Title V Maternal and Child Health Block Grant Application and Report
2021 Update – 2023 Plan

PROGRAM OVERVIEW

Arkansas's Title V Maternal and Child Health (MCH) Block Grant Program consists of shared leadership between the Arkansas Department of Health's (ADH) Family Health Branch and the Arkansas Department of Human Services' (ADHS) Children with Chronic Health Conditions Program. The state Title V MCH leadership team makes program and policy decisions and ensures alignment across programs and agencies. Designated state priority leads oversee program and policy work and provide technical assistance and oversight to local Title V grantees. ADH is one of 15 state agencies in the executive branch under Governor Asa Hutchinson's leadership. Arkansas's Title V MCH priorities include:

- Improve preterm, low-birthweight, and pregnancy outcomes
- Promote breastfeeding to ensure better health for infants and children
- Promote safe and healthy infant sleep behaviors and environments, including improving support systems and daily living conditions
- Increase the percent of infants and children receiving a developmental screening
- Reduce the burden of injury among children
- Decrease the prevalence of childhood and adolescent obesity
- Improve access to health care for women, specifically women who face significant barriers to better health, to improve preconception health
- Increase the number of adolescents with and without special health care needs who successfully transition to adult health care

The ADH conducted needs assessments for Title V and Maternal, Infant, and Early Childhood Home Visiting (MIECHV) grant programs during 2019 and 2020. Findings from those assessments informed the selection of priority needs, strategies, objectives, and measures in the state's 2021-2025 Title V action plan. Arkansas used a mixed-methods approach, which allowed the state to gather information from local, state, and national sources as well as internal colleagues and external partners. In-person stakeholder meetings, surveys, and virtual domain meetings comprised the methods of assessment strategies. These strategies also ensured continued engagement of stakeholders in the planning, implementation, and evaluation processes. Arkansas's MCH epidemiologist worked with Arkansas State Systems Development Initiative (SSDI) staff to provide data to measure progress and inform decision making around program objectives and measures. In 2020, the Arkansas Title V staff established domain-specific working groups. Each group is made up of stakeholders with lived experience, professional expertise, and/or community leadership and engagement skills who serve in an advisory capacity to the Arkansas Title V team.

Arkansas identified 15 areas of concern, 11 of which align with national performance measures. The national priorities are well woman care, neonatal care for low birthweight

infants, breastfeeding, infant safe sleep, developmental screening, child injury, physical activity among children and adolescents, bullying, transition to adult care for children with and without special health care needs, and oral health during pregnancy. The state-specific priorities are newborn hearing screening, adolescent nicotine use, the health care system for children with special health care needs, and implicit bias in public health systems. An overview of Arkansas's Title V MCH needs, including emerging needs, gaps in services, program capacity, and internal and external partners for each domain is outlined below.

Women/Maternal Health. Mental health was a constant survey theme for this group. Among 53 participants responding to this question, nearly half (49%) cited mental health services as one of the three most important gaps in women's health. Mental health disorders were listed as fourth most important for Arkansas women. Other important gaps in services for women were the availability of health care providers (32%), transportation (30%), and illicit or other drug abuse prevention programs (30%).

Perinatal/Infant Health Domain. Almost half (47%) of the 49 participants responding said availability of transportation was an important gap in the state for perinatal and infant health. Almost two-thirds (60%) of respondents said they would like to see new strategies or interventions for making transportation more available. A lack of health care providers and specialty care compounds the problem, particularly in rural areas. Survey participants offered the following suggestions for improving access to breastfeeding support and care: provide more access to lactation experts in communities, provide additional access to lactation experts beyond telephone services, provide special group clinics with a nutritionist to assist new mothers in breastfeeding, provide more support and incentives to breastfeeding mothers, expand the ADH's breastfeeding program, provide better outreach for breastfeeding programs with local providers and hospitals, and educate hospital nurses on how to encourage new mothers to breastfeed.

Child Health Domain. Developmental and behavior disorders (57%) ranked as the most important public health problem by respondents. Almost half (48%) of respondents reported that an existing strategy or intervention was in place for the children they serve, yet one-fifth (21%) of respondents indicated that developmental monitoring and screening was one of the top three areas where gaps existed. Childhood obesity and overweight (52%) and related risk factors such as physical inactivity (34%) and poor nutrition (32%) ranked as the second, third, and fourth most important public health problems among Arkansas children. Partners included the Arkansas School Health Team, with members from the ADH and the Division of Elementary and Secondary Education (DESE) of the Arkansas Department of Education (ADE). This team provides training, programs, and resources to reduce childhood obesity and address behavioral health needs.

