services, urgent needs for “flex funds” to pay for necessities in the face of sudden unemployment, needs for additional social support and behavioral health support;
- how to conduct consent for enrollment in the evaluation online.
- how to collect data online.
- how to support individuals and communities experiencing trauma; and
- how to collect information from participants about emerging needs, about how well virtual services are meeting their needs, and barriers to participation in virtual services.

The DHMIC embraced the focus and framework of a preconception health approach, to optimize the health of women before, between and beyond pregnancies. Delaware developed the Women's Wellness initiative, *Every Woman Every Time Delaware: Reimagining the Preventive Medical Visit*, which at its core seeks to strengthen the dynamic interplay between a woman and her health care provider(s) by encouraging honest and open communication about her reproductive and general health care needs. The initiative focuses on four broad areas including 1) Pregnancy intention screening; 2) Assessment of health risk behaviors, and prevention and education tools 3) management of chronic health conditions 4) identification of social determinants of health with linkage to services. DHMIC, through DPH has a contractual support position, a Women's, Infants, and Families Nurse Consultant that devotes time and expertise to lead the Women's Wellness initiative. This year, the WIF Nurse Consultant resigned, and DPH is finalizing the recruitment and hiring process to onboard a new individual to carry out this work. Some of the core responsibilities include:

- Identify and develop life course perspective tools for health care providers and community outreach centers.
- Develop and carry out education programs. Prepare educational materials and assist in planning and develop health and educational programs for health care providers, peer counselors, consumers and community.
- Act as a resource and support workgroup activities to advance preconception health as well as the Healthy Women Healthy Babies 2.0 as it relates to well women care.
- Promote at the grass roots level the programs and initiatives of the DHMIC, this may include conducting workshops, conferences, and seminars such as decreasing unintended pregnancy rates, improving well woma care/preconception care, postpartum rates, birth spacing, etc.; required to speak before special interest group community organizations, medical and health care groups, or the general public.
- Provide expert consultation in women's and fetal/infant health and recommend modifications to programming based on knowledge of best practices.

One of the WIF Nurse Consultant's projects is to focus on educating young women of reproductive health age on reproductive life planning, working with the Warehouse. The Warehouse concept arose from the need for quality afterschool programs for youth in one of Wilmington's higher crime areas. Unlike a traditional community center, the Warehouse employs a collaborative teen engagement structure involving a network of youth-serving nonprofits that will operate within the Warehouse framework and deliver programs under a shared roof. The mission of the Warehouse is to create a collaborative culture to revolutionize teen engagement in Wilmington with the vision of supporting confident, competent and courageous young adults ready to take the next step in their lives. The Warehouse also creates a physical safe space and network of support for Wilmington teens while nurturing a culture of opportunity that stands in opposition to a culture of poverty and violence. To support the REACH Riverside community revitalization effort, The Warehouse became part of the holistic Community Health and Wellness effort underway in Riverside. To create alignment with the REACH model, The Warehouse is also guided by five pillars of success: Recreation, Education, Arts, Career, & Health. The WIF Nurse Consultant will remain engaged in the Health pillar and offer maternal and child health education on the DHMIC reproductive life planning.

The WIF Nurse Consultant is also promotes the Preconception Peer Education Program and encouraging new colleges and universities to adopt and operationalize the program. The PPE program was implemented in May 2007 by the Office of Minority Health (OMH) of the Department of Health and Human Services, supported by DPH and the DHMIC for replication. This national program was launched as part of its initiatives to eliminate health disparities among racial and ethnic minorities in the U.S. The Preconception Peer Educators (PPE) Program was developed to raise awareness among college students about being well before, during, and beyond pregnancy. The overarching goals of the PPE program are to reach college-aged populations with targeted messages stressing the importance of preconception health and health care, train college students, particularly minority students as peer educators, and provide them with the tools necessary to educate other students of reproductive age (15-44) on their respective campus about the importance of receiving preventive care, education, and counseling before deciding to create a baby. While the program initially was going strong at the University of Delaware, there are some changes in

leadership that are making its sustainability a little rocky. Over the next year, plans include providing technical assistance and support to the University of Delaware to ensure sustainability and engaging Delaware State University as a partner to establish a new PPE chapter.

DPH and the Division of Medicaid and Medical Assistance (DMMA) under the auspices of the DHMIC have begun having conversations with community stakeholders (including birthing hospitals) about the support doulas can provide to women prenatally, during labor and delivery and postpartum and what would be needed to move towards credentialing and Medicaid reimbursement. The DHMIC established a Doula Adhoc Committee, which is led by DHMIC member and legislator, Representative Mimi Minor Brown, to continue to address doula policy and reimbursement opportunities. While many of the services provided by doulas are nonmedical, there is evidence of the benefits of doulas to address health disparities and improve maternal and infant outcomes. There are barriers to designing a reimbursement structure and process for seeking Medicaid reimbursement. Some of these barriers include establishing minimum requirements for certification & training, reasonable reimbursement rates for both Doulas and Medicaid, and billing coverage if doulas enroll as independent providers. Also, because many doulas see themselves as rooted in their communities and not necessarily the formal healthcare system, there is currently no single national doula network or credentialing association and we do not know how many doulas there are in the state/people interested in offering doula services. DMMA, per a law passed this year by the Delaware General Assembly, is required to submit a plan to the Governor outlining a plan, timeline and proposed budget to cover Doulas services under Medicaid. The process of developing the plan is frequently shared with the Doula Adhoc Committee for input, as well as a stakeholder engagement process to inform the plan and implementation of state infrastructure to support a reimbursement pathway under Medicaid. There are two organizations now, including Black Mothers in Power (serving Wilmington) and Parent Information Center (serving Sussex), who have received a DPH/DHMIC Healthy Women Healthy Babies mini grant to work on a small scale pilot to develop a network of doulas, provide training and increase capacity in the state, which will be monitored closely for lessons learned.

Healthy Women Healthy Babies (HWHB) program 2.0, rolled out operations based on the new vision and framework focused on performance-based outcomes. DPH contracts with seven health providers to deliver the HWHB services at 20 locations across the state. The Healthy Women Healthy Babies program provides preconception, nutrition, prenatal and psychosocial care for women at the highest risk of poor birth outcomes. DPH worked tirelessly in collaboration with the DHMIC and several MCH partners to review a recent release of a comprehensive evaluation of the program and specific birth outcomes to help inform plans for improving program quality (2011-2015). Overall, results for the program were more mixed - not as clear as the results were for African American participants, making the case that it was time to revisit the program model to further enhance outcomes.

The HWHBs 2.0 program uses an outcomes-orientation and learning collaborative approach throughout the contracting process and ongoing service delivery relationship. By focusing on outcomes, the program takes an equity-driven approach that deepens funder-provider-participant mutual accountability in designing and delivering services focused on reaching a core set and minimum of 6 benchmark indicators (i.e. screening for pregnancy intention; increase women who have a well woman visit; screen for substance misuse; increase the proportion of HWHB participants that abstain from tobacco use; depression screening and referral; social determinants of health screening, etc.).

Data collection and analysis is central to this new HWHBS 2.0 model as well as continuous quality improvement (CQI) for ongoing learning and improvement. This means that tracking, assessing, and improving outcomes for the HWHB program require a deliberate CQI plan and effort by providers which emphasizes quality improvement. Another important component to the program, providers are required to coordinate and collaborate with a Community Health Worker (CHW), Health Ambassador, Lay Health Advisor (LHA), or Promotora, defined as an individual who is indigenous to his or her community and consents to be a link between community members and the

service delivery system, to further enhance outcomes for women and babies. Resources supporting community health workers are limited, and to demonstrate the value added, Delaware DPH invested in a small Community Health Worker pilot this year focused on engaging women of reproductive age and connecting women to the Healthy Women Healthy Babies providers and other community services and supports in high risk areas in the City of Wilmington. This year, we are leveraged additional funding streams to support expansion into high risk zones in Kent/Sussex Counties.

There is strong evidence that home visiting supports good maternal and women's health outcomes. Since 2010, Delaware has competitively applied for and has been awarded the Maternal Infant Early Childhood Home Visiting Grant (MIECHV) funding through the Affordable Care Act. Funding is used to support evidence-based home visiting programs through increased enrollment and retention of families served in high risk communities. Delaware grant funds are also used to sustain and build upon the existing home visiting continuum within Delaware, which includes three programs including Healthy Families America (known programmatically as Smart Start) Nurse Family Partnership, and Parents as Teachers. This year, additional funding (approximately $345K and a second round of funding) was awarded through the American Rescue Plan to support MIECHV. We will be working with our current MIECHV training and TA vendor to provide related trainings on emergency preparedness and response planning for families as well as any other topics identified by LIAs related to the pandemic. For example, conducting virtual home visits, conducing intimate partner violence and depression screenings virtually. We will also work with our health ambassadors to provide an emergency preparedness workshop for families.

Delaware Division of Medicaid and Medical Assistance (DMMA) continues to explore Medicaid reimbursement for evidence-based home visiting programs and recently released language supporting evidence based home visiting in the Managed Care Organization (MCO) Request for Proposal. While we have learned that there are a variety of approaches and mechanisms for reimbursement through Medicaid, movement on solidifying reimbursement for home visiting services is finally getting some traction. DMMA has secured TA support from Mercer to work with DPH to explore financing models.

In Delaware, there are two different Health Ambassador programs, each striving to make a difference in the lives of Delaware's women and their families and serves as a compliment to home visiting services. This past year, new contracts were negotiated for delivering Health Ambassador Services, in response to an RFP released in June 2017. Studies have shown that the use of community health workers has been documented as a method to enhance health education and promotion with high-risk, hard- to-engage, and underserved populations. As a complementary strategy to home visitation, promotors serve as Health Ambassadors in the largely rural and Hispanic areas of southern Delaware while cultural brokers serve as Health Ambassadors in the urban communities in the City of Wilmington. Health Ambassadors use innovative, creative and culturally sensitive strategies to engage women and families. Health Ambassadors promote health education messaging on a range of maternal and child health topics: before, during and after pregnancy, birth spacing, reproductive life planning, as well as make a direct connection to Delaware 2-1-1 to link with a variety community based services including home visiting services as well as federally qualified health centers that can provide well women care. Health Ambassadors have been critically vital during the pandemic, to keeping families engaged in home visiting and helping families access critical support needs and emergency supplies. The promotors were able to perform contactless drop-off to home visiting families when local stores ran out of essential items such as food, diapers, and wipes. In addition, health ambassador programs quickly transitioned to "Virtual" chat-n-chews and baby showers to create a safe space for women in the community to share their concerns around pregnancy.

School Based Health Centers (SBHCs) provide prevention-oriented, multi-disciplinary health care to adolescents in their public school setting, and also contribute to better outcomes related to NPM 1 Well Woman Care. There is a growing interest for expansion to elementary, middle and additional high schools. School Based Health Centers are going

through a paradigm shift, and there is a lot of stakeholder interest and commitment to understand national and in state innovations in practices and policies, and explore options moving forward to enhance SBHCs in Delaware within the local healthcare, education, and community landscape. Delaware currently defines SBHCs as health centers, located in or near a school, which use a holistic approach to address a broad range of health and health-related needs of students. Services may also include preventative care, behavioral healthcare, sexual and reproductive healthcare, nutritional health services, screenings and referrals, health promotion and education, and supportive services. SBHCs are operated by multi-disciplinary health professionals, which includes a nurse practitioner overseen by a primary care physician, licensed behavioral health provider, licensed nutritionist, and or dental hygienist. SBHCs are separate from, but interact with, other school health professionals, including school nurses and school psychologists and counselors. SBHCs also operate alongside and interact with outside health care professionals and systems.

The Delaware Division of Public Health (DPH), in collaboration with several key stakeholders, completed a year long process to create a Delaware School-Based Health Center (SBHC) Strategic Plan, released in 2021. The planning helped DE develop a model for expansion of SBHCs that is both financially sustainable and anchored in best practices. The goal is to ensure that SBHCs are responsive to the individual needs of Delaware's children - who, for a variety of reasons, may not otherwise have access to the health care system for critical health and wellness services. The final plan was released in June 2021 and is available for viewing at DEthrives.com/sbhc. This year and ongoing, the DPH Adolescent and Reproductive Health Bureau team is working on aligning staff to support implementation of the strategic plan, provide technical assistance to our medical sponsors and support expansion.

For the past 30 years, Delaware School Based Health Centers, located in 33 public high schools, have contributed to the health of the state's high school adolescents and have been an essential strategy to support women's overall physical and mental health. Eventually, these young women and men will be our health consumers, so it is essential to support health and wellness during this critical period and coming of age. SBHCs provide at-risk assessment, diagnosis and treatment of minor illness/injury, mental health counseling, nutrition/ health counseling and diagnosis and treatment of STDs, HIV testing and counseling and reproductive health services (27/33 sites) with school district approval as well as health education. Given the level of sexual activity among high school students, persistent high rates of sexually transmitted infections (STIs) and the numbers of unintended pregnancies, reproductive health planning services are very important. In addition, the Adolescent and Reproductive Health Bureau assembled a team to work with a social marketing vendor on a STI prevention and awareness campaign, called ERASE the STIGMA.

In addition, Delaware's SBHCs provide important access to mental health services and help eliminate barriers to accessing mental health care among adolescents (i.e. women). Over the last couple of years, school district school boards voted and approved to add Nexplanon as a birth control method and offered at the school-based health center sites and as of this writing total 14 sites). This is a major accomplishment being that each school district's elected school board members vote on and approve what services can be offered at each SBHC site. Offering the most effective birth control methods as an option, gives more young women informed choices so that they can decide when/if to get pregnant and ultimately reduce unplanned pregnancies.

Unplanned pregnancies are expensive and cost women, families, government, and society. Extensive data show that unplanned pregnancies have been linked to increased health problems in women and their infants, lower educational attainment, higher poverty rates, and increased health care and societal costs. And, unplanned pregnancies significantly increase Medicaid expenses. By reducing unintended pregnancy, we can reduce costs for pregnancy related services, particularly high risk pregnancies and low birth weight babies, improve overall outcomes for Delaware women and children, decrease the number of kids growing up in poverty, and even potentially reduce the number of substance exposed infants.

Launched in 2016, Delaware Contraception Access Now (DE CAN) (www.upstream.org/delawarecan/) improves access

for all women to the full range of contraceptive methods, including the most effective, IUDs and implants. By implementing Upstream USA's whole healthcare practice transformation approach, DE CAN created a long-term system change for contraceptive access across Delaware. It includes three critical components to help break down barriers for all women accessing contraceptive care. First, it enables health centers to make reproductive care a routine part of primary care by implementing a Pregnancy Intention Screening Question (PISQ) – a variation of the question, "do you want to become pregnant in the next year?" – at every healthcare appointment. Second, if they do not want to become pregnant, DE CAN trains health centers to counsel patients on the full range of contraceptives available to them. DE CAN enables health centers to be able to provide patients with their choice of contraception at that visit – the same day – by training administrative staff on business processes such as billing, coding and stocking devices. Third, DE CAN created consumer demand for contraception by developing consumer-marketing campaigns to educate women about their options for care.

Delaware CAN includes health centers that serve nearly 80% of women of reproductive age in the state. Nearly 2,000 women in Delaware have taken advantage of the "All Methods Free" program during the intensive intervention. Upstream hosted 130 trainings, trained nearly 3000 clinicians and staff from 41 partners representing 185 sites across DE. A key component of the model is quality improvement and implementation coaching that follows each training. During the quality improvement phase of the initiative, Upstream and health centers work together to remove barriers, implement patient centered contraceptive counseling, integrate pregnancy intention screening into the EHR and set up data collection to assess impact. The 41 partners serve nearly 125,000 women of Delaware's approximately 190,000 women of reproductive age. The Division of Public Health's team, along with Upstream, USA worked closely with Medicaid and several MCH stakeholders to ensure that there are no policy barriers to all women getting same-day access to all methods of birth control, at low or no cost. The Delaware Division of Medicaid and Medical Assistance (DMMA) revised its reimbursement policy for hospitals providing labor and delivery services, so that they can offer their patients placement of IUDs and implants immediately post-delivery if patients request them. This change in policy promotes optimal birth spacing and increases access to this birth control method.

DPH has successfully integrated the nationally recognized Delaware Contraceptive Access Now (DECAN) initiative into the Family Planning Program, which sits in the Family Health Systems Section in DPH, where Title V MCH also resides organizationally. Since FY20, the program receives a consistent state GF investment in the amount of $1.5M and furthers the DPH's priority to sustain providing low cost access of all methods of birth control, including the most effective LARCS to low income women across the state. This initiative continues to improve public health by empowering women to become pregnant only if and when they want to by training staff on best practices in patient-centered care and shared decision-making, that will increases their knowledge of all contraceptive methods including mechanism of action, efficacy, risks, side effects and benefits. Developments in the last year, include a bill passed into law that would extend and authorize Pharmacists to dispense and administer hormonal birth control. The Adolescent and Reproductive Health Bureau team is drafting regulations for review and consideration to support implementation.

The Division of Public Health's team, is working with five of the six Delaware birthing hospitals to ensure that all patients can receive the contraceptive method of their choice immediately after giving birth, including immediate post-partum LARCS. This change in policy will promote healthy birth spacing and give women more access to all methods of birth control. Currently the largest hospital system in the state, Christiana Health Systems offers these services, as well as Nanticoke Health Systems and Bayhealth Medical Centers. Beebe Medical Center has trained their providers and have implemented this service in the past year. The Division of Public Health continues to work with all hospitals statewide on training and technical assistance with these new processes and procedures. Furthermore, Delaware's Division of Medicaid and Medical Assistance also implemented a reimbursement policy

change approved by the Centers for Medicare and Medicaid Services (CMS) allowing the cost of long acting reversible contraception (LARC) to be carved out of the federally qualified health center (FQHC) prospective payment system (PPS) rate.

The Pregnancy Intention Screening Questions (PISQ) is an important door opener to discuss preconception health with a woman's health provider and was implemented into the Division of Public Health's Electronic Medical Records System. This was no small feat, especially for a state agency such as DPH, as other DE CAN providers have been struggling with enhancing their EMRs to add a PISQ in their system. DPH Family Health Systems considers this a huge win, which will continue to be a source of data to monitor. The Pregnancy Intension Screening Question has the potential to reduce disparities in care and outcomes, especially for groups with higher rates of unintended pregnancy and adverse birth outcomes. DPH requires that all Healthy Women Healthy Babies providers also include a PISQ benchmark measure for consistency and alignment with the DE CAN program.

DPH has developed a Contraceptive Counseling training based on Upstream, USA's team approach patient-centered contraceptive counseling model and continues to provide support to Sub-Recipient Sites on sustainability of this initiative. This training is offered to all Title X Family Planning sites as well as Delaware Social Service Organizations to provide patient-centered contraceptive counseling for their clients experiencing challenges including substance use disorder, mental health issues, homelessness and domestic violence. A partner resource page has been developed by Upstream, USA so that tool kits and documentation are available to providers to support and sustain the project.

In 2021 the Delaware Family Planning program completed four full in-person training sessions on March 30, 2021, June 28, 2021, August 25, 2021 and November 17, 2021 and as of today we have completed two training sessions in 2022 on February 23, 2022 and May 26, 2022. These trainings included interactive conversations and games that cover topics such as the DECAN initiative, all methods of contraception, bias and coercion, patient-centered/shared decision making, patient centered contraceptive counseling, and hands-on clinical Nexplanon and IUD training for clinicians. On April 6, 2022 we had a non-clinical training virtual training for DOC. The DECAN program will have two additional trainings in 2022 on August 24, 2022 and October 27, 2022.

The DPH Family Planning team has been working with the Department of Corrections (DOC) since the beginning of the initiative to be able to provide access to all methods of birth control to incarcerated women that are transitioning back into the general population and are seeking such methods. Starting November 1, 2020, a policy and procedure was finally approved and these services are available to all incarcerated women in Delaware. All birth control methods provided through this formal relationship with DOC are provided by DE CAN state funds and are managed through the State Pharmacy. The Family Planning Trainer Educator provides training to all women's corrections staff on all methods of contraception, techniques for patient-centered /shared decision making along with training on bias and coercion. This is to ensure that services are offered in a voluntary manner. In addition, a law was passed this year in the Delaware Momnibus that includes offering Doula support services to women in DOC, and the maternal and child health team will monitor the developments of implementing this law to support these women to improve birth outcomes.

Since June 2021, 34 staff members have been trained on the DECAN initiative, all methods of contraception, bias and coercion, patient-centered/shared decision making, patient centered contraceptive counseling, and newly added cultural competency. There have been 12 clinicians trained in Nexplanon insertions/removals and 8 clinicians trained on IUD insertion/removals. A total of 10 provider sites have taken part in the DECAN trainings including staff and providers from Westside Family Healthcare, Brandywine, Beebe Healthcare, Tidal Health, Department of Corrections, LaRed Health Center, Planned Parenthood, UD NMPCC, Sussex Tech High School and Rosa Health Center.

The early evidence of Delaware CAN's outcomes among Delaware healthcare providers is very promising, as Child Trends released a research brief estimating that following Upstream's partnership with the state of Delaware. Child Trends issued a report using available contraceptive data from 2014 to 2017 in Delaware among Delaware Title X family planning clients ages 20–39. The observed movement from moderately effective contraception to highly effective Long Acting Reversible Contraception (LARCs), paired with a small decrease in no method, was linked to a substantial simulated decrease (24.2 percent) in the unintended pregnancy rate among this population. The complete report, including methodology and limitations, was commissioned by Upstream and can be found at ChildTrends.org.

To assess DE CAN's long-term impact, the University of Maryland in partnership with the University of Delaware, is conducting a rigorous and independent evaluation of the intervention. The evaluation includes both a process and impact study and assesses outcomes such as contraceptive use, LARC utilization, Medicaid costs, and unplanned pregnancies resulting in unplanned births. The evaluation is also exploring implementation and identifying key lessons learned to document, contextualize and deepen understanding of the impact of DE CAN. The evaluation involves eight distinct data collection activities and runs from 2016-2022. Data collection activities include: Title X patient survey, Delaware Primary Care Physician survey, interviews with women, male partner interviews, sustainability survey and stakeholder interviews and surveys. Some very preliminary findings were shared:

- We find increases in LARC use for Title X adult patients
- We find increases in postpartum LARC use for Medicaid and non-Medicaid women
- We find increases in LARC insertion for teens enrolled in Medicaid, age 15-18.We do not find statistically significant results for LARC insertion for adult non-postpartum women in Medicaid, age 19-44.

Oral Health for Pregnant Mothers

At the onset of this grant cycle, we set specific objectives for this health priority and we sought to increase the percentage of women who have a dental visit during pregnancy from a reported rate of 40.5% to 43%. We have achieved our goal of increasing the rate to 43%, but we intend to continue our efforts so that we move closer to achieving the national average of 53%. According to PRAMS, the percentage of Delaware women who reported visiting a dentist or dental clinic during their most recent pregnancy rose between 2007 (36.0%) and 2015 (44.4%). While this information shows a positive trend for women in Delaware, we continue to lag behind the national average of 53% in 2015.

According to findings from our 2020 Stakeholder Survey, there is a high desire to address this health priority, but partners feel there is little progress being made thanks, in part, to inadequate resources. The respondents believe there are evidence-based strategies available to help move the needle in this area, but not enough "boots on the ground" to make it happen. The findings tell us that the oral health for pregnant woman and oral health for children is our weakest area of success and respondents advised us to stay the course with seeking to improve oral health rates for both domains. However, during the Needs Assessment process oral health in the Women/Maternal Health Domain did not rank in the top 10 overall.

So, although not selected as a priority, we will continue to work with the Bureau of Oral Health and Dental services on ensuring our partners serving women have resources to educate women on the importance oral health and making referrals to dental services when needed. Our Healthy Women, Healthy Babies program provides support dental services for Healthy Women, Healthy Babies patients through two Federally Qualified Health Centers FQHCs (including one in Sussex County) to help promote access to oral health. In collaboration with the FQHCs and the DPH's Bureau of Oral Health and Dental Services Program, more women of childbearing age will have access to

dental care. We are happy to report that our sister agency, Delaware Medicaid and Medicare Assistance (DMMA) recently negotiated with one of their Managed Care Organizations (MCO) to include Medicaid coverage for adults over the age of 21 for one preventive oral health visit and one set of laboratory dental x-rays per year. This is exciting new progress for Medicaid and MCH will continue to work with DMMA to expand coverage in the future for problem and urgent dental care coverage. We anticipate that the expansion of coverage for preventive oral health care will show trending successes in the coming years.

Women/Maternal Health - Application Year

In May 2005, the Infant Mortality Task Force at the time issued a report that included 20 recommendations to reduce the number of Delaware babies who die before their first birthday (rate of infant mortality) and to eliminate the racial disparity in the rate at which these babies die. The infant mortality rate is generally regarded as proxy for the overall health of a community. The infant mortality rate (IMR) for black babies is 2.7 times that of white babies in Delaware. Maternal age, chronic illness (asthma, hypertension, diabetes), nutrition, infection (STI, HIV), stress, unwanted pregnancy, smoking, and other drug use and lack of prenatal care are all factors that increase the risk of adverse pregnancy outcomes and maternal complications. Therefore, as a result of the IMTF in Delaware and the research that they put into their report, along with their 20 recommendations, one of their recommendations was to create the Delaware Healthy Mother Infant Consortium (DHMIC), a governor appointed consortium comprised of 15 citizens in Delaware who would oversee the IMTF recommendations.

In turn, the DHMIC established the Healthy Women Healthy Babies (HWHBs) program in July 2009. A significant amount of state funds, approximately $4.2M, is invested in several infant mortality reduction initiatives as well as improved health outcomes for women and babies. The primary focus of the IMTF/HWHB funding has been to reduce the number of Delaware babies who die before their first birthday. The strategy has been to identify women at the highest risk of poor birth outcomes and to address any underlying medical conditions that predispose them for poor outcomes before they get pregnant or if they are already pregnant, to work with them to mitigate their risk. The success of this effort lies in the fact that since its inception, our infant mortality rate had dropped almost 30% over the last decade of intense efforts and evidence-based program interventions. Even so, the current infant mortality rate of 7.3 deaths per 1000 live births, which is driven almost entirely by the racial disparity in infant death rates, is still significantly higher than the national average of 5.9. In the past few years, substantial funding has been directed at addressing the social determinants of health which are the major drivers behind the racial disparity. In FY 21 and FY22 in state General Funds $1.5 million has been budgeted to this SDOH effort and will remain a priority. Additional ARPA funds have also been leveraged to support two demonstration projects, one on addressing housing instability and preventing pregnant women from homelessness and a second on a guaranteed basic income pilot, both aimed at improving maternal and infant health outcomes. Over the next year we plan to monitor these demonstration projects. The guaranteed basic income demonstration pilot was launched in April 2022 and the housing instability project is planning to launch in the Fall 2022.

The HWHBs program aims to reduce the occurrence of adverse birth outcomes, infant mortality and low birth weight babies by providing support and services to high risk women during preconception and prenatal care for women who are at risk for poor outcomes. The goal is to provide assistive services to encourage the woman to maintain a healthy weight, nutritious diet, receive appropriate amounts of folic acid, manage chronic disease, address environmental risk factors such as smoking, substance abuse or other stress-inducing circumstances, as well as the development of a personalized reproductive life plan (for all women and men). The HWHB program has been nationally recognized by the National Association of Maternal and Child Health Programs for providing evidence-based preventive services beyond the scope of routine prenatal care.

The HWHB program is housed under the Division of Public Health in the Family Health Systems Section and has completed two full years of the new refreshed model to improve preconception, prenatal, and birth outcomes of Delaware women, particularly those at increased risk. The new model is a value/performance-based approach focused on meeting or exceeding 6 benchmark indicators, with an emphasis on addressing the social determinants of health and incorporates the role of community health workers to further support outcomes. The Division of Medicaid and Medical Assistance (DMMA) was an essential partner in the transformation of the HWHBs 2.0 model and continues to play a role in the program's enhanced model and performance-based redesign. In the next year, we plan to continue to review benchmark data indicators and demographic data as well as explore data linkages of HWHBs 2.0 patient data with Medicaid claims data to monitor benchmarks and outcomes. We have almost two

years remaining in this 5 year cycle to assess whether the new model is moving the needle on producing evidence on improving health outcomes for women and birth outcomes. Two years ago, Medicaid hired a MCH Quality Assurance Administrator or clinical lead who is a Nurse Practitioner, and DPH convenes reoccurring monthly meetings with this individual along with the DMMA Medical Director to align quality improvement efforts with Title V MCH priorities to improve health outcomes for women and babies.

The HWHB Program was developed using a life course framework to explain health and disease patterns, particularly health disparities, across populations and over time. Health is interconnected or a series of inter-dependent stages over the course of one's life. The life course framework recognizes the interaction of behavioral, biological, environmental, psychological and social factors that contribute to the health and well-being throughout an individual's life. The available research is clear that the path to more significant and sustained improvement in the statewide maternal and infant mortality rate and in eliminating the persistent racial disparity lies in addressing the social determinants of health - the social context factors that compromise the health of families which then makes them susceptible poor outcomes.

Over the next year, DPH in collaboration with DHMIC partners plan to further track and analyze benchmark data and the performance based approach to the to the Healthy Women Healthy Babies program, a medical intervention. DPH will also monitor and support 8 community based interventions in high risk zones and an additional 2 new proposed community based interventions released through a funding announcement in August 2022, implemented across the state that address some of the underlying environmental, economic and social structures that impact resources needed for health, such as poverty, lack of stable housing, access to healthy foods, access to early childhood education, medical legal partnership, financial literacy, etc. The plan for the coming year, is to discuss the findings with DHMIC Committees and implementation workgroups and prepare recommendations that take into account the ROI, costs and sustainability, and explore alternative evidence based models, such as guaranteed basic income models (i.e. Abundance birth project in San Francisco, CA). In the coming year, Health Management Associates (HMA) will continue working closely with DPH and DHMIC to serve as a backbone agency as part of the maternal and infant mortality reduction work to build state and local capacity, and test the 8 small scale innovative strategies to shift the impact of social determinants of health tied to root causes related to infant mortality. The primary focus is innovation and to spread evidence-based programs and place-based strategies to improve the social determinants of health and equity in maternal and infant health outcomes. HMA will work with DPH and DHMIC to staff and facilitate the SDOH Workgroup, staff and facilitate a Doula Adhoc Committee, provide coaching and technical assistance to the 8 local community based interventions and 2 more anticipated awardees, schedule quarterly learning collaboratives for partners, provide extensive coaching and technical assistance to existing and new mini-grant awardees, and create shared metrics and tools for quality improvement and overall evaluation.

Delaware Healthy Mother and Infant Consortium (DHMIC) strategic planning will be a priority in the upcoming year. Plans are underway to bring the DHMIC members and DPH staff that support the committee infrastructure together for an in person retreat to revisit and update a 3 year strategic plan and 1 year action plan. The 1 year action plan will be revisited annually to assess progress on several interventions and activities to improve maternal and infant health outcomes. In addition, a concerted effort will be made to onboard and acclimate a new Women, Infant and Families (WIF) Nurse Consultant to support the DHMIC with advancing and promoting the importance of well woman care. The recruitment and hiring process, as of this writing, is almost finalized, and a workplan and deliverables will be developed to advance DHMIC's strategic priorities and the Well Woman NPM 1.

The Delaware Perinatal Quality Collaborative (DPQC) was established in February 2011 as an action arm of the DHMIC. DPH federally funds a Perinatal Project Nurse Coordinator, which is dedicated to promoting the success of the Cooperative. In response to the opioid epidemic, a large part of the last few years has involved monitoring the increases of Neonatal Abstinence Syndrome (NAS) voluntarily reported by hospitals. The Cooperative also implemented a standard

definition of NAS in September 2016 so that all hospitals were identifying babies that met this criterion. In addition, Dr. Khaleel S. Hussaini, Delaware's CDC MCH epidemiologist has developed Perinatal Quality Indicators (PQI's) for Delaware resident hospital births using birth certificate data and worked with Delaware Vital Statistics to provide monthly updates to the DPQC. In addition, Dr. Hussaini developed and launched a real-time data dashboard for the DPQC working with the DPQC coordinator and an independent software as a service (SaaS) vendor. This data dashboard contains inpatient hospitalizations for women of childbearing ages and pediatric population from all Delaware Hospitals in near real-time and first in a kind in the nation. The data dashboard contains algorithms developed by Dr. Hussaini for displaying data for NAS, SMM, and other perinatal quality indicators by hospital for quality improvement (QI) activities.

During the last reporting cycle, the DPQC was formally established in Delaware Code and signed by the Governor during a virtual press conference in July 2020. Data collection and analysis is crucial to the DPQC's efforts to improve the care and outcomes of DE's women and their babies. The foundation of the collaborative is to share current data to use for benchmarking and QA/QI, identify best standards of care/protocols, realignment of service providers and service systems, continuing education of professionals and increasing public awareness of the importance of perinatal care. Establishing the Collaborative in Code will allow them the ability to:

1. Enter binding memoranda of understanding among member institutions to hold each other accountable for sharing quality improvement data and for following the protocols for securely handling the shared data.
2. Enter into agreements with data storage and or transmission companies to provide their services to the Collaborative to enable it to do its work.
3. Apply for funding to support the work of the quality collaborative.
4. The confidence that the quality improvement data that members share will not be released to the public. The quality improvement focus of the Collaborative requires that member-birthing institutions be able to share their quality data freely without concern that unauthorized persons may have access to information. The legislation would enable the collaborative to close some of its meetings to the public. Placing the DPQC in statute will allow for sharing of more confidential data and cases that could potentially be a violation of state data laws but are important for continuous quality improvement and learning among providers/ birthing institutions (i.e. patient data protection including HIPAA). For example, even a medical chart review of 10 patients should not be shared publicly, but this is how the birthing hospitals/institutions learn from each other. The same applies to case reviews.
5. Continue to function in cooperation with the DHMIC.

Preconception peer educators (PPE) will continue to provide community outreach to increase infant mortality awareness with an emphasis on preconception and interconception health targeting the 18+ population. They primarily engage minority serving colleges and universities and develop public/private partnerships. PPE is a state-wide initiative originally created by the Office of Minority Health but brought to fruition in Delaware by the DHMIC. PPE consists of college students becoming trained peer educators via statewide training. Once trained, these students are expected to raise awareness and educate their campus and community about Delaware's problematic infant mortality rate and its effect on families in the area. This involves discussing issues with young women and men to ultimately understand that their personal decisions have a major effect on their future family. The main messages that PPE aims to present are:

1) Delaware's trend of high infant mortality and how this relates to unintended pregnancy
2) the glaring health disparities that exist among black and other minority groups and how this translates within the state's infant and maternal mortality rates
3) the importance of always having a plan to become (or not become) pregnant and how physical, mental, and emotional health contribute to one's preparation for pregnancy.

Currently, the PPE's most prominent chapter exists at the University of Delaware. PPE at the U of D's educational

outreach has included presentations in high school classrooms, informative kiosks on campus, educational presentations to Greek life organizations, and even occasional abroad experiences in Jamaican villages. Over the years, this chapter has evolved in many ways, but currently its students as well as the DHMIC are less focused on community and abroad outreach and more focused on the internal organization of each chapter as well as their presence on campus. There is a current need over the next year to create standardized operations and procedures within this chapter to keep the organization afloat when faced with turnover of leadership and participants. PPE at the U of D plans to operationalize each of their on-campus outreach initiatives to measure its effectiveness in educated the community. The plan is to quantify the direct impact that the education and awareness will have on the community by adapting data-recording methods that have been successful in similar outreach organizations such as Planned Parenthood of Newark Delaware and Healthy Hens at the U of D. Simultaneously, PPE at the U of D will establish a "blueprint" of their developed procedures for those who may be interested in instituting a chapter of PPE at other Delaware universities and colleges (i.e. Wesley College, Delaware State University, etc.). This "blueprint" will include descriptive information regarding PPE at U of D's typical events hosted on campus, the roles and duties of each executive board member, and the methods used to train effective PPEs. In the coming year, efforts will focus on sustaining the UD PPE Chapter, as they identify a new faculty advisor as well as engaging in conversations with the Delaware State University to start a new chapter.

Overall, this current PPE initiative aims to expand preconception health messaging throughout the state to improve the health and well-being of Delaware men, women, and families. By intervening at the high school and college level, PPE brings the topic of family planning to the forefront; through peer-to-peer interactions, the target population of young adults can engage in legitimate and educational conversation about a subject matter that can initially feel intimidating.

Over the next year, we will continue incorporating preconception health education into the clinic-based setting, mainly through our family planning sites as well as our Healthy Women Healthy Babies provider sites. This is an excellent opportunity that will align and enhance Delaware's efforts to transform the HWHBs 2.0 program. Delaware will sustain the Preconception CoIIN work through HWHBS 2.0, and bring lessons learned to scale working with 7 health care providers in Delaware. Milestones include working with providers on implementing small tests of change in asking the Pregnancy Intention Screening Question at the practice site level and gathering data to report on this benchmark indicator, implementing preconception health education in practice based setting, development of education materials and social marketing messaging via DEThrives Facebook, Twitter, and blogs for patients, practice workflow, and prioritizing preconception screening of patients.

DE CAN Sustainability. DE CAN has paved the way for improving access to all methods of contraception, including LARCs. The statewide initiative has improved clinical counseling techniques based on best practices, increased same day access to birth control, increased number of patients screened for pregnancy intention, improved training of staff and clinicians, and increased patient awareness of family planning services. Several outpatient private providers in addition to our Federally Qualified Health Centers serving our most at risk women, are DE CAN provider sites. Many of these providers are already receiving funds (state and federal) through the Delaware Division of Public Health, as Title X/family planning providers or Healthy Women Healthy Babies providers. Essentially, the DE CAN initiative is building on the fabric of our family planning and reproductive health service provider network. DPH and Upstream USA are continuing to refine sustainability activities to fully integrate the key components of the initiative to DPH, and allow for Upstream USA to transition out of the state to replicate the initiative to other states (i.e. State of Washington, North Carolina, Massachusetts, and most recently Rhode Island).

DPH is very pleased to share that there continues to be a sustained funding investment, since FY21, through State General Funds in the amount of $1.5M to support the sustainability and ongoing programmatic costs of Delaware Contraceptive Access Now (DE CAN). DPH in-kind support will continue through DPH and DMMA, a contractual

MCH Epidemiologist (.15 FTE) as well as the State Pharmacy as a mechanism to track, store and distribute LARC devices to participating Title X network providers to support the ongoing sustainability, infrastructure and ongoing operational costs. In addition, DPH gained two (2) new state funded full-time FTEs to sustain limited program operations. At a minimum, the next phase of DE CAN ensures that health care providers (through the Title X network) who serve low-income uninsured women, are equipped to provide the most effective long acting reversible contraceptive methods. Furthermore, DPH plans to sustain limited training and technical assistance as designed by Upstream, in consultation with the Delaware DPH, to support the 39 community health centers[1] through attrition and staff turnover who serve the majority of low-income women. The training plan for the upcoming year includes Zoom hosted Contraceptive Counseling training sessions starting in January 2023, offering a morning and afternoon session every other month for staff convenience until our learning management system is up and running. The DECAN Program is currently working with the TAPP Network to create, build, and implement a learning management system which will house the DECAN training components. In-person clinical insertion and removal training will be offered on a quarterly basis, starting in February 2023. The Family Planning team will offer tailored trainings based on specific provider's needs, making sure that training and technical assistance is seamlessly integrated into their organizational processes and culture. In addition, the Family Planning team is drafting regulations to support implementation of a bill passed last year that authorizes and permits pharmacists to dispense and administer hormonal birth control. The regulations will help Delaware comply with the law and help establish a protocol to implement the law into practice. Furthermore, the Family Planning team will need to develop a training curriculum, expanding current DE CAN training tailored to pharmacists. This will require research, planning, coordinating with the Board of Pharmacy, other stakeholders as needed and leveraging national technical assistance, and assembling a team to assist with developing a training curriculum.

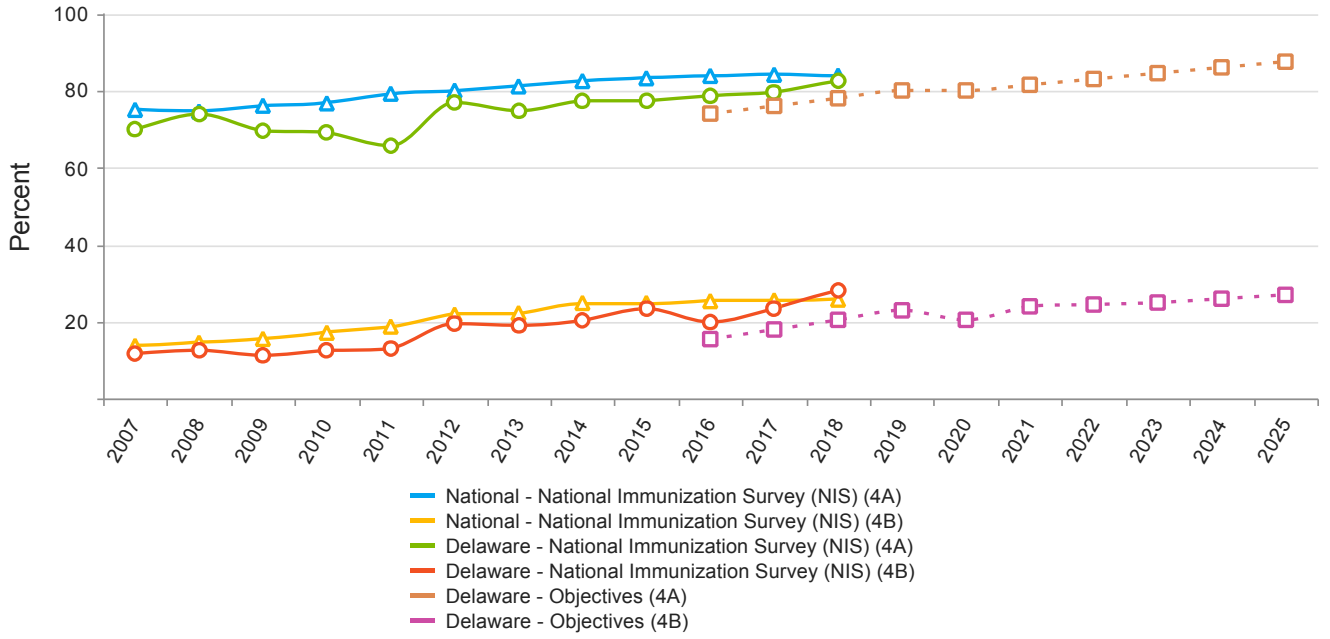
In addition, DE CAN funding will also support a stock of LARCs for those birthing hospitals that provide LARCS immediate postpartum so that access continues for uninsured women. These funds will ensure that a system is in place to sustain access to the most effective methods of contraception, LARCs (IUDs and implants), to Delaware's uninsured and under-insured women of reproductive age.

[1] In CY2022, Title X had a total number of 39 provider sites, including SBHCs that provide reproductive health services.

Perinatal/Infant Health

National Performance Measures

NPM 4 - A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months
Indicators and Annual Objectives



NPM 4A - Percent of infants who are ever breastfed

Federally Available Data					
Data Source: National Immunization Survey (NIS)					
	2017	**2018**	**2019**	**2020**	**2021**
Annual Objective	76	78	80	80	81.5
Annual Indicator	77.2	77.4	78.5	79.7	82.4
Numerator	7,684	7,840	8,010	8,564	8,253
Denominator	9,953	10,127	10,209	10,741	10,019
Data Source	NIS	NIS	NIS	NIS	NIS
Data Source Year	2014	2015	2016	2017	2018

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	83.0	84.5	86.0	87.5

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

Federally Available Data					
Data Source: National Immunization Survey (NIS)					
	2017	**2018**	**2019**	**2020**	**2021**
Annual Objective	18	20.5	23	20.5	24
Annual Indicator	20.5	23.6	19.8	23.6	28.2
Numerator	1,966	2,319	2,019	2,478	2,713
Denominator	9,570	9,811	10,187	10,493	9,615
Data Source	NIS	NIS	NIS	NIS	NIS
Data Source Year	2014	2015	2016	2017	2018

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	24.5	25.0	26.0	27.0

Evidence-Based or –Informed Strategy Measures

ESM 4.1 - Increase the number of birthing facilities that receive baby friendly designation

Measure Status:	Inactive - No progress has been made in the other two birthing facilities becoming a baby friendly hospital. Four have been reaccredited and receive support.

State Provided Data					
	2017	2018	2019	2020	2021
Annual Objective	4	5	5	4	5
Annual Indicator	4	4	4	4	4
Numerator					
Denominator					
Data Source	MCH Program Data	MCH Program Data	MCH Program Data	MCH Program Data	MCH Program Data
Data Source Year	2017	2018	2019	2020	2021
Provisional or Final ?	Final	Final	Final	Final	Final

ESM 4.2 - Percent of infants receiving breast milk at 6 months of age enrolled in home visiting

Measure Status:	Active

State Provided Data					
	2017	2018	2019	2020	2021
Annual Objective	15	61	65	58	60
Annual Indicator	60.3	54.2	54.9	47.9	57
Numerator					
Denominator					
Data Source	MIECHV program data	MIECHV program data	MIECHV program data	MIECHV program data	MIECHV program daa
Data Source Year	2017	2018	2019	2020	2021
Provisional or Final ?	Final	Final	Final	Final	Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	62.0	64.0	66.0	68.0

State Performance Measures

SPM 2 - Reduce the disparity in infant mortality rates

Measure Status:	Active

State Provided Data			
	2019	2020	2021
Annual Objective			5
Annual Indicator		4.6	21.1
Numerator			4
Denominator			19
Data Source		HWHB Program Data and Vital Statistics Data	HWHB Program Data and Vital Statistics Data
Data Source Year		2019	2020
Provisional or Final ?		Provisional	Provisional

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	5.0	5.0	5.0	5.0

State Action Plan Table

State Action Plan Table (Delaware) - Perinatal/Infant Health - Entry 1	
Priority Need	
Improve breastfeeding rates.	
NPM	
NPM 4 - A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months	
Objectives	
By July 2025, increase breastfeeding initiation rates in Delaware from 77% to 84%.	
Strategies	
Continue to strengthen hospital efforts in supporting mothers/babies through comprehensive breastfeeding policies.	
Partner with the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program to ensure that home visitors have the expertise and supplies to support breastfeeding among their clients.	
Coordinate and standardize breastfeeding messages for all DE DPH programs that work with prenatal and postpartum women.	
Support efforts to increase the number of racial and ethnic minority IBCLCs.	
Provide training and coaching to MIECHV home visiting staff to promote breastfeeding best practices.	
Support hospitals to maintain or receive baby friendly designation.	
ESMs	**Status**
ESM 4.1 - Increase the number of birthing facilities that receive baby friendly designation	Inactive
ESM 4.2 - Percent of infants receiving breast milk at 6 months of age enrolled in home visiting	Active
NOMs	
NOM 9.1 - Infant mortality rate per 1,000 live births	
NOM 9.3 - Post neonatal mortality rate per 1,000 live births	
NOM 9.5 - Sudden Unexpected Infant Death (SUID) rate per 100,000 live births	

Perinatal/Infant Health - Annual Report

According to the 2018 Breastfeeding Report Card, 77.4 % of babies born in Delaware were “ever breastfed or fed breast milk” ; lower than the national estimate of 83.2%. Within this measure, there are disparities by both race/ethnicity and household income level. As is the case nationally, rates of breastfeeding are lowest for Black, non-Hispanic infants, as well as infants in low-income households. These disparities are mirrored in the data for longer-term breastfeeding, with the overall rate dropping to just 20.5% of infants who are breastfed exclusively for 6 months; lower than the national average of 24.9%.

According to PRAMS 2020 data, the overall estimate of mothers who delivered a live infant within the past year and ever breastfed was 82.8 percent and currently breastfeeding/at the time of survey was 48.2 percent. Based on PRAMS data, the 2020 prevalence of ever breastfed among Black non-Hispanics was 82.0 percent as compared to 82.6 percent among White non-Hispanics, and 82.4 percent among Hispanics. Similarly, the 2020 prevalence of currently breastfeeding (or at the time of survey) among Black non-Hispanics was 41.5 percent as compared with 50.8 percent among White non-Hispanics and 45.1 percent among Hispanics.

This data shows the need for improvements in overall breastfeeding initiation but also improvement in the disparities that exist in Delaware. In addition, the input gathered through our needs assessment process showed overwhelming support from partners to address this area. Through a survey of MCH stakeholders, breastfeeding was ranked as the number one national performance measure for our Title V program to address in the perinatal/infant domain, and 72% indicated that there was a strong desire among stakeholders to address the issue.

The following activities have been accomplished this past year with the use of Title V funding and through partnerships with entities such as the DHMIC, WIC and the Breastfeeding Coalition of Delaware (BCD).

According to the Ripples Group findings in the Second Quarter Report of Fiscal year 2022 and the WIC WOW Data System:

- Breastfeeding Initiation rates in the WIC population has remained stable at 57%
- Duration at 3 months has remained steady in all clinics at 42% since December 2021
- Duration in all counties increased at 6 months from 27% to 34% since August 2021
- Exclusivity rates at 12 months increased from 19% in December 2021 to 28% in March 2022.

The Delaware WIC Program continues to partner with Christiana Health Care Systems, The Latin American Community Center, Nemours Pediatrics, Westside Family Health, The Breastfeeding Coalition of Delaware, The Perdue Chicken Plants of Milford and Georgetown and The Delaware Healthy Mother and Infant Consortium to strengthen our breastfeeding services in the heart of the community.

According to Ripples findings of the FY 2022 second quarter, a participant contacted by a peer counselor is 91% more likely to be breastfeeding at 3 months and 79% more likely to be breastfeeding at 6 months. Exclusivity rates among WIC mothers remains 5% higher when mothers are contacted by a peer counselor.

WIC offices remain closed to date due to Covid-19 precautions. Participants are contacted by phone for scheduling appointments certifications and recertifications. WIC benefits are loaded remotely and the WIC no show rate because of WIC waiver for Physical Presence remains at an all-time low of 11%.

The virtual breastfeeding classes remain successful. Additionally, a third breastfeeding class was added on the third Saturday of each month starting at 11am. A breastfeeding group will be added for an addition tier of support to the WIC Program participants. The classes are offered the first and third Wednesday of each month at 11am and 5pm. The Breastfeeding Coordinators also taught Levels One and Two of the NEW USDA Breastfeeding Support Curriculum, Learn Together, Grow Together in April and June of 2022.

The Delaware WIC Program will also Virtually host the Annual Breastfeeding Event on August 4, 2022.

One clear need in our state is to enhance the supports that are available to women in the early days and months after birth, when breastfeeding is being initiated and becoming a routine. Over the past several years DPH has worked on expanding state breastfeeding capacity - promoting the transformation of Delaware hospitals into Baby Friendly hospitals and improving access to professional and peer support for breastfeeding in the community. Four out the six birth facilities in the state have received baby friendly designation including our largest birthing hospital. The other two birthing facilities are interested, however little progress has been made. One of the birthing facilities, Nanticoke was bought by Tidal Health and being designated a Baby Friendly facility was not a pressing priority. In the most recent CDC Maternity Practices in Infant Nutrition & Care, Delaware scored an 83 which slighting higher than the national average of 79. The BCD continues to provide support to birthing facilities to maintain certification.

DE WIC built a cross-functional team that includes WIC program staff, local clinic staff, birthing hospital leadership, and community peer counselors to meet quarterly to review the latest breastfeeding rates and develop big and small strategies to enhance the peer counselor role and breastfeeding supports across the state. In coordination with the team, the WIC program does an annual survey of participants to identify issues and inform participant-driven strategies. Some initiatives that the Delaware program has successfully implemented include a major push to inform moms of their breastfeeding rights, increased breastfeeding awareness by state employees in co-located facilities and integrating the peer counselors into the WIC clinics to support groups and foster one-on-one interactions. The team has recently begun looking at service patterns and seeing where targeted intervention can improve supports. The WIC team is also exploring the use of telehealth with our WIC Breastfeeding Peer Counselors in providing virtual breastfeeding classes to our WIC moms.

Black breastfeeding Week Aug 25 - 31st 2021 (italicized section was copied and pasted from last year)

- *DEThrives and community partners came together in observance for Black Breastfeeding Week (August 25th to August 31st) to provide information on the benefits of breastfeeding a Black or Brown baby to improve Black infant mortality rates and improve Black maternal health.* Some of the ways this content was promoted on DEThrives was through *organic and paid posts on the DEThrives channels, posting related Black Breastfeeding community partner events all week long, an op-ed press release was submitted to the News Journal, a Spokesperson Advisory document was used to cover public relations related content,* and a blog post was created to house the community events around the topic.
- Paid media: Facebook (FB) promoted post for Black Breastfeeding Week
    - Between August 16, 2021, and August 31, 2021, DEThrives' Facebook page ran a single image newsfeed ad. The post featured information on celebrating Black Breastfeeding Week (August 25 – 31 2021) and shared news that there was a week of community events to help black and brown mothers. The post brought over 128K impressions (number of times a user saw the ad), with a high engagement rate of 149 post reactions and 34 shares.

    - The Black Breastfeeding Week blog post was written sharing the community breastfeeding related events that occurred in Delaware. This blog post ranked the highest searched for blog post on the DEThrives site during the July to September 2021 quarterly report.

MCH responded quickly to the infant formula shortage dilemma the nation continues to face. On May 13th, 2022, HRSA (Health Resources and Services Administration) sent an email that contained a letter of important information related to the formula shortages. Key messages and resources were shared in this letter encouraging all to share the vital message. The first thing the MCH Bureau did that same day as a response to this message was to quickly inform AB&C to post the HRSA letter at the top of the DEThrives homepage as a call out bar or sticky message. The letter was also distributed electronically via MCH email networks (Title V, Home Visiting, HMG, HWHB partners, DHMIC, etc.). These actions were the first of many immediate responses MCH partook in in response for the infant formula shortage crisis.
MCH worked with WIC and others like DOE to create consistent messaging, consumer friendly flyers (planned to be distributed in grocery stores, drug stores/pharmacies, smaller stores), multiple flyers due to updating info which highlighted key points, a press release, multiple social media posts on the topic, and a blog post.

MCH's main goal was to distribute updated info regarding the infant formula shortage topic as soon as it became available. To provide the public and partners local and national answers and resources to help distribute amongst the affected families. DHSS and others directed the public to the DEThrives blog post (posted on the site on May 26th, 2022), which could also be quickly searched by going to a newly created anchor link, dethrives.com/formula. The blog post is a resource that can easily be updated and is constantly updated as new info is received which includes community resources as well. This blog post was also promoted as a paid ad to help spread awareness (details below). The following includes analytics collected from the anchor link (website engagement) for the "Infant Formula Shortage" blog post from April 1st to June 30th. Per AB&C:

- 394 total users viewed the blog post. This number was based on direct traffic (traffic to the site that results from users typing the URL directly into their browser or having the DEThrives site already bookmarked. Direct traffic could also include any traffic with an unknown source), the promoted FB page, seeing it via social media on FB and IG, a referral source, organic search on Google or Bing, and by email such as Mail Chimp.
- Direct traffic accounted for 44% of sessions while referral traffic (traffic to the site that came from the user clicking on a link posted on another site such as a hyperlink embedded in a press release, news articles, forums, and business directories) reported the strongest engagement (how users interact with the social media post).
- The average user spent almost 2 minutes browsing the page. Typically, users spend 10-20 seconds on

a web page depending on the topic.

- 70% of users who viewed the blog post left the site completely after they finished interacting with the blog post.
    - Site visitor demographics:
        - Most users who visited the blog were female but male users spent a longer time viewing the blog post. Saw a variety of age groups visit the site (18-24, 25-24, 35-44, and 45-54 years old), but users aged 45-54 years old were the most engaged with the blog content.
        - When the blog was promoted on social media, the number of direct users increased to the blog page on DEThrives.

- Paid media: Facebook (FB) promoted post for the Formula Shortage blog post in late May to early June 2022
    - Between May 27th – June 3rd 2022, DEThrives' Facebook page ran a single image newsfeed ad to increase awareness of the Formula Shortage blog post housed on the DEThrives site. The ad targeted people who indicated interest and self-declaration within the Facebook platform that they are parents or show interest in grandparents' content, they are 18+, and living in Delaware. The post will be seen on Facebook & Instagram Feeds, Stories and Instant Articles as well as on partner app sites as a native ad unit. It ran from 5/26 through June 3.

We created a red banner on our DEThrives landing page that consumer could click on to read through all the available resources.

Perinatal/Infant Health - Application Year

With the selection of breastfeeding as a priority for our Title V program, we are building on our partnership with the BCD and the DHMIC, as well as our previous year's activities to improve breastfeeding rates in our state – both initiation and duration

The BCD developed and finalized their Strategic Plan in 2019 and includes several goals under the specific domains below that they continue to implement.
Breastfeeding Friendly Environments:

- Healthcare providers achieve breastfeeding friendly environments.
- Support Delaware hospitals in obtaining and maintaining Baby Friendly Hospital accreditation.
- Businesses support their employees in breastfeeding or providing breast milk to their families for one year or longer after the birth of each child.
- Insurers cover the needs of a nursing mother and her child.
- Become a resource to providing breastfeeding friendly environments at community events.

Education:

- A breastfeeding-literate population that promotes and supports breastfeeding
- Coordination and collaboration amongst entities providing education on breastfeeding.

Policy and Advocacy:

- Create and promote policies that support breastfeeding and advocate for the rights of the breastfeeding women and children.

Internal Organization:

- The BCD is a sustainable and effective organization, funded, structured, and aligned to do its work.

However, the BCD recently acknowledged that they have more work to do in provide equitable breastfeeding support. Some steps, they are planning to take as a coalition are as follows:

- Create a more diverse board for 2021-2022. Ensure membership is not just diverse but that there are opportunities to contribute and take leadership.
- Zero tolerance for racism for members and those who attend coalition events.
- Create learning opportunities on subjects such as implicit bias, equity and inclusion for the community. These will be taught by black women who live and work in our communities.

The BCD was able to use a contractor to survey the existing workplace support programs and use these programs to create a plan for implementing a wide-scale workplace support program. The following materials have been developed:

- A business "sell sheet" that summarizes the reasons that businesses should support breastfeeding in Delaware;
- A workplace support in Delaware presentation that outlines the laws and facts about businesses supporting breastfeeding in Delaware;
- A template letter for women to give to their employers when wanting to return to work while breastfeeding;
- List of key stakeholders for workplace support outreach; and social medial messages for support outreach.

Members of the BCD have been meeting and supporting one large employer in Delaware to assist them in creating a workplace support program. The partnered with the site to create gift bags to advertise the health center to pregnant moms and families that includes resources for pregnancy and lactation. This employer now has lactation rooms stocked with pumps and supplies though a MOU with WIC. They are also offering breastfeeding friendly items in baskets to moms and dads who work there.
We will continue to utilize social marketing techniques to influence women's decisions around infant feeding. Promoting messages and materials through our DE Thrives website is one strategy. The Delaware Division of Public Health (DPH) and the Delaware Healthy Mother & Infant Consortium (DHMIC) are dedicated to awarding mini grants to support local organizations whose results-driven work strives to reduce infant and mother mortality as well as morbidity among minority populations in Delaware.

The Breastfeeding Coalition of Delaware was one of the awarded community-based organizations through the DHMIC Healthy Women Healthy Babies Zone project. The Delaware Breastfeeding Village is an incentive based breastfeeding program that brings families together who may be at high risk for breastfeeding barriers. Black mothers, mothers from low-income families, mothers experiencing housing instability, and non-English speaking mothers are at high risk and are offered text support and monthly breastfeeding education and groups. The program consists of two, 6-month cohorts. In each 6-month cohort, there is a monthly 1-hour breastfeeding education session. Additionally, participants are offered ongoing support and engagement with peer counselors. In Cycle 3, it is intended that there will be 75 mothers per cohort for a total of 150 mothers at the end of 12 months. Process Data Demographic information from the mothers is captured during their initial application and attendance at the breastfeeding education sessions is tracked. Additionally, peer counselors and the IBCLC log their encounters with mothers and the supplies distributed and staff complete timesheets each month to track hours spent supporting the mothers.
Intended outcomes of the program include:

1. Increased breastfeeding duration
2. Identification of most important breastfeeding barriers among new mothers.
3. Identification of the most important supplies used to overcome breastfeeding barriers 4. Increased awareness of the level of staff engagement required to improve breastfeeding behaviors
5. Increased satisfaction with the breastfeeding program Beginning with Cohort 2, participants are completing periodic surveys after breastfeeding education sessions.

These surveys ask mothers about their current feeding methods, breastfeeding exclusivity and duration, any breastfeeding difficulties, overall experience with breastfeeding, what they have learned in the program and any impacts of participating in the program. These data will be available in the next Cycle 3 report.

Pay for Performance Data measures for BCD include the following:

- Process Measure: Peer counselors will have least 1 touch per mother for each month of the 6- month cohort.
- Outcome Measure: At least 50% of the mothers will report offering at least some breast milk to their baby at 6 months.

In Cohort 1, peer counselors have at least one touch per month per month with 72% of the mothers. In order to meet their P4P measure, BCD will need to increase their touches with mothers. In terms of their P4P outcome measure, as of the end of the first cohort in Cycle 3, 85% of mothers report that they are offering their baby breastmilk. BCD's evaluation has not changed since its initial implementation at the beginning of Cycle 3 however, coaches are beginning conversations with BCD about incorporation of national benchmarks into future evaluation work

Thursday, Aug. 25, marks the start of the annual Black Breastfeeding Week (BBW22). Now in its 10th year, this milestone is cause for celebration. It's an opportunity to recognize how far we've come in raising awareness about the racial disparity in breastfeeding rates; how much we've grown — BBW has expanded exponentially, with more than 800 community events nationwide; and how much work there is still to do.
Statewide events are planned for Black Breastfeeding Week on behalf of Delaware Healthy Mother Infant Consortium (DHMIC) with partners from WIC and the Breastfeeding Coalition.

One-week, countless ways to help and support Black and Brown mothers on their breastfeeding journeys. In Delaware, Black babies are 2.5 times more likely to die than white babies before their first birthday. According to the CDC, increased breastfeeding by Black mothers could decrease infant mortality rates by as much as 50%.

EVENTS**:**
The Connect: Black Maternal Health Virtual Pop-Up
Wednesday, August 25, 6 to 8 p.m.
Join us for featured guests, virtual happy hours and workshops dealing with topics like advocating as a Black man, Breastfeeding programs as safe havens and successful legislative initiatives.

Community Baby Shower
Sunday, August 29, 11 a.m. to 1:30 p.m.
Join the Nemours Cares Community Baby Shower, where Expectant mothers will be showered with resources from multiple community experts, as well as essential items to assist with becoming a new mom. Virtual options are available for mothers who cannot or do not feel comfortable attending in-person events.

Lift Every Voice
Monday, August 30, 6:30 p.m. to 7:30 p.m.
Join us for a listening session "Revive. Restore. Reclaim!" We want to hear from you! Share your experiences, thoughts, and ideas.

Breastfeeding: It Takes a Village Part II
Tuesday, August 31, 6:30 to 7:30 p.m.
Learn from state leaders how you can help support breastfeeding, why Black Breastfeeding Week is important, and how breastfeeding relates to Black maternal

After conducting our required MIECHV benchmark evaluation, we selected CQI projects. Our CQI work will be focused on our breastfeeding rates and safe sleep practices of our families. Our FY 22 MIECHV CQI plan update was developed and approved. Our performance data collected indicated that reported breastfeeding initiation rates were low. The percentage of infants aged 6 to 12 months who were enrolled in home visiting for at least 6 months and were documented to be breastfed for any amount at 6 months of age was 57 percent.
Breastfeeding initiation has been an ongoing state priority for the DHMIC as well as for Title V so it makes sense for

MIECHV to align with our priorities.
All MIECHV funded programs are aware that breastfeeding and safe sleep practices need to be improved upon and the current methods by which they are carrying out CQI (e.g., trainings, messaging) have assisted to an extent. We have and will continue to give considerable latitude to programs on how they plan to carry out CQI on these constructs and we will continue to provide TA as needed.

In 2018-2019, Delaware moved in a new direction with annual home visitor wrap-around training. The new training plan was organized around the home visitor competencies as described in the *National Family Support Competency Framework for Family Support Professionals*. One of the many competencies is "Child Health, Safety, and Nutrition and there are three training modules around breastfeeding included, 1. Breastfeeding 1: Helping Mothers Choose Breastfeeding, 2. Breastfeeding 2: Helping Mothers Initiate Breastfeeding and 3. Breastfeeding 3: Helping Mothers Continue Breastfeeding.

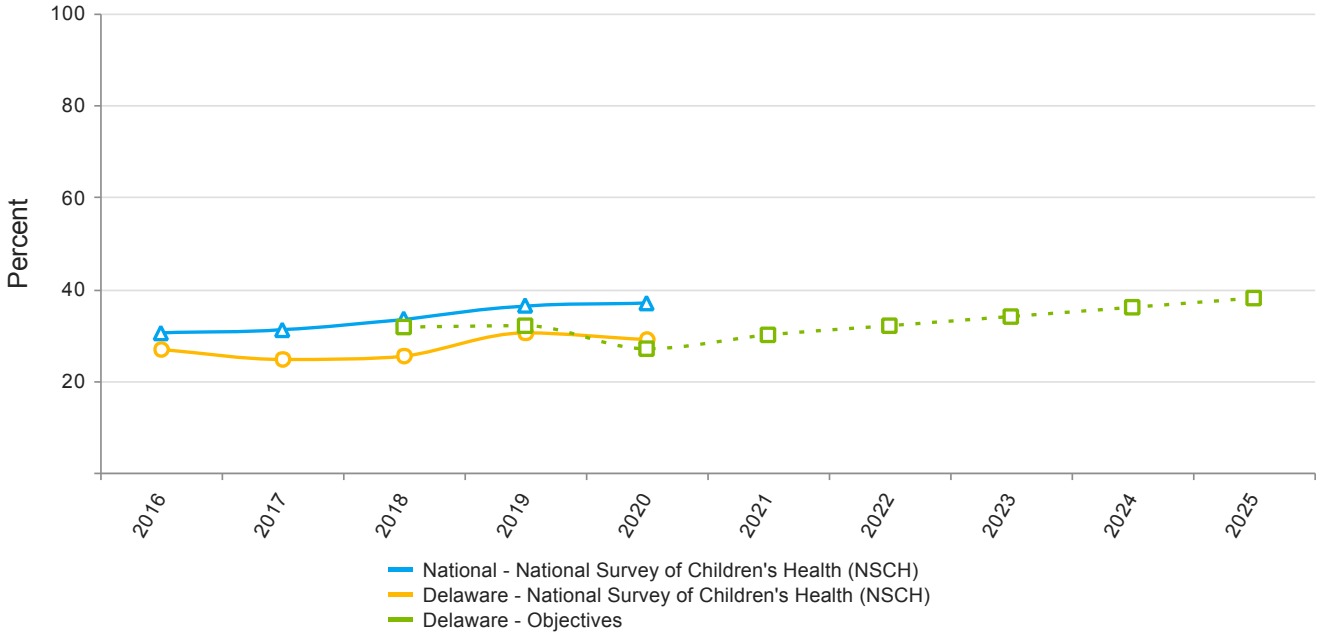
Finally, we will continue to support our home visiting program to ensure that home visitors have the expertise and supplies they need to support women in breastfeeding. This will include helping a core set of staff, spread geographically across the state, to earn and maintain the IBCLC credential when requested. We are hoping to have home visitors with IBCLC certification within all of our evidence-based home visiting models (Nurse Family Partnership, Healthy Families America and Parents as Teachers).

Child Health

National Performance Measures

NPM 6 - Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year

Indicators and Annual Objectives



Federally Available Data					
Data Source: National Survey of Children's Health (NSCH)					
	2017	**2018**	**2019**	**2020**	**2021**
Annual Objective		31.7	32	27	30
Annual Indicator	26.9	24.8	25.5	30.3	29.1
Numerator	5,997	5,633	5,939	6,522	6,073
Denominator	22,305	22,753	23,289	21,559	20,867
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH
Data Source Year	2016	2016_2017	2017_2018	2018_2019	2019_2020

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	32.0	34.0	36.0	38.0

Evidence-Based or –Informed Strategy Measures

ESM 6.1 - Percent of children, ages 9 through 71 months, receiving a developmental screening using a parent completed screening tool enrolled in a MIECHV program.

Measure Status:	Active

State Provided Data			
	2019	2020	2021
Annual Objective			92
Annual Indicator	91.4	83.3	82.2
Numerator	433	398	412
Denominator	474	478	501
Data Source	MIECHV program data	MIECHV program data	MIECHV program data
Data Source Year	2019	2020	2021
Provisional or Final ?	Final	Final	Final

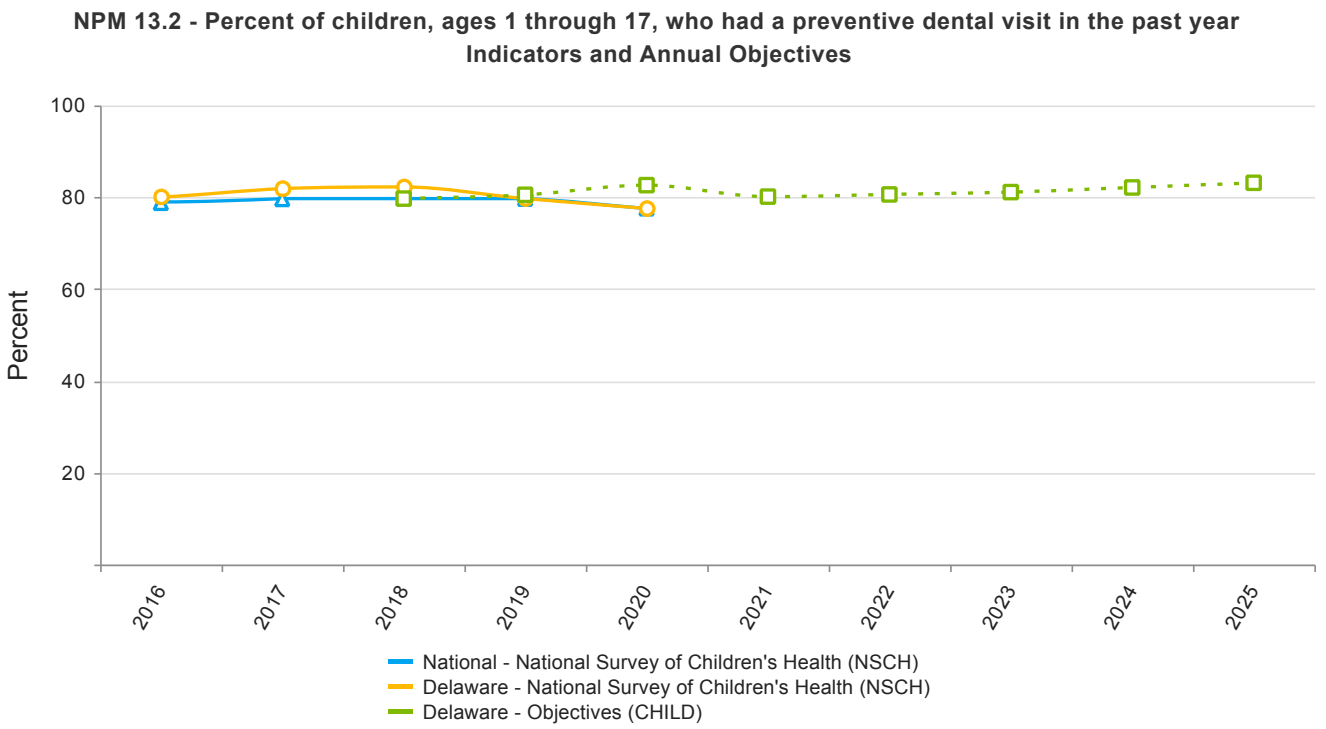
Annual Objectives				
	2022	2023	2024	2025
Annual Objective	94.0	96.0	98.0	100.0

ESM 6.2 - # of new pediatric practices to adopt PEDs

Measure Status:	Active

State Provided Data					
	2017	2018	2019	2020	2021
Annual Objective	36	39	42	45	47
Annual Indicator	37	40	43	43	43
Numerator					
Denominator					
Data Source	DE APP	DE APP	DE APP	DE APP	DE APP
Data Source Year	2017	2018	2019	2020	2020
Provisional or Final ?	Final	Final	Final	Final	Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	49.0	50.0	50.0	50.0



NPM 13.2 - Child Health

Federally Available Data					
Data Source: National Survey of Children's Health (NSCH)					
	2017	**2018**	**2019**	**2020**	**2021**
Annual Objective		79.6	80.4	82.5	80
Annual Indicator	79.9	81.6	82.0	79.7	77.4
Numerator	152,949	155,485	154,827	149,645	148,645
Denominator	191,522	190,614	188,877	187,697	192,077
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH
Data Source Year	2016	2016_2017	2017_2018	2018_2019	2019_2020

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	80.5	81.0	82.0	83.0

Evidence-Based or –Informed Strategy Measures

ESM 13.2.1 - Percent of children enrolled in Medicaid, ages 1 through 17, who had a preventive dental visit in the past year

Measure Status:	Active

State Provided Data			
	2019	2020	2021
Annual Objective			81
Annual Indicator	80.6	78.8	73.6
Numerator			
Denominator			
Data Source	NCHS	NCHS	NCHS
Data Source Year	2018	2019	2019-2020
Provisional or Final ?	Final	Final	Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	82.0	83.0	84.0	85.0

State Action Plan Table

State Action Plan Table (Delaware) - Child Health - Entry 1	
Priority Need	
Children receive developmentally appropriate services in a well coordinated early childhood system.	
NPM	
NPM 6 - Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year	
Objectives	
By July 2025, increase the percent of children, ages 9-71 months, receiving a developmental screening using a validated parent-completed screening tool.	
Strategies	
Train medical and childcare providers on developmental screening.	
Utilize Home Visiting/MIECHV programs to provide the Ages and Stages Developmental Screening tool to clients.	
Improve coordination of referral and services between early care and education, home visitors, medical homes, and early intervention.	
Promote parent and caregiver awareness of developmental screening	
Recruit new pediatric practices to adopt PEDS	
Continue to host Books, Balls and Blocks events for families to educate families on developmental milestones, age appropriate activities and provide an opportunit for children to receive developmental screening.	
ESMs	**Status**
ESM 6.1 - Percent of children, ages 9 through 71 months, receiving a developmental screening using a parent completed screening tool enrolled in a MIECHV program.	Active
ESM 6.2 - # of new pediatric practices to adopt PEDs	Active
NOMs	
NOM 13 - Percent of children meeting the criteria developed for school readiness (DEVELOPMENTAL)	
NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health	

State Action Plan Table (Delaware) - Child Health - Entry 2

Priority Need

Improve the rate of Oral Health preventive care in children.

NPM

NPM 13.2 - Percent of children, ages 1 through 17, who had a preventive dental visit in the past year

Objectives

By 2025, the percent of children 1-17 who had a preventive dental visit in the past year will increase to 87%

Strategies

Promote practice of early childhood medical providers providing oral health screenings, fluoride varnish application, anticipatory guidance, and dental referrals by age one.

Collaborate with Medicaid to increase the number of children and youth who have had a preventive dental visit in the past year.

Increase oral health referrals among children and youth through School Based Health Centers.

Work with Family SHADE and BODS to promote avaialble dental service for CYSHN

ESMs	Status
ESM 13.2.1 - Percent of children enrolled in Medicaid, ages 1 through 17, who had a preventive dental visit in the past year	Active

NOMs

NOM 14 - Percent of children, ages 1 through 17, who have decayed teeth or cavities in the past year

NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health

NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system

Developmental Screening

Our 2020 Needs Assessment showed that Delaware is among the lowest of its surrounding states when comparing children, ages 9-35 months, who received a developmental screening in the past year. 36.9% of these children received the screening, according to the National Survey of Children's Health for 2019-2020. Delaware is also below the national average of 36.9% of children having a completed developmental screening. Developmental Screening was selected as the Most Important National Performance Measure in the Child Health Domain according to our stakeholders. In addition, it was ranked as the second highest priority, when ranking all priorities overall.

In July 2021, the Early Childhood Comprehensive Systems (ECCS) program at the Delaware's Division of Public Health lost its funding from Federal Health Resources and Services Administration. The bulk of the funding supported local place-based community partners to promote developmental health and screening within their communities. It therefore meant a scaling back of developmental health activities, especially at the local level. That said however, Federal Title V funds are currently being used to support the program in addition to state general funds.

In spite of the loss of the ECCS grant our ECCS partners continue, at their local levels, to support the promotion and expansion of the Ages and Stages Questionnaire (ASQ) across early care and education setting. We also continue to sustain the strong rapport with the healthcare provider community, especially through the American Academy of Pediatrics in the implementation of PEDS.

A great accomplishment for Delaware's early childhood community is the passing of House Bill 202 which expands and increases the opportunity for children to undergo developmental screening at an early age to identify those who may be eligible for early intervention or special education services. This effort is led by the Department of Education and targets the early child care and education system. While this is a great feat and has to be applauded, it does not take into account developmental screening that occurs within the health care setting, that is led by the Division of Public Health.

This siloed approach serves as a barrier to systems integration and is not comprehensive and far reaching enough to cover the full scope and state of developmental screening in Delaware. A comprehensive and integrated approach prevents duplicity while assuring efficiency across the board. MCH is committed to work with its DOE partners to assure the establishment of the development screening in the early child care and education arena. MCH will collaborate in areas such as messaging to ensure consistent messaging across the board for providers and parents alike. A comprehensive approach is the pathway to systems integration and it is the hope that there will be "space" within the implementation of this legislation in the near future to consider what else is happening in healthcare.

Results of the 'whole child' and integrated approach is seen in the increase in developmental screening within the early care and education arena, culminating in the recent policy change through the legislation and passing of HB 202, which calls for universal developmental screening within all of Delaware's licensed child care facilities.

Accomplishments:
MCH/ECCS program continues to track the Ages and Stages Questionnaire (ASQ) and PEDS screens. Memorandum of Understanding (MOU) between the Office of Early Learning (OEL) and MCH enables the sharing of ASQ data. ASQ and PEDS data analyses is shared with the Help Me Grow Advisory Committee which has over 30 members representing multi-sector child serving programs:

- Notwithstanding the challenges of the Covid-19 pandemic, which has made it next to impossible to organize in-person Books, Balls and Blocks (BBB) events, the MCH/ECCS program has been successful in organizing BBB Online using zoom. About fifteen (15) BBB online events have been held so far from June 2020 to July 2021. BBB events provide the opportunity for families with young children to engage in fun and educational ways to enhance their developmental milestones while providing access to developmental screens. MCH/ECCS and its partners resorted to in-person BBBs in July, with the lowering of the incidence of Covid-19. These events were at the Delaware State Fair and a number of Head Start centers. The recent upsurge has led to a return to virtual BBBs.
- DPH/MCH continues to fund and provide technical assistance (through the American Academy of Pediatrics) for pediatricians and family practices that are implementing the Parents' Evaluation of Developmental Status (PEDS) tool. There was a total of 13,842 PEDS Online screens completed on children 0-59 months between

January 2021 to December 2021, which corresponds to an estimated 9,090 unique or unduplicated children. The previous year's (2020) developmental screening count was about 855 more than 2021.

- Of the total number of screens administered (13,842) by pediatric practices, 3.6% (321) were high risk for delays while 11.5% were of moderate risk.
- Additionally, of that number of screens (13,842), 2,800 (94.9%) of children between 18 months to 24 months screened for the MCHAT passed the test while 150 (5.1%) failed. Modified Checklist for Autism in Toddlers (MCHAT) screens for autism.
- Overtime, about 20 pediatric practices have been consistent in their frequency of using a validated instrument in screening for developmental delays. Increased outreach this year however, saw the public health clinic at Porter State services center signing up to use the PEDS tool. Furthermore, Henrietta Johnson Medical Center in Wilmington is contemplating implementing the PEDS instrument.
- We continue to partner with the Delaware Chapter of the AAP on an online education webinar targeting pediatricians and family practitioners. The training provides an overview of developmental screening best practices, Delaware's developmental screening initiative, PEDS online tools, the referral process, early intervention including care coordination and community resources (Help Me Grow/2-1-1). This year, saw an expansion of the curriculum to include information on lead screening, oral health and the Reach Out and Read program. The course will be made available on an online education platform that health providers or other stakeholders can access for professional development.
- MCH/ECCS has been successful in implementing a pilot project to test the use of CHADIS as a platform to streamline care coordination gaps that have impaired the EC system overtime. Child Health and Development Interactive System (CHADIS) is a web-based patient engagement and Data collection system for comprehensive developmental/physical and mental health for all ages. The pilot project includes the Delaware Chapter of the American Academy of Pediatrics; Medical Society of Delaware, Division of Public Health, Early Intervention programs and Help Me Grow/2-1-1- (Centralized Access Point). These partners are working with four (4) pediatric practices representing Delaware's 3 counties that have diverse patients and provide Medicaid and non-Medicaid services. The pilot is still in its implementation stages however the results will enable Delaware to promote the CHADIS platform across pediatric and early intervention programs, with the intention of scale up and eventual spread, even across early learning settings.

With the efforts from DPH and stakeholders, a QR code handout was created and was placed on the DEThrives site as a downloadable file in May 2022. This QR code handout is for partners and parents to easily access the ASQ screener. This handout has been used in BBB events and other community events. The idea is to have these available during child related in-person events where available staff would explain what the ASQ is all about to parents and encourage them to fill it out in person. This is a two-sided handout, available in both English and Spanish.

Books Balls and Blocks (BBB) virtual events continued again this year. Spanish speaking sessions were put on hold due to limited availability with partners and the need to increase Spanish speaking families to actually attend them on a regular basis. The prize reward system is still in place where parents will earn gift cards for attending, referring other parents, filling out a survey rating the BBB event, and filling out an ASQ form. Organic posts and email blasts were the main ways of sharing news of upcoming BBB events. One organic BBB social post ranked as one of the top performing FB posts for DEThrives. It was an announcement promoting the Oct. 30th event which was for 1-2 year old children, the topic focused on communication skills, and a representative from *Read Aloud Delaware* attended to talk about their LENA Start program. The post had 17 reactions, 4 comments, 20 shares, 6 post link clicks, and 13 other post clicks.

BBB participated in the Delaware State Fair in July 2021. It happened to be one of the hottest days that summer, so BBB did not see the large turn out rate they had anticipated for (500+ kids).

During the summer months, it is common to see in-person partnered BBB events. As of now, there are three in-person partnered BBB events that are scheduled in August – September 2022.

These two pictures are from a partnered event that happened last summer.

Dental Visit

According to the 2019/2020 National Survey of Children's Health (NSCH), 22.6% of Delaware children, ages 0 through17, have not had a preventive dental visit in the past year. The Preventive Dental Visit (child/adolescent) was another priority that is important to Delaware stakeholders. Our stakeholders recognize that dental health equals overall health and the Title V team has identified that MCH is able to align our collaborations and resources to make an impact on this population.

MCH supported The Bureau of Oral Health and Dental Service (BOHDS) efforts to complete the Basic Screening Survey. The students in 3rd grade were screened in addition to students in kindergarten. Challenges persisted due to fears of COVID, increase of COVID cases during the screening period and additional factors. However, the total number of students screened was four times higher than the last survey completed over 5 years ago. A total of 4,236 students participated in the survey. 2,088 third grade students were screened and 2,135 kindergarten students.

BOHDS will be releasing a report detailing the results of the survey in 2023. The information will used to assist them with updating the oral health state action plan and developing oral health programs. The following PDF represents a snapshot of the data that will be in the upcoming report.

ASTDD Results.pdf

The Delaware Smile Check Program originated as a school-based oral health outreach program in 2017 that provided dental screenings, fluoride varnish applications and referrals to a dentist. Over time this program been evaluated and has transitioned to meet the needs of the community and improve outcomes. During the last year COVID has continued to have an impact on participation. Many partners have declined participation as well as students due to the concerns or being overwhelmed. Through it all the Delaware Smile Check Program continued the program and screened 2,363 students. 2,363 students received individualized oral health education and resources to address their specific needs. 873 fluoride varnish applications were applied to student screened. In addition, through case management 204 students were connected to a dentist and completed care for restorative work that was not completed.