Adolescent Health Domain. Overweight and obesity was recognized as the most important public health problem facing adolescents (55%). Compared to children, fewer respondents believed that key strategies or interventions existed for physical health

education (32.6%) and nutrition education (27.9%). Tobacco use including vaping (48%) ranked second most important. Use of electronic vapor products has been on the rise in Arkansas and across the nation. Partners include the Arkansas School Health Team and the ADH Tobacco Prevention and Cessation Program (TPCP).

Children with Special Health Care Needs (CSHCN) Domain. For CSHCN, availability of transportation was cited as the most important public health need (50%). One-fourth (24.4%) of respondents said key strategies or interventions were in place. Families have difficulty understanding, accessing, and navigating the health system for CSHCN, including Medicaid and other financial assistance, technological issues including internet access, accessing available specialists and services, and finding respite care.

Arkansas selected the following eight priorities that align with the Title V purpose and legislative mandate:

1. Coordinated, comprehensive preventive care and services for women age 18-44
2. Perinatal services and programs that support optimal birth outcomes and infant health
3. Developmental and mental for children
4. Prevention of maltreatment among children ages 0 through 9
5. Reduction of obesity among children and adolescents
6. Access to care for adolescents and children with special health care needs
7. Transition to adult health care for transition-aged children (ages 12 through 17) with and without special health care needs
8. Preventive oral health care for pregnant women

Arkansas selected the following 11 National Performance Measures (NPM) that most closely align with the priorities:

- NPM 1: Percent of women, ages 18 through 44, with a preventive medical visit in the past year
- NPM 3: Percent of very low birthweight infants born in a hospital with a Level III+ neonatal intensive care unit
- NPM 4: a) Percent of infants ever breastfed and b) Percent of infants breastfed exclusively through six months
- NPM 5: a) Percent of infants placed to sleep on their backs, b) Percent of infants placed to sleep on a separate approved sleep surface, and c) Percent of infants placed to sleep without soft objects or loose bedding
- 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
- NPM 7.1: Rate of hospitalization for non-fatal injury per 100,000 children, ages 0 through 9
- NPM 8.1: Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day

- NPM 8.2: Percent of adolescents, ages 12 through 17, who are physically active at least 60 minutes per day
- NPM 9: Percent of adolescents, ages 12 through 17, who were bullied
- NPM 12: Percent of adolescents with and without special health care needs, ages 12 through 17, who received services necessary to make transitions to adult health care
- NPM 13.1: Percent of women who had a preventive dental visit during pregnancy

Arkansas also selected the following four State Performance Measures (SPM) to monitor progress with state priority needs not specifically addressed by an NPM:

- SPM 1: Percent of newborns with timely follow-up of a filed hearing screening
- SPM 2: Percent of youth, grades 9 through 12, who report using nicotine products
- SPM 3: Percent of families with children with special health care needs served by Title V CSHCN who report that their child received the health care services needed
- SPM 4: Percent of Family Health Branch, Arkansas Home Visiting Program, and Title V CSHCN staff who complete an equity training

The MCH program is supported by a variety of state and federal funding sources. The federal-state Title V partnership budget totals $28,032,881 for fiscal year 2022 (federal funds: $6,961,610 and state funds: $21,071,271). Maternal and Child Health Block Grant (MCHBG) funds contribute to portions of program management positions responsible for planning, oversight, and strategic work to improve public health systems. These programs strive to ensure women and children receive the health benefits they are entitled to, including preventive health services and screening, to promote the importance of coordinated care, and to address issues of health equity. As a quality improvement initiative, Title V staff are currently analyzing the effort, effectiveness, and impact of work to improve public health policies and processes.

KEY STRATEGIES

Women/Maternal Health

- Review medical record data reports for rates of preventive health services for women, ages 18 through 44, provided in local health units
- Provide education and counseling on dental health to all women attending ADH maternity clinics

Perinatal/Infant Health

- Encourage hospitals to voluntarily participate in surveys to determine the level of nursery/neonatal intensive care unit they provide
- Provide breastfeeding education and support to women enrolled in Arkansas’s Women, Infants, and Children (WIC) Program

Child Health

- Increase awareness of the importance of developmental screening through an education campaign to promote use of the Learn the Signs, Act Early Program
- Identify and teach parenting skills to parents in home visiting programs
- Identify and teach physical activity standards to school personnel to improve health norms in student populations

Adolescent Health

- Increase community collaborations statewide by providing professional development about physical activity to schools
- Provide bullying/suicide prevention presentations statewide
- Implement Student Wellness Advocacy Groups (SWAG) to engage youth in student-led activities that improve health norms in student populations, their families, and their communities
- Conduct health care transition training for public school personnel and use pre- and post-test results to improve training and evaluate increases in knowledge

CSHCN

- Partner with key stakeholders and referral sources to encourage understanding and use of a planned, structured approach to health care transition
- Prepare youth, age 12 through 17, and their families for health care transition
- Work with families to use formal and informal resources and supports to identify needs and to achieve family-identified goals for children