MCH continues to support BOHDS through expanding oral health information, messaging, and marketing on the Delaware Thrives website. Some barriers are being worked through with enrollment for virtual screenings when accessed via phone. Due to problems with the ability to submit the virtual screenings from some phones the usage has remained low. MCH and BOHDS will continue to trouble shoot this for the upcoming year.

Smile Check | Delaware Thrives (dethrives.com)

MCH assists with marketing oral health activities, events, education through DE Thrives Facebook, twitter and sharing with other partners. The Bureau of Oral Health and Dental Services coordinates with MCH to release information through DE Thrives at a minimum monthly on Facebook and twitter. This includes preventive education and oral health events available to the public to support children and their families to maintain good oral health and improve oral health literacy.

MCH also distributed Impression's newsletter through the Sussex County Health Coalition (SCHC) network of over 500 community partners including home visiting programs. The newsletter is developed to address specific oral health concerns in the community and to garner interest in oral health among partners. Below are two of the Impressions newsletters distributed to over 600 community partners and home visiting.

Impressions Summer 2021_Final (delaware.gov)

Dental Tips for Children with Special Needs Newsletter (familyshade.org)

MCH and the Bureau of Oral Health and Dental Services coordinates to release information through DEThrives at a minimum monthly, on Facebook and Twitter. This includes preventive education and oral health events available to the public to support children and their families to maintain good oral health and improve oral health literacy.

An oral health landing page (https://dethrives.com/smile-check) was posted live on DEThrives.com in September 2021. The term "Healthy Smiles" is where general oral health information is placed on the DEThrives site in collaboration with the Bureau of Oral Health and Dental Services (BOHDS). The term "Smile Check" is the name of the dental program by the BOHDS, known as the "Delaware Smile Check Program". The "Smile Check" landing page allows the public to enroll their child for virtual or in-person school dental services. Organizations are also encouraged to participate in this program and to receive "Smile Check" services by signing up. Items such as the "Dental Resource Guide", dental tips for children with special needs, a prescreening checklist, on-site and virtual forms are available in both English and Spanish.

Between May 5th – 11th 2022, DEThrives' Facebook page ran a single image newsfeed ad for the Delaware Smile Check Program to increase site traffic. The ad targeted parents of children aged 0-17 years old, educators (those who classified themselves being interested in youth mentoring, or with a K-12 educated-related job title) aged 18-55 living in Delaware. This ad earned one of the strongest CTRs (the ratio of users who clicked on an ad to the total # of users who saw the ad) for the quarter during April – June 2022 for DEThrives.

MCH has also helped build a lasting connection and relationship between CYSHCN and BOHDS. Information has been shared to assist families with finding a dental provider. The Delaware Smile Check Program has targeted schools that have many children with disabilities and collaborated with dental specialist that can meet the needs of the families for treatment.

As the transition of the Family SHADE project took place in October of 2021 the Family SHADE website continued to promote the Bureau of Oral Health and Dental Services (BOHDS) to expand their reach to the CYSHCN

population by putting the BOHDS information on their Family SHADE website. This continued to afford families easy access to Dentist that were able to serve their CYSHCN. Having the BOHDS information on the Family SHADE website continues to make it more convenient for families to access the doctors that will best serve their CYSHCN and eliminate them calling each doctor to ask if they can serve their child.

Child Health - Application Year

Developmental Screening

In spite of the loss of the ECCS grant our ECCS partners continue, at their local levels, to support the promotion and expansion of the Ages and Stages Questionnaire (ASQ) across the early care and education setting. We also continue to sustain the strong rapport with the healthcare provider community, especially through the American Academy of Pediatrics in the implementation of Parents' Evaluation of Developmental Status (PEDS).

For the fiscal year 2023 application year, the ECCS program will continue to strengthen its partnership with the Office of Early Learning to assure a comprehensive approach to attaining universal developmental screening in all early care and education (ECE) facilities. The ECCS Administrator serves on the recently established State Implementation Team (SIT) charged with launching the universal developmental screening legislative mandate. Delaware is currently the first and only state in the country to require developmental screening statewide for all eligible children enrolled in child care. This policy change was triggered by activities, over the past five years, resulting in changes in the type of screener used within early child care and education facilities which led to the ability to track population health data while lowering costs. This effort was sparked by the ECCS grant which required an integrated approach to addressing developmental health and family well-being. The MCH evaluator is also a member of the Core Team on this project and shares insights and outcomes of 10 years of developmental screening data tracked through the state's (DPH-MCH) developmental screening initiative, with the group.

We will continue to collaborate with the Birth to Three program, through our centralized access point - Help Me Grow/2-1-1. Two (2) new full-time staff provide a robust and timely follow-up to developmental screens administered within the 16 school districts and child care facilities, mandated to conduct developmental screens annually. This is ever more significant as the state rolls out the universal developmental screening legislation by end of 2023.

The ECCS program continues to track the Ages and Stages Questionnaire (ASQ) and PEDS screens. Memorandum of Understanding (MOU) between the Office of Early Learning (OEL) and MCH enables the sharing of ASQ data. ASQ and PEDS data analyses is shared with the Help Me Grow (HMG) Advisory Committee which has over 30 members representing multi-sector child serving programs. Through the Continuous Quality Improvement sub-committee of the HMG Advisory Committee, the data is analyzed for trends and further improvement activities.

Strengthened partnership with the Women Infants and Children program (WIC) this year, has resulted in a Memorandum of Understanding for more collaboration between HMG/2-1-1 and the Home Visiting program to ensure families eligible for either of those services (WIC, home visiting) are referred through the centralized access point. We are now meeting a team on regular basis to build on the MOU and discuss opportunities to better serve our populations.

Through the ECCS program, MCH will continue to fund and provide technical assistance (through the American Academy of Pediatrics) for pediatricians and family practices that are implementing the Parents' Evaluation of Developmental Status (PEDS) tool. As mentioned earlier, through the MOU with the Office of Early Learning, we are able to collect and analyze ASQ screens. Below is a record of screening results in 2021. The results reflect the screens of the two preferred developmental instruments used by health providers (PEDS) and ECE (ASQ).

There was a total of 13,842 PEDS Online screens completed on children 0-59 months between 1/21 to 12/21, which corresponds to an estimated 9,090 unique or unduplicated children. The previous year's (2020) developmental screening count was about 855 more than 2021. Of the total number of screens administered (13,842) by pediatric practices, 3.6% (321) were high risk for delays while 11.5% were of moderate risk. Additionally, of that number of screens (13,842), 2,800 (94.9%) of children between 18 months to 24 months screened for the MCHAT passed the test while 150 (5.1%) failed. Modified Checklist for Autism in Toddlers (MCHAT) screens for autism.

Overtime, about 20 pediatric practices have been consistent in their frequency of using a validated instrument in screening for developmental delays. Increased outreach this year however, saw three (3) public health clinics at the State services center signing up to use the PEDS tool. Furthermore, we also have reached out to some Federally Qualified Healthcare Centers who are still in the contemplation stage.

In the Early Care and Education setting the administration of the ASQ has been robust since most of the school districts across the state signed on to use the ASQ as the preferred tool. The backlog of completed ASQ screens within the Birth to Three range which needed follow-up has been eliminated since the additional hiring of 2 new full-time staff to join the Help Me Grow/2-1-1 staff.

Sixteen (16) school districts, including the Birth to Three program, currently administer the ASQ on an annual basis to enrolled children. In 2021, they administered a total of 6,821 screens, representing 6,372 unduplicated children. There's also a significant progress in the percent of screens that were referred to early intervention for follow-up. The referral rate of unduplicated children "below the cut-off" among all the 16 school districts and the Birth to Three program, ranged between 6% to 84%. Of the sixteen districts and the Birth to Three program, eleven (11) referred 30% or more of the unduplicated children (below the cut-off) to early intervention services. Though there's more room for improvement, it is very encouraging since it points to a progressive trend and the commitment of EC providers to follow-up to assure early detection.

We continue to partner with the Delaware Chapter of the AAP on an online education webinar targeting pediatricians and family practitioners. The training provides an overview of developmental screening best practices, Delaware's developmental screening initiative, PEDS online tools, the referral process, early intervention services, including care coordination and linkages to community resources (Help Me Grow/2-1-1). This year, saw an expansion of the curriculum to include information on Lead Screening, oral health and the Reach Out and Read program. The course will be made available on an online education platform that health providers or other stakeholders can access for professional development. The webinar will made available on the DEAAP website including Delaware Thrives – the Family Health Systems/MCH website.

We are also in collaboration with the DEAAP to support the Reach Out and Read project to encourage pediatric practices, especially those implementing the PEDS tool, to give out books to children, following a well-child visit. In addition to addressing early literacy, and as a result - school readiness and improved relational health, physicians are encouraged to provide information regarding early childhood development such as milestone information, lead screening and oral health, etc. as part of the anticipatory guidance.

Through Book Balls and Blocks events, we continue to foster family and community engagement to increase awareness and knowledge about developmental milestones and the importance of early detection. As a result of the COVID-19 pandemic in-person BBB events were adapted to online versions using zoom. Notwithstanding the challenges of the Covid-19 pandemic, which made it next to impossible to organize in-person Books, Balls and Blocks (BBB) events, the MCH/ECCS program has been successful in organizing BBB Online using zoom. Nearly 18 BBB online events were held in the previous year (2021). BBB events provide the opportunity for families with young children to engage in fun and educational ways to enhance their developmental milestones while providing access to developmental screens. MCH/ECCS and its partners resorted to in-person BBBs in July 2021, with the lowering of the incidence of Covid-19. These events were at the Delaware State Fair and a number of Head Start centers. The recent upsurge has led to a return to virtual BBBs. We will continue to come up with innovative ways to hold this event till in-person events are no longer a public health threat.

As more and more programs participate in screening for developmental health, the question becomes -- how many high-risk screens were referred to early intervention and what were the results of those referrals? This is a question that has eluded most programs. For this reason, MCH/ECCS program is engaged in the CHADIS pilot project which has a referral platform which enables users to track and respond to referrals. The success of this pilot could be a game changer for how referrals are made in healthcare and subsequently child care across the state. DPH will need the support and buy-in of stakeholders and gatekeepers for the scale up and spread of this project in the very near future.

Child Health and Development Interactive System (CHADIS) is a web-based patient engagement and Data collection system for comprehensive developmental/physical and mental health for all ages. The pilot project includes the Delaware Chapter of the American Academy of Pediatrics; Medical Society of Delaware, Division of Public Health, Early Intervention programs (Child Development Watch (birth through 2 years) Child Find (3-5 years) and Help Me Grow/2-1-1- (Centralized Access Point). These partners are working with four (4) pediatric practices representing Delaware's 3 counties that have diverse patients and provide Medicaid and non-Medicaid services. This project will enable physicians to screen families during well-child visits and track any referral to early intervention or other community resources, through a feedback loop. All these efforts will strengthen follow-up services to ensure children identified at risk for delays are referred to and receive early intervention services.

The pilot is still in its implementation stages however the results will enable Delaware to promote the CHADIS platform across pediatric and early intervention programs, with the intention of scale up and eventual spread, even across early learning settings.

A great accomplishment for Delaware's early childhood community is the passing of House Bill 202 which expands and increases the opportunity for children to undergo developmental screening at an early age to identify those who may be eligible for early intervention or special education services. This effort is led by the Department of Education

and targets the early child care and education system. While this is a great feat and has to be applauded, it does not take into account developmental screening that occurs within the health care setting, that is led by the Division of Public Health.

This siloed approach serves as a barrier to systems integration and is not comprehensive and far reaching enough to cover the full scope and state of developmental screening in Delaware. A comprehensive and integrated approach prevents duplicity while assuring efficiency across the board. MCH is committed to work with its DOE partners to assure the establishment of the development screening in the early child care and education arena. MCH will collaborate in areas such as messaging to ensure consistent messaging across the board for providers and parents alike. A comprehensive approach is the pathway to systems integration and it is the hope that there will be "space" within the implementation of this legislation in the near future to consider what else is happening in healthcare.

We will continue to advocate for greater collaboration between early learning and child health and continue with universal developmental screening using the two preferred validated tools in the state – the Parents Evaluation of Developmental Status (PEDS) and Ages and Stages Questionnaire (ASQ). We will continue to pursue shared measurement and the tracking of data to bridge identified gaps to improve children's developmental milestones and the overall outcomes for children and their families.

We continue in engaging families through the development of messaging that resonates with families and are consistent. We collaborate with our early childhood partners to assure consistency in such messaging. Through our social media platforms, Delaware Thrives website, Instagram, You Tube Facebook, we have posted messages on the importance of developmental screening and milestones. We have revamped the website and updated messaging to be consistent with those in the early childhood and education arena, to reduce confusion parents face when challenged with different messaging on the topic.

Plans for the Coming Year:

- Continue partnership to support the Office of Early Learning with the implementation of the universal developmental screening legislation.
- Support efforts to increase the number people/providers/parent leaders trained to use the ASQ and PEDS.
- Continue collaboration with early intervention programs to improve referrals following high risk developmental screens to ensure families are connected to treatment services.
- Work with the AAP and Medical Society of Delaware to assist enrolled practices to address challenges and improve their performance and support appropriate utilization of PEDS Online during primary care well child visits.
- Promote early detection by encouraging physician practices to increase developmental screens and link families to community resources and services.
- Continue with the CHADIS pilot project to ensure pilot practices are fully implementing the platform. Collaborate with partners to scale up and spread use within healthcare.
- Build parent/family leadership and capacity to advocate for themselves and their communities through BBB events.
- Continue organizing community events (virtual and in-person, when appropriate) such as Books, Balls and Blocks events to increase families understanding of developmental screening and milestones.
- Continue opportunities to promote Help Me Grow/2-1-1 as a one-stop-shop for linkages to community resources and referrals.
- Support efforts by the AAP to engage health providers to sign up for the Reach Out and Read program.

Dental Visit

Delaware is tracking along with the national average of children, ages 1 through 17, who had a preventive dental visit in the past year. According to the 2019/2020 National Survey of Children's Health, 77.4% of Delaware children had one or more dental visit, which resembles the national average of 77.5% of children. Unfortunately, this equals to 22.6% of Delaware's children have not had a preventive dental visit in the past year.

MCH feels it is critical to continue to collaborate with the Bureau of Oral Health and Dental Services (BOHDS) while they develop new approaches and integrated new technology into schools and other programs to continue to provide education, dental screenings, and case management to the most vulnerable populations during the COVID-19 pandemic.

MCH (Maternal Child Health) will continue to support BOHDS (Bureau of Oral Health and Dental Services) efforts in reporting the results from the Statewide Oral Health Survey ASTDD. The survey was completed on 2088 students in

third grade and 2135 students in kindergarten, between January 2022 – April 2022. The information will be used to produce a report to be released to stakeholders that identifies the gaps in oral health access to care, insurance, and other barriers to care which were identified through the survey. BOHDS will develop access to care plans, preventive dental programs, and methods to reduce barriers to care to resolve inequities associated with care during the 2023 fiscal year.

BOHDS has been collaborating with Colonial School District to make oral health part of overall health and identify students who do not have dental insurance or have not had a visit to the dentist in the last 12 months. A pilot program will begin in 2022 for BOHDS to complete a dental screening for all children in Colonial School District who indicated they have not visited a dentist in the past 12 months. They will also provide fluoride varnish application and case manage children into a dental home. MCH supports BOHDS in its efforts to include oral health as part of total health through the schools and see it as a critical piece of medical and dental integration and improved access through connecting students to a dental home for routine dental care.

MCH finds it beneficial for children who lack access to dental care to support BOHDS in their effort to support legislation currently in the House. This legislation will allow alternate paths for dentists to obtain a license in Delaware when employed by a FQHC or DPH, which have been a barrier to hiring a dentist in the state. MCH also sees the value in supporting legislation that will be presented in 2023 after the pilot at Colonial School District. This legislation would require all newly enrolled students to receive a dental examination or screening in the 12 months prior to entering school for the first time. It would also change screening consent forms for dental from active consent to passive, to be consistent with the requirements for medical and vision screenings. In addition, MCH will support future legislation to expand the functions of a dental hygienist and dental assistant to be consistent with their level of training.

MCH supports BOHDS efforts to incorporate dental into school-based wellness programs across the state to improve access to care for preventive dental treatments. BOHDS has made dental preventive services, dental cleanings, examinations, fluoride, and dental sealants into one School Based Wellness Centers (SBWC) at Warner Elementary in 2022. BOHDS will continue to collaborate with schools interested in including dental into their school-based wellness centers across the state.

Over the past five years Delaware has struggled to maintain the Delaware Oral Health Coalition. Changes in Directors, lack of resources, funding and COVID have prevented BOHDS from moving forward with an agenda and partners. BOHDS has built relationships with many community partners during this time that work toward improving the health of Delaware residents. BOHDS Dental Director is making it a priority to reestablish The Delaware Oral Health Coalition in 2023 to address oral health access issues and work on improving oral health for all residents statewide. MCH will be supporting the reestablishment of the Coalition to continue the progress made advancing oral health care for children.

BOHDS will continue to expand their early intervention programs for pregnant women and infants. These programs target pregnant teenagers through DAPI and women who are struggling with addiction that are pregnant through DSAMH. Classes are designed to empower and inspire the women to self-advocate for the oral health of their children as well as themselves through receiving preventive dental treatment during pregnancy, and assuring their children receive routine preventive dental care and have a dental home by age one. This program has proven to be successful for the women, infants, and other children in the family and MCH will continue to support the expansion of this service.

MCH finds it beneficial to support BOHDS upgrade of their electronic dental software Dentrix to a new server. BOHDS has no other system available to enter information about patient procedures and conversations with the families regarding case management. Dentrix is the database that holds all information related to dental services and this information is shared with Medicaid through billing to report out for the state on the 416 reports for the Medicaid population. The data collected is not only shared with Medicaid but used to report data on our program activities to MCH and other stakeholders.

MCH sees continued interest and benefit in supporting BOHDS with early intervention for dental services through various programs that target under age 5. BOHDS has provided training for fluoride varnish application, caries risk assessment and referrals to most pediatric providers in Delaware. A certificate is provided to offices that completed the recommended Smiles for Life Courses, participated in oral health training for all office staff and collaborated with one of the Division of Public Health Dental Hygienists during a well child visit to demonstrate how to incorporate billing, education, application of fluoride during the visit. BOHDS will continue with this program and expand oral health education and training to other healthcare professionals in schools, OBGYN offices and family practitioners.

BOHDS will continue collaborating with Delaware AAP Early Literacy Committee by purchasing and distributing oral health books to pediatricians enrolled in the program and providing oral health supplies and educational materials for children under age 5.

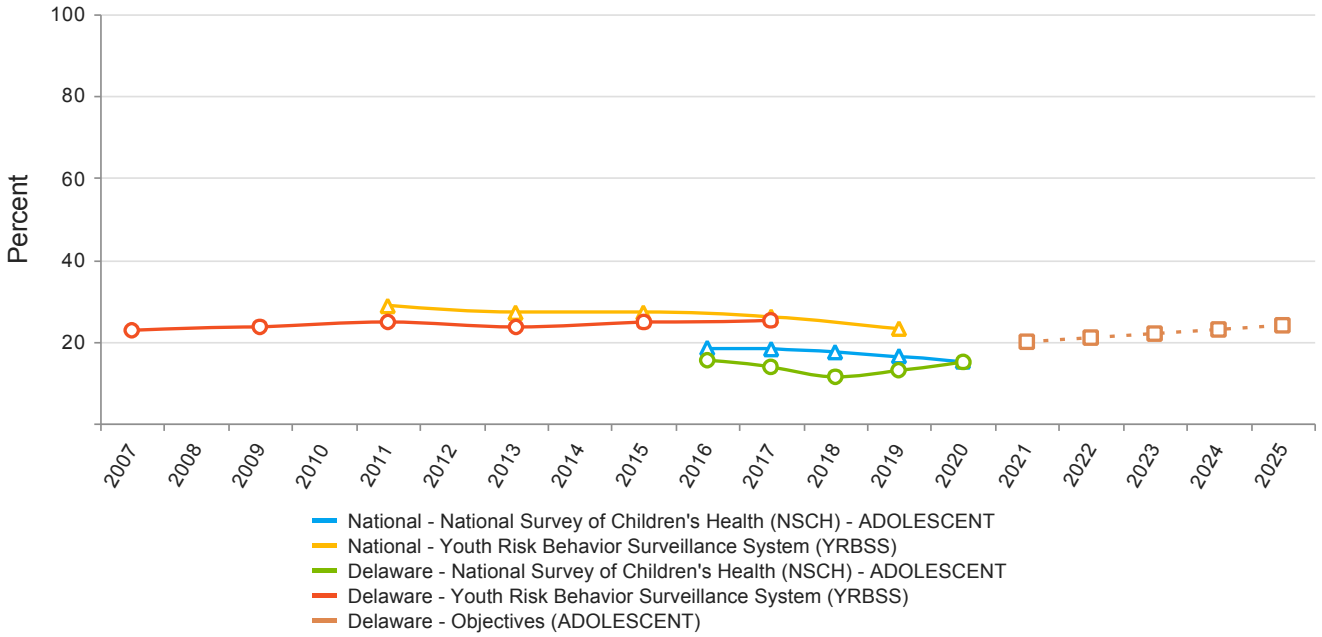
BOHDS has reorganized to dedicate a team for education that will focus on development and delivery of specialized oral health education and trainings for populations at greater risk for developing decay or injury and less likely to receive dental care. These programs will include individuals with systemic health conditions, people who are pregnant, experiencing substance abuse, people with disabilities, people with cancer, mental health challenges, over 21 enrolled with Medicaid or uninsured. Oral health will be promoted within the family, schools, workplace, and primary health-care system to reduce oral health inequalities, connect them to a dental home and improve oral health literacy. MCH will support their efforts by continuing to market for their program, fairs, Storytime, education sessions, and newsletters through DE Thrives, Facebook, Twitter and over 200 Community Partners.

Once the DEThrives website is revamped, the oral health landing page will contain additional info organized into different audience types such as “children”, “teens”, “children and youth with special health care needs”, “pregnant women”, “adults”, and “oral cancer screening” info. Each category will include information for its respective audience type and subject matter with additional resources such as external links, infographics, downloadable PDFs or booklets. The public will still be able to enroll in virtual or in-person services, along with schools or facilities to sign up to receive “Smile Check” services.

Adolescent Health

National Performance Measures

NPM 8.2 - Percent of adolescents, ages 12 through 17 who are physically active at least 60 minutes per day
Indicators and Annual Objectives



Federally Available Data			
Data Source: Youth Risk Behavior Surveillance System (YRBSS)			
	2019	**2020**	**2021**
Annual Objective			20
Annual Indicator	25.1	25.1	25.1
Numerator	9,329	9,329	9,329
Denominator	37,230	37,230	37,230
Data Source	YRBSS-ADOLESCENT	YRBSS-ADOLESCENT	YRBSS-ADOLESCENT
Data Source Year	2017	2017	2017

Federally Available Data			
Data Source: National Survey of Children's Health (NSCH) - ADOLESCENT			
	2019	**2020**	**2021**
Annual Objective			20
Annual Indicator	11.6	13.0	14.9
Numerator	7,828	8,196	9,878
Denominator	67,249	62,967	66,257
Data Source	NSCH-ADOLESCENT	NSCH-ADOLESCENT	NSCH-ADOLESCENT
Data Source Year	2017_2018	2018_2019	2019_2020

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	21.0	22.0	23.0	24.0

Evidence-Based or –Informed Strategy Measures

ESM 8.2.1 - Determine which policy recommendations that address health promotion and disease prevention initiatives in schools and community-based settings that MCH can assist or lead implementation efforts.

Measure Status:	Active

State Provided Data			
	2019	2020	2021
Annual Objective			Yes
Annual Indicator		Yes	Yes
Numerator			
Denominator			
Data Source		MCH Program Data	MCH Program Data
Data Source Year		2020	2021
Provisional or Final ?		Final	Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	Yes	Yes	Yes	Yes

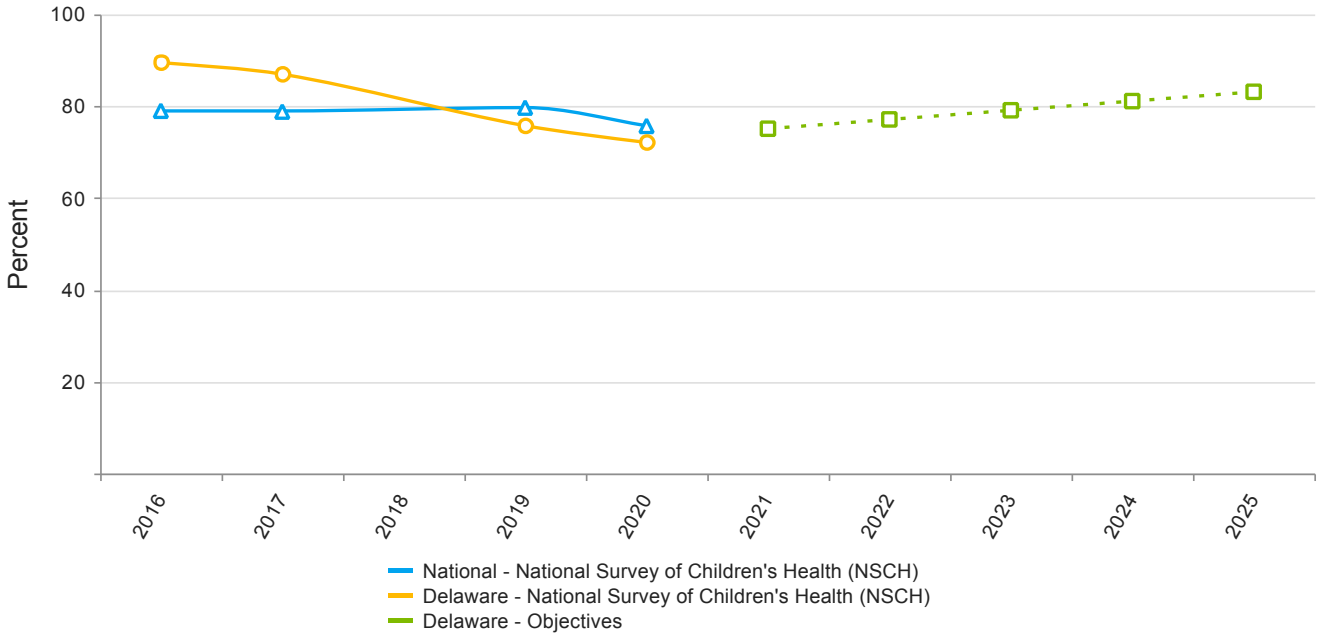
ESM 8.2.2 - DPH will provide technical assistance for FitnessGram implementation, professional development and training opportunities for Delaware educators, and provide online resources and Tool Kit.

Measure Status:	Active

State Provided Data			
	2019	2020	2021
Annual Objective			No
Annual Indicator		No	Yes
Numerator			
Denominator			
Data Source		MCH Program Data	MCH Program Data
Data Source Year		2020	2021
Provisional or Final ?		Final	Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	Yes	Yes	Yes	Yes

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



Federally Available Data			
Data Source: National Survey of Children's Health (NSCH)			
	2019	**2020**	**2021**
Annual Objective			75
Annual Indicator	86.9	75.7	71.9
Numerator	62,537	47,654	48,388
Denominator	71,966	62,974	67,333
Data Source	NSCH	NSCH	NSCH
Data Source Year	2016_2017	2019	2019_2020

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	77.0	79.0	81.0	83.0

Evidence-Based or –Informed Strategy Measures

ESM 10.1 - Finalize the School Based Health Center Strategic Plan, which is anchored in best-practices.

Measure Status:	Inactive - Completed		
State Provided Data			
	2019	**2020**	**2021**
Annual Objective			Yes
Annual Indicator	No	Yes	Yes
Numerator			
Denominator			
Data Source	SBHC Program Data	SBHC Program Data	SBHC Program Data
Data Source Year	SFY 2020	SFY 2021	SFY 2022
Provisional or Final ?	Final	Final	Final

ESM 10.2 - Number of adolescent receiving servicecs at a school-based health center who have a risk health assessments completed

Measure Status:		Active	
State Provided Data			
	2019	**2020**	**2021**
Annual Objective			25
Annual Indicator		29.2	76.2
Numerator		883	4,902
Denominator		3,027	6,429
Data Source		SBHC Program Data	SBHC Porgram Data
Data Source Year		2020	2021
Provisional or Final ?		Final	Provisional

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	75.0	75.0	80.0	85.0

ESM 10.3 - Increase the # of unique mental health visits provided to SBHC enrollees

Measure Status:	Active

State Provided Data			
	2019	2020	2021
Annual Objective			2
Annual Indicator		15	15
Numerator			
Denominator			
Data Source		SBHC Program Data (1 Medical Vendor)	SBHC Porgram Data
Data Source Year		2020	2021
Provisional or Final ?		Final	Provisional

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	15.0	15.0	15.0	15.0

State Action Plan Table

State Action Plan Table (Delaware) - Adolescent Health - Entry 1	
Priority Need	
Increase the number of adolescents receiving a preventative well-visit annually to support their social, emotional and physical well-being.	
NPM	
NPM 10 - Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.	
Objectives	
Develop a cross-system partnership and protocols to increase the proportion of adolescents receiving annual preventive services by 2025.	
Strategies	
Partner with adolescent serving organizations or agencies, including but not limited to family planning, substance abuse and/or community colleges to promote adolescent well visits.	
Complete strategic plan for SBHCs	
Improve data collection at SBHCs	
Communicate with and share resources with school nurses statewide to promote adolescent well visits.	
Provide school-based access to confidential mental health screening, referral and treatment that reduces stigma and embarrassment often associated with mental illness, emotional disturbances and seeking treatment.	
Ensure adolescents are enrolled in a health insurance program.	
Use media strategies (e.g., facebook and instagram posts, websites) in conjunction with other strategies to promote comprehensive adolescent well visits and healthy lifestyles.	
Partner with SBHC and other interested providers to educate and encourage pediatric providers to incorporate transition into routine adolescent well visits.	
ESMs	**Status**
ESM 10.1 - Finalize the School Based Health Center Strategic Plan, which is anchored in best-practices.	Inactive
ESM 10.2 - Number of adolescent receiving servicecs at a school-based health center who have a risk health assessments completed	Active
ESM 10.3 - Increase the # of unique mental health visits provided to SBHC enrollees	Active

NOMs

NOM 16.1 - Adolescent mortality rate ages 10 through 19, per 100,000

NOM 16.2 - Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000

NOM 16.3 - Adolescent suicide rate, ages 15 through 19, per 100,000

NOM 18 - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling

NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health

NOM 20 - Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile)

NOM 22.2 - Percent of children, ages 6 months through 17 years, who are vaccinated annually against seasonal influenza

NOM 22.3 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine

NOM 22.4 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine

NOM 22.5 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine

NOM 23 - Teen birth rate, ages 15 through 19, per 1,000 females

NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system

State Action Plan Table (Delaware) - Adolescent Health - Entry 2

Priority Need

Empower adolescents to adopt healthy behaviors.

NPM

NPM 8.2 - Percent of adolescents, ages 12 through 17 who are physically active at least 60 minutes per day

Objectives

Increase the percent of adolescents students who are physically active at least 60 minutes a day to 49%.

Strategies

Promote physical activity counseling during well-child visits including SBHC visits.

In collaboration with PANO, increase social marketing media and public communication (posters, flyers, etc.) promoting healthy lifestyle and available resources such as bike and walking trails.

Participate in Delaware "cluster collaborative meetings" to encourage coordination among DOE, DPH and DSAMH to address adolescent health and wellness

ESMs	Status
ESM 8.2.1 - Determine which policy recommendations that address health promotion and disease prevention initiatives in schools and community-based settings that MCH can assist or lead implementation efforts.	Active
ESM 8.2.2 - DPH will provide technical assistance for FitnessGram implementation, professional development and training opportunities for Delaware educators, and provide online resources and Tool Kit.	Active

NOMs

NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health

NOM 20 - Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile)

Adolescent Health - Annual Report

Adolescence is a crucial phase in each person's life. Adolescence is a transition phase in physical and mental development which is generally limited to the period from puberty to legal maturity. It is also a time of multiple transitions involving education, training, employment, and unemployment, as well as the development from one state of life to another.

Puberty is a unique life cycle that offers people particular challenges and opportunities. Adolescents consider as a crucial phase in human life that requires extreme parental care, guidance, and empathy. Only with caution, we can ensure that our youth grow into healthy adults who can help improve our society and become their leaders for a bright and prosperous future. Therefore, the goal of effective youth care requires systematic steps to prevent, detect and treat physical and mental disorders in young people.

Adolescence is an important time for promoting good health and preventing disease. Unfortunately, this important time is one that is sometimes overlooked. Adolescent health includes the physical, social, emotional, cognitive, and intellectual domains. It is important to understand the factors that can affect adolescent health so that organizations and individuals who work with youth can support the health and healthy development of all adolescents.

Adolescent Well-Visit

The National Survey for Children's Health (NSCH) shows that the percentage of Delaware adolescents who have had a preventive medical visit in the past year declined from 2017 to 2018 but rose in 2019. In 2017, the percentage was 84.2%, while in 2018 the percentage declined to 70.2%. The 2019, Delaware's percentage of adolescents who have had a preventive medical visit in the past year increased to 75.7%; however, reduced again to 71.9% during the 2019/2020 NSCH combined years. During our 2020 Needs Assessment, our stakeholders identified the adolescent well visit as the number two priority for this population domain and was ranked 7th, overall.

Using National Survey of Children's Health (NSCH) data for 2016-2020 DE saw a 5-percentage point decline in two or more ACEs from 21.9% in 2019 to 16.4% in 2020. During the same timeframe, U.S. saw 1-percentage point decline in two or more ACEs from 18.7% in 2019 to 17.4% in 2020. The percentage of overweight children (85th to 94th percentile) in DE increased by 3-percentage points from 17.4% in 2019 to 20.7% in 2020 and obese children (95th percentile or above) by 1-percentage point from 18.4% in 2019 to 19.4% in 2020. The prevalence of overweight/obesity was highest among Black (non-Hispanic) 40.5% (95%CI: 32.4-48.6) and Hispanic 31.7% (95%CI: 22.6-40.7) children 10-17 years of age and highest among children below 200% FPL 41.7% (95%CI: 35.1-48.4). Similar to the U.S., the percent of adolescents (12-17 years) who had preventive medical visit decreased by 8-percentage points from 75.7% in 2019 to 68.5% in 2020. In general, preventive medical visits declined over 10-percentage points during 2016-2020.

During previous years, 2016-2018, like the U.S., Delaware saw a decline in the prevalence of ACEs. There was a three-percentage point decline in "two or more ACEs" in Delaware among children. For instance, in 2016 the prevalence of "two or more ACEs" was 22.6% and in 2018 the prevalence was 19.6%. However, in 2019 there was a two-percentage point increase in two or more ACE's in Delaware, from 19.6% to 21.9% in 2019, while the U.S. had a one-percentage point increase from 17.8% in 2018 to 18.7% in 2019.

In partnership with Planned Parenthood of Delaware, training is offered for staff at School Based Health Centers (SBHCs) each year. Planned Parenthood attendees range from School of the Deaf, Detention and Treatment Centers from within the Department of Services for Children Youth and Their Families (DSCYF), Delaware Adolescent Program Inc. (DAPI), SBHCs, middle schools, high schools as well as community agencies, partners and parents. In addition, mental health and medical providers participate in trainings provided by Planned Parenthood of Delaware throughout the year. The following list represents trainings provided thus far this year. COVID-19 continues to impact Planned Parenthoods trainings, while some trainings remain virtual other trainings have been offered in person. The following courses have taken place thus far:

3-day MPC/BPBR Curriculum Training	In person	Oct 12, 13 & 14, 2021
HIV Updates with Frank Hawkins	Virtual	10/21/2021
Curriculum Booster	In person	11/8/2021
Supporting LGBTQ+ Youth	Virtual	1/12/2022
Supporting LGBTQ+ Youth	In person	3/15/22
Supporting LGBTQ+ Youth	In person	3/18/22
Teaching Youth About Consent	In person	3/18/22
LGBTQ+ Panel Discussion	Virtual	3/17/22
Teaching Youth About Healthy Relationships	In person	4/5/22
Supporting LGBTQIA+ Youth with Children & Families First DE	Virtual	10/11/21
Approachable Parent Workshop	In person	5/11/22

The Adolescent Health Program team attended a Teen Health Summit hosted by Planned Parenthood at Delaware Technical Community College in Wilmington, Delaware on June 16, 2022. Where remarks were given by Michelle Mathew, Bureau Chief, of Adolescent & Reproductive Health to give insight and information on SBHC services. Resources tables were hosted by multiple organizations and agencies to promote services and products available to increase adolescent and reproductive health throughout the community.

COVID-19 impacted School Based Health Centers across the state of Delaware this school year. A vast majority of schools have returned to in person learning with the option of remote learning and/or hybrid learning, increasing the accessing to SBHC's at the beginning of the year. Many SBHC's implemented telehealth at the onset of COVID which is still in place to ensure are students have access to treatment when needed. Upon availability of the vaccine to adolescents 12 and older, SBHC's have coordinated efforts for the vaccine with medical vendors in the latter months of the school year.

COVID 19 efforts to promote education, testing, vaccines, and awareness has been promoted in various ways throughout the state. Using methods such as:

- Social Media
- Radio Stations
- Bulletin Boards
- School Staff
- SBHC Staff
- Flyers/Posters
- Medical Provider Websites

During the 2020/2021 school year, the School Based Health Centers in Delaware schools administered 912 depression screenings, 1,046 STD screenings, 1,836 Emotional (Mental Health) evaluations, and 6,295 risk assessments. In addition to this, SBHC's in Delaware completed 759 physical exams (well child), 2,379 sports physicals, 171 administrative physicals (ex. ROTC, pre-employment), 1,838 immunizations, and 1,283 nutritional counseling sessions. These numbers have slightly decreased from the previous school year due to the pandemic.

The SBHC Operational meeting this year was held in conjunction with Title X Family planning on October 27, 2021, and May 18, 2022. It comprised of mental health and medical providers from SBHC's, providers and administrative representatives from DPH Clinics, Federally Qualified Health Care Centers, Community Health Care Centers, Planned Parenthood as well as DPH/FHS staff. The Adolescent and Reproductive Health Department attended an Annual Summit with DHMIC on April 26, 2022. Training and topics focused on mental health and service delivery this year. Topics of discussion comprised of the following:

- Lauren Vasquez: Engaging Adolescents and their Caregivers in Reproductive Health on 10/27/2021
- Merigold Health, Community Wraparound Services, Holly Dixon, Manager Peer Services & Dr Tracey Cohen on 10/27/2021
- Angelina Spicer – Postpartum Depression on 04/26/2022
- Jennie Johnson- Reducing disparities and improving outcomes in health on 4/26/2022

- Dr. Teri Lawler: Project Thrives on 5/18/22
- Dr. Seila Raja: Trauma Informed Care on 5/18/22

In addition to the above training, the Adolescent and Reproductive Health Unit completed a virtual Leading with Equity: Creating Spaces Where All Youth Can Succeed June 28-30, 2022 with Family & Youth Services Bureau. This conference afforded DPH the opportunity to engage with multiple speakers, interactive workshop sessions and opportunities for networking.

Legislation was submitted and approved; House bill No. 129; awarding $170,000 to two high needs elementary schools per year until all high needs elementary schools are in compliance. There are currently 20 high need elementary schools in the state of Delaware. May 3, 2022, Kuumba Academy Charter School became a State Recognized School-Based Health Center Provider. As a SBHC they have applied for and are eligible to provide medical, mental health care treatment and health education to promote a healthy lifestyle. This center will serve children in grades K-8 allowing access to services such as sports physicals, reproductive health needs, and mental health counseling. May 9, 2022, Odessa High School became a State Recognized School-Based Center Provider, providing sports physicals, reproductive health needs and mental health counseling.

Mental and Behavioral health services continue to be an area of growth and development. In some locations SBHCs continue to struggle to provide services to students due to staffing shortages and frequent turnover rates. While others are able meet and exceed their projected goals to service for mental and behavioral health services. Some SBHCs are still experiencing difficulties servicing students due to the parameters of COVID 19; many have implemented telehealth services to provide an increasing needed service to students.

The Strategic Plan that was developed by the Division of Public Health/ Family Health Systems/Adolescent Health was an intense, virtual, strategic planning process in which 13 goals was established to produce a synchronized organization of SBHC's across the state of Delaware. The plan is currently being implemented in all stages throughout the state with continued coordinated efforts with stakeholders such as the department of education, medical vendors, Delaware School-based health Alliance, etc. https://dethrives.com/sbhc. As we continue to implement the plan SBHC continues to evolve and develop allowing students to utilize services needed such as mental health, reproductive health and well visits.

Between 12/10 and 12/20/21, DEThrives' Facebook page ran a single image newsfeed ad. The post featured information to raise awareness of the COVID-19 vaccine for children. The post built over 30K impressions (total number of times a user saw the ad) with 4 clicks and 3 post reactions. The link drove to a resource posted from DHSS which can be found here.

This past year, two Strategic Steering Committee Members, Dr. Jon Cooper (Co-Chair) and Dr. Aileen Fink (Co-Chair) along with a Pediatrician, Dr. Priscilla Mpasi, answered SBHC related questions for promotional purposes. The questions they answered were organized into short form videos in December 2021. The collection of videos can be viewed on the DEThrives' YouTube channel on its own playlist found here and will be spread online to help with additional SBHC messaging and promotions. New materials and recognizable SBHC colors and imagery were created to share where SBHCs sites are throughout Delaware. This information was placed on newly created materials such as a site map, roadmap, and FAQ which can all be found on DHSS' SBHC landing page and on DEThrives' SBHC landing page at https://dethrives.com/sbhc.
An op-ed along with launching organic social media posts commenced phase one (explained below) for launching SBHC work on social media in February 2022. The op-ed was shared by partners such as the DOE and DPH to help spread the word of SBHCs. Also, this SBHC op-ed post ranked as one of the top performing FB posts for DEThrives during the Jan – March 2022 quarterly report.

Organic (free) SBHC related social media posts first started airing in February 2022. New content appears once every month since then. The one SBHC related post that had the most engagements (how users interact with the social media post) is one that was posted on DPH's FB page in March 2022. The post provided a list of services SBHCs offer with eye catching imagery that went along with the new recognizable SBHC branding. DPH's post earned 32 reactions (27 "likes", 5 "loves"), 6 comments, and 6 shares compared to the 2 "likes" on DEThrives' FB page. Also, this post ranked as one of the top performing Tweets on DEThrives' Twitter page during the January – March 2022 quarterly report.

It was decided among the Bureau Chief for Adolescent & Reproductive Health and her team, that the launch of SBHC related info on social media will be done in two phases. Phase one consisted of overarching introductory messaging of SBHCs. The target audience for this phase was very broad which included stakeholders, state legislators, school administrators/principals, and parents in Delaware. Phase two will be implemented during the next grant cycle. The goal was to raise awareness that:

- SBHCs exists in Delaware and there is an effort to develop more in elementary schools across the state. There are 33 high schools and 12 elementary schools participating in SBHCs in Delaware. Last year there were 32 high schools and 7 elementary schools participating in SBHCs currently.
    - To inform the audience what SBHCs are and why they're important
    - To describe the type of services SBHCs offer such as:
        - Mental health services
        - Physical exams
        - Treatment for minor illnesses and injuries
        - Health screenings
        - Women's health
        - Reproductive health
        - Immunizations
        - Nutrition and weight management

DPH had previously signed multi-year MOUs with various school districts in an effort to support and build resilient children and improve the social and emotional wellness of children and adolescents.

(https://www.lifeskillstraining.com/botvin-lifeskills-training-middle-school-program/). During the 2019/2020 school year, 12 middle schools representing 5 school districts completed the Botvin LifeSkills program. This represented 1,257 students who completed pre/post surveys.

Unfortunately, COVID-19 restrictions have impacted this program for another year. During both the 2020/2021 and 2021/2022 school years, there were no new schools and/or districts that delivered the program, and no new MOUs were signed. COVID also impacted the implementation in that all curriculum needed to be online and Botvin did not provide on online resource (i.e. – only paper workbooks) for students. Additionally, pre-post assessments are not available online for teachers to access. Unfortunately, this was a major barrier for teachers.

During the 2021/2022 school year, no data was collected regarding Botvin LifeSkills while children were online, and when the students finally went back to school, no new requests were received. As of now, the MOUs are all ended and no new materials for distribution have been purchased. Due to COVID, there is no longer a funding priority and no further opportunities through DPH.

The Take Care Delaware Implementation Team, comprised of law enforcement, educators and mental health providers, spent 2018-2019 working together to create guidelines for implementation. In July, 2019, Governor John Carney signed Delaware House Bill 74 (Take Care Delaware program), enabling a partnership between law enforcement and schools to adopt a trauma-informed approach to children who have been identified at the scene of a traumatic event. With that, we had what we needed to address the needs of children traumatized by violence in their homes, schools and communities.

DPH worked with members of the Delaware State Police (DSP), DOE, and the Department of Services for Youth, Children, and their Families (DSCYF) to explore implementation of a program called Take Care Delaware. This program is modeled closely to the Handle with Care Model that was implemented in West Virginia, Maryland and Tennessee. This program provides a statewide trauma informed response to child maltreatment and children's exposure to violence. The model states that "If a law enforcement officer encounters a child during a call, that child's information is forwarded to the school before the school bell rings the next day. The school implements individual, class and whole school trauma-sensitive curricula so that traumatized children are "Handled With Care". If a child needs more intervention, on-site trauma-focused mental healthcare is available at the school."

As of this reporting period, the program has been implemented in eight different school districts across the state of Delaware. In addition, 10 Delaware law enforcement agencies are participating in the program. The program began during the 2021/2022 school year (9/1/21 – 6/10/22) and there have been 754 incidents generated, which equals to 1,039 notices.

Once this is complete, Take Care Delaware will begin the process again of scheduling meetings with New Castle County Vo-Tech and Charter Schools, as well. COVID -19 has unfortunately slowed this progress as well. We look forward to establishing a partnership with DSP to support this effort in an attempt to address the social determinant of health impact on children who are exposed to violence in the home.

For our selected prior of increasing the number of adolescents receiving a preventive well-visit annually to support their social, emotional and physical well-being, we have focused on access and availability of mental health resources.

We partner with our School Based Health Centers to address increasing the number adolescents who receive an annual preventive medical visit. Our School Based Health Centers offer mental health support and counseling so even though Bullying was not selected during this cycle, we still plan to support the emotional well-being of adolescents. MCH also understands that bullying behavior can be triggered at much earlier ages. With this in mind, our Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program and our Early Childhood Comprehensive System (ECCS) programs have a focus on social and emotional wellness and provide materials and education to the families and communities they serve. School Based Health Centers have also expanded into elementary schools in Delaware as well.

During the last grant cycle, we began a partnership with the Cooperative Extension, University of Delaware, Health & Wellness Ambassadors. U of D Health Ambassadors are a team of Teen Leaders and Adult Mentors who advocate for a holistic healthy lifestyle across the state. Health and Wellness Ambassadors are role models and official representatives and promotors who help plan and implement the Delaware 4-H Healthy Living Program aimed at improving the health of themselves, their peers, and their community.

4-H Healthy Living Program topics include nutrition, fitness, mindfulness, substance prevention and life skills. Their goals are to promote healthy lifestyle choices, create media about healthy living, participate in community outreach and education, asset building, education, and promotion, and to create and facilitate community change.

The Health Ambassadors are trained in various holistic health topics and often help to teach programs in the community. They also help to plan and work at local healthy living events across the state. Adult Leaders are often college-aged health science major or graduates. Teen Leaders receive mentorship and support from Adult Leaders as part of the program.

Poor mental health in adolescence is more than feeling blue. It can impact many areas of a teen's life. Youth with poor mental health may struggle with school, grades, decision making, and their health. Unfortunately, because of the Covid-19 pandemic, we were unable to fully partner with our School Based Health Centers and Delaware school districts during the 2021/2022 school year. Our hope was to work with the School Based Health Centers and the school districts to promote teens who need emotional and mental health treatment. Our goal is to begin the partnership once again with the Department of Education and the school districts to promote a health messaging campaign to address mental health treatment.

This year, DPH planned to work with the Department of Education to sponsor a poster contest that promoted teens to seek emotional and mental health treatment, when needed. Unfortunately, there is oftentimes a stigma associated with mental illness, emotional disturbances and seeking treatment. The purpose was for youth and adolescents to know they can request assistance when dealing with mental illness – and not feel ashamed about it. Mental illness can affect a person's thinking, feeling, mood, or behaviors. Young adults should feel comfortable when asking for help when dealing with mental or emotional concerns and should never feel embarrassed.

The intention was for all Delaware middle school and high school students to be eligible to enter a creation to the poster contest. DPH was trying to raise awareness and reduce the stigma associated with seeking and accessing treatment for mental health concerns. We aimed to engage teens to creatively address the topic of mental and emotional wellbeing. Teens and young adults should be encouraged and feel comfortable when asking for help dealing with mental or emotional concerns. MCH strategized on the prizes, as we sought to keep them aligned with "health" in mind. We chose items such as an Apple or Garmin watch, Beats or AirPods, and a one-year subscription to Spotify. We hoped to get the youth excited about an item that could help keep track of health related topics such as exercising, walking, dancing, etc.

The original goal was to launch the poster contest in February 2022 during an annual DOE Teacher's Expo. The intention was to advertise the poster contest to the teachers, who would take it on as a class project or an extra credit assignment. In addition, having the poster contest conclude before state testing began in April was ideal. Unfortunately, the expo was cancelled due to low response rates. In addition, the contest rules, criteria and prizes had not yet been cleared through the approval process within DPH. The next determined release date was May, during Trauma Awareness Month. Unfortunately, the contest rules and prizes were still not cleared through the DPH Deputy Attorney General's office, so we decided not to pursue the contest during the 2021/2022 school year. Our intentions are to aggressively get approval of the poster criteria over this summer and release the contest at the beginning of the 2022/2023 school year.

Once the poster project is launched and a winner is selected, we plan to share the winning exhibit, along with all entries, on our DEThrives website. We also have plans to advertise the exhibits on our other social media platforms as well. DPH would also like to pursue working with the winner's middle school or high school to advertise the poster directly within the school and district wide. We feel this could also reach more adolescents who are struggling with seeking help for emotional or mental health concerns. MCH plans to work with our Adolescent Health Program Manager to expand the poster contest in the future by working with the School Based Health Centers.

Recently, the Delaware Department of Education (DDOE) developed and launched Project THRIVE, which helps children receive trauma-informed support from their schools, communities and caregivers. Project THRIVE provides free mental health services to eligible Delaware students. Services are available to students, grades pre-k through 12th grade, attending Delaware public schools, private schools, parochial schools and homeschools.

Project THRIVE services help students who are struggling with traumatic situations, such as physical or emotional abuse, community violence, racism, bullying, and more. Trauma can harm mental and physical health, and limit school success. Project THRIVE services help students:

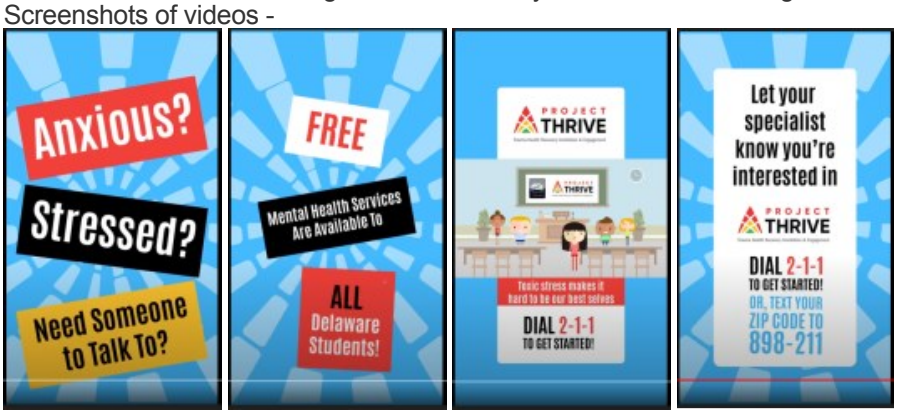
- Process and understand traumatic situations
- Attend school regularly
- Better control emotions and behaviors
- Develop coping skills for managing stress at home and school

Children and youth thrive in the presence of thriving caregivers. Project THRIVE is committed to supporting caregiver agency and helping them become good consumers of mental health care on behalf of their children. The

mental health provider of choice will be supported in delivering trauma-specific mental health services.

During this past grant cycle, MCH partnered with the Department of Education (DOE) to expand advertisement of Project THRIVE. The need for self-identification of trauma has become a critical component to the success of Project THRIVE. MCH is committed to the success of this program and worked to conduct preliminary research and determined the path forward to deliver targeted advertising to reach youth to increase self-identification and subsequently, utilization of Project THRIVE's services. The advertisement campaign is focused on building awareness of Project THRIVE to adolescents. The existing video was adjusted to fit each advertisement platform. We selected YouTube, TikTok, Instagram, YouTubeKids, Snapchat and Spotify to advertise with.

The campaign started on July 21st, 2022 and will run for three months. The communications vendor's plan is "to identify areas of optimization and propose adjustments by platform based on performance and outcomes" within those three months. Meaning, the vendor plans to closely monitor the traffic that is coming from each platform and will adjust the ways the ads are being presented (change the image, change the posting time, etc.) depending on the analytical metrics collected during the campaign. From doing this, DPH in collaboration with the DOE, can receive optimal results with the help of the changing tactics to maximize the reach with the campaign. If paid media is being changed to optimize results during the campaign, then the chances of a user seeing info about this service and ultimately enrolling in this service increases. We will also be provided with a final report containing insights and recommendations for moving forwards with any additional advertising.
Screenshots of videos -



In addition, MCH is also assisting with DOE's Project THRIVE by generating brand awareness to increase program participation through a paid print materials advertising campaign. These digital advertising messages will reach students and families in their homes or on-the-go over the summer. There is an additional need to promote Project THRIVE in the school environment. The most effective way to reach students and educators is with print materials that can be viewed and distributed in schools. We selected to use Project THRIVE's existing brand elements and will create a banner for each middle and high school in the state of Delaware, ten posters for each middle and high school within the state as well as 100,000 stickers for each middle schooler, high schooler, and homeschooler within the state. Each banner, poster and sticker will contain a unique QR code, linking back to DOE's page. Each sticker will be handed out in schools throughout Delaware. There are 59 public middle schools and 52 public high schools. Our goal is to have the print materials delivered to each school in time for the beginning of the 2022/2023 school year. Plans of distributing the materials are still in the works. Some ideas include:

- Working with the DOE to post content directly to counselors, nurses, psychologists, deans, superintendent offices, etc.
- Public Information Officers (PIO) and district leaders need to loop the video in the district offices and school offices.
- Putting info in each of the Superintendent and Principal's weekly/monthly email blasts to families. May do this at an administrative level sometime in September 2022.
- Posting videos or content in other places outside of school locations such as Division of Social Services, Division of Child Support, Division of Motor Vehicle, etc.
- Working with someone from the Delaware State Education Association (DSEA).

Content will also be shared organically (free) with the help of DPH and the DOE. The plan is for DPH to create organic posts and stories tagging the DOE on social media (Facebook, Twitter, and Instagram) so the content can be reshared by the DOE and other partners to help broaden the message. The call to action is to visit the newly created anchor link "de.gov/projectthrive" (brings you to the part of the DOE webpage that is more consumer friendly rather than reading about background info on the services first that may cater more to professionals) to learn more

info and to dial 2-1-1, or text your zip code to 898-211 to learn more info or enroll in the services.

Banners –

Posters -

Stickers –

Physical Activity (ages 12-17)

The prevalence of obesity among Delaware adults doubled from 13 percent in 1992 to about 28 percent in 2007. Fortunately, the prevalence has been relatively level since 2007, staying close to 29 percent from 2007 through 2015. To address this major public health challenge, DPH promotes policies and systems changes, and implements programs and strategies in the following areas: Physical Activity, Health Eating and Obesity Prevention.

According to the 2019/2020 National Survey of Children's Health (NSCH), Delaware is among the lowest of its surrounding states when comparing the percentage of adolescents, ages 12-17, who are physically active at least 60 minutes per day. Additionally, 19.3% of Delaware's adolescents are physically active zero days per week. Although Delaware is the lowest of its surrounding states when it comes to adolescents being physically active every day, resting at 14.9%, this percentage has trended upwards from 11.6% in the 2017/2018 NSCH and 13.0% from the 2018/2019 results. During our 2020 Needs Assessment, our stakeholders selected increasing physical activity among this population as the number one priority for this population domain and was ranked 5th overall.

The Physical Activity, Nutrition, and Obesity prevention (PANO) program in the Health Promotion Disease Section of the Division of Public Health (DPH) facilitates collaborative work efforts and interventions that address increased physical for Delaware families including children and adolescent. MCH has partnered with the PANO office to increase physical activity for adolescents, ages 12-17. In our Adolescent Health application report, we describe current and future work opportunities

to leverage a parentship with PANO to impact the physical activity of our adolescents.

The Physical Activity, Nutrition, and Obesity Prevention (PANO) program's long-term goal is to reduce the prevalence of adult and childhood obesity and other chronic diseases by promoting healthy lifestyles and improving health outcomes for Delawareans. PANO's objectives encompass the development and implementation of evidence-based policy, system, and environmental (PSE) strategies that will help Delawareans engage in regular physical activity, better nutrition, and make intentional lifestyle changes, lowering the risk of developing heart disease, cancer, chronic lower respiratory disease, diabetes, and other chronic diseases.

PANO provides support to the Delaware Cancer Consortium, Cancer Risk Reduction Committee, Healthy Lifestyles Subcommittee (HLSC). The HLSC developed health and wellness policy recommendations to the Office of the Governor, many of which impact the health and wellness of adolescents. To help implement some of these policy recommendations, PANO launched the Advancing Healthy Lifestyles: Chronic Disease, Health Equity & COVID-19 (AHL) initiative.

AHL foundational pillars include Coordinated School Health and Wellness, Community Capacity Building, and Workplace and Employee Wellness. Each component provides opportunities to implement evidence-based practices and programs that reach broad populations across the lifespan, with a cross cutting approach that overlaps and interrelates with one another. Each component is designed to engage and support specific objectives of the AHL initiative which will help develop a HLSC Action Plan, while connecting to partners in schools, the community, and the workplace.

Another way MCH has found to provide support to the Physical Activity, Nutrition, & Obesity Prevention, Division of Public Health was through collaborative efforts to inform maternal and child health stakeholders, other community partners and home visitors about the Advanced Healthy Lifestyle Initiative Webinars on Coordinated School Health & Wellness, Community Capacity Building and Workplace/Employee Wellness.

PANO planned to engage Delaware schools through implementing a mini-grant program and supporting school health action teams to implement policy, systems, and environmental (PSE) strategies that promote healthy lifestyles for Delaware youth. However, the impact of COVID-19 presented various challenges. The realities of engaging and securing commitment with schools led to considering other ways to reach and support youth as they transitioned back to school in the fall of 2021. Community based, youth serving organizations (YSO) have a unique role in communities and often have additional flexibility that schools may not. The Boys and Girls Clubs of Delaware (BGC) reaches a large population of youth statewide with their extensive network, variety of programming, and relationship with schools. The Centers for Disease Control and Prevention highlighted partnerships between school and community organizations, including providers of out-of-school-time programs such as before-school, after-school, and summer programs, as a strategy to address health and educational inequities that widened during the COVID-19 pandemic. In September 2021, through AHL, PANO partnered with BGC to introduce a new program called Triple Play at 3 locations in Delaware; Milford, Laurel, and Western Sussex. This healthy lifestyle program focuses on the three components of a heathy Self, Mind, Body, and Soul. The goal of the program is to improve knowledge of healthy habits, good nutrition, and physical fitness; increase the numbers of hours per day youth participate in physical activities; and strengthen their ability to interact positively with others and engage in healthy relationships. BGC delivers Triple Play once a week to youth in school-based sites, serving as a bridge between the extensive constellation of programs and resources of the BGC and the schools where youth are enrolled. Triple Play is primarily facilitated by BGC youth mentors (called Wowzers) and college interns, managed by BGC staff. The school-YSO partnership with BGC emphasizes a systems change approach to adapt or replicate a proven health promotion model in multiple environments where youth work and play. From January 2022 to May 2022 almost 150 Delaware youth have participated in the Triple Play program at the 3 school-based locations. Plans are in place for summer programming for June through August 2022, and for continued programming in the 2022-2023 school year.

DPH has facilitated technical assistance (TA) with three community partners on the planning and implementation of their community-based interventions, all of which impact children and families. PANO worked with the American Lung Association (ALA), University of Delaware (UD), and two teams at Delaware State University (DSU) to provide TA on PANO-related interventions which include: an asthma self-management program to be offered to children in schools and/or in youth-serving organizations (YSOs); improving access to healthy, locally produced food in targeted communities; a program for children with disabilities that will teach parents skills to increase the healthfulness of family meals, and increases physical activity for this population; and revitalizing a community space for health education and physical activity for children in an underserved community. Since July 2021, PANO has been working with these community partners to develop project and evaluation plans so that all projects can be implemented in 2022. The community partner evaluation and data collection plans are directly aligned with AHL outcomes, and each directly impact children and adolescent health.

PANO also collaborates with state agencies and community organizations to sustain community capacity building through a recognition and awards program, and a community mini-grant program. These efforts enable community-based organizations to achieve long-term and sustainable outcomes around health and wellness initiatives that support young Delawareans and the communities that care for them.

PANO partners with the Office of the Lt. Governor to facilitate the annual Lt. Governor's Challenge. The focus of the annual Lt. Governor's Challenge is on emotional wellbeing; healthy living; chronic disease management and prevention; and mother/child health, within the workplace, school, community/neighborhood, or an individual. There were over 50 nominations received in 2021, with an overwhelming number of them around emotional well-being. Lt. Governor Hall-Long also gave special recognition to nominees who went above and beyond in their responses to cope with the COVID-19 pandemic. The Lt. Governor's Challenge awards were presented to honorees in October 2021 at a virtual event. Some of the winners that were selected include organizations that specifically impact the health and wellness of children and their families, like Brandywine Counseling and Community Services, Delaware Libraries, Healthy Food For Healthy Kids, the Hispanic American Association of Delaware, Riverside Development Corporation, and Seaford School District Behavioral Health team. An induvial was also recognized for her work hosting health seminars and food drives, distributing school supplies and vaccines by bringing doctors and other experts to vulnerable communities. The 2022 Lt. Governor's Challenge officially launched in March 2022. Nominations opened April 2022 and closed on May 31, 2021. PANO will meet with the review committee and select awardees in the summer of 2022. Visit www.ltgovernorschallenge.org to learn more about the Lt. Governor's Challenge.

DPH collaborates with the Tobacco Prevention and Control Program (TPCP) and the American Lung Association to facilitate a community mini-grant program. The community mini-grants award funding to schools, community-based, and youth serving organizations that conduct tobacco prevention programs, physical activity, nutrition promotion and obesity prevention (PANO) programs, or implement PSE changes related to tobacco and PANO. Grants are awarded to schools or organizations that exhibit a strong commitment to tobacco prevention and control programs in Delaware and enhance or expand access to physical activity and healthy eating opportunities for children, families, and communities. Community mini-grant activities were conducted October 2021 to May 2022. Likely due to the challenges of the COVID-19 pandemic, only one Delaware school applied to participate in this year's community mini-grants program. However, 29 community mini-grants were awarded, with the majority of the grantees serving youth and families.

DPH collaborates with the Delaware Department of Education (DOE) on coordinated school health and wellness initiatives. To support DOE physical education regulations on annual physical fitness assessment, reporting and compliance standards, PANO supports the utilization and implementation of FitnessGram®, the physical fitness education and assessment tool, developed by the Cooper Institute. PANO collaborates with the Cooper Institute to provide physical education and physical activity resources to Delawareans. PANO provides technical assistance for FitnessGram® implementation, professional development, and training opportunities for Delaware educators, and provides online resources. Although DOE was committed to keeping the physical fitness assessment as a requirement as written in the DOE regulations, during the 2012-2022 school year, some school districts were unable to fully access the FitnessGram® software. Student fitness assessment data was still collected in the end of January 2022 and again in June 2022. PANO will coordinate with DOE on 2021- 2022 school year fitness assessment data analysis in 2022. However, DOE has decided to discontinue use of the FitnessGram® product software for 2022 and has contracted with a different software platform. PANO has amended the current MOU with DOE to include resources for the new product software, starting July 2022.

PANO provides support to the Division of Public Health (DPH) Health Education Administrator who facilitates the various youth surveys statewide, such as the School Health Profile (SHP), the Youth Tobacco Survey (YTS) and the Youth Risk Behavior Survey (YRBS). The 2021 Youth Risk Behavior Survey (YRBS) concluded on December 31, 2021. The YRBS is a biennial (odd years) and anonymous student survey for students in grades 6-12 that provide data on student physical, emotional, and psychological health. Its statistics, charts, and other data report not only on student trends in physical activity, but also on texting and driving, drinking, vaping and drug use, bullying, social media use, and other behaviors. The survey is conducted by the University of Delaware Center for Drug and Health Studies and 31 of 36 schools that were randomly selected by the CDC participated, which is about 86%. This means, unlike in 2019, Delaware is expected to have a representative YRBS sample for 2021, which is great news given the challenges posed by the COVID-19 pandemic and how schools were impacted. Motivation to participate in the YRBS process in 2021 was encouraged by a one-time participation incentive. DPH is consistently working to improve response rates from the schools, and efforts to find ways to improve school participation will resume. DPH is having conversations with DOE to possibly consider legislative activities, funding, or both. Administration for the SHP survey began in January 2022. The SHP is a system of CDC surveys assessing school health policies and

practices. These surveys are also conducted every other year by education and health agencies among middle and high school principals and educators. The information obtained from the YRBS, and the SHP surveys are used to help develop state programs and initiatives and help to guide prevention efforts, which will improve the health and health outcomes for Delaware communities and youth.

PANO will continue to facilitate collaborative work efforts and interventions across the state that address health and wellness for Delaware families, children, and youth.

Adolescent Health - Application Year

The MCH team along with various stakeholders identified two priorities pertaining to adolescents during Delaware's 2020 MCH Title V Five-Year Needs Assessment process. NPM 8.2, increase physical activity among adolescents 12-17 years of age and NPM 10, increase adolescents who obtain a preventative well visit annually as priorities. The Title V team chose to select the Adolescent Well-Visit with the goal of incorporating other priorities for this population within the well-visit measure. We plan to leverage our School Based Wellness Centers in the state to address Priorities like well visit, physical activity and mental health.

Adolescent Well-Visit

According to the 2019/2020 National Survey of Children's Health (NSCH), 28.1% of Delaware adolescents have had no preventive medical visit in the past year. This trend was decreasing as the 2019 NSCH showed 24.3% of Delaware adolescents had no preventive medical visit in the past year, compared to 29.8% in the 2018 NSCH.

Delaware's School Based Health Centers (SBHCs) provide prevention-oriented, multi-disciplinary health care to adolescents in their public-school setting, and contribute to better outcomes related to selected priorities, NPM 1 Well Woman Care, NPM 8.2 Physical Activity and NPM 10 Adolescent Well Visit. There continues to be a growing interest for expansion to elementary, middle, and additional high schools, especially given the COVID-19 pandemic. School Based Health Centers are going through a paradigm shift, and there continues to be a large number of stakeholder interest and commitment to provide evidence based SBHC services based on national and in state innovations in practices and policies, to enhance the growing number of SBHCs in Delaware within the local healthcare, education, and community landscape.

Delaware currently defines SBHCs as health centers, located in or near a school, which use a holistic approach to address a broad range of health and health-related needs of students. Services may also include preventative care, behavioral & mental healthcare, sexual & reproductive healthcare, nutritional health services, screenings & referrals, health promotion & education, and supportive services. SBHCs are operated by multi-disciplinary health professionals, which includes a nurse practitioner overseen by a primary care physician, licensed behavioral health provider, and licensed nutritionist. SBHCs are separate from, but interact with, other school health professionals, including school nurses and school psychologists and counselors. SBHCs also operate alongside and interact with outside health care professionals and systems.

The Delaware Division of Public Health (DPH), in collaboration with several key stakeholders, convened this past year and completed the Delaware School-Based Health Center (SBHC) Strategic Plan. The planning process was utilized to develop a model for expansion of SBHCs that was both financially sustainable and anchored in best practices. There were 13 goals established to include a comprehensive list of action items to ensure that SBHCs are responsive to the individual needs of Delaware's children — who, for a variety of reasons, may not otherwise have access to the health care system for critical health and wellness services.

The 13 goals of the plan include items, such as creating new SBHC sites where the need is greatest, establishing a new hub-and-spoke model for SBHC setup, fostering partnerships to increase the base menu of services, facilitating referrals to providers, adopting culturally linguistic appropriate services, increasing the capacity for telehealth, developing data collection infrastructure and analysis, establishing payer relationships and funding channels, and more. The plan will be governed by an independent body from public and private sectors, with a completion target date of 2025. The plan was developed to ensure that SBHCs are responsive to the individual needs of Delaware's children - who, for a variety of reasons, may not otherwise have access to the health care system for critical health and wellness services. In June 2021, Delaware released the Implementation Plan for Strategic Plan for School-Based Health Centers. We will also begin governance and implementation of the Plan as well as setting up a longer-term governance and accountability model to oversee implementation of the Plan and continued success of School Based Health Centers.

For the past 30 years, Delaware School Based Health Centers, located in now 38 public high schools, have contributed to the health of the state's high school adolescents and have been an essential strategy to support individuals overall physical and mental health. Eventually, these young women and men will be our health consumers, so it is essential to support health and wellness during this critical period and coming of age. SBHCs provide at-risk assessment, diagnosis and treatment of minor illness and injury, mental health counseling, nutrition and health counseling and diagnosis and treatment of STIs, HIV testing and counseling and reproductive health services (27/32 sites) with school district approval as well as health education. Given the level of sexual activity among high school students, persistent high rates of sexually transmitted infections (STIs) and the numbers of unintended pregnancies, reproductive health planning services are very important.

In most recent years there have been seven SBHC established in elementary schools with epilogue language from FY2020 expanding SBHCs in elementary schools at two per year in high needs elementary schools throughout the state. As of this writing, two additional elementary schools are currently going through the process of certification. Along with establishing SBHC's in elementary schools many of the SBHC's are exploring the opportunity of expanding services to more students by opening "spoke" sites. Having these additional sites will provide critical services to students in our state.

Mental and Behavioral health services continue to be an area of growth and development. SBHCs continue to struggle to provide services to students due to staffing shortages and frequent turnover rates. It is imperative to promote and increase awareness and education regarding resources for Mental and Behavioral health. Some areas in Delaware experience limited access to healthcare. It is our goal to increase education, awareness, and resources to young women of reproductive age in the Sussex County area, focusing on the following:

Goals	Increase awareness- Educate young women of reproductive age
Target Audience	Young women of reproductive age and pregnant women in Western Sussex Latinx Women in Western Sussex
Key Messaging	Importance of being healthy before, during pregnancies; Importance of early prenatal care and where to locate, family planning; Importance of postpartum

In addition, Delaware's SBHCs provide important access to mental health services and help eliminate barriers to accessing mental health care among adolescents (i.e. women). Over the last couple of years, school district school boards voted and approved to add Nexplanon as a birth control method offered at 14 of the school-based health center sites. This is a major accomplishment being that each school district's elected school board members vote on and approve what services can be offered at each SBHC site. Offering the most effective birth control methods as an option, gives more young women informed choices so that they can decide when and if to get pregnant and ultimately reduce unplanned pregnancies.

During the last reporting period, we launched SBHC related information on social media. As explained in our Adolescent Health Annual Report, we launched phase one of this plan. Phase two consists of informing the public where someone can find a SBHC and to promote enrollment in SBHCs (addressing the how and why with enrollment). The target audience includes parents of elementary-aged children in Delaware. As of now, in July 2022, we are in between the phases of one and two. Future SBHC work includes our vendor creating a new video in the Spring/Summer 2022, that will act as an introductory video informing the public what SBHCs are, what they have accomplished so far in Delaware, and the future goals. This video includes footage of three speakers answering SBHC related questions. No tentative date has been set as to when this video will be allowed to be shared online. Additionally, there is a tentative SBHC conference held in Summer 2023. A press release will more than likely be launched around this time to help increase awareness of this event.

Overall education, awareness, and continued support for adolescents in Delaware is an initiative where Delaware continuously explores avenues to engage the adolescent population. The goal is to increase avenues to distribute information to adolescents, using methods such as:

Social Media	Provider Websites
Bulletin Boards	School Staff
Radio Stations	SBHC Staff
Summits	Community Events
Flyers/Poster	School Events
Student Lead Events	

To be successful with the adolescent population information needs to be presented in a manner where it is received, accepted, and retrained by adolescents.

The Adolescent Health Program team recently attended a Teen Health Summit hosted by Planned Parenthood at Delaware Technical Community College in Wilmington, Delaware on June 16, 2022, where remarks were given by Michelle Mathew, Bureau Chief, of Adolescent & Reproductive Health. Ms. Mathew gave insight and information on SBHC services. Resource tables were hosted by multiple organizations and agencies to promote services and products available to increase adolescent and reproductive health throughout the community. The Adolescent and

Reproductive health program will continue to support our medical sponsors, agencies and stakeholders in delivering education and resources to adolescents for behavioral and mental health, reproductive and health services.

In partnership with Planned Parenthood of Delaware, training is offered for staff at School Based Health Centers (SBHCs) each year. Planned Parenthood attendees range from School of the Deaf, Detention and Treatment Centers from within the Department of Services for Children Youth and Their Families (DSCYF), Delaware Adolescent Program Inc. (DAPI), SBHCs, middle schools, high schools as well as community agencies, partners, and parents. In addition, mental health and medical providers participate in trainings provided by Planned Parenthood of Delaware throughout the year. The following list represents trainings provided thus far this year. COVID-19 continues to impact Planned Parenthoods trainings, while some trainings remain virtual other trainings have been offered in person. Planned Parenthood of Delaware trains teachers to deliver curriculum to parents and students. PPHD also has community outreach activities to whose target populations are LGBTQ2S+, pregnant/parenting and juvenile delinquency youth.

Our CDC assignee has been training and building capacity with our Management Analyst in the Bureau of Adolescent & Reproductive Health section to develop performance metrics, data quality audits, and reporting for School-Based Health Centers data submitted by medical sponsors. Our CDC assignee has also been reviewing YRBS and Delaware School Survey Data to inform surveillance strategies for socio-emotional health of adolescents. Our SBHC evaluation paper is now under publication. These data support the use of School Based Wellness Centers as a strategy to increase preventative well-visits, increase physical activity as well as support emotional well-being. A new SBHC data brief for state fiscal year (SFY) 2019-2020 was developed by linking SBHC enrollment data and Department of Education (DOE) school enrollment data. An updated evaluation plan linking SBHC enrollment data, DOE school enrollment data, Medicaid claims data, HDD data, is being currently underway. Delaware successfully applied and received CDC/Harvard evaluation practicum. Two students and staff from DPH (Bureau Chief of Adolescent Health, and Management Analyst, Dr. Hussaini) and DOE participated in the practicum during 2022. Dr. Hussaini worked with Bureau Chief of Adolescent Health to mentor the two Harvard students to develop a SBHC elementary evaluation plan.

The program identified efforts to build strong relationships among SBHCs, school personnel, and the community, and ensure that trauma-informed and culturally & linguistically responsive care exist in SBHCs. The evaluation measures enrollment, utilization, and patient; along with intermediate outcome such as referrals to social services, referrals to PCPs, and connections to specialist services.

The evaluation consists of two key questions:

1. How do SBHCs in high-need elementary schools operate?
2. How does SBHC-facilitated health care and social services utilization impact the physical and psychosocial needs of students in high-need elementary schools?

Interviews and meetings were held with stakeholders to, and the following areas of measurements are also included in the evaluation:

1. Examining whether differing implementation practices between medical sponsors have impacts on quality of care, physical and psychosocial outcomes, and health equity.
2. Assessing current data reporting practices/measures and level of standardization across medical sponsors.
3. Gauging how SBHC systems could anticipate certain health or social needs within these high-need schools.
4. Developing relevant key indicators of health equity in this population.
5. Evaluating successes and barriers to the current implementation of SBHCs, e.g., stakeholder buy-in, communication efforts between SBHCs and other stakeholders, measurement, and data-related issues.
6. Establishing recommendations for each stage of the program which could increase efficiency, quality of care, and healthy outcomes for this population.

For our selected prior of increasing the number of adolescents receiving a preventive well-visit annually to support their social, emotional and physical well-being, we have focused on access and availability of mental health resources.

We will continue to monitor the mental health status of the adolescent population. We know that COVID-19 had an impact on the emotional well-being of our MCH population, so it is important that we maintain our efforts in this area until we understand magnitude of this issue. We will continue to partner with our School Based Health Centers to increase the number adolescents who receive an annual preventive medical visit. Our School Based Health Centers offer mental health support and counseling to support the emotional well-being of adolescents. School Based Health Centers have also expanded into elementary schools in Delaware as well.

We plan to continue our partnership with the Cooperative Extension, University of Delaware, Health & Wellness Ambassadors. U of D Health Ambassadors are a team of Teen Leaders and Adult Mentors who advocate for a holistic healthy lifestyle across the state. Health and Wellness Ambassadors are role models and official representatives and promotors who help plan and implement the Delaware 4-H Healthy Living Program aimed at improving the health of themselves, their peers, and their community.

We will continue our work with the Department of Education to sponsor a poster contest that promoted teens to seek emotional and mental health treatment, when needed. The original goal was to launch the poster contest in February 2022 during an annual DOE Teacher's Exp but unfortunately it was not completed and approved in time. We are hopeful, we can launch this project early in the Fall of this year. We were able to partner and develop a marketing campaign that included several tactics. The campaign launched in July 2022, and we are excited to see the data analytics for the campaign later this year, early next year.

We will continue to partner with the Department of Education to advertise Project THRIVE throughout each middle and high school within the State of Delaware. In the future, we plan to expand advertisement outreach. Such ideas include school tv monitors for adolescents to watch and monthly/weekly updates from principals and administrators to parents and caregivers. We would also like to pursue advertisement on tv monitors in the Department of Motor Vehicle, Division of Social Services and Division of Child Support Enforcement. Lastly, we will also pursue advertisement via the School Based Health Centers in each middle and high school.

Physical Activity (ages 12-17)

Only 14.9% of Delaware adolescents, ages 12-17, are physically active at least 60 minutes each day, when comparing to the national average of 15.2%. Delaware's adolescents who are physically active at least 60 minutes each day, 4-6 days per week, rests at 21.4%, while the national average is 25.8%. Although, NPM 8.2 is a newly selected priority during this grant cycle, MCH has a long history of partnering with the Physical Activity, Nutrition and Obesity prevention (PANO) program In the Health Promotion Disease Prevention Section of DPH. MCH will continue to leverage this partnership to increase physical activity among adolescents.

The Physical Activity, Nutrition, & Obesity Prevention (PANO) activities for the August 2022 through July 2023 Application Year will be focused on key healthy lifestyle and chronic disease intervention areas impacting youth and the families and communities they live in.

Through the Physical Activity, Nutrition, and Obesity Prevention (PANO) Program's Advancing Healthy Lifestyles (AHL): Chronic Disease, Health Equity & COVID-19 initiative, PANO will continue to support youth health through the AHL foundational pillar: Coordinated School Health and Wellness. Through AHL, PANO is facilitating the connection between youth-serving organizations (YSOs) and schools to support the health and well-being of youth and to strengthen community partnerships. Under the AHL initiative, these partnerships focus on the link between a community-based, youth-serving organization and the health and social-emotional well-being of participating youth. In September 2021, through AHL, PANO partnered with the Boys and Girls Clubs of Delaware (BGC) to introduce a new program called Triple Play at 3 locations in Delaware; Milford, Laurel, and Western Sussex. This healthy lifestyle program focuses on the three components of a heathy Self, Mind, Body, and Soul. The goal of the program is to improve knowledge of healthy habits, good nutrition, and physical fitness; increase the numbers of hours per day youth participate in physical activities; and strengthen their ability to interact positively with others and engage in healthy relationships. Triple Play is primarily facilitated by BGC youth mentors (called Wowzers) and college interns, managed by BGC staff. The BGC delivers Triple Play once a week to youth in school-based sites, serving as a bridge between the extensive constellation of programs and resources of the BGC and the schools where youth are enrolled. BGC will implement Triple Play at 3 locations across the state, one in each County for 10 weeks, from mid-June to the end of August 2022. The New Castle and Kent County locations will be hosted at school sites, while the Sussex County location will be hosted at a Boys and Girls Club site due to transportation challenges in this rural area. Participants will receive Triple Play programming 4 days a week throughout the summer which is significantly more than the weekly programming they were receiving during the school year. Triple Play programming will continue in September 2022 through June 2023, again in BGC school-based locations.

Through the AHL foundational pillar: Community Capacity Building, DPH will continue to facilitate technical assistance (TA) to four community partner teams on the implementation of community-based interventions, all of which impact children and families. In 2021, PANO began working with the American Lung Association (ALA), University of Delaware (UD), and Delaware State University (DSU) to provide TA on PANO-related interventions which include: an asthma self-management program to be offered to children in schools and/or in youth-serving organizations (YSOs); improving access to healthy, locally produced food in targeted communities; a physical activity

and nutrition education intervention for children with disabilities and their families that teaches parents skills to increase the healthfulness of family meals, and increases physical activity for this population; and, revitalizing a community space for health education and physical activity for children in underserved communities. By June 2022, all four community partner teams had developed project and evaluation plans, including data collection methods, so that projects could be implemented starting July 2022.

MCH will continue to support PANO by providing support to the Physical Activity, Nutrition, & Obesity Prevention, Division of Public Health through collaborative efforts to inform maternal and child health stakeholders, other community partners and home visitors about the Advanced Healthy Lifestyle Initiative Webinars on Coordinated School Health & Wellness, Community Capacity Building and Workplace/Employee Wellness.

The team at the DSU Allied Health Center as a community summer program for youth, ages 6 to 12, in the Capitol Park community, a low-income, high-need neighborhood of downtown Dover. Participating youth will have access to physical activity opportunities and nutrition education, July 2022 to August 2022. This program will be implemented in partnership with various colleges and programs of DSU, as well as other community stakeholders, such as Delaware State Police, Delaware Department of Education (DOE), First State Community Action Agency, and other YSOs. One of the goals of this project is to expand to serving youth during the school year. Plans are in place to offer this as an after-school program starting September 2022 to June 2023. The DSU Pediatric Motor Development Clinic, Kinesiology, and Occupational Therapy programs have partnered with DOE and the Charlton School to provide movement-based and physical activities to youth with disabilities, ages 7 to up to 21 years old. Youth will also participate in nutrition education, which will be shared with families at home. In addition, Charlton "parent forums" will host the DSU program's Dine and Discover series which offers families practical physical activity options for the whole family and accessing affordable healthy food. This program will run August 2022 to June 2023 and plans to serve about 115 Charlton students.

DPH will partner with other state agencies and community organizations to sustain Community Capacity Building. We will engage community partners who are primarily serving disparate or targeted communities, to develop strategies that address PANO related activities. These efforts will enable community-based organizations to achieve long-term and sustainable outcomes around health and wellness initiatives that support young Delawareans and the communities that care for them. DPH will promote policy, systems, and environmental (PSE) change strategies and interventions through community-based initiatives such as the Lt. Governor's Challenge and Community Mini-Grants. The Lt. Governor's Challenge recognizes an Individual, Workplace, Community, Town/City/Neighborhood, or School for advancing the goals of a healthier Delaware in one of four focus areas: Emotional Well-Being; Healthy Living; Chronic Disease Management and Prevention; and Mother and Child Health. The PANO Community Mini-Grant program awards grants to communities and organizations that exhibit a strong commitment to tobacco prevention and control programs and are enhancing or expanding access to physical activity and healthy eating opportunities for children, families, and communities.

The 2022 Lt. Governor's Challenge launched in March 2022 and had received 24 nominations at the close of the nomination period, May 31, 2022. The Lt. Governor's Challenge Review Committee will review nominee applications July through August 2022 and announce the 2022 winners the 1st week of September. PANO will host a virtual awards ceremony with the Lt. Governor in October 2022. The goal is to continue to encourage those who are using PSE strategies to make Delaware healthier to visit www.ltgovernorschallenge.org to learn more about the Lt. Governor's Challenge.