The Title V Program's nurse care coordinators work with families to develop family-centered plans to reach priority goals for CSHCN and their families. Nurse care coordinators coordinate support and services for eligible families through collaborative partnerships with programs and related agencies. In a current statewide initiative, the program partners with Arkansas Part C (the state's birth-to-3 early intervention program) and Following Baby Back Home (a MIECHV program for at-risk infants and toddlers) to assist families to help their children learn, grow, and develop. In a birth-to-age-5 pilot initiative, the program partners with Arkansas Part C, Early Head Start and Head Start, and the local education agencies to support transitions from early intervention to early childhood special education. This initiative ensures that school personnel and preschool home visitors know how and when to refer CSHCN and their families who might benefit from care coordination and other support through Title V. Partnerships with related agencies around common goals ensure coordinated, comprehensive services to assist families in reaching their goals for their children.

Arkansas continues to refine the focus of objectives and strategies to shape organized, logical, evidence-based approaches to achieve outcomes. Progress on each priority is outlined in the annual update section of the MCHBG application by MCH population domain. CSHCN is in the early stages of implementation of evidence-based strategies and can be identified as an ongoing challenge in improved outcomes. The Title V nurse care coordination program has identified promising strategies to include in the plan revision.

NEEDS ASSESSMENT UPDATE

The Arkansas Department of Health (ADH) conducted a training needs assessment among employees in January 2020. The findings revealed a need for the agency to increase high-quality training opportunities for staff on the following topics: community public health, outreach/health improvement, diversity, and health equity.

In 2021, each MCH domain conducted virtual stakeholder meetings to report on Title V progress and reassess needs. The following paragraphs describe the findings.

To conduct a needs assessment for the Women's Maternal Health Domain, the Title V MCH Program invited stakeholders to virtual meetings on November 2, 2021 and March 24, 2022. Participants included staff from the ADH Title V Program, the University of Arkansas for Medical Sciences (UAMS), the Arkansas Minority Health Commission and the Arkansas Department of Human Services' (ADHS) Division of Medical Services. Participants were asked to select the identified priority needs from the 2020 Title V Women's Maternal Health Needs Assessment they believed were still ongoing needs. The respondents selected one or more of the following priority needs:

- Access issues
- Medicaid expansion for postpartum coverage for one full year
- Mental health disorders

To conduct a needs assessment for the Perinatal Domain, the Title V Perinatal Domain invited stakeholders to a virtual meeting on December 9, 2021. Participants included staff of the ADH Title V Program, ADH Women, Infants, and Children (WIC), Arkansas Home Visiting Network, Arkansas Infant and Child Death Review, Arkansas Minority Health, Baptist Health Medical Center, and Arkansas Children's Hospital (ACH). Stakeholders attended the interactive domain meeting, with IdeaBoardz being a well-liked method to gather anonymous real-time stakeholder input and feedback. Participants were asked how to help families served by existing programs. Collected feedback included the following:

- Provide education regarding next steps for follow-up care and connection to family-to-family support services
- Provide nutrition education and food benefits
- Think critically about ways to decrease burdens to service access
- Engage through families through information
- Provide more outreach to qualifying families
- Use local organizations to circulate information about programs, services, and events

Key program strategies to achieve MCH block grant objectives were reviewed with the stakeholders, and 100% of participants agreed the activities were achieving the desired results.

A Child and Adolescent Health Stakeholders meeting was held on October 7, 2021. A total of 33 evites were sent to partners from numerous Arkansas organizations: ACH, Arkansas Advocates for Family and Children, Arkansas Foundation for Medical Care, UAMS, WIC, and ADHS. All 17 participants (100%) ranked overweight and obesity as the top priority on the needs assessment. Activities including increased physical activities and additional nutrition education will be the focus for all school-age children. The second ranked priority is tobacco use including vaping (36%). Mental health education and screening (33%) emerged more strongly within the school-age children due to COVID-19 pandemic.

To conduct a needs assessment for the CSHCN Domain, the Title V CSHCN Program invited 78 stakeholders to a virtual meeting on October 13, 2021. Participants included CSHCN and ADH Title V staff, First Connections/Early Intervention, pediatricians, Arkansas Disability Coalition's Family 2 Family, Centers for Exceptional Families, ADE's Early Childhood Special Education, Arkansas Transition Services, the Arkansas Chapter of the American Academy of Pediatrics, and ACH. Thirty-one stakeholders attended the interactive domain meeting, with IdeaBoardz used to gather feedback. Participants were asked to select the identified priority needs from the 2020 Title V CSHCN Needs Assessment they believed were ongoing needs. Twenty-nine respondents selected one or more of the following priority needs:

- Understanding, financing, accessing, and navigating the health care system including Medicaid — 79% (selected by 23 out of 29 attendees)
- Finding respite care — 52% (selected by 15 attendees)
- Transportation — 52% (selected by 15 attendees)
- Accessing specialists and services — 48% (selected by 14 attendees)
- Technology issues with Internet access and computer use — 31% (selected by 9 attendees)

Key program strategies to achieve block grant objectives were reviewed with the stakeholders, and 100% agreed the activities were achieving the desired results.