In September 2022, PANO will be facilitating a new Community Mini-Grant program. The Community Mini-Grants will award funding to schools, community-based, and youth serving organizations that provide physical activity, nutrition promotion and obesity prevention (PANO) programs, or implement PSE changes aligned with PANO's goals of improving health and reducing chronic conditions. In July 2022 PANO will invite community partners to apply for mini-grants in the range of $5,000-$15,000. PANO will offer a learning session in July for more information and details on the Community Mini-Grant program. Awarded activities must address the AHL outcomes of improving opportunities for physical activity, healthy food, and maintaining a healthy weight by applying a PSE approach. Proposals will be due in August 2022. PANO will notify awardees and establish contracts in September of 2022, with anticipated start dates for awarded projects and intervention in October 2022. The Community Mini-Grant program will end May 31, 2023. PANO will offer at least two capacity-building learning sessions that will be required for awardees to attend, throughout the program year.

DPH will continue to collaborate with the Delaware Department of Education (DOE) on Coordinated School Health and Wellness initiatives. Currently, DOE has state regulations on Physical Education which includes a requirement for annual physical fitness assessment, reporting and compliance standards. DOE has used FitnessGram®, the physical fitness education and assessment tool developed by the Cooper Institute for several years. However, DOE

has decided that for the 2022-2023 school year, they will use a different vendor for their physical fitness and assessment tool. PANO will be providing financial support for the new Focused Fitness contract with DOE, which will provide software licenses for WELNET Delaware, the new software that will provide physical fitness assessment and rubric modules. PANO will continue to offer resources for technical assistance for WELNET implementation, professional development, and training opportunities for Delaware educators, and keep the PANO-developed online resources and Tool Kit up to date and reflective of best practices from the Cooper Institute, which will remain as an additional resource available online.

PANO will also provide technical assistance and resources to Delaware's professional Society of Health and Physical Educators (SHAPE DE). SHAPE DE will host its annual convention in October 2022. The SHAPE DE annual convention is designed to provide SHAPE members and health education professionals the opportunity to share instructional ideas with each other and learn from local and national subject matter experts. Starting July 2022, PANO will provide event planning, communications, and technical support to SHAPE DE to help build the internal capacity of this non-profit organization that serves as a resource for Delaware health and physical education teachers. PANO will update SHAPE DE's webpage and manage the updates and communications for the annual SHAPE DE convention. In October 2022, PANO will improve the SHAPE DE website so that it will align more with the SHAPE America website, and offer members and educators with additional resources, professional development, training, and funding opportunities, and serve as a networking tool for health and physical education teachers in Delaware. PANO is hoping to help SHAPE DE grow its membership to better serve these important educators in Delaware.

DPH will continue to partner with DOE to facilitate improved responses from schools for school health data surveys, including the School Health Profile (SHP), the Youth Tobacco Survey (YTS) and the Youth Risk Behavior Survey (YRBS). The YRBS is a biennial (odd years) and anonymous student survey for students in grades 6-12 that provide data on student physical, emotional, and psychological health. Its statistics, charts, and other data report not only on student trends in physical activity, but also on texting and driving, drinking, vaping and drug use, bullying, social media use, and other behaviors. PANO continues to work with DOE to encourage participation in the YRBS in particular, since the 2019 received a very low participation rate and Delaware was unable to provide a 2019 YRBS final report. The 2021 Youth Risk Behavior Survey (YRBS) concluded on December 31, 2021. The survey was conducted by the University of Delaware Center for Drug and Health Studies and 31 of 36 schools that were randomly selected by the CDC participated, which is about 86%. Motivation to participate in the YRBS process in 2021 was encouraged by a one-time participation incentive. DPH is consistently working to improve response rates from the schools, and efforts to find ways to improve school participation will resume. DPH is having conversations with DOE to possibly consider legislative activities, funding, or both. If needed, PANO is prepared to assist with additional funds to improve YRBS participation starting January 2023.

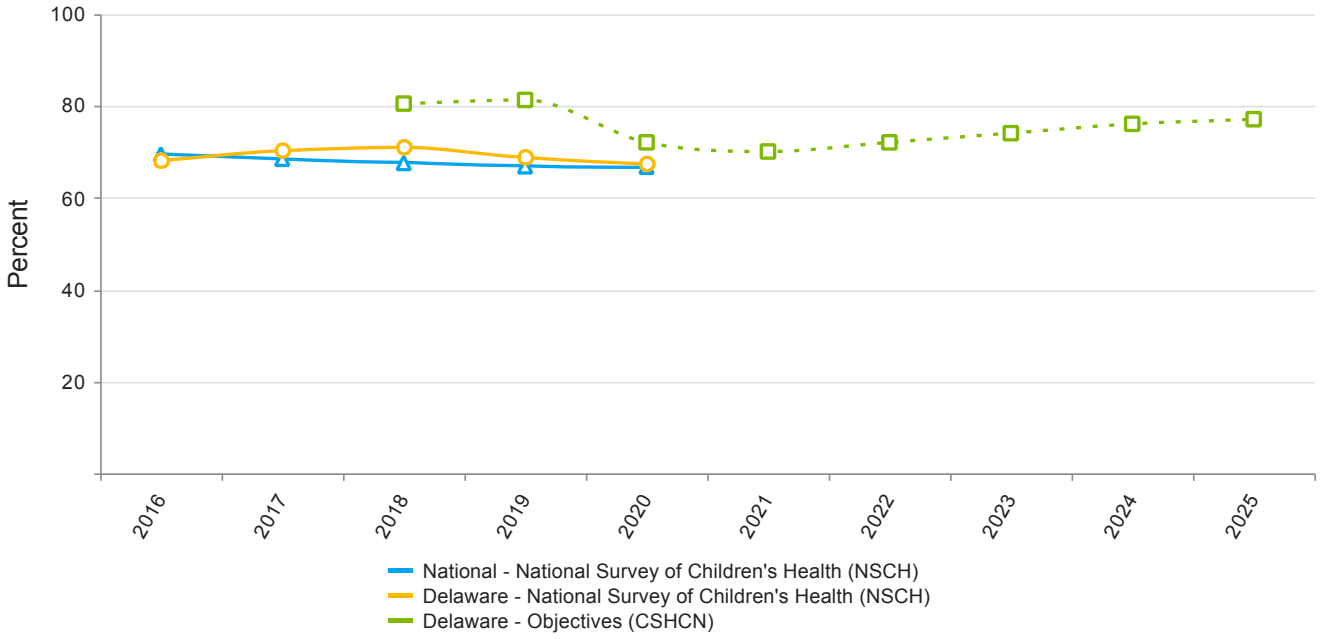
PANO will continue to facilitate collaborative work efforts and interventions that address increased physical activity, improved nutrition, and healthier lifestyles for Delaware youth.

DPH will continue to facilitate collaborative work efforts and interventions that address increased physical activity, mental health awareness, improved nutrition, healthier lifestyles, and information and resources for Delaware children and adolescents. MCH will continue to utilize DEThrives to engage and inform our adolescent population with up to date information pertaining to various needs and topics via social media posts, Facebook Instagram and Twitter. Subjects pertaining to Adolescents, such as My Life My Plan Teen, Addiction, Mindfulness, Covid-19, School Based Health Centers, Anxiety and Depression, Mental Illness, Exercise, and more have been posted. In working with our partners, MCH will continue to use social media to promote adolescent health comprehensively. Social media messages will be developed around the importance of preventative well visits, healthy lifestyles and emotional wellbeing. We are currently in phase V (Site Development and Production) out of VII for the status of the website rehaul project. We will ensure these messages are present on the website as well. Our website will also include resources and link to available community programs.

Children with Special Health Care Needs

National Performance Measures

NPM 15 - Percent of children, ages 0 through 17, who are continuously and adequately insured
Indicators and Annual Objectives



NPM 15 - Children with Special Health Care Needs

Federally Available Data					
Data Source: National Survey of Children's Health (NSCH)					
	2017	**2018**	**2019**	**2020**	**2021**
Annual Objective		80.4	81.2	72	70
Annual Indicator	67.9	70.2	70.9	68.6	67.2
Numerator	137,974	142,861	144,257	138,831	136,015
Denominator	203,264	203,480	203,436	202,281	202,319
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH
Data Source Year	2016	2016_2017	2017_2018	2018_2019	2019_2020

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	72.0	74.0	76.0	77.0

Evidence-Based or –Informed Strategy Measures

ESM 15.1 - Establishment of Cross-Agency Coordination Committee between DPH and Medicaid

Measure Status:				Active	
State Provided Data					
	2017	**2018**	**2019**	**2020**	**2021**
Annual Objective			No	No	Yes
Annual Indicator			No	Yes	Yes
Numerator					
Denominator					
Data Source			MCH Program Data	MCH Program Data	MCH Program Data
Data Source Year			2019	2020	2021
Provisional or Final ?			Final	Final	Final

Annual Objectives				
2022	**2023**	**2024**	**2025**	
Annual Objective	Yes	Yes	Yes	Yes

ESM 15.2 - # of Children with Medical Complexities Advisory Committee (CMCAC) meetings and/or sub-committee meetings attended to improve support of these children included Medicaid coverage.

Measure Status:	Active

State Provided Data				
	2018	2019	2020	2021
Annual Objective			4	4
Annual Indicator		4	4	4
Numerator				
Denominator				
Data Source		MCH Program Data	MCH Program Data	MCH Program Data
Data Source Year		2019	2020	2021
Provisional or Final ?		Final	Final	Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	4.0	4.0	4.0	4.0

ESM 15.3 - % of primary caregivers and children with health insurance among Home Visiting participants

Measure Status:	Active

State Provided Data			
	2019	2020	2021
Annual Objective			90
Annual Indicator		90	89.1
Numerator		564	595
Denominator		627	668
Data Source		MIECHV Program data	MIECHV program data
Data Source Year		2020	2021
Provisional or Final ?		Final	Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	92.0	94.0	96.0	98.0

State Action Plan Table

State Action Plan Table (Delaware) - Children with Special Health Care Needs - Entry 1	
Priority Need	
Increase the percent of children with and without special health care needs who are adequately insured.	
NPM	
NPM 15 - Percent of children, ages 0 through 17, who are continuously and adequately insured	
Objectives	
By 2025, increase the percent of families reporting that their CYSHCN's insurance is adequate.	
By 2025, increase the number of health plans whose member services staff are linked to relevant family organizations and programs to meet the needs of CYSHCNs.	
Strategies	
Design, establish and implement the Cross-Agency Coordination Committee that will support the execution of the Title V/Title XIX Memorandum of Understanding.	
Support workforce development training for Title V staff and family organizations to ensure knowledge of insurance coverage options in the State of Delaware.	
Continue to be involved in the Complex Medical Needs Advisory Council lead by Medicaid to address needed services that medicaid may or may not cover.	
Health Insurance Enrollment Outreach and Support for un-/under-insured families.	
Investigate providing care coordination to guide patients through supports with our family led organization.	
Develop and release a RFP that includes a set of benchmarks and indicators, specifically for Family SHADE that align with the Title V MCH Block Grant performance measures and the National Standards for CYSHCN and design a scorecard to track and measure progress.	
ESMs	**Status**
ESM 15.1 - Establishment of Cross-Agency Coordination Committee between DPH and Medicaid	Active
ESM 15.2 - # of Children with Medical Complexities Advisory Committee (CMCAC) meetings and/or sub-committee meetings attended to improve support of these children included Medicaid coverage.	Active
ESM 15.3 - % of primary caregivers and children with health insurance among Home Visiting participants	Active

NOMs

NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system

NOM 18 - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling

NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health

NOM 22.1 - Percent of children who have completed the combined 7-vaccine series (4:3:1:3*:3:1:4) by age 24 months

NOM 22.2 - Percent of children, ages 6 months through 17 years, who are vaccinated annually against seasonal influenza

NOM 22.3 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine

NOM 22.4 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine

NOM 22.5 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine

NOM 25 - Percent of children, ages 0 through 17, who were unable to obtain needed health care in the past year

Children with Special Health Care Needs - Annual Report

As the contract with our vendor, University of Delaware, which implemented the Family SHADE project was coming to an end; in May of 2021 the Division of Public Health executed public notification for a competitive request for proposal (RFP) process for the Family SHADE project. The Division of Public Health extended the U.D. Family SHADE project contractual agreement so that there wouldn't be an interruption of CYSHCN services. Once the state received the applications for the announced RFP, a comprehensive review of the applications was conducted with the utilization of a rigorous scoring rubric and subject matter experts who execute projects and serve families through the Title V Maternal Child Health Block Grant.

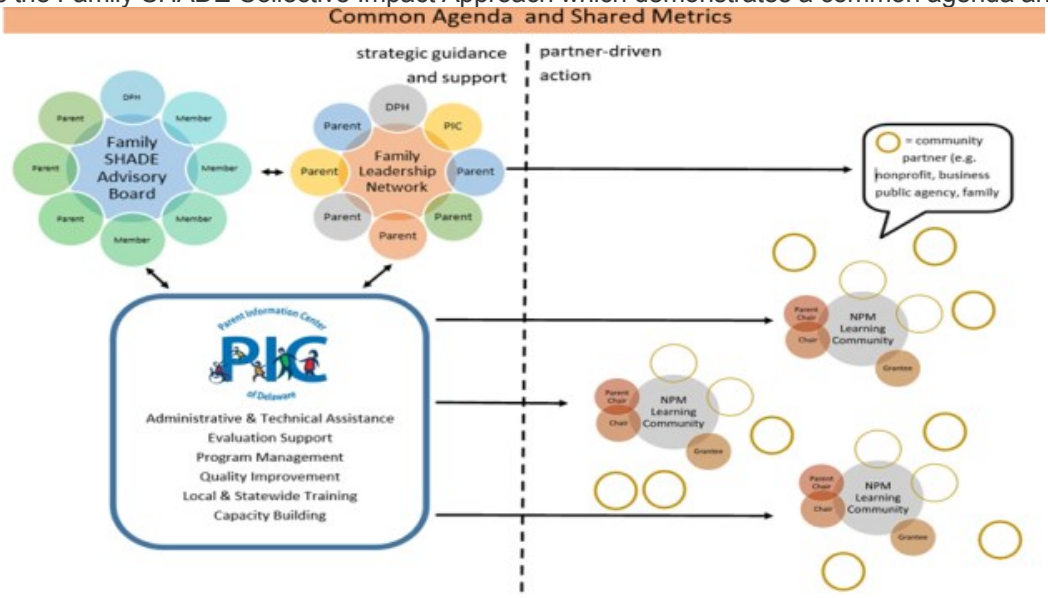
The RFP that was released sought a backbone agency to ……The Division of Public Health Maternal Child Health Program explored the opportunity to revitalize the Family SHADE project to enhance CYSHCN service delivery and align the three National Performance Measures (NPM) that are specific to the CYSHCN population. The three NPMs specific to CYSHCN are:

1. NPM 11 - Percent of children with and without special health care needs, ages 0-17, who have a medical home.
2. NPM 12 - Increase the percent of adolescent with and without special health care needs who have received the services necessary to make transitions to adult health care.
3. NPM 15 - Percent of children, ages 0 through 17, who are continuously and adequately insured.

On October of 2021, the Division of Public Health contracted with our new vendor Parent Information Center (PIC) to execute the Family SHADE project with a revitalized approach. PIC implemented the Family SHADE project through the utilization of a cultural and linguistic competent and clearly defined values, behaviors, attitudes, policies, structures, and practices. PIC began their process of establishing their Family SHADE approach through a collective impact approach which would consist of management and implementation of Family SHADE. Through PIC's significant experience with community collaborations and working with stakeholders on collective goals and fostering partnership. The collective impact approach is predicated on transparency and collaboration to achieve common goals. As the backbone organization for Family SHADE, PIC has provided the needed support, connections and transparency to support Maternal Child Health Block grant (MCHB) and mini-grantees to achieve a common agenda. As the backbone support organization, PIC has provided administrative support as well as technical assistance to structures developed as part of the Family SHADE program. This approach includes:

- Family SHADE Advisory Board
- Family Leadership Network
- Learning Communities for National Performance Measures
- Mini-grantees
- Organizations serving CYSHCN and other community partners

Below is the Family SHADE Collective Impact Approach which demonstrates a common agenda and shared metrics.



The Division of Public Health will support and offer technical assistance when working with PIC to execute the mini-grants to organizations that serve CYSHCN. Also, PIC with guidance from the Division of Public Health have worked together to align the state identified National Performance Measure (NPM) with a request for proposal mini-grantee competitive process. PIC was tasked with developing a mini-grantee process to fund local communities/organizations to implement interventions that address the Title V state and National Performance Measures. Through the competitive request for proposal mini-grantee selection process, 2 community-based agencies were awarded in April of 2022. Jay's House and Tomaro's Change.

1. Jay's House serves families of children with Autism in New Castle County, with resources in the community to assist with providing a better quality of life for all family members. Their mission is to provide support to children and families affected by Autism.

2. Tomaro's CHANGE has a history of providing therapy services to youth and families. Also, the organization has provided charity services to teens and adolescents who had low or no income. Services such as, parent/child relationship building, supplying basic needs such as hygiene products, clothes/shoes, cribs, and car seats. Tomaro's CHANGE provides holistic care to youth and families, particularly those who are uninsured or underinsured.

Each mini-grantee received $25,000.00 to serve families of CYSHCN. The funding was scheduled to be administered on a payment schedule of $12,500.00 at the beginning of the project and at the middle of the project year. The mini-grants have contributed to the enhancements of their programs which continues to serve families of CYSHCN.

Family SHADE project has successfully executed Learning Communities on the following topics:

Learning Community & Facilitator	Topic	Participants	Date
Family Leadership Network (FLN)	Orientation	11	April 25, 2022
Family Leadership Network (FLN) - Christina Andrews, MPA, M.Ed, SBD - Family Engagement Specialist	Fetal Alcohol Spectrum Disorder (FASD)	14	May 2, 2022
Family Leadership Network (FLN) - Christina Andrews, MPA, M.Ed, SBD - Family Engagement Specialist	Fetal Alcohol Spectrum Disorder (FASD)	13	May 3, 2022 (Offered at a different time to accommodate families)
Mini-Grantee Kickoff – Shameeka Jelenwicz, MA - External Evaluator	Project Evaluation 101	5	May 16, 2022
Family Leadership Network (FLN)- Presenter Tomaro Pilgrim; MSc, MSHs, HS-BCP, LMSW- Founder of Tomaro's C.H.A.N.G.E.	Reactive Attachment and Oppositional Defiance Disorders (RAD/ODD)	14	June 7, 2022
Family Leadership Network (FLN) - Presenter Shameeka Jelenwicz, MA - External Evaluator	Developing a Logic Model	9	June 28, 2022
Note: The Family SHADE project has successfully recruited in their FLN, eleven (11) participants. They are actively participating in FLN meetings and Learning Communities, and they have received stipends for their participation in FLN activities on 5/2 and 5/3 in the amount of 40.00. The stipend for the FLN members will be provided to the families as long as the funding is available.			

Parent Information Center (PIC) will continue to measure the Pre and Post Surveys of knowledge gained from participants attending the Family SHADE Learning Communities. At this time, they have had two months of Learning Communities capturing Pre webinar assessments in April of 55% and Post webinar assessment of 90% knowledge gained. In May they had a Pre webinar assessment of 65% and Post webinar assessment of 96%. Through continuous quality improvement and evaluation of the Family SHADE project, it is evident that revisions are needed to be made to the evaluation, and pre/post-test assessments to include questions that assessed the number of CYSHCN with medical home to establish benchmark. Also, to establish Benchmark 2 - revisions need to be made to evaluate, pre/post-test assessment to include questions that establish baseline for the number of CYSCHN who receive appropriate and timely screening, assessment and referral.

During calendar year 2021-2022, Delaware continued to serve Children and Youth with Special Health Care Needs (CYSHCN) through a collaboration of our parent lead organization-Hands and Voices/Guide by Your Side (H&V/GBYS) and our Statewide Programs for the Deaf, Hard of Hearing, and Deaf Blind Delaware School for the Deaf-Mentorship Program as well as Family SHADE (Support and Healthcare Alliance Delaware). H&V/GBYS has provided statewide services that consist of Learning Communities, navigating the Early Hearing Detection and Intervention (EHDI) System of Care and by providing Guide by Your Side Services. H&V/GBYS also refers families to the D/HH Mentorship program for families of children and youth who are D/HH.

During year 2 of the COVID-19 pandemic, our parent lead organization-Hands and Voices Guide by Your Side

(H&VGBYS) continued to promote the importance of medical home as well as navigating the EHDI System of Care. In January of 2022 the Early Hearing Detection and Intervention (EHDI) Program transitioned the execution of the EHDI Learning Communities from H&V/GBYS to Family Voices, which is also a parent lead organization. This transition took place because H&V/GBYS requested to focus their renewed contractual agreement to solely focus on providing GBYS services through parents of children who have a diagnosis of being Deaf and/or Hard of Hearing (D/HH) for newly diagnosed 0-3 years of age infants. As a result of this request, a Memorandum of Understanding (MOU) was established with Family Voices in January of 2022. Family Voices' Learning Communities is executed by a parent of a child that is diagnosed with being Deaf and/or Hard of Hearing (D/HH). The parent hired to facilitate the Family Voices Learning Communities was a previous Hands and Voices Guide By Your Side (H&V/GBYS), which has made for a seamless transition in the service delivery for professionals and the families of Deaf and Hard of Hearing 0-3 month old infants.
Family SHADE promotes the Learning Communities as well as promoting access to high quality health care, including having adequate health insurance that reduces barriers to primary and specialty care which continues to be of most importance to women, children, and families to live their fullest lives. Family SHADE continued to utilize their website as well as regularly monthly scheduled Networking Breakfast meetings which continued to be held virtually in year two of the COVID-19 pandemic.
To best serve families of CYSHCN, the Division of Public Health has relied on the utilization of the 2021 Needs Assessment data results to serve as a guidance in strategizing the implementation of providing education and resources for providers, families, and parent lead organizations around the need and benefit of the medical home model for CYSHCN and their families. With increased knowledge of the subject, we have provided a consistent message that will ensure clear guidance to families to aid in decision making and self-advocacy.
Medical Home
Delaware continues to work to address the issue of medical home with our families with children with special health care needs by utilizing resources supported by the Universal Newborn Hearing Screening and Intervention Program funded by HRSA. Under this program, we implemented Learning Communities which were led by parent lead organization Hands and Voices who has worked with families of infants who are Deaf or Hard of Hearing (D/HH). In calendar year 2021, Delaware's parent lead organization, Hands and Voices, successfully served these families and provided guidance on navigating the EHDI system of care in the state of Delaware.

Hands and Voices also provided information through dissemination of information and presentations to audiologists, otolaryngologists, neonatal nurses, neonatologists, physicians, early intervention providers, and teachers of children with hearing loss on the importance of securing a medical home and education on meeting the recommended 1-3-6 Timeline for an infant to receive their birth hearing screening by one month of age and if needed, enrolling the infant into Early Intervention Services with Delaware's Child Development Watch (CDW) program. In calendar year 2021 Hands and Voices transitioned into providing Guide by Your Side services solely and the EHDI program established a Memorandum of Understanding (MOU) with Family Voices which is also a Parent Lead Organization to reconvene the Learning Communities. The Learning Communities are facilitated by a parent of a child that is diagnosed with Deaf/Hard of Hearing (D/HH) and the parent is a former Hands and Voices Guide By Your Side professional. This made for a smooth transition and continued collaboration between Hands and Voices Guide By Your Side and Family Voices. The Learning Community topics continue to address topics such as, Medical Home and the Care Notebook and Joint Committee on Infant Hearing (JCIH) Recommendations: What 1-3-6 means to you. Due to the second year of the COVID pandemic, the workshops were offered virtually to all 3 counties (New Castle, Kent, and Sussex). The virtual Learning Communities continue to be held during the day and in the evening to afford working families and professionals an opportunity to participate. Since the pandemic our Parents and professional's participation have increased. Family Voices continues to utilize a pre and post-test to participants to measure knowledge gained on the EHDI Program. Family Voices is also a partner organization of Family SHADE who assists with advertising the Learning Communities.

During the second year of the COVID pandemic, many parents have reconvened in taking their newborns to outpatient audiologist and our sole audiological diagnostic center A.I. DuPont Hospital for Children (AIDHC) and outpatient audiologist, for needed repeat screens to rule out hearing loss. The Delaware Newborn Screening Program has reconvened to pre-COVID status with the newborn metabolic screening process on Delaware infants. Each practice has reconvened their systems to collect the bloodspots and to obtain supplies and shipping instructions. Staff continue to be trained in the collection and following the scheduling protocols to take in any infant needing a repeat screen.

As the transition of the Family SHADE project took place in October of 2021 the Family SHADE website continued to promote the Bureau of Oral Health and Dental Services (BOHDS) to expand their reach to the CYSHCN population by putting the BOHDS information on their Family SHADE website. This continued to afford families easy access to Dentist that were able to serve their CYSHCN. Having the BOHDS information on the Family SHADE website continues to make it more convenient for families to access the doctors that will best serve their CYSHCN

and eliminate them calling each doctor to ask if they can serve their child.

Adequate Insurance

Delaware estimates a population size of Children and Youth with Special Health Care Needs (CYSHCN) of 28,493. According to the 2019-2020 National Survey of Children's Health (NSCH), 67.2% of Delaware children are adequately insured in comparison to the national average of 66.7%. This includes CYSHCN between the ages of 0 through 17.

Delaware chose Adequate Insurance Coverage as a key priority area based on the 2021 Needs Assessment final rankings. This issue was consistently ranked among the greatest concerns for our stakeholders throughout the Needs Assessment process. During the 2021 Stakeholder Survey adequate insurance coverage ranked 1st among the three issues directly linked to CYSHCN domain and 2nd when all 15 priorities were considered. Key Informant Interviews also expressed a strong desire to address this issue within the state.

In October of 2021 we transitioned to our new revitalized Family SHADE approach on extending services to the CYSHCN population by expanding our reach to CYSHCN and their families with surveys that cover topics related to Knowledge and Awareness on accessing the COVID-19 Vaccine as well as booster Information. The Division of Public Health established a contract with Parent Information Center to execute the Family SHADE project with a segment of the Family SHADE project to attain a Full Time Employee (FTE) to support community-based organizations/mini grantees via technical assistance and support to build community resiliency, support the development in a variety of areas including COVD response plans, education, and planning.

The Family SHADE project will continue to include in their Learning Communities pre and post survey questions specific to the three national performance measures (NPM) - NPM 11, NPM 12, and NPM 15 that are specific to the CYSHCN population; as well as Title V NPMs can be addressed to improve the CYSHCN system of care. Below are some of the questions that they will capture as they continue to move forward with the project and seamlessly capture a true representation on service delivery and identifying where there are opportunities to meet the gaps in delivery of service for the CYSHCN population.

- Do you consider your child's health insurance coverage to be adequate to meet your child's needs?
- Have you tried to access information and resources related to the COVID-19 vaccine?
- Were you able to access needed information and resources about the COVID-19 vaccine?
- What are your sources of information regarding COVID-19 Vaccine?
- What were the barriers to accessing the needed information and resources relating to the COVID-19 Vaccine?
- Is your child eligible to receive the COVID-19 vaccine?
- What are your reasons for not wanting to have your child vaccinated?
- Is there any other information you would like to share in regards to resources and information available to you regarding the COVID-19 vaccine?

Delaware's Director of Children and Youth with Special Health Care Needs (CYSHCN) is a governor appointed member to the Delaware Developmental Disabilities Council (DDC). The CYSHCN director actively serves as the Chair of the Personnel Committee and as an instrumental contributor to the Delaware Developmental Disabilities Council's 5 Year Strategic Plan 2022-2026. The Administration for Community Living (ACL) under the US Department of Health and Social Services approves our 5 Year Strategic Plan which is currently in draft mode on our state website awaiting approval. The DDC Strategic Plan can be accessed at: https://ddc.delaware.gov/contentFolder/pdfs/strategicPlan-DRAFT.pdf. The mission of the Delaware Developmental Disabilities Council (DDC) is to promote and embrace inclusion, equality and empowerment.

The DDC will work to do the following:

- Fund projects that promote systems change
- Facilitate access to culturally competent services
- Educate the public and policy makers
- Hold agencies accountable

The Goal of the Council is to foster an environment that empowers and supports all Delawareans with developmental disabilities to lead self-directed lives. Areas of emphasis for the next 5 years is Education, Early Intervention, Housing, and Health/Healthcare. Aligning service delivery through Delaware's Title V priorities and strategic plans for the coming year targeting families of CYSHCN assures that we are meeting the needs through a congruent and collaborative initiative addressing NPM 11 (medical home), NPM 12 (transition to adult health care for CYSHCN) and NPM 15 (adequate insurance).

Recent State Budget Epilogue language (Section 141) provided an appropriation to the Division of Medicaid and Medical Assistance (DMMA) to address the needs not easily met for children with medical complexity through the existing health care model. DMMA established a workgroup and MCH was asked to join the Children with Medical Complexity (CMC) Steering Committee to develop a comprehensive plan for managing health care needs of Delaware's children with medical complexity. In developing the plan, the workgroup sought input from health care providers, hospitals, health systems, payers, managed care organizations, social service agencies, consumer advocacy organizations representing children with medical complexity, and parent advocates. In fact, at the beginning of every meeting a parent provided a presentation on her family's day-to-day life with a child with complex medical needs along with explaining how they utilize the care notebook developed by Family Voices. MCH participated in the workgroup sessions during the first quarter of 2018 and the final plan was submitted in May 2018. A link to the plan is provided: https://news.delaware.gov/2018/05/30/dhss-releases-delawares-plan-managing-health-care-needs-children-medical-complexity/

As a result of the Delaware's Plan for Managing the Health Care Needs of Children with Medical Complexity, several workgroups were put in place to continue progress. The COVID-19 pandemic impacted the approach of how Children with Medical Complexities would attain services due to the COVID-19 pandemic limiting accessibility to services. The pandemic impacted how families of children with medical complexity, in many cases would receive daily nursing supports due to fears related to contracting the coronavirus and strict quarantine necessities due to the pandemic. As a result of the organized work for 2021 and developing 2021 objectives CMCAC started 2021 by reflecting on its 2020 activities and developing objectives for 2021 to continue progress towards achieving the short-term priorities drawn from Delaware's Plan for Managing the Health Care Needs of Children with Medical Complexity. In developing these priorities, the group sought to build upon the foundation of data and information that was established in 2020. Additionally, the group sought to carry over tasks that were initiated in 2020. Among these carryover tasks were:

- completing the PDN Provider Capacity Study and the Family Satisfaction Survey; and
- continuing to post relevant materials and resources on the DMMA CMC webpage.

At the beginning of the year, the CMCAC determined that its objectives for 2021 would be the following:

1. Endorse care coordination standards specifically for the CMC population.
2. Complete the Private Duty Nursing (PDN) Provider Capacity Study.
3. Complete the Family Satisfaction Survey.
4. Develop a new Workgroup to explore how best to streamline, simplify, and make transparent the prior authorization process for the CMC population as it relates to durable medical equipment (DME), supplies, and pharmaceuticals.

The CMCAC assigned its Workgroups the task of developing and executing work plans to accomplish these tasks during the year. Each Workgroup continued to be comprised of a broad variety of stakeholders, each representing an important perspective on the work of the committee. The membership of each Workgroup fluctuated during the year as some members needed to step away while others were added. The SHHN Workgroup met biweekly during the first half of the year and then transitioned to monthly meetings in order to share updates, make decisions, plan for upcoming activities, and keep their work plan up to date. The Data Workgroup remained on hiatus and its tasks were shifted to the SHHN Workgroup pending additional CMCAC activities that would need data analytics support. The DME/Supplies Workgroup was launched and kicked off its work in May 2021 to streamline, simplify, and make transparent the prior authorization process for the CMC population as it relates to DME, supplies, and pharmaceuticals. The DME/Supplies Workgroup met bi-weekly to perform tasks. Additional information regarding the major activities and accomplishments that the Workgroups achieved in 2021 can be found later in this report.

The first half of 2021 continued to be marked by the COVID-19 pandemic, which upended normal routines, closed businesses, moved schools and offices to remote operations, stretched resources, and forced families of children with medical complexity, in many cases, to forgo daily nursing supports due to fears related to contracting the coronavirus. Critical school supports were lost and families faced job losses and the loss of other natural supports due to the need to strictly quarantine to protect their children's health and safety. Although some pandemic restrictions were relaxed, the public health emergency (PHE) continued through calendar year 2021. During this period DMMA maintained the following policy changes implemented in 2020 in response to the Public Health Epidemic (PHE):

1. Waived all premiums

2. Kept Medicaid eligibility in place (i.e., paused Medicaid eligibility redeterminations)
3. Provided coverage for COVID-19 testing
4. Provided coverage of COVID-19 diagnosis, testing, and treatment during the PHE to non-residents
5. Extended all Prior Authorizations for six months
6. Waived all pharmacy copays
7. Relaxed early refill limits and limits on certain DME items
8. Changed status of hydroxychloroquine to require a PA unless the member was previously established on this medication for lupus, rheumatoid arthritis and other autoimmune conditions
9. Instituted telehealth using Zoom and telephonic audio only where appropriate
10. Suspended all provider revalidations
11. Allowed temporary enrollment in Delaware Medicaid for providers who are appropriately enrolled in other states' Medicaid programs

Children with medical complexity and their families continued to face unique challenges during the pandemic. At the quarterly CMCAC meetings, families provided their perspective on the toll of COVID-19 and shared the difficulties they experience day-to-day with coordinating service coverage and navigating public health guidance to prevent spread of the virus. The pandemic also continued to impact the work of the CMCAC. State offices remained open during the year, although many services were provided virtually or by appointment only. With State staff and other CMCAC members often working remotely, the group continued to meet virtually. Despite these challenges, the CMCAC and its Workgroups continued their work in the spirit of addressing the needs of children with medical complexity and their families.

In summary, 2021 activities:
The CMCAC made significant progress in 2021 towards achieving its objectives for the year. The following narrative documents the group's major accomplishments in each area of focus, followed by a chart that summarizes the 2021 activities.

1. Continue the work of the CMCAC
The CMCAC met virtually on a quarterly basis throughout the year. The meetings provided CMCAC members an opportunity to hear updates from the DMMA Medicaid Director and from the Workgroups, to provide input on their activities and to make decisions regarding next steps. CMCAC meetings also provided an opportunity for members to discuss the impact of COVID-19 on their lives and to receive updates on steps taken by DMMA and its sister agencies to address member and family needs during the PHE. A portion of each meeting was also reserved for public comment.

2. Evaluate capacity of PDNs via administration and analysis of the PDN Workforce Capacity Study
A significant accomplishment was the completion and final analysis of the PDN Workforce Capacity Study conducted by the Center for Research in Education and Social Policy, University of Delaware. The overall goal of the study was to understand what is happening with the PDN workforce and to identify gaps. The study involved interviews and survey of nursing agency providers, nurses and families. The SHHN Workgroup was engaged to act as a Steering Committee to help guide the project. Final study results were provided in November 2021 and are posted on the CMC website.

3. Conduct the Family Satisfaction Survey
The Family Satisfaction Survey was completed in 2021. Focused interviews were conducted with families whose children varied in age and in the severity of their medical conditions. All families of children with medical complexity were invited to participate in an online or paper survey to describe their level of satisfaction with the services they receive. Final survey results were provided in November 2021 and are posted on the CMC website.

4. Convene the DME/Supplies Workgroup
The DME/Supplies Workgroup was convened in May 2021 to explore how best to streamline, simplify, and make transparent the prior authorization process for children with medical complexity as it relates to DME, supplies, and pharmaceuticals. The Workgroup met on a bi-weekly basis and explored Third Party Liability considerations, the DME/Supplies Prior Authorization process, and the impact on families of needing to contract with multiple providers in order to access all of the supplies needed. Both MCOs provided an overview of their DME/Supplies Prior Authorization process. Also, families and DME providers shared their perspectives on issues, challenges and successful approaches for navigating the process of obtaining DME/Supplies.

5. Finalize the MCO Welcome and What to Expect letters
The SHHN Workgroup worked collaboratively with MCO representatives and their organizations to develop letters for use by care coordinators when communicating with families about PDN services. The Welcome Letter is used when

families are approved for PDN services and outlines care coordination and other resources available to the family. The What to Expect Letter provides information about working with home care agencies and includes suggestions about how to manage PDN staffing issues and concerns. Both documents are posted on the CMC website.

6. Endorse nationally recognized care coordination standards of practice for CMC
The SHHN Workgroup reviewed resources of care coordination standards of practice for CMC that had been previously identified during the development of the Plan to determine if any of the work done previously could be leveraged for this task. Additional research was done to identify standards that may been developed more recently.

Ultimately, the Workgroup recommended the CMCAC endorse use of the 2020 National Association for State Health Policy (NASHP) National Care Coordination Standards for Children and Youth with Special Health Care Needs (CYSHCN). The standards are designed to help state officials and other stakeholders develop and strengthen high-quality care coordination for children with the goal of identifying and assessing the need for care coordination, engaging families in the care coordination process, building a strong and supportive care coordination workforce, and developing team-based communication processes to better serve children and families.

As in years past, Title V supported a very important activity, the Managed Care Organization (MCO) health calls facilitated by Delaware Family Voices, with the phone line provided by the Division of Public Health (DPH). These regularly scheduled calls give family members an opportunity to ask questions or discuss an issue. On the call are representatives from various agencies and organizations, such as Medicaid, private practitioners, Disability Law Program, and Health Management Organizations (HMO) representatives, to listen and help problem solve. These calls give families a non-adversarial venue discussion to share their concerns. These calls are offered in both English and Spanish. As a result, many families get a better understanding of how the system works and the providers and policymakers hear how a family is impacted by the rules and regulations.
Below are the dates and the number of participants that participated in the HMO monthly calls.

Managed Care Organization Dates	Number of Participants
August 10, 2021	44
September 14, 2021	15
October 12, 2021	11
October 13, 2021(Spanish Call)	0
November 9, 2021	6
December 2021	No Call
January 19, 2022	19
February 8, 2022	20
March 8, 2022	8
April 18, 2022	18
May 10, 2022	18
June 14, 2022	25

Children with Special Health Care Needs - Application Year

Delaware estimates a population size of Children and Youth with Special Health Care Needs (CYSHCN) of 28,493. According to the 2019-2020 National Survey of Children's Health (NSCH), 67.2% of Delaware children are adequately insured in comparison to the national average of 66.7%. This includes CYSHCN between the ages of 0 through 17.

In Delaware's Title V/Title XIX Memorandum of Understanding (MOU) it charges us to establish the Cross-Agency Coordination Committee with our Medicaid partners. However, the Title V Director, Title V Deputy Director have monthly meetings with Medicaid to discuss pressing MCH issues and opportunities. We are not actively pursuing the development of a coordination committee at this time. Our Medicaid partners are also attending MCH meetings such the DHMIC and Doula committee meetings. Medicaid and the Division of Public Health (DPH) sees their participation in community meetings with us as a fantastic opportunity to align quality improvement efforts with Title V MCH priorities to improve health outcomes for women, babies and CYSHCN.

In Year three, Delaware will utilize Family Support Healthcare Alliance Delaware (SHADE) programmatic approach to extend family and professional partnerships at all levels of decision making, to best serve our Children and Youth with Special Health Care Needs (CYSHCN) and their families. Family SHADE will serve as a learning network and respected resource for the community serving CYSHCN. Families will be included in all levels of planning, implementation, and evaluation of CYSHCN programs and promoting positive systems change to best serve families of CYSHCN. Our new vendor Parent Information Center (PIC) which we contracted with in October of 2021 will implement the newly revitalized Family SHADE project by executing competitive mini-grant opportunities and implement Learning Communities to families and organizations that serve CYSHCN. The Learning Communities will provide these organizations with the tools to build capacity as well as strategically serve CYSHCN through community-based organizations. PIC will prioritize aligning the Learning Communities with the Maternal Child Health (MCH) national performance measures (NPM) as well as topics addressing gaps in service and identified needs that are impacting families of CYSHCN. Through these initiatives, the Family SHADE project will build state and local capacity and test small scale innovative strategies to improve the overall systems of care. PIC in partnership with community organizations will focus on innovative strategies and improving the Title V national performance measures and support the implementation of the standards for systems of care for CYSHCN through measurable outcomes. PIC will routinely take surveys to track and gather information and topics being requested by Family SHADE community by taking pre, post, and overall evaluation surveys during focused learning communities.

Through the Family SHADE project two community-based organizations were awarded mini-grants. Jay's House and Tomaro's C.H.A.N.G.E. (Creating healing, answers, & necessary guidance for excellence) were awarded mini-grants in April of 2022 in the amount of 25,000.00 each. As we move forward in revitalizing The Family SHADE project, we will focus on providing these two community agencies technical assistance on implementation and evaluation of their project so that they are aligned with the Maternal Child Health (MCH) national performance measures (NPMs) 11, 12, and 15 which are:

- NPM 11 -Percent of children with and without special health care needs, ages 0-17, who have a medical home.
- NPM 12 -To increase the percent of adolescent with and without special health care needs who have received the services necessary to make transitions to adult health care.
- NPM 15 -Percent of children, ages 0-17, who are continuously and adequately insured.

As we move into year 2023, Jay's House will continue to develop an implementation plan and an evaluation plan with the technical assistance of the PIC team and through the Family SHADE project. The first year of the execution of the mini-grantees project will consist of receiving technical assistance through the Learning Communities offered by the Family SHADE project. The scope of work will include the recruitment and retention of children and families in the Wilmington area specifically Edgemoor, Delaware which includes the following zipcodes:19802,19809,19720, 19803, 19703. Through relationship building, partnerships and referrals for CYSHCN; Jay's House will register individuals to become members of the Family SHADE program under Jay's House and they will increase capacity in the Family SHADE program through the inclusion of CYSHCN families. Jay's House team will foster and develop relationships with families on understanding the definition of a Medical Home and its importance. They will work with families on obtaining early childhood services for their child's specific age-group or developmental stage in the education system. Also, they will work with families of CYSHCN on preparation and transition to the adult healthcare system.

Jay's House will divide the CYSHCN age groups into 5 sections:

1. Infancy (ages Birth to 3): The Bamboo Group - will focus on connecting CYSHCN families to resources in the community with a healthcare focus. Jay's team will work with families on early screening and detection. They will also focus on obtaining a pediatrician and primary care physician, Early Childhood Education, Developmental

Milestones Checklist, Daycare procurement and implement strategies for preparation for pre-school and kindergarten.

2. Early Childhood (ages 4 to 8): The Aspen Group - will focus on connecting CYSHCN families to service offerings in the education system to support child development, school/family partnerships and extracurricular activities. Working with the families and schools to begin developmental testing if necessary to determine if an Individualized Education Plan (IEP) is necessary to implement. Establishing a relationship with families and connecting them with the appropriate doctors to create a Medical Home.

3. Middle Childhood (ages 9 to 12): The Cedar Group – will focus on supporting CYSHCN children and families with middle school educational service offerings such as IEP meeting attendance, IEP support (reading and interpreting the IEP), IEP preparation (before the IEP meeting, outline what services and supports the child needs). The team will work with the families with securing therapists, and ensuring the child is on a schedule that meets with their primary care physician on a regular basis. Also, supporting the families with medicine procurement and securing medical resources in the community such as wheelchairs, medical devices, and other medical-related equipment to ensure the child has the appropriate medical supports in place.

4. Adolescence (ages 13 to 15): The Linden Group – will focus on supporting CYSHCN youth and their families with implementing a Medical Home and/or solidifying the one that is already in place. Staff will work with the CSHCN youth on securing that the services are in place to ensure a smooth transition into adolescent health care when appropriate.

5. Early Adulthood (ages 16 to 18): The Redwood Group - will focus on supporting CYSHCN and their families with implementing a Medical Home and/or solidifying the one that is already in place. We will work with the CSHCN youth and their family transitioning into adult health. We will support the family and youth with securing the appropriate adult health-care physicians to develop a Medical Home that is best suited for the youth.

Jay's House will host a monthly meeting for CYSHCN families to meet and connect with one another. The goal of the meeting is to answer questions, implement a "topic of the month" to foster discussions to develop a sense of inclusivity and alleviate any feeling of alienation from being a parent or caregiver of a child(ren) who has a special healthcare need and increase membership through family referrals.

Jay's House will launch a Parent/Caregiver Engagement event to introduce this organization to the community members and provide information and background on CYSHCN and the Family SHADE project. Jay's House representatives will begin recruitment efforts to engage with families and build partnerships through social media, school Guidance Counselors, after-school programs, and faith-based organizations.
Their team will host a Medical Home Meeting which will include families of CYSHCN and health care providers. This meeting will include strategies to improve systems of care for CYSHCN families and connect families with health-care physicians in the area.
They will ensure that families and children/youth are receiving the resources and information necessary to have early detection, testing, and secure appropriate medical professionals which will best serve their child so that they can thrive and grow through their developmental milestones.

Parent Information Center (PIC) will utilize the Family Leadership Network (FLN) in collaboration with Jay's House to engage families of CYSHCN to promote inclusion and receive feedback on where there are gaps in service delivery for CYSHCN population. Currently, there are 12 FLN members that will serve as collaborative leaders who contribute feedback on their experience on service delivery to Parent Information Center (PIC) and to Jay's House as well as other organizations that serve CYSHCN and their families. This network consists of parents/guardians of children birth to 26 that have a suspected or diagnosed disability. The network membership includes trainings, monthly learning community sessions, support with Individual Education Plans (IEPs), and referrals. They will attend Family SHADE Learning Communities and serve as a resource, support, and mentor through their knowledge gained for other families that are navigating the system of care for CYSHCN. The FLN members will serve as a resource and share their experiences with other families in navigating and understanding the Medical Home Model of Care through their Pediatrician/Primary Care Physician and other specialists. FLN members will receive a monthly stipend for attendance and participation as long as Parent Information Center (PIC) has the monetary resources available for this network.

In calendar year 2023, Jay's House will implement activities that will promote family inclusion with guidance from the Parent Information Center (PIC):

- Jay's House will host an Annual Summer Family Fun Day to foster relationship-building between families.
- Jay's House will host a Back-to-School Event for the CYSHCN families and work with them to ensure

educational and medical supports are in place. They will have medical information available for the families and continue to promote implementing the Medical Home model.
- Jay's House will develop relationships with schools and medical professionals to create a system of care within a society that supports the CYSHCN families with resources and services.
- Jay's House will host 2 family holiday events in November and December
- Host the Medical Home Monthly Meeting
- Work with families and medical professionals on ensuring that children/youth are receiving appropriate services that align with their developmental stage.
- Support families with community-based services and resources
  Continue to collect data to measure impact of the program
- Send out surveys to families to collect data which measures the impact of the program

Jay's House project will be executed once Parent Information Center (PIC) provides their staff with technical support in the development of a strategic implementation plan and an evaluation plan. Both plans will address the national performance measures (NPM) 11, 12, and 15 with the technical support and guidance of Parent Information Center (PIC). The areas of priority in the plans will be to:
- Increase percent of children with and without special healthcare needs who are adequately insured
- CYSHCN receive the services necessary to make transitions to adult healthcare
- Children with and without special healthcare needs have a medical home
- Children receive developmentally appropriate services in a well-coordinated early childhood system

Jay's House will develop a Strategic Outreach Plan that will engage potential CYSHCN families via social media, school Guidance Counselors, medical professionals, community centers and faith-based organizations. They will schedule meetings with families in-person and virtually to introduce the Family SHADE program and its benefits. Jay's House staff will also collect data to identify resources and supports needed for those children who are at an increased risk for chronic physical, developmental, behavioral, or emotional conditions. Jay's House will work with schools, medical professionals, community centers and faith-based organizations to support the Family SHADE program and build a CYSHCN network of support builders. Jay's House staff will follow-up with potential CYSHCN families to garner their interest, support questions about the program and identify resources and services that will support the family. Through the tracking of Enrollment forms, surveys and questionnaires data will be tracked to include CYSHCN services and supports needed, services implemented, and suggestions from families of CYSHCN.

Jay's House with the technical assistance of Parent Information Center and the expertise of a contracted evaluator will propose the utilization of Data Collection through the Trees Edition program which will interview families upon enrollment into the program and the utilization of the Jay's House - Trees Edition Enrollment application which will collect child/family, healthcare, socio-economic and education background. The online enrollment system will allow parents to use auto-fill. They will have a complete checklist that will ensure that parents/caregivers have provided all of the requested information for a complete Trees Program Child File. Jay's House will create electronic questionnaires quarterly and surveys every 6 months to solicit feedback from children and families on program offerings, family resources that are needed, and other suggestions for the program. They will collect data with case notes to include meeting topics, action items, service implementation strategies and follow-up. The data will be transferred into a database to ensure that Jay's House is providing coordinated, comprehensive, and family-centered systems of services.

Tomaro's C.H.A.N.G.E. (Creating healing, answers, & necessary guidance for excellence) also received a mini-grant in the amount of 25,000.00 in April of 2022. In the first year they will work on an implementation plan and an evaluation plan with the technical assistance of Parent Information Center (PIC). They will implement the YES Program's "YES to Mindfulness!" which ensures that children who are experiencing difficulties, regardless of mental or behavioral health issue, has an opportunity to learn mindfulness techniques that can help them. The techniques taught to their clients can be used immediately and mastered overtime. The techniques that they will teach, tied in with therapeutic services, can help improve a child's overall emotional psychological, and physical health using holistic methods that would otherwise be overlooked. The target population will be youth ages 10 through 17 who reside in Delaware. Although Tomaro's C.H.A.N.G.E. is in Claymont, the program can be extended to those throughout the state who are interested in virtual participation. Every five weeks youth between the ages of 10 and 17 will have an opportunity to participate in the YES Program's 'YES to Mindfulness!'. During this program, clients will learn a) intentions and goal setting – learn what mindfulness is and how its purpose, strength/flexibility poses, learn how to be intentional and evaluate their personal wellness goals; b) awareness and attention – learn body scanning, practice strength/flexibility poses, art activities focused on emotional state, art activity creating calming instruments; c) self-care (stress reduction and relaxation) – focus on kindness, strength/flexibility poses, learn breathing techniques, learn stressors and coping techniques; d) communication and relationship building – learn sound meditation, practice strength/flexibility techniques, learn how to define and use five senses, practice mindful

listening/communicating, and e) gratitude and acceptance – learn about/practice gratitude, strength/flexibility poses, practice breathing techniques, reflect and review previous four weeks and close with a celebration of accomplishment. Upon registration, clients will meet one day per week for 2-2.5 hours depending on the week's activity. Clients will be able to take their calming art and a gifted yoga mat home with them at the end of each five-week program. Each client will leave the program with tools and techniques that will carry them through the rest of their lives. There will be two instructors per class to ensure the safety of the clients and present a positive learning experience. The clients will not only learn the techniques of mindfulness but will be introduced to full body movement (light form of yoga and the like) and art (creating calming objects that can be used during and after the program has ended). Clients participating in this program must meet the criteria which will be based on the client's family's income, client's age, and whether the client is already receiving therapeutic services. This program will be offered 100% free to clients. The $25,000 grant will help purchase the items needed to successfully implement the program. It will also cover the expenses for staff participation and the weekly fee for using the gym (up to three hours) at the Claymont Community Center.

Tomaro's C.H.A.N.G.E. will track and measure:
1. Increase of the number of children with Special Health Care Needs (SHCN) who have a medical home.
2. Increase the number of children who receive appropriate and timely screening, assessment, and referral to CYSHCN Services.

Tomaro's C.H.A.N.G.E. will evaluate their project by assessing each presentation by implementing a Likert scale and open-ended questions, each containing 5-7 questions. Assessments will be tallied at the end of each five-week program to include quantitative and qualitative data. At the end of the year, data from all the assessments will be collected. Data using the Likert scale will assess the behaviors of the clients as well as their attitudes regarding the mindfulness and tis effects on one's life. It will be important for the program to not only gather quantitative data but also to get an idea of how the program makes the clients feel, how it affects their lives during the process and after.

Through ongoing programmatic meetings with the CYSHCN Director and the PIC Team, Family SHADE will work toward educating families of CYSHCN and enhancing the service delivery through building capacity of organizations throughout Delaware which serve families of CYSHCN. Targeting the national performance measures (NPMs) and the gaps in service that are identified through data collection. The CYSHCN program will execute the revitalized Family SHADE project in Delaware through innovative approaches such as Zoom meetings, emails, mail distribution and through the distribution contact list of partnering agencies that serve CYSHCN.

Family SHADE Summit:
In September of 2022 Family SHADE Project will host a Family SHADE Title V Summit which will consist of a day retreat where parents and professionals will participate in workshops addressing topics related to CYSHCN and their families and the relationship between services offered by the Division of Public Health, Division of Medicaid and Medical Assistance (DMMA), Delaware Healthy Mother Infant Consortium (DHMIC), Social Security Income (SSI), and Early Intervention (EI). There will also be presenters from supporting caregivers such as Easterseals and experts discussing preparing CYSHCN for life after high school. There will also be a presentation by the mini-grantees: Jay's House and Tomaro's C.H.A.N.G.E.

Managed Care Organization (MCO) Calls:
Maternal Child Health (MCH) will continue to support the Family Voices Managed Care (MCO) Calls in Spanish and English as these calls have continued to be a wanted resource. Parent Information Center (PIC) oversees the Family Voices program and they have scheduled this forum where parents/caregivers can ask questions and/or discuss issues they are having with their Medicaid MCO (Highmark Health Options or Amerihealth Caritas). Common Issues discussed have included: care coordination requests, In home care hours, Denials, Therapies, Private duty nursing, supplies, equipment and medication. During the call MCO's and Medicaid representatives along with other partner organizations can help problem solve. These calls are beneficial to parents, caregivers of children with any special health care needs, mental health/behavioral or emotional needs, who have questions and concerns regarding the Medicaid insurance they have for their children. Also, any organization, provider or state agency with questions or calling to listen and learn. To participate in the MCO calls, registration can be done through the PIC website at www.picofdel.org/events or call the office at 302-999-7394.

Bureau of Oral Health and Dental Services and Family SHADE project:
Through the Division of Public Health (DPH) website: www.DEthrives.org; the DPH and Family SHADE project in collaboration with the Bureau of Oral Health and Dental Services will continue to utilize the DEthrives platform to promote and provide essential public health services to improve and promote preventative care and oral health for Children and Youth with Special Health Care Needs (CYSHCN). Improving access to Dental Care for Delawareans

with Disabilities will help the dental workforce provide more effective and culturally competent care to patients with disabilities. Through outreach, information dissemination, and education made available to pediatricians and dental practitioners, this collaborative will educate practitioners on best practices on serving the CYSHCN population. A Tool Kit is still an idea that we are working toward implementing through this collaborative initiative. Since our Family SHADE project is being led by a new vendor, we will revisit this idea of a Tool Kit and explore the implementation of the Toolkit for practitioners which will include a Tool Kit of resources which will include a patient assessment tool, medical and physical evaluation tool, and other tools that will assist the practitioner in best serving CYSHCN.

COVID Response Plan and Support:
In March of 2022-2023, Family SHADE project received additional funding to hire a contractual full-time employee (FTE) to support community-based organizations/mini grantees with technical assistance and support to build community resiliency and support the development in a variety of areas which includes COVID response plans, education, and planning. The mini-grantees which were awarded funding through the Family SHADE project will include a COVID response plan and COVID support in congruency with their implementation plan and their evaluation plan.

In 2022-2023 The Title V CYSHCN Director reached out to our Delaware Family Voices to take advantage of an opportunity offered by the National Family Voices. The opportunity consisted of technical assistance to Family Voices and the CYSHCN Director to establish a Collaborative Action Team Process: Diverse Family Engagement & Leadership. The State Collaborative Action Team Process included our Division of Public Health Maternal Child Health CYSHCN Director and Family Voices parent lead organization. We worked together to develop a plan to enhance diverse family engagement and family professional partnerships at the individual, program, and /or policy level. Through the technical support from the National Family Voices Leadership in Family and Professional Partnerships (LFPP) we established a draft Strategic Plan that included sustainability and the start of the collaborative. Due to leadership at Family Voices changing, we have not finalized our Collaborative Action Team Plan, however we are scheduled to reconvene with the new leadership-Parent Information Center (PIC) who has merged with the Delaware Family Voices parent lead organization.

Title V staff will continue to participate in the Children with Medical Complexity Advisory Committee (CMCAC) to support their recommendations:

- We will continue to keep the CMCAC in place.
- Perform a comprehensive data analysis as it relates to children with medical complexity.
- Strengthen systems of care for children with medical complexity.
- Be clear in contracts about the role of managed care organizations in identifying and providing services to children with medical complexity.
- Develop and/or strengthen existing resources for caregivers, providers, and the larger community involved in the care of children with medical complexity.
- Strengthen the network of home health providers for children with medical complexity.

While Preventative Dental Care Visits for Children and Adolescents/CYSHCN is not one of MCHs identified goals for the upcoming application year, our CYSHCN Director and Family SHADE will resume the collaboration with the Bureau of Oral Health and Dental Services (BOHDS) for the coming 2022/2023 year. The goal of the project is to promote and provide essential public health services to improve and promote preventative care and oral health for Children and Youth with Special Health Care Needs. Improving access to Dental Care for Delawareans with Disabilities will help the dental workforce provide more effective and culturally competent care to patients with disabilities. Through outreach, information dissemination, and education made available to pediatricians and dental practitioners, this collaborative will educate practitioners on best practices on serving the CYSHCN population. Delaware's BOHDS is currently in the process of creating, "Dental Tips for Scheduling a Dental Visit for People with Disabilities." They are also creating a Disabilities Fillable Form which a parent can use to capture all the information needed prior to scheduling a dental appointment with a dentist that will see their CYSHCN. Through this collaborative initiative we will explore the implementation of a Toolkit of resources for practitioners which will include a patient assessment tool, medical and physical evaluation tool, and other tools that will assist the practitioner in best serving CYSHCN.

Delaware's Developmental Disabilities Council:
Delaware's Director of Children and Youth with Special Health Care Needs (CYSHCN) is a governor appointed member to the Delaware Developmental Disabilities Council (DDC). The CYSHCN director will continue to actively serve as the Chair of the Personnel Committee and as an instrumental contributor to the Delaware Developmental Disabilities Council's 5 Year Strategic Plan 2022-2026. The Administration for Community Living (ACL) under the US Department of Health and Social Services approves our 5 Year Strategic Plan which is currently in draft mode on our state website awaiting approval. The DDC Strategic Plan can be accessed at: https://ddc.delaware.gov/contentFolder/pdfs/strategicPlan-DRAFT.pdf. The

mission of the Delaware Developmental Disabilities Council (DDC) is to promote and embrace inclusion, equality and empowerment.

The DDC will work to do the following:

- Fund projects that promote systems change
- Facilitate access to culturally competent services
- Educate the public and policy makers
- Hold agencies accountable

The Goal of the Council is to foster an environment that empowers and supports all Delawareans with developmental disabilities to lead self-directed lives. Areas of emphasis for the next 5 years is Education, Early Intervention, Housing, and Health/Healthcare. Aligning service delivery through Delaware's Title V priorities and strategic plans for the coming year targeting families of CYSHCN assures that we are meeting the needs through a congruent and collaborative initiative addressing NPM 11 (medical home), NPM 12 (transition to adult health care for CYSHCN) and NPM 15 (adequate insurance).

Cross-Cutting/Systems Building

State Performance Measures

SPM 3 - Strenghthen Title V workforce and community stakeholder capacity and skill building via training and professional development opportunities

Measure Status:	Active

State Provided Data			
	2019	2020	2021
Annual Objective			50
Annual Indicator		68	80
Numerator		17	20
Denominator		25	25
Data Source		FHS Data	FHS Data
Data Source Year		2020	2021
Provisional or Final ?		Final	Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	75.0	75.0	100.0	100.0

State Action Plan Table

State Action Plan Table (Delaware) - Cross-Cutting/Systems Building - Entry 1

SPM

SPM 3 - Strenghthen Title V workforce and community stakeholder capacity and skill building via training and professional development opportunities

Objectives

Build MCH capacity and support the development of a trained, qualified workforce by providing professional development opportunities.

All MCH staff will have at least one professional development goal annually included in their performance plan.

Strategies

Develop a system to capture increases in MCH staff completing training such as the MCH navigator self-assessment.

Incorporate MCH competencies more intentionally into MCH position descriptions and performance plans.

Incorporate health equity, disparities, and cultural appropriateness/competence concepts into all workforce development activities.

Deliver annual training and education to ensure that providers can promote diversity, inclusion, and integrate supports in the provision of services for the Special Health Care Needs population into adulthood.

Cross-Cutting/Systems Builiding - Annual Report

Even though workforce development was not a formal priority, we have been focused on improvement and ensuring staff have the resources they need to feel confident in the job they are doing. However, we feel accountability is needed to ensure a more intentional approach as well as the ability devote resources and capacity to our community partners.

Training and development of our workforce is one part of a comprehensive strategy to improve the competence of, and services delivered by the Delaware Division of Public Health (DPH). Fundamental to this work is identifying gaps in knowledge, skills, and abilities through the assessment of the employee's individual needs and addressing those gaps through targeted training and development opportunities.
It's important to note that not all learning occurs in a classroom or on an electronic device. Learning can be as simple as a supervisor observing an employee performing a task and offering suggestions on how to improve that performance (i.e. on-the-job training). It can occur during staff, one-on-one, and, performance feedback meetings, or by reading an article in a professional periodical and putting the concepts to work on the job. Supervisors can also facilitate learning by adding a Professional Development section to employees' Performance Plans. Working together on this will help employees focus on his/her training goals and establish a more productive working relationship. To keep track of this, employees can use the DPH Personal/Professional Development Plan, as a tool to help them and their supervisors, develop goals and document uniquely tailored training needs and experiential learning exercises to expand their knowledge, skills and abilities to provide the best service possible to the citizens of Delaware.

In October 2018, 30 MCH staff members from across the Division of Public Health participated in a two-day training on *FranklinCoveys 7 Habits of Highly Effective People*. Our workforce gained hands on experience, applying timeless principles that yielded greater productivity, improved communication, strengthened relationships, increased influence, and laser-like focus on critical priorities.

All staff have access to an All Access Pass giving them the ability to utilize the entire *FranklinCovey* Library. The All Access Pass was designed to help organizations achieve strategic initiatives, develop leaders, and build skills and capabilities across the organization in a completely nimble and flexible way that helps them overcome those challenges - all at the very best value. With access to *FranklinCovey* courses, assessments, videos, tools, and digital assets, we can utilize the content in a wide variety of ways and across multiple delivery modalities to best meet the needs of our organization. MCH has begun to refamiliarize ourselves with the All Access Pass to the *FranklinCovey* Library as we start returning to the office. We feel that prompting our leaders with the trainings and videos that are available to us, will awaken the spirit of developing leaders and further build their skills. Because the courses are offered in formats that are convenient to participants and on a schedule that is most convenient to them, we feel the continued education will reenergize our leaders. Our Title V Deputy Director has spoken with the *FranklinCovey* expert assigned to Delaware to discuss the needs of our MCH staff and programming that might be beneficial.
This past year, we completed a training series through *FranklinCovey* titled 6 Critical Practices for mid-level managers and above. This program was developed to equip first-level leaders with the essential skills and tools to get work done with and through other people. The program is ideal for new first-level leaders who need to transition successfully from individual contributors to leaders of others. However, this program also applies to leaders who have been in their roles for some time and are looking for practical and relevant guidance on how to effectively lead and manage their teams. The six critical practices covered in the training were:

1. Develop a Leaders' mindset: Explore the critical mindset shifts that will maximize your success as a leader of others.
2. Hold Regular 1-on 1s: Increase engagement of team members by conducting regular 1-on-1s, deepen your

understanding of team member issues, and help them solve problems for themselves.

3. Set up Your Team to Get Results: Create clarity about team goals and results; delegate responsibility to team members while providing the right level of support.
4. Create a Culture of Feedback: Give feedback to develop team member confidence and competence; improve your own performance by seeking feedback from others.
5. Lead You Team Through Change: Identify specific actions to help team members navigate and accelerate through change and achieve better performance.
6. Use weekly planning to focus on the most important priorities and strengthen your ability to be an effective leader by applying the 5 Energy Drivers.

Our 2022 FHS Annual retreat took place in June and was appropriately title, Navigating Roadblocks. The retreat took place at Courageous Hearts, an organization that provides quality equine assisted psychotherapy and equine assisted personal and professional development. The day consisted of the following activities:

- Presentation & review of the year's accomplishments by the Title V Director, Leah Woodall
- Interactive presentation on Healthy Life Balance & Mental Health Self-care
- Experiential grounded activity with horses guided by two facilitation teams to explore concepts discussed about a healthy life balance & self-care
- Group up for processing & exploring our experiences from the morning activity. Interactive presentation will continue to explore healthy boundaries, identify signs of stress & identify supports within work & home environments.
- Experiential grounded team discovery activity with horses guided by two facilitation teams to further explore concepts of recognizing stress and supports, expand on learning & explore individual and team interactions with horses that promotes personal & professional insight & emotional growth
- Share experiences and to take individual & group photos

The strengths of the MCH leadership and core team lie in our depth of professional experience, educational background, and passion for the work. Therefore, we feel that it is in our best interest to pursue a collaboration with the Office of Performance Management to identify the training needs of MCH staff. Together OPM and MCH could develop a training plan that would strengthen Title V staff's capacity for data-driven and evidence-based decision making. Especially due to the pandemic, virtual and/or hybrid trainings would be afforded to each participant.

As part of the Governor's Trauma-Informed Care initiative, DHSS required every employee to complete the online course titled: DHSS Trauma Informed Awareness Training. This training is also part of the New employee/supervisor curricula for future new hires. DHSS Trauma Informed Awareness Training examines the pervasive effects trauma has on individuals, families and organizations. Trauma results from many experiences such as an event, a series of events or a set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects. Many DPH programs are considered trauma informed, some sections have no idea about the impacts of trauma on our clients, patients and co-workers, therefore, the Governor's initiative is that we all become trauma aware.

Cross-Cutting/Systems Building - Application Year

Having a well-prepared work force is critical to meet the maternal and child health needs of the people of Delaware. Having a committed, empowered workforce, with a wide-range of expertise, is necessary to create a resilience-oriented, trauma-informed system of care. As part of our Five-Year Needs Assessment, MCH conducted a Workforce Capacity Analysis where the objective was to identify Delaware's Title V program capacity, including the organizational structure, agency capacity and MCH workforce capacity.

Delaware partnered with John Snow Inc. (JSI) to facilitate and analyze our Workforce Capacity Analysis. An online survey was the source of the information. A sampling frame consisting of leaders, from state government (primarily from the Delaware Division of Public Health) and other key organizations (non-profits, hospital, university, consulting firm) was created. The analysis addressed the following questions:

- Among the Delaware MCH leadership, what is the focus of their current work and what are their related training needs?
- To what extent does Delaware MCH leadership serve as supervisors and how do they currently develop staff?
- For MCH leadership, what do they believe are the essential/critical skills needed in their workforce? Do they think their workforce needs more training/development in these areas?
- In what ways is staff training currently operationalized? Do these ways seem sufficient to address the articulated workforce development areas?

Delaware's MCH leaders have multiple complex responsibilities, and yet they are also open to learning new skills, especially in the areas of leadership and knowledge of the practice. They recognize a need to learn how: to balance the needs of diverse stakeholders, to find evidence, to learn quality improvement methods, and to understand health disparities and Culturally and Linguistically Appropriate Services in Health (CLAS) education and outreach.

Leaders are also concerned with staff development and succession planning. They prioritized workforce skills around program evaluation and data literacy. They also prioritized systems thinking and change management, as well as cultural competence. The expectation is for multidisciplinary teams to have all these skills. In a team approach, it could be that staff with technical skills regarding evaluation and analysis are able to understand the context in which their results will be used, effectively collaborating with systems thinkers and leaders on the team. Similarly, systems thinkers and leaders will be able to use information and data to enact change and will be able to collaborate with the analytic thinkers on the team.

Particularly for leaders themselves, but also for the workforce, on the job training is desired. Yet mechanisms for this approach may not be as strong as for formal training. Figuring out ways to carve out time for both the trainer and trainee will be important; or perhaps new modes of training that hybridize formal and, on the job, methods could be developed. Finally, more work needs to be done to communicate and fully incorporate resilience oriented/trauma-informed care into leaders' and their staff's work.

Other internal DPH workforce development opportunities include our Office of Performance Management, which has created a comprehensive workforce development plan outlining DPH training goals and objectives, as well as resources, roles and responsibilities related to the plan's implementation. With regard to specialized cultural and linguistic competency training, DPH offers in-house training opportunities. In addition, DPH offers training opportunities through a collaborative agreement with Johns Hopkins Bloomberg School of Public Health/Mid-Atlantic Public Health Training Center.

DPH staff are also afforded the opportunity to advance their skills through the DE TRAIN Learning Network. DE TRAIN is an affiliate of the TRAIN national learning network that provides quality-training opportunities for professionals who protect and improve Delaware's public health. This is a free service funded by Delaware Public

Health's Emergency Medical Services and Preparedness Section (EMSPS) in partnership with the Public Health Foundation Training.

Performance Plans for all staff members in the MCH Bureau, include a professional development goal of completing a minimum of 15 hours of training annually. The Performance Plans specifically state to use either the *FranklinCovey* or MCH Navigator platforms. Performance Plans are reviewed annually, however supervisors meet with staff 1:1 regularly to provide support, coaching and feedback related to performance.

In September, we are planning three in-person utilizing our partnership with Franklin Covey, two are about strategic planning and the third is the Strength Finder course.

- ***Execute Your Team's Vision and Goals*** workshop
    - Discuss Systems and The Six Rights
    - Introduce the 4 Disciplines of Execution
        - Discussion about Wildly Important Goals
        - Identify Lead Measures that Lead to Goal Achievement
        - Discussion on Creating Scoreboards
        - Discussion on Accountability
    - Discuss Leader Implementation with Staff

- ***Create a Shared Vision and Strategy*** workshop
    - Discussion around Team Vision
    - Discussion around Team Strategy
        - Customer Needs – Who are your most important internal and external customers? What do they want or need from you?
        - Team Capabilities – What does your team do best? Where are the gaps?
        - Strategic Context – What organizational strategies do you need to link to? What other factors do you need to understand and consider?
        - Bottom Line – How does your team add value? How do you impact the bottom line/budget?
        - Begin to Draft Team Strategy and Strategic Narrative
    - Discuss Leader Implementation with Staff
- **Strength Finder using the Clifton Strengths Assessment** workshop.
    - It's your way to discover what you naturally do best,
    - Learn how to develop your greatest talents into strengths and,
    - Use your personalized results and reports to maximize your potential.

FHS leadership will continue to work with staff internally to develop annual training plans and support staff in prioritizing professional development and identifying strengths and weaknesses. On the Job training was the preferred method to formal training however, in the current environment we are not sure this format will be the most practical. The FHS leadership team will be discussing this at future leadership meetings. We will also be working with our key partners to determine when and what training and/or professional development they would like to see how us offer this coming year.

III.F. Public Input

This is input reported following submission of Delaware's Fiscal Year 2022 Application/2020 Annual Report.

During this past grant cycle, MCH solicited input from professional partners, stakeholders and the public by posting our FY22 Title V Application on our website, https://dethrives.com/title-v, a website that serves as the hub for information on many maternal and child health efforts in Delaware. Our DEThrives website is available to everyone, including stakeholders, partners as well as the general public.

As planned, MCH developed and delivered a series of comprehensive presentations highlighting our priorities. We have several advisory committees that meet regularly and provide ongoing input on MCH programs and priorities, including the Children with Medical Complexity Advisory Board, Help Me Grow and Home Visiting Advisory Board, the Birth Defects and Autism Registries Committee, Delaware Developmental Disabilities Council, Sussex County Health Coalition, and the Delaware Healthy Mothers and Infants Consortium (DHMIC). We have also attended meetings of Family SHADE, an alliance of organizations and families committed to working together to improve the quality of life for CYSHCN. Family SHADE conducted quarterly Families Know Best surveys, which gather feedback from families of CYSHCN on topics related to resources and services available to them. Family SHADE also holds monthly virtual Networking Breakfasts with partners and families alternating locations to provide statewide coverage. Members of our MCH team make a point of attending these sessions to ensure participation in the discussion and to communicate updates in our Title V Action Plan. Most of these committees have aligned their priorities to our Title V priorities and are either working on initiatives at the local level or developing statewide policies.

Input to FY23 Application

The Delaware Title V Maternal and Child Health (MCH) team is committed to collecting input throughout the year and works in partnership with local agencies to assess and identify needs and priorities. Delaware's MCH team attends webinars, is present at community meetings, joins advisory groups, attends conferences, presents at events, and more. This is to guarantee Title V obtains available data and to ensure that Title V is always at the table. The Title V team recognizes the need for Delaware to seek and obtain a broad spectrum of input and obtained many voices throughout the Title V application year – men, women, families, stakeholders, MCH workforce, partners, health experts, advisory boards, and more.

During the last reporting period, Delaware partnered with Forward Consultants for our ongoing Title V Mini Needs Assessment process. MCH worked with Forward Consultants to modify our 2020 Needs Assessment Professional Stakeholder Survey. Our finalized objectives for our Mini Needs Assessment were:

- Gauge the impacts of the pandemic on our partners within each health domain
- Learn how our partners were adapting to the ongoing challenges of the pandemic
- Be more informed of the ways each program is adjusting
- Support programs that continue to address the MCH population
- Identify ways MCH can better support our Title V funded partners with technical assistance

Part of this survey included additional questions for our Title V Partners of the various ways Title V is able to provide technical assistance. The Division of Public Health (DPH) coordinates and collaborates with many organizations and other state agencies to implement activities that address grant goals and objectives. Title V was concerned about how we can better support our partners. We asked for various ways Title V could provide technical assistance to our partners to be better responsive to their needs. We listed the different ways Title V could provide technical assistance and requested they rank their most pressing needs. We supplied examples such as:

- Provide data
- Assist with data to apply for resources
- Strategic planning
- Disseminate information via social media outlets
- Guide a grant writing process

Our Professional Stakeholder Survey for our Mini Needs Assessment was ultimately distributed to more than 950 partners and stakeholders of MCH service agencies, organizations, coalitions and programs for input on MCH population needs, the impact of the COVID-19 pandemic, and technical assistance needs.

We learned that our Title V funded partners ranked "provide data" as either the first or second choice by 60% of Title V partners when asked about Technical Assistance. Therefore, our Title V team decided that our SSDI Project Director would work with our CDC Epidemiologist to continue with a previous goal identified prior to the pandemic. We would pursue including data relevant to the MCH population on the State Action Plan Snapshot created last

year. Our intentions were for our partners and stakeholders to be able to view Delaware's data in one document. This would also include previous year's data, so our partners can track the information from year to year. We understood that we would face additional challenges that might arise, such as repetitive display of data, partner agencies not allowing us to use the data publicly and, obtaining the perfect conduit for partners accessing the data.

This year our SSDI Project Director was able to schedule regular meetings with our two-Family Health Systems (FHS) epidemiologists to begin the task of compiling all MCH data into one central location. Both epidemiologists, Khaleel Hussaini, CDC assignee epidemiologist, as well George Yocher, FHS epidemiologist, are also members of our Title V team. Our goal was to gather and organize Delaware's data pertaining to each National Performance Measure as well as all the National Outcome Measures. Delaware's MCH Performance data sheet was created as a result of the survey, where 60% of our Title V partners requested MCH provide data as a way to support and assist them with their needs. In the future, Title V may pursue an app for our Title V information. We feel that our partners, stakeholders and the general public will be in favor of having Delaware's data readily available via an application on their cellular device. We believe finding all maternal and child health resources in one place would be beneficial to their work. Our plan will be to begin with obtaining and displaying the data on our colorful State Action Plan Snapshot first, and then we will research pursuit of an app.

Through our 2020 Needs Assessment process, MCH created detailed and specialized Health Infographics for each of the 15 National Performance Measures. The aim was to provide our stakeholders and partners with a snapshot of Delaware's health status as it related to each measure. Information such as Delaware's goals and objectives, Delaware's baseline data, how Delaware compares to our neighboring states as well as nationally, and more. This year, MCH amended these Health Infographics once the 2020 and 2019/2020 NSCH data was released. All of our Title V and Needs Assessment information, including our health Infographics and our MCH Performance Measure data sheet, is found in one central location, our DEThrives website (https://dethrives.com/title-v. We encourage all of our stakeholders and partners to check back often for updated information and resources.

As part of the Title V Maternal and Child Health (MCH) Block Grant, Delaware previously developed a graphic for our partners to use as an additional resource. This colorful snapshot is a glimpse of Delaware's Title V, five-year State Action Plan to address our priority needs. Our Plan is organized by the six reporting domains, which includes five MCH population domains (Women/Maternal Health, Perinatal/Infant Health, Child Health, Children and Youth with Special Health Care Needs (CYSHCN), and Adolescent Health). The sixth domain addresses state-specific Cross-cutting/Systems Building needs. This State Action Plan offers an at-a-glance snapshot for the public, our partners, and our stakeholders to better understand our five-year plan. This report identifies the priority needs within each of the six domains, the program objectives, key strategies and relevant national and state performance measures for addressing each objective. Delaware's State Action Plan is designed to use in conjunction with our MCH Performance Measure data sheet.

The following email was sent by the Tile V Coordinator to partners and stakeholders statewide regarding our completed Title V 2022 Block Grant Application, State Action Plan, and public comment period.

Maternal & Child Health (MCH) Community Stakeholders:
The Division of Public Health's (DPH) Maternal & Child Health (MCH) Bureau has completed our Title V 2022 Block Grant Application, which also includes our FY2020 Annual Report. In addition, MCH concluded a mini-Needs Assessment to better understand the impacts of COVID-19 on our maternal and child health populations. Title V is committed to improving our ability to support programs continuing to address these populations; therefore we sought to more completely comprehend how our stakeholders were adapting to the ongoing challenges of the pandemic and to be more informed of the ways that your programs were adjusting to address COVID-19 related response needs.

We reached out to you, our valuable community partners and stakeholders, to help us identify the possibility of shifting priorities in the health of mothers, children, and families in Delaware. Thank you for your participation in the mini-Needs Assessment Survey. The input your shared was invaluable and we appreciate the time you provided to assist us during this process.

In an effort to for continued involvement, we're happy to report that we've recently submitted our Title V 2022 Application/2020 Annual Report to the Health Resources & Services Administration (HRSA). As part of the application process, we'd like to have an open public comment period. We're looking to solicit your feedback on the Title V application. Please reach out with comments, suggestions, questions, or updated information.

We have also developed a five-year State Action Plan Snapshot to address our priority needs. Our Plan is organized by six reporting domains, which includes five MCH population domains (Women/Maternal, Perinatal/Infant,

Child, Children and Youth with Special Health Care Needs (CYSHCN), and Adolescent). The sixth domain addresses state-specific Cross-Cutting/Systems Building needs. This State Action Plan offers an at-a-glance snapshot for the public, our partners, and our stakeholders to better understand our five-year plan. This report identifies the priority needs within each of the six domains, the program objectives, key strategies and relevant national and state performance measures for addressing each objective.

This State Action Plan Snapshot, our Title V application, and all other Title V information can be found in one central location, our DEThrives website. We encourage you to download a copy of the Snapshot and share with your partners.

Again, if you have any comments or questions, don't hesitate to reach out. We'd love to hear from you.

As in years past, other stakeholders are contacted by MCH for input and feedback through various meetings, conferences, surveys, and other community activities. MCH periodically reaches out to the public for feedback or updates regarding the MCH community. Such areas throughout this year included questions regarding the Block Grant Application, the introduction of our MCH Performance Measure data sheet, the infant formula shortage DHMIC updates, and more. Our stakeholder involvement and input has been taken into consideration as our team began to prepare for the FY23 application. Our Domain Leads have made it a practice to keep in mind our Title V strategies as they take on new projects and activities with their partners, ensuring alignment where possible.

Family SHADE, our partner supporting our CYSHCN program, continued to engage parents and families through the Families Know Best surveys. Family SHADE previously reached out to their voluntary parent advisory group to see what their needs and concerns were during the beginning stage of the COVID-19 pandemic and then again as Delaware phased out of the stay at home orders. Information gained through these ongoing surveys is typically shared during membership meetings as well as with other organizations, policy makers and agencies statewide. In addition, all survey information is used to inform the direction of the work for the CYSHCN population.

As in years past, Title V supported a very important activity, the Managed Care Organization (MCO) health calls facilitated by Delaware Family Voices, with the phone line provided by the Division of Public Health (DPH). These are a very important activity for partnering with families. These regularly scheduled calls give family members an opportunity to ask questions or discuss an issue. On the call are representatives from various agencies and organizations, such as Medicaid, private practitioners, Disability Law Program, and Health Management Organizations (HMO) representatives, to listen and help problem solve. These calls give families a non-adversarial venue discussion to share their concerns and are offered in both English and Spanish. As a result, many families get a better understanding of how the system works and the providers and policymakers hear how a family is impacted by the rules and regulations.

In the spirit of Title V, we are committed to continuing these efforts to partner with families and consumers of our programs and services to ensure that our efforts and resources are aligned with the priority needs of Delaware's mothers, children, and children and youth with special health care needs.

All our Title V information is found in one central location, our DEThrives website. https://dethrives.com/title-v Here MCH has all the detailed Title V information, including our FY22 block grant application, Delaware's Five-Year State Action Plan, infographics on each of our 15 NPMs, our State Action Plan Snapshot, the MCH Performance Measures data sheet, a framework of the Needs Assessment process, reports on our Focus Group studies, results of the Stakeholder Survey and more. We encourage families, partners and stakeholders to check back often for updated information and resources and to reach out with any questions.

Following the submission of our FY23 Block Grant application, we plan to post the documents on our website. At that time, we will again solicit feedback and input into our Title V block grant application. Any major adjustments that are suggested will be documented for future consideration as the TVIS system will not be opened again after the submission of our application.

III.G. Technical Assistance

Our Title V Director recently participated in a focus group on trauma and it's impact on public health workforce morale. Questions posed during the focus group included:

- Has your team/division/unit implemented strategies to address workforce burnout, moral injury and mental wellbeing?
- What resources were used and how did you access them? How were they communicated?
- Were outcomes measured? How were these initiatives received by staff?
- Are these initiatives going to be sustained, and if so, how?
- Does your leadership support your wellness and resiliency, and if yes, how?
- Is there a staff member (or more than one staff member) in the agency responsible for all activities related to addressing workforce burnout, moral injury and mental wellbeing of the workforce? Is it written in their job description in a way where their performance/success is measured around staff wellbeing?

We are thinking through the possibility of designing a survey at some point for our DPH staff, and maybe gather some really good ideas to meet their needs. If there is an opportunity to participate or receive technical assistance around this topic, we would be very interested.

IV. Title V-Medicaid IAA/MOU

The Title V-Medicaid IAA/MOU is uploaded as a PDF file to this section - Signed WIC_DPH_DSS_DMMA_2018.pdf

V. Supporting Documents

The following supporting documents have been provided to supplement the narrative discussion.

Supporting Document #01 - Executive Summary_Final.pdf

Supporting Document #02 - Success Story Supporting Articles.pdf

VI. Organizational Chart

The Organizational Chart is uploaded as a PDF file to this section - FHS Org Chart.pdf

VII. Appendix

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Form 2
MCH Budget/Expenditure Details

State: Delaware

	FY 23 Application Budgeted	
1. FEDERAL ALLOCATION (Referenced items on the Application Face Sheet [SF-424] apply only to the Application Year)	$ 2,067,298	
A. Preventive and Primary Care for Children	$ 631,688	(30.5%)
B. Children with Special Health Care Needs	$ 866,345	(41.9%)
C. Title V Administrative Costs	$ 134,607	(6.6%)
2. Subtotal of Lines 1A-C (This subtotal does not include Pregnant Women and All Others)	$ 1,632,640	
3. STATE MCH FUNDS (Item 18c of SF-424)	$ 9,783,792	
4. LOCAL MCH FUNDS (Item 18d of SF-424)	$ 0	
5. OTHER FUNDS (Item 18e of SF-424)	$ 0	
6. PROGRAM INCOME (Item 18f of SF-424)	$ 2,580,255	
7. TOTAL STATE MATCH (Lines 3 through 6)	$ 12,364,047	
A. Your State's FY 1989 Maintenance of Effort Amount $ 5,679,728		
8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP SUBTOTAL (Total lines 1 and 7)	$ 14,431,345	
9. OTHER FEDERAL FUNDS Please refer to the next page to view the list of Other Federal Programs provided by the State on Form 2.		
10. OTHER FEDERAL FUNDS(Subtotal of all funds under item 9)	$ 8,200,541	
11. STATE MCH BUDGET/EXPENDITURE GRAND TOTAL (Partnership Subtotal + Other Federal MCH Funds Subtotal)	$ 22,631,886	

OTHER FEDERAL FUNDS	FY 23 Application Budgeted
Department of Health and Human Services (DHHS) > Office of Population Affairs (OPA) > Title X Family Planning	$ 1,133,730
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Universal Newborn Hearing Screening and Intervention	$ 174,703
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > State Systems Development Initiative (SSDI)	$ 100,000
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) Formula Grants	$ 3,719,752
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Pregnancy Risk Assessment Monitoring System (PRAMS)	$ 139,652
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) Innovation Grants	$ 1,892,092
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) American Rescue Plan (ARP)	$ 1,040,612

	FY 21 Annual Report Budgeted		FY 21 Annual Report Expended	
1. FEDERAL ALLOCATION (Referenced items on the Application Face Sheet [SF-424] apply only to the Application Year)	$ 2,027,826 (FY 21 Federal Award: $ 2,042,781)		$ 2,042,781	
A. Preventive and Primary Care for Children	$ 653,973	(32.2%)	$ 687,170	(33.6%)
B. Children with Special Health Care Needs	$ 708,056	(34.9%)	$ 733,784	(35.9%)
C. Title V Administrative Costs	$ 162,979	(8%)	$ 146,517	(7.2%)
2. Subtotal of Lines 1A-C (This subtotal does not include Pregnant Women and All Others)	$ 1,525,008		$ 1,567,471	
3. STATE MCH FUNDS (Item 18c of SF-424)	$ 10,128,656		$ 10,128,656	
4. LOCAL MCH FUNDS (Item 18d of SF-424)	$ 0		$ 0	
5. OTHER FUNDS (Item 18e of SF-424)	$ 0		$ 0	
6. PROGRAM INCOME (Item 18f of SF-424)	$ 2,957,897		$ 2,957,897	
7. TOTAL STATE MATCH (Lines 3 through 6)	$ 13,086,553		$ 13,086,553	
A. Your State's FY 1989 Maintenance of Effort Amount $ 5,679,728				
8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP SUBTOTAL (Total lines 1 and 7)	$ 15,114,379		$ 15,129,334	
9. OTHER FEDERAL FUNDS Please refer to the next page to view the list of Other Federal Programs provided by the State on Form 2.				
10. OTHER FEDERAL FUNDS (Subtotal of all funds under item 9)	$ 6,890,346		$ 8,067,874	
11. STATE MCH BUDGET/EXPENDITURE GRAND TOTAL (Partnership Subtotal + Other Federal MCH Funds Subtotal)	$ 22,004,725		$ 23,197,208	

OTHER FEDERAL FUNDS	FY 21 Annual Report Budgeted	FY 21 Annual Report Expended
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > State Systems Development Initiative (SSDI)	$ 100,000	$ 100,000
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) Formula Grants	$ 3,811,281	$ 3,654,679
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Early Hearing Detection and Intervention (EHDI) State Programs	$ 145,870	$ 0
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Pregnancy Risk Assessment Monitoring System (PRAMS)	$ 138,020	$ 132,371
Department of Health and Human Services (DHHS) > Office of Population Affairs (OPA) > Title X Family Planning	$ 2,033,700	$ 1,986,504
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Early Childhood Comprehensive Systems (ECCS): Building Health Through Integration	$ 426,475	$ 416,600
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Universal Newborn Hearing Screening and Intervention	$ 235,000	$ 1,777,720

Form Notes for Form 2:

None

Field Level Notes for Form 2:

None

Data Alerts:

- The value in Line 1C, Title V Administrative Costs, Annual Report Expended is greater or less than 10% of the Annual Report Budgeted. Please add a field level note indicating the reason for the discrepancy.

Form 3a
Budget and Expenditure Details by Types of Individuals Served

State: Delaware

I. TYPES OF INDIVIDUALS SERVED

IA. Federal MCH Block Grant	FY 23 Application Budgeted	FY 21 Annual Report Expended
1. Pregnant Women	$ 434,658	$ 475,310
2. Infants < 1 year	$ 0	$ 0
3. Children 1 through 21 Years	$ 631,688	$ 687,170
4. CSHCN	$ 866,345	$ 733,784
5. All Others	$ 0	$ 0
Federal Total of Individuals Served	$ 1,932,691	$ 1,896,264

IB. Non-Federal MCH Block Grant	FY 23 Application Budgeted	FY 21 Annual Report Expended
1. Pregnant Women	$ 5,109,537	$ 2,916,185
2. Infants < 1 year	$ 0	$ 2,950,785
3. Children 1 through 21 Years	$ 3,778,203	$ 965,251
4. CSHCN	$ 858,960	$ 965,251
5. All Others	$ 0	$ 2,331,185
Non-Federal Total of Individuals Served	$ 9,746,700	$ 10,128,657
Federal State MCH Block Grant Partnership Total	$ 11,679,391	$ 12,024,921

Form Notes for Form 3a:

None

Field Level Notes for Form 3a:

None

Data Alerts: None

Form 3b
Budget and Expenditure Details by Types of Services

State: Delaware

II. TYPES OF SERVICES

IIA. Federal MCH Block Grant	FY 23 Application Budgeted	FY 21 Annual Report Expended
1. Direct Services	$ 0	$ 0
A. Preventive and Primary Care Services for all Pregnant Women, Mothers, and Infants up to Age One	$ 0	$ 0
B. Preventive and Primary Care Services for Children	$ 0	$ 0
C. Services for CSHCN	$ 0	$ 0
2. Enabling Services	$ 793,657	$ 1,851,421
3. Public Health Services and Systems	$ 1,273,641	$ 191,360
4. Select the types of Federally-supported "Direct Services", as reported in II.A.1. Provide the total amount of Federal MCH Block Grant funds expended for each type of reported service		
Pharmacy		$ 0
Physician/Office Services		$ 0
Hospital Charges (Includes Inpatient and Outpatient Services)		$ 0
Dental Care (Does Not Include Orthodontic Services)		$ 0
Durable Medical Equipment and Supplies		$ 0
Laboratory Services		$ 0
Direct Services Line 4 Expended Total		$ 0
Federal Total	$ 2,067,298	$ 2,042,781

IIB. Non-Federal MCH Block Grant	FY 23 Application Budgeted	FY 21 Annual Report Expended
1. Direct Services	$ 1,344,512	$ 1,344,512
A. Preventive and Primary Care Services for all Pregnant Women, Mothers, and Infants up to Age One	$ 1,344,512	$ 1,344,512
B. Preventive and Primary Care Services for Children	$ 0	$ 0
C. Services for CSHCN	$ 0	$ 0
2. Enabling Services	$ 6,043,574	$ 5,612,653
3. Public Health Services and Systems	$ 3,157,312	$ 3,171,492
4. Select the types of Non-Federally-supported "Direct Services", as reported in II.B.1. Provide the total amount of Non-Federal MCH Block Grant funds expended for each type of reported service		
Pharmacy		$ 0
Physician/Office Services		$ 1,146,062
Hospital Charges (Includes Inpatient and Outpatient Services)		$ 0
Dental Care (Does Not Include Orthodontic Services)		$ 2,555
Durable Medical Equipment and Supplies		$ 148,569
Laboratory Services		$ 0
Other		
HWHB Support Activities		$ 47,326
Direct Services Line 4 Expended Total		$ 1,344,512
Non-Federal Total	$ 10,545,398	$ 10,128,657

Form Notes for Form 3b:

None

Field Level Notes for Form 3b:

None

Form 4
Number and Percentage of Newborns and Others Screened Cases Confirmed and Treated

State: Delaware

Total Births by Occurrence: 11,045 **Data Source Year: 2021**

1. Core RUSP Conditions

Program Name	(A) Aggregate Total Number Receiving at Least One Valid Screen	(B) Aggregate Total Number of Out-of-Range Results	(C) Aggregate Total Number Confirmed Cases	(D) Aggregate Total Number Referred for Treatment
Core RUSP Conditions	11,037 (99.9%)	1,371	76	76 (100.0%)

Program Name(s)				
3-Hydroxy-3-Methyglutaric Aciduria	3-Methylcrotonyl-Coa Carboxylase Deficiency	Argininosuccinic Aciduria	Biotinidase Deficiency	Carnitine Uptake Defect/Carnitine Transport Defect
Citrullinemia, Type I	Classic Galactosemia	Classic Phenylketonuria	Congenital Adrenal Hyperplasia	Critical Congenital Heart Disease
Cystic Fibrosis	Glutaric Acidemia Type I	Glycogen Storage Disease Type II (Pompe)	Hearing Loss	Holocarboxylase Synthase Deficiency
Homocystinuria	Isovaleric Acidemia	Long-Chain L-3 Hydroxyacyl-Coa Dehydrogenase Deficiency	Maple Syrup Urine Disease	Medium-Chain Acyl-Coa Dehydrogenase Deficiency
Methylmalonic Acidemia (Cobalamin Disorders)	Methylmalonic Acidemia (Methylmalonyl-Coa Mutase)	Mucopolysaccharidosis Type 1	Primary Congenital Hypothyroidism	Propionic Acidemia
S, ßeta-Thalassemia	S,C Disease	S,S Disease (Sickle Cell Anemia)	Severe Combined Immunodeficiences	Spinal Muscular Atrophy Due To Homozygous Deletion Of Exon 7 In SMN1
ß-Ketothiolase Deficiency	Trifunctional Protein Deficiency	Tyrosinemia, Type I	Very Long-Chain Acyl-Coa Dehydrogenase Deficiency	X-Linked Adrenoleukodystrophy

2. Other Newborn Screening Tests

None

3. Screening Programs for Older Children & Women

None

4. Long-Term Follow-Up

DPH does not cover older children which are under the Dept. of Education.
Children that are 0-3 yrs. of age and diagnosed Deaf/Hard of Hearing (D/HH) are referred to Part C - Early Intervention Services known as Child Development Watch (CDW). On the child's 3rd birthday they are transitioned into the Department of Education Part B program.
The state of Delaware contracts with A.I. DuPont for the metabolic screening of all infants born in the state of Delaware. Infants that are diagnosed with a metabolic disorder are referred to A.I. DuPont Children's Hospital. The team of geneticist work with the infant's pediatrician and the family to provide follow up care through neighboring children's hospital Children's Hospital of Pennsylvania (CHOP). Each case is unique to the diagnosis.

Form Notes for Form 4:

Total Births by Occurrence is from New Born Screening, 2021 data. It is based on invoicing as some OOS births come to DE for testing. It is dificult for NBS data system to filter only DE resident births.
All conditions are tested for in newborn screening program. Critical Congenital heart disease is not blood spot test but noted on card, same for hearing loss. CCHD is tested for and tracked by hospitals, not DPH.

Field Level Notes for Form 4:

1.	**Field Name:**	**Total Births by Occurrence**
	Fiscal Year:	**2021**
	Column Name:	**Total Births by Occurrence Notes**
	Field Note: There were 10,880 birth occurances in state according to Health Statistics. NBS screened 11,045 - this is includes some out of state births tranfered to DE hospitals. Approximately 20 per year decline test.	
2.	**Field Name:**	**Core RUSP Conditions - Total Number Confirmed Cases**
	Fiscal Year:	**2021**
	Column Name:	**Core RUSP Conditions**
	Field Note: 158 werereferred to specilaists. Of those 76 were confirmed cases and all (76) were reffered for treatment.	

Data Alerts: None

Form 5
Count of Individuals Served by Title V & Total Percentage of Populations Served by Title V

State: Delaware

Annual Report Year 2021

Form 5a – Count of Individuals Served by Title V
(Direct & Enabling Services Only)

		Primary Source of Coverage				
Types Of Individuals Served	(A) Title V Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private / Other %	(E) None %	(F) Unknown %
1. Pregnant Women	320	0.0	0.0	100.0	0.0	0.0
2. Infants < 1 Year of Age	11,037	38.7	0.0	59.2	2.0	0.1
3. Children 1 through 21 Years of Age	23,160	39.1	0.0	34.3	26.6	0.0
3a. Children with Special Health Care Needs 0 through 21 years of age^	1,459	39.8	0.0	59.7	0.0	0.5
4. Others	924	0.0	0.0	100.0	0.0	0.0
Total	35,441					

Form 5b – Total Percentage of Populations Served by Title V
(Direct, Enabling, and Public Health Services and Systems)

Populations Served by Title V	Reference Data	Used Reference Data?	Denominator	Total % Served	Form 5b Count (Calculated)	Form 5a Count
1. Pregnant Women	10,392	No	12,042	100.0	12,042	320
2. Infants < 1 Year of Age	10,789	No	11,037	100.0	11,037	11,037
3. Children 1 through 21 Years of Age	242,832	Yes	242,832	100.0	242,832	23,160
3a. Children with Special Health Care Needs 0 through 21 years of age^	54,972	Yes	54,972	3.0	1,649	1,459
4. Others	733,480	Yes	733,480	100.0	733,480	924

^Represents a subset of all infants and children.

Form Notes for Form 5:

None

Field Level Notes for Form 5a:

1.	**Field Name:**	**Pregnant Women Total Served**
	Fiscal Year:	**2021**
	Field Note:	67 from MIEHV home visiting. 253 from state funded Home Visiting program. HWHB serves pregnant women but no longer collets this information. Coverage 100% from federal grant funds and state funds. Would be 21% federal, 79% state funds based on percent counts.
2.	**Field Name:**	**Infants Less Than One YearTotal Served**
	Fiscal Year:	**2021**
	Field Note:	CY 2021 - 10880 resident births, 11,047 from New Born Screening which includes some out of state births. Coverage is based on 2020 Health Statistics Center information Table C35 Birthsby Payment. "None " is self-pay, "Private/Other" includes Other and Other Government. On average there are approximately 20 parents that turn down NBS per year (Source - Nemours)
3.	**Field Name:**	**Children 1 through 21 Years of Age**
	Fiscal Year:	**2021**
	Field Note:	FPAR (4169) + PEDS (14,680) + CDW (3387) + DPH EMR? + MIECHV (615) + State Home Visiting (309) = 23,160. Data source Title V FPAR 1 to 24 yrs old. Home visiting assumes at least one child per househld. State funded home visiting 309 caregivers = 309 children. Source coverage from2017 Table 5a. FPAR breakout: State - 739, Providers - 3430.
4.	**Field Name:**	**Children with Special Health Care Needs 0 through 21 Years of Age**
	Fiscal Year:	**2021**
	Field Note:	CDW eligible 1459. Coverage from 2017 Table 5a
5.	**Field Name:**	**Others**
	Fiscal Year:	**2021**
	Field Note:	NNN MIECHV female caregivers, NN male care givers, 615 total adults plus NNN caregivers (state?) NNN adults overall total. The numbe rof preconception clients is not avaialble form DPH databases. Coverage the same as Item 1 (pregnant women).
6.	**Field Name:**	**Total_TotalServed**
	Fiscal Year:	**2021**
	Field Note:	FPAR amount needs to be added in.

Field Level Notes for Form 5b:

1.	**Field Name:**	**Pregnant Women Total % Served**
	Fiscal Year:	**2021**
	Field Note: All pregnant women are served by public health services. Safe sleep public service campaigns, breastfeeding information, LARC information. Direct services are much smaller.	
2.	**Field Name:**	**Pregnant Women Denominator**
	Fiscal Year:	**2021**
	Field Note: Value from Health Statistics Center, CY 2021. Comes from Table D1 of annual report. The value is preliminary as of 7/29/2022.	
3.	**Field Name:**	**Infants Less Than One Year Total % Served**
	Fiscal Year:	**2021**
	Field Note: Value is from New Born Screening and is a count of all heel sticks in 2021. It includes some out of state births. Resident births are 10,880.	
4.	**Field Name:**	**Infants Less Than One Year Denominator**
	Fiscal Year:	**2021**
	Field Note: Value form New Born Screening program.	
5.	**Field Name:**	**Children 1 through 21 Years of Age Total % Served**
	Fiscal Year:	**2021**
	Field Note: Count value is population in DE, estimated by Census.	
6.	**Field Name:**	**Children with Special Health Care Needs 0 through 21 Years of Age Total % Served**
	Fiscal Year:	**2021**
	Field Note: Population count is estimate given by grant application, ages to 21. 5a count (and percent served) from those with CSHCN served by Title V. DPH does not serve older children, they are under Dept. of Education.	
7.	**Field Name:**	**Others Total % Served**
	Fiscal Year:	**2021**

Field Note:
Denominator population comes from US Census Bureau (a given estimate) of population 22+. 100% served comes from substance abise educaiton and programming which covers all genders and ages. Other programs that cover a large percentage of population are safe sleep, breastfeeding education materials, LARC education.

Data Alerts:

1.	Pregnant Women Denominator is greater than or equal to 110% of the Pregnant Women Reference Data. Please double check and justify with a field note.
2.	Infants Less Than One Year, Form 5a Count is greater than or equal to 90% of the Form 5b Count (calculated). Please check that population based services have been included in the 5b Count and not in the 5a Count.
3.	Reported percentage for Others on Form 5b is greater than or equal to 50%. The Others denominator includes both women and men ages 22 and over. Please double check and justify with a field note.

Form 6
Deliveries and Infants Served by Title V and Entitled to Benefits Under Title XIX

State: Delaware

Annual Report Year 2021

I. Unduplicated Count by Race/Ethnicity

	(A) Total	(B) Non-Hispanic White	(C) Non-Hispanic Black or African American	(D) Hispanic	(E) Non-Hispanic American Indian or Native Alaskan	(F) Non-Hispanic Asian	(G) Non-Hispanic Native Hawaiian or Other Pacific Islander	(H) Non-Hispanic Multiple Race	(I) Other & Unknown
1. Total Deliveries in State	10,880	5,414	2,859	1,883	57	593	16	0	58
Title V Served	10,880	5,414	2,859	1,883	57	593	16	0	58
Eligible for Title XIX	3,870	1,122	1,484	1,126	24	81	8	0	25
2. Total Infants in State	10,329	4,932	2,842	1,849	54	578	14	0	60
Title V Served	10,329	4,932	2,842	1,849	54	578	14	0	60
Eligible for Title XIX	3,846	1,120	1,473	1,114	25	81	8	0	25

Form Notes for Form 6:

From Health Statistics. 2021 data, preliminary as of 6/29/2022

Field Level Notes for Form 6:

None

Form 7
State MCH Toll-Free Telephone Line and Other Appropriate Methods Data

State: Delaware

A. State MCH Toll-Free Telephone Lines	2023 Application Year	2021 Annual Report Year
1. State MCH Toll-Free "Hotline" Telephone Number	(800) 464-4357	(800) 464-4357
2. State MCH Toll-Free "Hotline" Name	Helpline and 2-1-1 Help Me Grow	Helpline and 2-1-1 Help Me Grow
3. Name of Contact Person for State MCH "Hotline"	Donna Snyder-White	Donna Snyder-White
4. Contact Person's Telephone Number	(302) 255-1804	(302) 255-1804
5. Number of Calls Received on the State MCH "Hotline"		48,204

B. Other Appropriate Methods	2023 Application Year	2021 Annual Report Year
1. Other Toll-Free "Hotline" Names		
2. Number of Calls on Other Toll-Free "Hotlines"		
3. State Title V Program Website Address	https://dhss.delaware.gov/dph/chca/dphmchhome.html	https://dhss.delaware.gov/dph/chca/dphmchhome.html
4. Number of Hits to the State Title V Program Website		3,253
5. State Title V Social Media Websites	www.dethrives.com	www.dethrives.com
6. Number of Hits to the State Title V Program Social Media Websites		124,000

Form Notes for Form 7:

None

Form 8
State MCH and CSHCN Directors Contact Information

State: Delaware

1. Title V Maternal and Child Health (MCH) Director	
Name	Leah J. Woodall
Title	Chief, Family Health Systems
Address 1	1351 W. North Street
Address 2	Suite 103
City/State/Zip	Dover / DE / 19904
Telephone	(302) 608-5754
Extension	
Email	leah.woodall@delaware.gov

2. Title V Children with Special Health Care Needs (CSHCN) Director	
Name	Isabel Rivera-Green
Title	CYSHCN Director
Address 1	1351 W. North Street
Address 2	Suite 103
City/State/Zip	Dover / DE / 19904
Telephone	(302) 608-5747
Extension	
Email	isabel.rivera-green@delaware.gov

3. State Family or Youth Leader (Optional)	
Name	
Title	
Address 1	
Address 2	
City/State/Zip	
Telephone	
Extension	
Email	

Form Notes for Form 8:

None

Form 9
List of MCH Priority Needs

State: Delaware

Application Year 2023

No.	Priority Need
1.	Women have access to and receive coordinated, comprehensive services before, during and beyond pregnancy.
2.	Improve breastfeeding rates.
3.	Children receive developmentally appropriate services in a well coordinated early childhood system.
4.	Empower adolescents to adopt healthy behaviors.
5.	Increase the number of adolescents receiving a preventative well-visit annually to support their social, emotional and physical well-being.
6.	Increase the percent of children with and without special health care needs who are adequately insured.
7.	Improve the rate of Oral Health preventive care in children.

Form Notes for Form 9:

None

Field Level Notes for Form 9:

None

Form 9 State Priorities – Needs Assessment Year – Application Year 2021

No.	Priority Need	Priority Need Type (New, Revised or Continued Priority Need for this five-year reporting period)
1.	Women have access to and receive coordinated, comprehensive services before, during and beyond pregnancy.	Revised
2.	Improve breastfeeding rates.	Continued
3.	Children receive developmentally appropriate services in a well coordinated early childhood system.	Revised
4.	Empower adolescents to adopt healthy behaviors.	New
5.	Increase the number of adolescents receiving a preventative well-visit annually to support their social, emotional and physical well-being.	New
6.	Increase the percent of children with and without special health care needs who are adequately insured.	Continued
7.	Improve the rate of Oral Health preventive care in children.	Continued

Form 10
National Outcome Measures (NOMs)

State: Delaware

Form Notes for Form 10 NPMs, NOMs, SPMs, SOMs, and ESMs.

None

NOM 1 - Percent of pregnant women who receive prenatal care beginning in the first trimester

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020	79.7 %	0.4 %	8,071	10,122
2019	76.9 %	0.4 %	8,001	10,408
2018	77.8 %	0.4 %	8,044	10,335
2017	78.9 %	0.4 %	8,426	10,676
2016	78.8 %	0.4 %	8,534	10,829
2015	78.6 %	0.4 %	8,666	11,022
2014	78.7 %	0.4 %	8,510	10,814
2013	76.8 %	0.4 %	8,144	10,602
2012	74.7 %	0.4 %	8,026	10,745
2011	75.7 %	0.4 %	8,297	10,954
2010	75.0 %	0.4 %	8,403	11,210
2009	74.7 %	0.4 %	8,089	10,824

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20, a confidence interval width >20% points or >1.2 times the estimate, or >10% missing data and should be interpreted with caution

NOM 1 - Notes:

None

Data Alerts: None

NOM 2 - Rate of severe maternal morbidity per 10,000 delivery hospitalizations

Data Source: HCUP - State Inpatient Databases (SID)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019	67.0	8.2	68	10,152
2018	68.8	8.2	71	10,326
2017	55.2	7.3	58	10,515
2016	63.1	7.7	67	10,621

Legends:

Indicator has a numerator ≤10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 2 - Notes:

None

Data Alerts: None

NOM 3 - Maternal mortality rate per 100,000 live births

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2016_2020	NR	NR	NR	NR
2015_2019	NR	NR	NR	NR
2014_2018	NR	NR	NR	NR

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 3 - Notes:

None

Data Alerts: None

NOM 4 - Percent of low birth weight deliveries (<2,500 grams)

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend				
Year	**Annual Indicator**	**Standard Error**	**Numerator**	**Denominator**
2020	8.9 %	0.3 %	928	10,385
2019	9.4 %	0.3 %	995	10,552
2018	8.9 %	0.3 %	948	10,614
2017	9.0 %	0.3 %	981	10,853
2016	8.9 %	0.3 %	982	10,984
2015	9.3 %	0.3 %	1,036	11,162
2014	8.3 %	0.3 %	908	10,970
2013	8.3 %	0.3 %	900	10,827
2012	8.3 %	0.3 %	913	11,018
2011	8.4 %	0.3 %	942	11,253
2010	8.9 %	0.3 %	1,016	11,357
2009	8.6 %	0.3 %	994	11,556

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20, a confidence interval width >20% points or >1.2 times the estimate, or >10% missing data and should be interpreted with caution

NOM 4 - Notes:

None

Data Alerts: None

NOM 5 - Percent of preterm births (<37 weeks)

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020	10.4 %	0.3 %	1,079	10,388
2019	10.7 %	0.3 %	1,130	10,560
2018	9.6 %	0.3 %	1,015	10,621
2017	10.2 %	0.3 %	1,108	10,846
2016	10.1 %	0.3 %	1,105	10,982
2015	9.9 %	0.3 %	1,101	11,153
2014	9.3 %	0.3 %	1,019	10,965
2013	9.4 %	0.3 %	1,022	10,818
2012	9.5 %	0.3 %	1,049	11,009
2011	9.3 %	0.3 %	1,051	11,247
2010	10.2 %	0.3 %	1,153	11,355
2009	10.0 %	0.3 %	1,160	11,543

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20, a confidence interval width >20% points or >1.2 times the estimate, or >10% missing data and should be interpreted with caution

NOM 5 - Notes:

None

Data Alerts: None

NOM 6 - Percent of early term births (37, 38 weeks)

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020	30.3 %	0.5 %	3,146	10,388
2019	29.1 %	0.4 %	3,072	10,560
2018	27.7 %	0.4 %	2,940	10,621
2017	25.5 %	0.4 %	2,765	10,846
2016	24.1 %	0.4 %	2,649	10,982
2015	25.0 %	0.4 %	2,792	11,153
2014	24.4 %	0.4 %	2,676	10,965
2013	22.7 %	0.4 %	2,454	10,818
2012	22.5 %	0.4 %	2,473	11,009
2011	22.7 %	0.4 %	2,550	11,247
2010	24.2 %	0.4 %	2,752	11,355
2009	23.8 %	0.4 %	2,749	11,543

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20, a confidence interval width >20% points or >1.2 times the estimate, or >10% missing data and should be interpreted with caution

NOM 6 - Notes:

None

Data Alerts: None

NOM 7 - Percent of non-medically indicated early elective deliveries

Data Source: CMS Hospital Compare

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020/Q3-2021/Q2	3.0 %			
2019/Q4-2020/Q3	2.0 %			
2019/Q1-2019/Q4	2.0 %			
2018/Q4-2019/Q3	2.0 %			
2018/Q3-2019/Q2	2.0 %			
2018/Q2-2019/Q1	2.0 %			
2018/Q1-2018/Q4	2.0 %			
2017/Q4-2018/Q3	2.0 %			
2017/Q3-2018/Q2	2.0 %			
2017/Q2-2018/Q1	1.0 %			
2017/Q1-2017/Q4	1.0 %			
2016/Q4-2017/Q3	1.0 %			
2016/Q3-2017/Q2	1.0 %			
2016/Q2-2017/Q1	1.0 %			
2016/Q1-2016/Q4	1.0 %			
2015/Q4-2016/Q3	1.0 %			
2015/Q3-2016/Q2	1.0 %			
2015/Q2-2016/Q1	1.0 %			
2015/Q1-2015/Q4	1.0 %			
2014/Q4-2015/Q3	1.0 %			
2014/Q3-2015/Q2	1.0 %			
2014/Q2-2015/Q1	1.0 %			
2014/Q1-2014/Q4	2.0 %			
2013/Q4-2014/Q3	2.0 %			
2013/Q3-2014/Q2	2.0 %			
2013/Q2-2014/Q1	2.0 %			

Legends:

NOM 7 - Notes:

None

Data Alerts: None

NOM 8 - Perinatal mortality rate per 1,000 live births plus fetal deaths

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019	7.2	0.8	76	10,600
2018	6.9	0.8	74	10,660
2017	6.4	0.8	70	10,888
2016	6.4	0.8	70	11,020
2015	9.2	0.9	103	11,202
2014	7.4	0.8	81	11,007
2013	6.8	0.8	74	10,863
2012	8.2	0.9	91	11,056
2011	8.8	0.9	99	11,291
2010	7.5	0.8	85	11,401
2009	6.6	0.8	77	11,584

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 8 - Notes:

None

Data Alerts: None

NOM 9.1 - Infant mortality rate per 1,000 live births

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019	6.4	0.8	68	10,562
2018	5.9	0.8	63	10,621
2017	6.3	0.8	68	10,855
2016	7.8	0.9	86	10,992
2015	9.1	0.9	102	11,166
2014	6.7	0.8	74	10,972
2013	6.4	0.8	69	10,831
2012	7.6	0.8	84	11,023
2011	8.9	0.9	100	11,257
2010	7.5	0.8	85	11,364
2009	8.0	0.8	92	11,559

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 9.1 - Notes:

None

Data Alerts: None

NOM 9.2 - Neonatal mortality rate per 1,000 live births

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019	4.4	0.6	46	10,562
2018	4.0	0.6	43	10,621
2017	4.1	0.6	45	10,855
2016	5.0	0.7	55	10,992
2015	7.2	0.8	80	11,166
2014	5.0	0.7	55	10,972
2013	4.4	0.6	48	10,831
2012	6.1	0.7	67	11,023
2011	6.5	0.8	73	11,257
2010	5.0	0.7	57	11,364
2009	5.8	0.7	67	11,559

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 9.2 - Notes:

None

Data Alerts: None

NOM 9.3 - Post neonatal mortality rate per 1,000 live births

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019	2.1	0.4	22	10,562
2018	1.9	0.4	20	10,621
2017	2.1	0.4	23	10,855
2016	2.8	0.5	31	10,992
2015	2.0	0.4	22	11,166
2014	1.7	0.4	19	10,972
2013	1.9	0.4	21	10,831
2012	1.5	0.4	17	11,023
2011	2.4	0.5	27	11,257
2010	2.5	0.5	28	11,364
2009	2.2	0.4	25	11,559

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 9.3 - Notes:

None

Data Alerts: None

NOM 9.4 - Preterm-related mortality rate per 100,000 live births

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019	284.0	51.9	30	10,562
2018	197.7	43.2	21	10,621
2017	230.3	46.1	25	10,855
2016	354.8	56.9	39	10,992
2015	456.7	64.1	51	11,166
2014	319.0	54.0	35	10,972
2013	295.4	52.3	32	10,831
2012	371.9	58.2	41	11,023
2011	426.4	61.7	48	11,257
2010	281.6	49.9	32	11,364
2009	346.1	54.8	40	11,559

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 9.4 - Notes:

None

Data Alerts: None

NOM 9.5 - Sudden Unexpected Infant Death (SUID) rate per 100,000 live births

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019	104.1 ϟ	31.4 ϟ	11 ϟ	10,562 ϟ
2018	113.0 ϟ	32.6 ϟ	12 ϟ	10,621 ϟ
2017	101.3 ϟ	30.6 ϟ	11 ϟ	10,855 ϟ
2016	118.3 ϟ	32.8 ϟ	13 ϟ	10,992 ϟ
2015	NR ⚑	NR ⚑	NR ⚑	NR ⚑
2014	NR ⚑	NR ⚑	NR ⚑	NR ⚑
2013	129.3 ϟ	34.6 ϟ	14 ϟ	10,831 ϟ
2012	NR ⚑	NR ⚑	NR ⚑	NR ⚑
2011	NR ⚑	NR ⚑	NR ⚑	NR ⚑
2010	105.6 ϟ	30.5 ϟ	12 ϟ	11,364 ϟ
2009	121.1 ϟ	32.4 ϟ	14 ϟ	11,559 ϟ

Legends:

⚑ Indicator has a numerator <10 and is not reportable

ϟ Indicator has a numerator <20 and should be interpreted with caution

NOM 9.5 - Notes:

None

Data Alerts: None

NOM 10 - Percent of women who drink alcohol in the last 3 months of pregnancy

Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020	5.8 %	0.9 %	550	9,485
2019	6.8 %	0.9 %	662	9,744
2018	6.4 %	0.9 %	624	9,746
2017	6.4 %	0.9 %	640	9,936
2016	6.2 %	0.8 %	637	10,202
2015	8.1 %	0.9 %	839	10,319
2014	6.3 %	0.8 %	639	10,225
2013	7.7 %	0.9 %	766	10,018
2012	6.0 %	0.8 %	612	10,186
2011	6.3 %	0.7 %	657	10,418
2010	7.3 %	0.8 %	755	10,402
2009	9.4 %	0.9 %	1,004	10,696
2008	7.0 %	0.7 %	778	11,166
2007	5.9 %	0.9 %	438	7,454

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has an unweighted denominator between 30 and 59 or confidence interval width >20% points or >1.2 times the estimate and should be interpreted with caution

NOM 10 - Notes:

None

Data Alerts: None

NOM 11 - Rate of neonatal abstinence syndrome per 1,000 birth hospitalizations

Data Source: HCUP - State Inpatient Databases (SID)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019	18.8	1.4	193	10,255
2018	23.3	1.5	242	10,392
2017	24.2	1.5	258	10,647
2016	26.8	1.6	288	10,731

Legends:

Indicator has a numerator ≤10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 11 - Notes:

None

Data Alerts: None

NOM 12 - Percent of eligible newborns screened for heritable disorders with on time physician notification for out of range screens who are followed up in a timely manner. (DEVELOPMENTAL)

Federally available Data (FAD) for this measure is not available/reportable.

NOM 12 - Notes:

None

Data Alerts: None

NOM 13 - Percent of children meeting the criteria developed for school readiness (DEVELOPMENTAL)

Federally available Data (FAD) for this measure is not available/reportable.

NOM 13 - Notes:

None

Data Alerts: None

NOM 14 - Percent of children, ages 1 through 17, who have decayed teeth or cavities in the past year

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019_2020	13.8 %	1.5 %	26,599	193,422
2018_2019	13.3 %	1.5 %	25,206	188,875
2017_2018	10.8 %	1.5 %	20,343	188,712
2016_2017	11.0 %	1.4 %	20,905	190,361
2016	11.7 %	1.7 %	22,451	191,338

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM 14 - Notes:

None

Data Alerts: None

NOM 15 - Child Mortality rate, ages 1 through 9, per 100,000

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020	NR ⚑	NR ⚑	NR ⚑	NR ⚑
2019	24.9	5.0	25	100,413
2018	23.9	4.9	24	100,413
2017	14.9 ϟ	3.9 ϟ	15 ϟ	100,707 ϟ
2016	14.9 ϟ	3.8 ϟ	15 ϟ	100,809 ϟ
2015	15.8 ϟ	4.0 ϟ	16 ϟ	101,233 ϟ
2014	12.8 ϟ	3.5 ϟ	13 ϟ	101,738 ϟ
2013	18.6 ϟ	4.3 ϟ	19 ϟ	101,932 ϟ
2012	20.6	4.5	21	102,082
2011	18.8 ϟ	4.3 ϟ	19 ϟ	100,869 ϟ
2010	NR ⚑	NR ⚑	NR ⚑	NR ⚑
2009	16.8 ϟ	4.1 ϟ	17 ϟ	101,227 ϟ

Legends:

⚑ Indicator has a numerator <10 and is not reportable

ϟ Indicator has a numerator <20 and should be interpreted with caution

NOM 15 - Notes:

None

Data Alerts: None

NOM 16.1 - Adolescent mortality rate ages 10 through 19, per 100,000

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend				
Year	**Annual Indicator**	**Standard Error**	**Numerator**	**Denominator**
2020	37.1	5.6	44	118,596
2019	32.2	5.2	38	117,881
2018	39.8	5.8	47	118,017
2017	30.5	5.1	36	118,145
2016	34.0	5.4	40	117,766
2015	27.3	4.8	32	117,211
2014	31.6	5.2	37	117,122
2013	32.5	5.3	38	116,766
2012	37.1	5.6	44	118,726
2011	31.9	5.2	38	119,280
2010	35.4	5.4	43	121,431
2009	39.4	5.7	48	121,966

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 16.1 - Notes:

None

Data Alerts: None

NOM 16.2 - Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend				
Year	**Annual Indicator**	**Standard Error**	**Numerator**	**Denominator**
2018_2020	13.3	2.7	24	181,058
2017_2019	11.0	2.5	20	181,122
2016_2018	9.4	2.3	17	181,393
2015_2017	8.8	2.2	16	181,147
2014_2016	9.4	2.3	17	180,556
2013_2015	12.2	2.6	22	179,785
2012_2014	11.6	2.5	21	181,255
2011_2013	10.9	2.4	20	183,456
2010_2012	11.2	2.4	21	188,321
2009_2011	13.0	2.6	25	191,829
2008_2010	13.9	2.7	27	194,904
2007_2009	15.4	2.8	30	194,529

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 16.2 - Notes:

None

Data Alerts: None

NOM 16.3 - Adolescent suicide rate, ages 15 through 19, per 100,000

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2018_2020	7.7	2.1	14	181,058
2017_2019	8.8	2.2	16	181,122
2016_2018	9.4	2.3	17	181,393
2015_2017	8.3	2.1	15	181,147
2014_2016	6.6	1.9	12	180,556
2013_2015	6.7	1.9	12	179,785
2012_2014	9.9	2.3	18	181,255
2011_2013	13.1	2.7	24	183,456
2010_2012	13.8	2.7	26	188,321
2009_2011	9.4	2.2	18	191,829
2008_2010	5.6	1.7	11	194,904
2007_2009	5.1	1.6	10	194,529

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 16.3 - Notes:

None

Data Alerts: None

NOM 17.1 - Percent of children with special health care needs (CSHCN), ages 0 through 17

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019_2020	21.7 %	1.6 %	43,902	202,724
2018_2019	21.5 %	1.6 %	43,524	202,837
2017_2018	22.3 %	1.7 %	45,379	203,587
2016_2017	23.1 %	1.6 %	46,973	203,603
2016	22.9 %	1.8 %	46,594	203,511

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM 17.1 - Notes:

None

Data Alerts: None

NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019_2020	10.4 %	1.7 %	4,576	43,902
2018_2019	15.7 %	2.5 %	6,845	43,524
2017_2018	18.8 %	3.3 %	8,525	45,379
2016_2017	18.3 %	3.0 %	8,589	46,973
2016	18.5 %	3.1 %	8,616	46,594

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM 17.2 - Notes:

None

Data Alerts: None

NOM 17.3 - Percent of children, ages 3 through 17, diagnosed with an autism spectrum disorder

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019_2020	4.4 %	1.1 %	7,632	171,629
2018_2019	4.0 %	1.0 %	6,721	167,698
2017_2018	3.9 %	1.0 %	6,517	168,465
2016_2017	4.2 %	1.0 %	7,253	172,095
2016	3.1 %	0.9 %	5,355	174,664

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM 17.3 - Notes:

None

Data Alerts: None

NOM 17.4 - Percent of children, ages 3 through 17, diagnosed with Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD)

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019_2020	10.8 %	1.2 %	18,688	172,536
2018_2019	11.6 %	1.4 %	19,348	167,449
2017_2018	10.3 %	1.4 %	17,207	166,845
2016_2017	10.7 %	1.2 %	18,204	170,256
2016	12.0 %	1.7 %	20,659	172,211

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM 17.4 - Notes:

None

Data Alerts: None

NOM 18 - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019_2020	49.7 %	5.7 %	12,346	24,827
2018_2019	54.6 %	5.6 %	13,898	25,437
2017_2018	56.7 %	5.7 %	14,525	25,613
2016_2017	64.3 %	5.2 %	16,333	25,398
2016	69.5 %	6.0 %	16,759	24,128

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM 18 - Notes:

None

Data Alerts: None

NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019_2020	89.1 %	1.4 %	180,269	202,308
2018_2019	89.5 %	1.4 %	180,982	202,323
2017_2018	89.8 %	1.4 %	182,705	203,402
2016_2017	90.3 %	1.2 %	183,623	203,356
2016	91.1 %	1.4 %	185,058	203,190

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM 19 - Notes:

None

Data Alerts: None

NOM 20 - Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile)

Data Source: WIC

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2018	16.3 %	0.5 %	958	5,870
2016	16.2 %	0.4 %	1,116	6,906
2014	17.2 %	0.4 %	1,246	7,251
2012	16.9 %	0.4 %	1,292	7,642
2010	18.4 %	0.4 %	1,404	7,650
2008	17.3 %	0.5 %	1,097	6,328

Legends:

Indicator has a denominator <50 and is not reportable

Indicator has a confidence interval width >20% points or >1.2 times the estimate and should be interpreted with caution

Data Source: Youth Risk Behavior Surveillance System (YRBSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2017	15.1 %	1.1 %	5,159	34,095
2015	15.8 %	0.9 %	5,380	34,119
2013	14.2 %	0.7 %	4,959	34,970
2011	12.2 %	0.8 %	4,169	34,173
2009	13.5 %	0.8 %	4,543	33,562
2007	13.2 %	0.8 %	4,389	33,287
2005	14.0 %	0.7 %	4,519	32,311

Legends:

Indicator has an unweighted denominator <100 and is not reportable

Indicator has a confidence interval width >20% points or >1.2 times the estimate and should be interpreted with caution

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019_2020	18.9 %	2.4 %	16,754	88,509
2018_2019	16.0 %	2.2 %	13,031	81,324
2017_2018	15.1 %	2.1 %	12,408	82,438
2016_2017	16.7 %	2.1 %	14,359	86,238
2016	16.8 %	2.6 %	14,304	85,051

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM 20 - Notes:

None

Data Alerts: None

NOM 21 - Percent of children, ages 0 through 17, without health insurance

Data Source: American Community Survey (ACS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019	4.3 %	0.9 %	8,745	203,953
2018	3.8 %	0.9 %	7,804	203,319
2017	3.4 %	0.7 %	6,937	204,345
2016	3.7 %	0.7 %	7,474	204,214
2015	2.8 %	0.7 %	5,730	204,356
2014	5.0 %	1.0 %	10,145	204,238
2013	5.1 %	1.0 %	10,294	203,729
2012	3.6 %	0.7 %	7,271	204,974
2011	3.5 %	0.6 %	7,089	204,528
2010	5.6 %	0.9 %	11,456	205,695
2009	5.7 %	0.9 %	11,823	206,826

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM 21 - Notes:

None

Data Alerts: None

NOM 22.1 - Percent of children who have completed the combined 7-vaccine series (4:3:1:3*:3:1:4) by age 24 months

Data Source: National Immunization Survey (NIS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2017	76.2 %	3.0 %	8,000	11,000
2016	70.6 %	3.9 %	8,000	11,000
2015	70.1 %	3.9 %	8,000	11,000
2014	78.5 %	3.5 %	9,000	11,000
2013	75.3 %	3.7 %	8,000	11,000
2012	76.3 %	3.3 %	9,000	11,000
2011	75.1 %	3.5 %	9,000	12,000

Legends:

Estimate not reported because unweighted sample size for the denominator < 30 or 95% confidence interval width/estimate >1.2

Estimates with 95% confidence interval widths >20 or that are inestimable might not be reliable

NOM 22.1 - Notes:

None

Data Alerts: None

NOM 22.2 - Percent of children, ages 6 months through 17 years, who are vaccinated annually against seasonal influenza

Data Source: National Immunization Survey (NIS) – Flu

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020_2021	61.9 %	1.9 %	118,391	191,262
2019_2020	68.1 %	1.6 %	130,544	191,694
2018_2019	66.0 %	1.6 %	126,523	191,672
2017_2018	65.2 %	1.9 %	125,814	192,884
2016_2017	65.4 %	2.3 %	125,447	191,903
2015_2016	69.2 %	2.7 %	132,417	191,243
2014_2015	66.2 %	2.2 %	127,154	192,133
2013_2014	66.7 %	1.9 %	128,042	192,065
2012_2013	67.4 %	3.2 %	129,839	192,518
2011_2012	55.1 %	3.1 %	107,291	194,657
2010_2011	52.1 %	4.3 %	101,548	194,909
2009_2010	46.8 %	2.7 %	84,412	180,367

Legends:

Estimate not reported because unweighted sample size for the denominator < 30 or because the relative standard error is >0.3.

Estimates with 95% confidence interval half-widths > 10 might not be reliable

NOM 22.2 - Notes:

None

Data Alerts: None

NOM 22.3 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine

Data Source: National Immunization Survey (NIS) - Teen

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020	78.0 %	2.8 %	45,352	58,137
2019	75.4 %	2.9 %	43,615	57,824
2018	73.9 %	3.2 %	42,936	58,093
2017	75.3 %	2.9 %	43,430	57,644
2016	70.7 %	2.8 %	40,877	57,853
2015	65.2 %	2.9 %	37,503	57,505

Legends:

Estimate not reported because unweighted sample size for the denominator < 30 or 95% confidence interval width/estimate > 1.2

Estimates with 95% confidence interval widths > 20 or that are inestimable might not be reliable

NOM 22.3 - Notes:

None

Data Alerts: None

NOM 22.4 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine

Data Source: National Immunization Survey (NIS) - Teen

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020	85.4 %	2.5 %	49,643	58,137
2019	89.7 %	2.2 %	51,845	57,824
2018	89.1 %	2.2 %	51,757	58,093
2017	89.6 %	2.2 %	51,660	57,644
2016	87.5 %	2.0 %	50,644	57,853
2015	88.7 %	1.9 %	51,004	57,505
2014	90.5 %	1.9 %	51,554	56,943
2013	84.4 %	2.3 %	48,139	57,056
2012	77.8 %	3.0 %	44,397	57,081
2011	80.7 %	2.3 %	47,258	58,593
2010	65.5 %	3.0 %	37,427	57,165
2009	53.4 %	3.3 %	31,064	58,209

Legends:

Estimate not reported because unweighted sample size for the denominator < 30 or 95% confidence interval width/estimate > 1.2

Estimates with 95% confidence interval widths > 20 or that are inestimable might not be reliable

NOM 22.4 - Notes:

None

Data Alerts: None

NOM 22.5 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine

Data Source: National Immunization Survey (NIS) - Teen

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020	89.8 %	2.0 %	52,232	58,137
2019	89.0 %	2.2 %	51,454	57,824
2018	85.9 %	2.7 %	49,904	58,093
2017	90.5 %	2.0 %	52,145	57,644
2016	87.3 %	2.2 %	50,523	57,853
2015	87.5 %	2.1 %	50,332	57,505
2014	86.7 %	2.4 %	49,345	56,943
2013	81.8 %	2.6 %	46,657	57,056
2012	78.0 %	3.2 %	44,507	57,081
2011	78.2 %	2.5 %	45,835	58,593
2010	71.2 %	3.0 %	40,719	57,165
2009	58.4 %	3.3 %	33,991	58,209

Legends:

Estimate not reported because unweighted sample size for the denominator < 30 or 95% confidence interval width/estimate >1.2

Estimates with 95% confidence interval widths > 20 or that are inestimable might not be reliable

NOM 22.5 - Notes:

None

Data Alerts: None

NOM 23 - Teen birth rate, ages 15 through 19, per 1,000 females

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020	14.6	0.7	439	30,104
2019	14.9	0.7	444	29,792
2018	16.7	0.8	497	29,783
2017	18.5	0.8	552	29,906
2016	19.5	0.8	583	29,906
2015	18.1	0.8	540	29,829
2014	20.8	0.8	616	29,632
2013	24.4	0.9	728	29,860
2012	25.0	0.9	761	30,387
2011	29.0	1.0	900	31,023
2010	30.7	1.0	974	31,694
2009	33.5	1.0	1,081	32,283

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 23 - Notes:

None

Data Alerts: None

NOM 24 - Percent of women who experience postpartum depressive symptoms following a recent live birth

Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020	10.6 %	1.2 %	992	9,401
2019	10.4 %	1.1 %	1,005	9,672
2018	13.1 %	1.2 %	1,262	9,616
2017	11.7 %	1.1 %	1,157	9,893
2016	10.5 %	1.0 %	1,057	10,051
2015	13.9 %	1.2 %	1,429	10,264
2014	13.4 %	1.2 %	1,367	10,223
2013	13.0 %	1.1 %	1,296	9,981
2012	13.8 %	1.1 %	1,385	10,061

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has an unweighted denominator between 30 and 59 or a confidence interval width >20% points or >1.2 times the estimate and should be interpreted with caution

NOM 24 - Notes:

None

Data Alerts: None

NOM 25 - Percent of children, ages 0 through 17, who were unable to obtain needed health care in the past year

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019_2020	2.9 %	0.7 %	5,760	201,776
2018_2019	2.5 %	0.7 %	5,014	201,501
2017_2018	3.1 %	0.8 %	6,267	203,075
2016_2017	3.5 %	0.9 %	7,102	203,324
2016	2.6 %	0.9 %	5,326	203,101

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM 25 - Notes:

None

Data Alerts: None

Form 10
National Performance Measures (NPMs)

State: Delaware

NPM 1 - Percent of women, ages 18 through 44, with a preventive medical visit in the past year

Federally Available Data					
Data Source: Behavioral Risk Factor Surveillance System (BRFSS)					
	2017	**2018**	**2019**	**2020**	**2021**
Annual Objective				80	78
Annual Indicator			78.2	75.6	72.8
Numerator			127,950	124,769	117,625
Denominator			163,676	165,041	161,675
Data Source			BRFSS	BRFSS	BRFSS
Data Source Year			2018	2019	2020

Previous NPM-1 BRFSS data for survey years 2016 and 2017 that was pre-populated under the 2017 and 2018 Annual Report Years is no longer displayed since it is not comparable with 2018 survey data.

Annual Objectives				
2022	**2023**	**2024**	**2025**
Annual Objective	80.0	82.0	84.0	86.0

Field Level Notes for Form 10 NPMs:

None

NPM 4A - Percent of infants who are ever breastfed

Federally Available Data					
Data Source: National Immunization Survey (NIS)					
	2017	**2018**	**2019**	**2020**	**2021**
Annual Objective	76	78	80	80	81.5
Annual Indicator	77.2	77.4	78.5	79.7	82.4
Numerator	7,684	7,840	8,010	8,564	8,253
Denominator	9,953	10,127	10,209	10,741	10,019
Data Source	NIS	NIS	NIS	NIS	NIS
Data Source Year	2014	2015	2016	2017	2018

Annual Objectives				
2022	**2023**	**2024**	**2025**
Annual Objective	83.0	84.5	86.0	87.5

Field Level Notes for Form 10 NPMs:

None

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

Federally Available Data					
Data Source: National Immunization Survey (NIS)					
	2017	**2018**	**2019**	**2020**	**2021**
Annual Objective	18	20.5	23	20.5	24
Annual Indicator	20.5	23.6	19.8	23.6	28.2
Numerator	1,966	2,319	2,019	2,478	2,713
Denominator	9,570	9,811	10,187	10,493	9,615
Data Source	NIS	NIS	NIS	NIS	NIS
Data Source Year	2014	2015	2016	2017	2018

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	24.5	25.0	26.0	27.0

Field Level Notes for Form 10 NPMs:

None

NPM 6 - Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year

Federally Available Data					
Data Source: National Survey of Children's Health (NSCH)					
	2017	**2018**	**2019**	**2020**	**2021**
Annual Objective		31.7	32	27	30
Annual Indicator	26.9	24.8	25.5	30.3	29.1
Numerator	5,997	5,633	5,939	6,522	6,073
Denominator	22,305	22,753	23,289	21,559	20,867
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH
Data Source Year	2016	2016_2017	2017_2018	2018_2019	2019_2020

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	32.0	34.0	36.0	38.0

Field Level Notes for Form 10 NPMs:

None

NPM 8.2 - Percent of adolescents, ages 12 through 17 who are physically active at least 60 minutes per day

Federally Available Data			
Data Source: Youth Risk Behavior Surveillance System (YRBSS)			
	2019	**2020**	**2021**
Annual Objective			20
Annual Indicator	25.1	25.1	25.1
Numerator	9,329	9,329	9,329
Denominator	37,230	37,230	37,230
Data Source	YRBSS-ADOLESCENT	YRBSS-ADOLESCENT	YRBSS-ADOLESCENT
Data Source Year	2017	2017	2017

Federally Available Data			
Data Source: National Survey of Children's Health (NSCH) - ADOLESCENT			
	2019	**2020**	**2021**
Annual Objective			20
Annual Indicator	11.6	13.0	14.9
Numerator	7,828	8,196	9,878
Denominator	67,249	62,967	66,257
Data Source	NSCH-ADOLESCENT	NSCH-ADOLESCENT	NSCH-ADOLESCENT
Data Source Year	2017_2018	2018_2019	2019_2020

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	21.0	22.0	23.0	24.0

Field Level Notes for Form 10 NPMs:

None

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

Federally Available Data			
Data Source: National Survey of Children's Health (NSCH)			
	2019	**2020**	**2021**
Annual Objective			75
Annual Indicator	86.9	75.7	71.9
Numerator	62,537	47,654	48,388
Denominator	71,966	62,974	67,333
Data Source	NSCH	NSCH	NSCH
Data Source Year	2016_2017	2019	2019_2020

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	77.0	79.0	81.0	83.0

Field Level Notes for Form 10 NPMs:

None

NPM 13.2 - Percent of children, ages 1 through 17, who had a preventive dental visit in the past year - Child Health

Federally Available Data					
Data Source: National Survey of Children's Health (NSCH)					
	2017	**2018**	**2019**	**2020**	**2021**
Annual Objective		79.6	80.4	82.5	80
Annual Indicator	79.9	81.6	82.0	79.7	77.4
Numerator	152,949	155,485	154,827	149,645	148,645
Denominator	191,522	190,614	188,877	187,697	192,077
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH
Data Source Year	2016	2016_2017	2017_2018	2018_2019	2019_2020

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	80.5	81.0	82.0	83.0

Field Level Notes for Form 10 NPMs:

None

NPM 15 - Percent of children, ages 0 through 17, who are continuously and adequately insured - Children with Special Health Care Needs

Federally Available Data					
Data Source: National Survey of Children's Health (NSCH)					
	2017	**2018**	**2019**	**2020**	**2021**
Annual Objective		80.4	81.2	72	70
Annual Indicator	67.9	70.2	70.9	68.6	67.2
Numerator	137,974	142,861	144,257	138,831	136,015
Denominator	203,264	203,480	203,436	202,281	202,319
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH
Data Source Year	2016	2016_2017	2017_2018	2018_2019	2019_2020

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	72.0	74.0	76.0	77.0

Field Level Notes for Form 10 NPMs:

None

Form 10
State Performance Measures (SPMs)

State: Delaware

SPM 1 - Percent of Delaware women of reproductive age that had an unintended pregnancy

Measure Status:				Active	
State Provided Data					
	2017	**2018**	**2019**	**2020**	**2021**
Annual Objective	57	56	52	30	28
Annual Indicator	45.5	43	27.5	28.7	49.7
Numerator					
Denominator					
Data Source	DE PRAMS	DE PRAMS	DE PRAMS	DE PRAMS	DE PRAMS
Data Source Year	2016	2017	2016-2018	2019	2020
Provisional or Final ?	Final	Final	Final	Final	Final

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	27.0	26.0	25.0	24.0

Field Level Notes for Form 10 SPMs:

1.	**Field Name:**	**2017**
	Column Name:	**State Provided Data**
	Field Note: The 2017 value is from Delaware PRAMS 2016 data. It is an estimate based on live births, not the overall female population of 15 - 44 yr olds.	
2.	**Field Name:**	**2018**
	Column Name:	**State Provided Data**
	Field Note: 2018 data is from 2017 Delaware PRAMS data, which is an estimate based on live births, not the overall female population of 15 -44 yrs old.	
3.	**Field Name:**	**2019**
	Column Name:	**State Provided Data**
	Field Note: 2016-2018 PRAMS data using Question: Thinking back to just before you got pregnant with your new baby, how did you feel about becoming pregnant? Response choices 1)wanted to be pregnant later and 4) I didn't want to be pregnant then or at any time in the future were combined.	
4.	**Field Name:**	**2020**
	Column Name:	**State Provided Data**
	Field Note: 2019 PRAMS data using Question: Thinking back to just before you got pregnant with your new baby, how did you feel about becoming pregnant? Response choices 1)wanted to be pregnant later and 4) I didn't want to be pregnant then or at any time in the future were combined. Not sure is an option that was included with our "I didn't want to be pregnant....", however CDC does not want states to include that option in their numbers now. Even with this change, Delaware numbers have still been decreasing since 2012.	

SPM 2 - Reduce the disparity in infant mortality rates

Measure Status:	Active

State Provided Data			
	2019	2020	2021
Annual Objective			5
Annual Indicator		4.6	21.1
Numerator			4
Denominator			19
Data Source		HWHB Program Data and Vital Statistics Data	HWHB Program Data and Vital Statistics Data
Data Source Year		2019	2020
Provisional or Final ?		Provisional	Provisional

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	5.0	5.0	5.0	5.0

Field Level Notes for Form 10 SPMs:

1.	**Field Name:**	**2020**
	Column Name:	**State Provided Data**

Field Note:
This is only represents 4 months of data.

Disparity ratio = HWHB Black preterm/State White preterm = 9.48/9.49 = 1 i.e., same.

Difference in HWHB Black preterm and State Black preterm = 9.48 - 14.07 = -4.59 lower!

2.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**

Field Note:
HWHB black participants (i.e., 584) 4 experienced a death in comparison to of all non-HWHB black participants (i.e., 2337) 19 experienced a death, which would be 4/584 vs. 19/2337 or 0.68/0.81 = 0.84

SPM 3 - Strenghthen Title V workforce and community stakeholder capacity and skill building via training and professional development opportunities

Measure Status:	Active

State Provided Data			
	2019	2020	2021
Annual Objective			50
Annual Indicator		68	80
Numerator		17	20
Denominator		25	25
Data Source		FHS Data	FHS Data
Data Source Year		2020	2021
Provisional or Final ?		Final	Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	75.0	75.0	100.0	100.0

Field Level Notes for Form 10 SPMs:

1.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**

Field Note:
Counted if staff attended/participated in Franklin Covey 6 Principles or attended the FHS Retreat.

Form 10
Evidence-Based or –Informed Strategy Measures (ESMs)

State: Delaware

ESM 1.1 - # of women who receive preconception counseling and services during annual reproductive health and preventive visit at family planning clinics

Measure Status:				Active	
State Provided Data					
	2017	**2018**	**2019**	**2020**	**2021**
Annual Objective	15,000	15,500	15,700	17,000	17,250
Annual Indicator	15,891	16,386	16,672	8,488	8,015
Numerator					
Denominator					
Data Source	FPAR Title X/Family Planning Data	FPAR Title X/Family Planning Data	FPAR Title X/Family Planning Data	FPAR Title X/Family Planning	FPAR Title X/Family Planning
Data Source Year	2017	2018	2019	2020	2021
Provisional or Final ?	Final	Final	Final	Final	Final

Annual Objectives				
2022	**2023**	**2024**	**2025**
Annual Objective	8,500.0	9,000.0	9,500.0	10,000.0

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2018**
	Column Name:	**State Provided Data**
	Field Note: New service sites; SBHC addition of reproductive health (La Red and Milford)	
2.	**Field Name:**	**2019**
	Column Name:	**State Provided Data**
	Field Note: Actual number served was 16,672 but field would not allow us to go over 16,500.	
3.	**Field Name:**	**2020**
	Column Name:	**State Provided Data**
	Field Note: 50% drop due to COVID.	

ESM 1.2 - % of women served by the HWHBs program that were screened for pregnancy intention

Measure Status:	Active

State Provided Data			
	2019	2020	2021
Annual Objective			90
Annual Indicator		88	84.2
Numerator			
Denominator			
Data Source		HWHB Program Data	HWHB Program Data
Data Source Year		2020	2021
Provisional or Final ?		Final	Provisional

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	86.0	88.0	90.0	92.0

Field Level Notes for Form 10 ESMs:

None

ESM 1.3 - % of Medicaid women who use a most to moderately effective family planning birth control method

Measure Status:	Active

State Provided Data			
	2019	2020	2021
Annual Objective			63
Annual Indicator		62	53.1
Numerator			
Denominator			
Data Source		Medicaid Claims Data	Medicaid Claims Data
Data Source Year		2019	2020
Provisional or Final ?		Final	Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	60.0	65.0	70.0	75.0

Field Level Notes for Form 10 ESMs:

None

ESM 4.1 - Increase the number of birthing facilities that receive baby friendly designation

Measure Status:	Inactive - No progress has been made in the other two birthing facilities becoming a baby friendly hospital. Four have been reaccredited and receive support.

State Provided Data					
	2017	2018	2019	2020	2021
Annual Objective	4	5	5	4	5
Annual Indicator	4	4	4	4	4
Numerator					
Denominator					
Data Source	MCH Program Data	MCH Program Data	MCH Program Data	MCH Program Data	MCH Program Data
Data Source Year	2017	2018	2019	2020	2021
Provisional or Final ?	Final	Final	Final	Final	Final

Field Level Notes for Form 10 ESMs:

None

ESM 4.2 - Percent of infants receiving breast milk at 6 months of age enrolled in home visiting

Measure Status:					Active
State Provided Data					
	2017	**2018**	**2019**	**2020**	**2021**
Annual Objective	15	61	65	58	60
Annual Indicator	60.3	54.2	54.9	47.9	57
Numerator					
Denominator					
Data Source	MIECHV program data	MIECHV program data	MIECHV program data	MIECHV program data	MIECHV program daa
Data Source Year	2017	2018	2019	2020	2021
Provisional or Final ?	Final	Final	Final	Final	Final

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	62.0	64.0	66.0	68.0

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2018**
	Column Name:	**State Provided Data**

Field Note:
Reported breastfeeding behaviors were missing for two (2) infants who met the criteria for the denominator. This continues to be a construct on which both LIAs are working to improve. Through their CQI efforts, the LIAs are providing education and resources to mothers both prenatally and postpartum in an effort to improve both breastfeeding initiation and duration.

ESM 6.1 - Percent of children, ages 9 through 71 months, receiving a developmental screening using a parent completed screening tool enrolled in a MIECHV program.

Measure Status:	Active

State Provided Data			
	2019	2020	2021
Annual Objective			92
Annual Indicator	91.4	83.3	82.2
Numerator	433	398	412
Denominator	474	478	501
Data Source	MIECHV program data	MIECHV program data	MIECHV program data
Data Source Year	2019	2020	2021
Provisional or Final ?	Final	Final	Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	94.0	96.0	98.0	100.0

Field Level Notes for Form 10 ESMs:

None

ESM 6.2 - # of new pediatric practices to adopt PEDs

Measure Status:	Active

State Provided Data					
	2017	2018	2019	2020	2021
Annual Objective	36	39	42	45	47
Annual Indicator	37	40	43	43	43
Numerator					
Denominator					
Data Source	DE APP	DE APP	DE APP	DE APP	DE APP
Data Source Year	2017	2018	2019	2020	2020
Provisional or Final ?	Final	Final	Final	Final	Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	49.0	50.0	50.0	50.0

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**

Field Note:
We technically have 43 registered, however only 20 providers are consistent with their utilization.

ESM 8.2.1 - Determine which policy recommendations that address health promotion and disease prevention initiatives in schools and community-based settings that MCH can assist or lead implementation efforts.

Measure Status:	Active

State Provided Data			
	2019	2020	2021
Annual Objective			Yes
Annual Indicator		Yes	Yes
Numerator			
Denominator			
Data Source		MCH Program Data	MCH Program Data
Data Source Year		2020	2021
Provisional or Final ?		Final	Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	Yes	Yes	Yes	Yes

Field Level Notes for Form 10 ESMs:

None

ESM 8.2.2 - DPH will provide technical assistance for FitnessGram implementation, professional development and training opportunities for Delaware educators, and provide online resources and Tool Kit.

Measure Status:	Active

State Provided Data			
	2019	2020	2021
Annual Objective			No
Annual Indicator		No	Yes
Numerator			
Denominator			
Data Source		MCH Program Data	MCH Program Data
Data Source Year		2020	2021
Provisional or Final ?		Final	Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	Yes	Yes	Yes	Yes

Field Level Notes for Form 10 ESMs:

None

ESM 10.1 - Finalize the School Based Health Center Strategic Plan, which is anchored in best-practices.

Measure Status:	Inactive - Completed		
State Provided Data			
	2019	**2020**	**2021**
Annual Objective			Yes
Annual Indicator	No	Yes	Yes
Numerator			
Denominator			
Data Source	SBHC Program Data	SBHC Program Data	SBHC Program Data
Data Source Year	SFY 2020	SFY 2021	SFY 2022
Provisional or Final ?	Final	Final	Final

Field Level Notes for Form 10 ESMs:

None

ESM 10.2 - Number of adolescent receiving servicecs at a school-based health center who have a risk health assessments completed

Measure Status:	Active

State Provided Data			
	2019	2020	2021
Annual Objective			25
Annual Indicator		29.2	76.2
Numerator		883	4,902
Denominator		3,027	6,429
Data Source		SBHC Program Data	SBHC Porgram Data
Data Source Year		2020	2021
Provisional or Final ?		Final	Provisional

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	75.0	75.0	80.0	85.0

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2020**
	Column Name:	**State Provided Data**
	Field Note: 3,027 unique patients were seen and 883 risk assessments were completed in school year 2021 (8/2020-5/2021). This does not represent all of the SBHC in Delaware. However, it was our largest medical sponsor that submitted the data that represents 18 wellness centers.	
2.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**
	Field Note: 6,429 unique patients were seen and 4,902 risk assessments were completed in school year 2021 (8/2021-5/2022). This does not represent all of the SBHC in Delaware. However, it was our largest medical sponsor that submitted the data that represents 18 wellness centers.	

ESM 10.3 - Increase the # of unique mental health visits provided to SBHC enrollees

Measure Status:	Active

State Provided Data			
	2019	2020	2021
Annual Objective			2
Annual Indicator		15	15
Numerator			
Denominator			
Data Source		SBHC Program Data (1 Medical Vendor)	SBHC Porgram Data
Data Source Year		2020	2021
Provisional or Final ?		Final	Provisional

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	15.0	15.0	15.0	15.0

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2020**
	Column Name:	**State Provided Data**
	Field Note: Numbers are not unduplicated and only one medical sponsor submitted program data. However, it was our largest medical sponsor that submitted the data. There were 6,273 mental visits among 3,027 unique students enrolled. This does not mean that all 3,027 received a mental health visit.	
2.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**
	Field Note: Numbers are not unduplicated and only one medical sponsor submitted program data. However, it was our largest medical sponsor that submitted the data. There were 12,366 mental visits among 6,429 unique students enrolled. This does not mean that all 6,429 received a mental health visit.	

ESM 13.2.1 - Percent of children enrolled in Medicaid, ages 1 through 17, who had a preventive dental visit in the past year

Measure Status:	Active

State Provided Data			
	2019	2020	2021
Annual Objective			81
Annual Indicator	80.6	78.8	73.6
Numerator			
Denominator			
Data Source	NCHS	NCHS	NCHS
Data Source Year	2018	2019	2019-2020
Provisional or Final ?	Final	Final	Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	82.0	83.0	84.0	85.0

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**

Field Note:
Data for just 2020 was not available.

ESM 15.1 - Establishment of Cross-Agency Coordination Committee between DPH and Medicaid

Measure Status:	Active

State Provided Data					
	2017	2018	2019	2020	2021
Annual Objective			No	No	Yes
Annual Indicator			No	Yes	Yes
Numerator					
Denominator					
Data Source			MCH Program Data	MCH Program Data	MCH Program Data
Data Source Year			2019	2020	2021
Provisional or Final ?			Final	Final	Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	Yes	Yes	Yes	Yes

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2020**
	Column Name:	**State Provided Data**
	Field Note: An entire committee has not been established however, the Title V Director and Deputy Director meeting monthly with the DMMA Medical Director, MCH Quality Administrator and policy staff members. This arrangement currently meets our needs and helps us move priorities forward such as providing education around the extended postpartum coverage and Medicaid financing for home visiting.	
2.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**
	Field Note: An entire committee has not been established however, the Title V Director and Deputy Director meeting monthly with the DMMA Medical Director, MCH Quality Administrator and policy staff members. This arrangement currently meets our needs and helps us move priorities forward such as providing education around the extended postpartum coverage and Medicaid financing for home visiting.	

ESM 15.2 - # of Children with Medical Complexities Advisory Committee (CMCAC) meetings and/or sub-committee meetings attended to improve support of these children included Medicaid coverage.

Measure Status:			Active	
State Provided Data				
	2018	**2019**	**2020**	**2021**
Annual Objective			4	4
Annual Indicator		4	4	4
Numerator				
Denominator				
Data Source		MCH Program Data	MCH Program Data	MCH Program Data
Data Source Year		2019	2020	2021
Provisional or Final ?		Final	Final	Final

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	4.0	4.0	4.0	4.0

Field Level Notes for Form 10 ESMs:

None

ESM 15.3 - % of primary caregivers and children with health insurance among Home Visiting participants

Measure Status:	Active

State Provided Data			
	2019	2020	2021
Annual Objective			90
Annual Indicator		90	89.1
Numerator		564	595
Denominator		627	668
Data Source		MIECHV Program data	MIECHV program data
Data Source Year		2020	2021
Provisional or Final ?		Final	Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	92.0	94.0	96.0	98.0

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2020**
	Column Name:	**State Provided Data**
	Field Note: 99% (533/537) of children had health insurance per the FY20 MIECHV program data.	
2.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**
	Field Note: 95% (558/587) of children had health insurance per the FY21 MIECHV program data.	

Form 10
State Performance Measure (SPM) Detail Sheets

State: Delaware

SPM 1 - Percent of Delaware women of reproductive age that had an unintended pregnancy
Population Domain(s) – Women/Maternal Health

Measure Status:	Active
Goal:	Decrease the number of live births that were the result of an unintended pregnancy
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Number of mothers reporting that their pregnancy was wanted later or unwanted **Denominator:** Number of women who responded to PRAMS
Data Sources and Data Issues:	PRAMS
Significance:	Unplanned pregnancies are expensive and cost women, families, government, and society. Extensive data show that unplanned pregnancies have been linked to increased health problems in women and their infants, lower educational attainment, higher poverty rates, and increased health care and societal costs. And, unplanned pregnancies significantly increase Medicaid expenses. By reducing unintended pregnancy, we can reduce costs for pregnancy related services, particularly high risk pregnancies and low birth weight babies, improve overall outcomes for Delaware women and children, decrease the number of kids growing up in poverty, and even potentially reduce the number of substance exposed infants.

SPM 2 - Reduce the disparity in infant mortality rates
Population Domain(s) – Women/Maternal Health, Perinatal/Infant Health

Measure Status:	Active
Goal:	By 2025, reduce and maintain the disparity ratio among enrolled and non-enrolled women by five percentage points.
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Number of black/Hispanic women in HWHB/HV or mini grantee who experienced an infant death. **Denominator:** Denominator: Number of black/Hispanic women non-enrolled in HWHB/HV or mini grantee (i.e., Medicaid) who experienced an infant death.
Data Sources and Data Issues:	MCH Program Data , Medicaid and Vital Statistics
Significance:	While Delaware has made significant improvements in our infant mortality rates, the disparity has remained. We have recently switched gears and transformed our HWHB program as well implement community mini grants to address black infant mortality in our state.

SPM 3 - Strenghthen Title V workforce and community stakeholder capacity and skill building via training and professional development opportunities
Population Domain(s) – Cross-Cutting/Systems Building

Measure Status:	Active
Goal:	To increase the number of well qualified MCH leaders in the field.
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** The number of MCH staff that have completed at least one professional development opportunity **Denominator:** The number of MCH staff
Data Sources and Data Issues:	MCH data
Significance:	There are many reasons why having a highly qualified workforce is important to ensure that employess are consistenly growing or sharpening their saw. Workforce development ensures staff are properly prepared to deliver and produce high quality work. Work foce development helps prepare are MCH workforce in succession planning and decreased staff turnover.

Form 10
State Outcome Measure (SOM) Detail Sheets

State: Delaware

No State Outcome Measures were created by the State.

Form 10
Evidence-Based or –Informed Strategy Measures (ESM) Detail Sheets

State: Delaware

ESM 1.1 - # of women who receive preconception counseling and services during annual reproductive health and preventive visit at family planning clinics
NPM 1 – Percent of women, ages 18 through 44, with a preventive medical visit in the past year

Measure Status:	Active
Goal:	Increase the number of women of reproductive age receiving family planning services.
Definition:	**Unit Type:** Count **Unit Number:** 20,000 **Numerator:** Total # of women of reproduction age that received family planning servicess **Denominator:**
Data Sources and Data Issues:	FPAR Title X/Family Planning Data
Significance:	Family planning visits not only help women to avoid unintended pregnancies, but also help a women prepare for healthy pregnancies by addressing important preventive care issues among women of reproductive age.

ESM 1.2 - % of women served by the HWHBs program that were screened for pregnancy intention
NPM 1 – Percent of women, ages 18 through 44, with a preventive medical visit in the past year

Measure Status:	Active
Goal:	Increase # of women served by the HWHBs program that were screened for pregnancy intention
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** # of women that were screening for pregnancy intention **Denominator:** # of women served
Data Sources and Data Issues:	HWHB Program Data
Significance:	Asking the pregnancy intention question gives women an opportunity to discuss their future and offers providers to further discuss contraception option that are best for her based on her answer.

ESM 1.3 - % of Medicaid women who use a most to moderately effective family planning birth control method
NPM 1 – Percent of women, ages 18 through 44, with a preventive medical visit in the past year

Measure Status:	Active
Goal:	To reduce unintended pregnancies
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Medicaid women who use a most to moderately effective family planning birth control method **Denominator:** Medicaid women who use other types of family planning birth control
Data Sources and Data Issues:	Medicaid Claims Data
Significance:	By reducing unintended pregnancy, we can reduce costs for pregnancy related services, particularly high risk pregnancies and low birth weight babies, improve overall outcomes for Delaware women and children, decrease the number of kids growing up in poverty, and even potentially reduce the number of substance exposed infants.

ESM 4.1 - Increase the number of birthing facilities that receive baby friendly designation
NPM 4 – A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months

Measure Status:	Inactive - No progress has been made in the other two birthing facilities becoming a baby friendly hospital. Four have been reaccredited and receive support.
Goal:	All birthing facilities in the state of Delaware to receive baby friendly designation
Definition:	**Unit Type:** Count **Unit Number:** 6 **Numerator:** Number of birthing facilities that received baby friendly designation **Denominator:**
Data Sources and Data Issues:	MCH and BCD program data
Significance:	Birthing facilities that receive baby friendly designation have proven to provide optimal level of care for infant feeding and mother/baby bonding. Baby Friendly hospitals give all mothers the information, confidence, and skills necessary to successfully initiate and continue breastfeeding their babies or feeding formula safely.

ESM 4.2 - Percent of infants receiving breast milk at 6 months of age enrolled in home visiting
NPM 4 – A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months

Measure Status:	Active
Goal:	Increase the percentage of infants enrolled in home visiting receiving breast milk
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Number of infants enrolled in home visiting receiving breast milk at 6 months of age **Denominator:** Number of infants enrolled in home visiting at 6 months of age
Data Sources and Data Issues:	MCH/MIECHV program data
Significance:	Our home visiting programs enroll the most vulnerable families that are of lower socio-economic status. Mothers in this population have lower rates of initiating breastfeeding as well as difficulty continuing to breastfeed through 6 months of age.

ESM 6.1 - Percent of children, ages 9 through 71 months, receiving a developmental screening using a parent completed screening tool enrolled in a MIECHV program.
NPM 6 – Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year

Measure Status:	Active
Goal:	Increase the percent of children, ages 9 through 71 months, receiving a developmental screening using a parent completed screening tool (NFP and MIECHV Programs)
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** # of children receiving a developmental screening **Denominator:** # of children enrolled in MIECHV program
Data Sources and Data Issues:	MIECHV program data
Significance:	Developmental screening using a validated screening tool at regular intervals is an important part of making sure a child is healthy. When a developmental delay is not recognized early, children must wait to get the help they need. The earlier a child with a delay is identified, the sooner they can start receiving support for the delay and may even enter school more ready to learn.

ESM 6.2 - # of new pediatric practices to adopt PEDs
NPM 6 – Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year

Measure Status:	Active
Goal:	Increase the number of pediatric practices who sign up to use the PEDS tool and receive training and TA.
Definition:	**Unit Type:** Count **Unit Number:** 50 **Numerator:** The number of practices that sign up and receive subsequent training and TA. **Denominator:**
Data Sources and Data Issues:	DE APP
Significance:	In order to increase developmental screening, additional providers need to screen using a validated tool within the new recommended AAP guidelines. It is important for Delaware to continue to recruit new practices to receive training and offer ongoing TA to utilize the PEDs tool enhancing early detection and intervention.

ESM 8.2.1 - Determine which policy recommendations that address health promotion and disease prevention initiatives in schools and community-based settings that MCH can assist or lead implementation efforts.
NPM 8.2 – Percent of adolescents, ages 12 through 17 who are physically active at least 60 minutes per day

Measure Status:	Active
Goal:	To identify which recommendation(s) MCH can assist or lead implementation efforts.
Definition:	**Unit Type:** Text **Unit Number:** Yes/No **Numerator:** Did MCH identify which recommendation we can assist and/or lead? **Denominator:**
Data Sources and Data Issues:	PANO program data
Significance:	Habits developed during adolescence play a key role in adult health and help prevent diseases. It is important for adolescents feel empowered to have a lifestyle and have access to the resources and support needed to achieve a healthy lifestyle.

ESM 8.2.2 - DPH will provide technical assistance for FitnessGram implementation, professional development and training opportunities for Delaware educators, and provide online resources and Tool Kit.
NPM 8.2 – Percent of adolescents, ages 12 through 17 who are physically active at least 60 minutes per day

Measure Status:	Active
Goal:	Increase adolscent physical activity
Definition:	**Unit Type:** Text **Unit Number:** Yes/No **Numerator:** How many schools receive training **Denominator:**
Data Sources and Data Issues:	DPH and DOE Program Data
Significance:	Regular physical activity can help children and adolescents improve cardiorespiratory fitness, control weight, reduce symptoms of anxiety and depression, and reduce the risk of developing health conditions

ESM 10.1 - Finalize the School Based Health Center Strategic Plan, which is anchored in best-practices.
NPM 10 – Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.

Measure Status:	Inactive - Completed
Goal:	Finalize the School Based Health Center Strategic Plan, which is anchored in best-practices.
Definition:	**Unit Type:** Text **Unit Number:** Yes/No **Numerator:** Strategic Plan complete **Denominator:**
Data Sources and Data Issues:	MCH Program Data
Significance:	School Based Health Centers play a key role in providing comprehensive services for adolescents especially are most vulnerable. Services offered include physicals, health assessments, mental health, physical activity consults, nutrition consults as well as reproductive health.

ESM 10.2 - Number of adolescent receiving servicecs at a school-based health center who have a risk health assessments completed
NPM 10 – Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.

Measure Status:	Active
Goal:	To increase the number of adolscents idenfitied in need of services (i.e. mental health; nutrition; reproduction health)
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** # of children receiving an assessment **Denominator:** # of unique children enrolled and receiving services at a SBHC
Data Sources and Data Issues:	SBHC program data
Significance:	Standardized assessment are important to ensure adolscents receive the services specific to their need.

ESM 10.3 - Increase the # of unique mental health visits provided to SBHC enrollees
NPM 10 – Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.

Measure Status:	Active
Goal:	Increase the number of mental heath visits for adolscents enrolled in SHBCs and Medicaid
Definition:	**Unit Type:** Count **Unit Number:** 15 **Numerator:** Number of mental health visits conducted by a school based wellness center. **Denominator:**
Data Sources and Data Issues:	SBHC program data and Medicaid claims data
Significance:	Adolescence is a crucial period for developing and maintaining social and emotional habits important for mental well-being. These include adopting healthy sleep patterns; taking regular exercise; developing coping, problem-solving, and interpersonal skills; and learning to manage emotions. Supportive environments in the family, at school and in the wider community are also important.

ESM 13.2.1 - Percent of children enrolled in Medicaid, ages 1 through 17, who had a preventive dental visit in the past year
NPM 13.2 – Percent of children, ages 1 through 17, who had a preventive dental visit in the past year

Measure Status:	Active
Goal:	Increase the percent of children enrolled in Medicaid, ages 1 through 17, who had a preventive dental visit in the past year
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Number of children enrolled in Medicaid who received a preventative dental visit in the last year **Denominator:** Number of children who received a preventative dental visit in the last year
Data Sources and Data Issues:	National Survey for Children's Health
Significance:	Preventive dental visits ensures children have a bright and healthy smile. It also spares children the aches of tooth decay. We know the sooner families start regularizing their child's dental visits, the better their oral health will be throughout their lives.

ESM 15.1 - Establishment of Cross-Agency Coordination Committee between DPH and Medicaid
NPM 15 – Percent of children, ages 0 through 17, who are continuously and adequately insured

Measure Status:	Active
Goal:	Work with Medicaid partners to develop the structure, process, and policy that will support the creation of the Cross-Agency Coordination Committee (CACC).
Definition:	**Unit Type:** Text **Unit Number:** Yes/No **Numerator:** Structure and schedule for CACC **Denominator:**
Data Sources and Data Issues:	CACC meeting minutes.
Significance:	As described in our recently signed MOU, the CACC will work to establish a multi-disciplinary coordination committee who will be responsible for working together on training, messaging, case management, and procedures. The overarching goals of this committee is to ensure that the mothers and families in Delaware who are eligible for services are given a clear understanding of where and how they can obtain those services. This group will address any redundant services and activities between agencies as well as filling any gaps in services that exist.

ESM 15.2 - # of Children with Medical Complexities Advisory Committee (CMCAC) meetings and/or sub-committee meetings attended to improve support of these children included Medicaid coverage.
NPM 15 – Percent of children, ages 0 through 17, who are continuously and adequately insured

Measure Status:	Active
Goal:	For Title V/MCH to participate and stay engaged in the CMCAC meetings and share information with Family Shade and other CYSHCN partners.
Definition:	**Unit Type:** Count **Unit Number:** 4 **Numerator:** Number of meetings attended by Title V/MCH **Denominator:**
Data Sources and Data Issues:	MCH program data
Significance:	During development of Delaware's Plan for Managing the Health Care Needs of Children with Medical Complexity (the Plan), it became evident early in the planning process that there would not be enough time to perform an in-depth analysis of the full continuum of care for children with medical complexity. The data needed to perform a quantitative analysis is very detailed and complex. Therefore, the first recommendation made as a result of the Plan development, was for DMMA to continue working with stakeholders to address the needs of this vulnerable population. As a result, the Children with Medical Complexity Advisory Committee (CMCAC) was developed. This group meets quarterly to strengthen the system of care, increase collaboration across agencies, encourage community involvement, and ultimately ensure that every child with medical complexity has the opportunity to receive the adequate and appropriate health care services they need and deserve.

ESM 15.3 - % of primary caregivers and children with health insurance among Home Visiting participants
NPM 15 – Percent of children, ages 0 through 17, who are continuously and adequately insured

Measure Status:	Active
Goal:	To increase the number of primary caregivers and children with health insurance
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** # of primary caregivers and children (families) with health insurance **Denominator:** # of families enrolled
Data Sources and Data Issues:	MIECHV program data
Significance:	Health insurance covers essential health benefits critical to maintaining generalhealth, preventive care, treating illness and accidents

Form 11
Other State Data

State: Delaware

The Form 11 data are available for review via the link below.

Form 11 Data

Form 12
MCH Data Access and Linkages

State: Delaware

Annual Report Year 2021

	Access				Linkages	
Data Sources	(A) State Title V Program has Consistent Annual Access to Data Source	(B) State Title V Program has Access to an Electronic Data Source	(C) Describe Periodicity	(D) Indicate Lag Length for Most Timely Data Available in Number of Months	(E) Data Source is Linked to Vital Records Birth	(F) Data Source is Linked to Another Data Source
1) Vital Records Birth	Yes	No	Quarterly	18		
2) Vital Records Death	Yes	No	Quarterly	18	Yes	
3) Medicaid	Yes	Yes	More often than monthly	0	Yes	
4) WIC	No	No	Never	NA	No	
5) Newborn Bloodspot Screening	Yes	No	More often than monthly	0	No	
6) Newborn Hearing Screening	Yes	Yes	More often than monthly	0	No	
7) Hospital Discharge	Yes	No	Annually	24	Yes	
8) PRAMS or PRAMS-like	Yes	Yes	Annually	10	Yes	

Form Notes for Form 12:

None

Field Level Notes for Form 12:

None