Arkansas's Title V Partnerships and Collaborations

Arkansas's Title V CSHCN Program is housed in the ADHS Division of Developmental Disabilities (DDS). The year closed with 24 full-time employees, including a parent consultant, a medical records supervisor, one extra-help position, three area managers, and one nurse manager. One registered nurse retired in February 2021, one in August, and another at the end of 2021, leaving 10 registered nurses on staff to begin calendar year 2022. At the close of 2021, 11 nurses and CSHCN staff were stationed in some of the 13 community-based offices located in Huntsville, Berryville, Fort Smith, Mena, Prescott, Hope, Mountain View, Little Rock, North Little Rock, Pocahontas, Harrisburg, Jonesboro, and Marshall.

UAMS is a centralized point of referral for all medically complicated patients and provides medical and health education for the entire state. Except for communities on the eastern border that depend on the city of Memphis, Tennessee, all state communities relate to

UAMS and Little Rock hospitals as sources of highly specialized medical care. UAMS's regional programs provide family medicine residency training in communities around the state. These programs have improved the distribution of PCPs. Family physicians provide most of the state's medical care and are by far the most numerous specialty practitioners in Arkansas. Specialists in obstetrics, pediatrics, internal medicine, surgery, and others have practices in the more urban communities.

The MCH program continually works with partners to meet the health care needs of Arkansans. Changes are often driven by the planning of the larger institutions and agencies. An example is the partnership with ACH. The ADH partners with ACH to provide home visiting services statewide and through other programs addressing teen suicide, injury prevention, Infant and Child Death Review (ICDR), infant hearing, and newborn screening.

A third ACH satellite clinic is now open in Springdale in Northwest Arkansas. The clinic is in the fastest growing area of the state and allows more CSHCN access to pediatric specialty care. As part of this partnership, MCH plays a significant role in ACH's community health needs assessment and the Natural Wonders Partnership Council.

The 83 general hospitals in the state provide the bulk of in-patient care. The ADH works closely with these local providers to ensure that standards of care are met. Apart from this agency regulatory relationship, the ADH also partners with the Arkansas Hospital Association (AHA) on issues of common interest at the systems level, including the development of the breastfeeding toolkit for hospital use, the state's Infant Mortality Collaborative Improvement and Innovation Network initiatives, and Arkansas's Maternal and Perinatal Quality Outcomes Review Committee.

The MCH program and Medicaid work together on multiple projects, including management of high-risk pregnancies, teen pregnancy, promoting the use of long-acting reversible contraceptives, providing colposcopies, and data sharing. The formal agreement between Medicaid and MCH is a Memorandum of Understanding (MOU) between the ADH and ADHS.

Changes in Organizational Structure and Leadership
Arkansas's Secretary of Health, Dr. José Romero, announced in April 2022 that he had accepted a position with the Centers for Disease Control and Prevention (CDC). Dr. Jennifer Dillaha now serves as Director of the Arkansas Department of Health, and Renee Mallory serves as Interim Secretary of Health.

ADH Title V MCH Leadership:

Position Title	**Name**	**Qualifications**
Title V MCH Director, FHB Chief	Tamara Baker	MPH
Family Health Medical Director	William Greenfield	MD, OB/GYN, MBA
Child Health Medical Director	Steven Schexnayder	MD
Women's Health Medical Director	Mike Riddell	MD, OB/GYN

Women's Health Section Chief	Derica Mack	MBA
Child Health Section Chief	Kimberly Scott	MSHS, CHES
MCH Epidemiologist	Lucy Im	MPH
Home Visiting Coordinator	Phillip Borden	MPH
Home Visiting Section Chief	Janice Black	BA
Newborn Screening Program Coordinator	Pat Purifoy	RN
School Health Section Chief	Ashley Williams	MSHS

ADHS Title V Leadership:

Position Title	Name	Qualifications
CSHCN Program Director	Tracy Turner	BS, Human Services
Nursing Coordinator	Iris Goacher	BS, Health Ed., Minor in Nursing
Program Administrator		ADN, RN
Area Manager Northwest	John Taylor	BSN, RN
Area Manager Northeast	Stacey Schratz	RNP
Area Manager South	Tina Smith	ADN, RN
Parent Consultant	Rodney Farley	Parent of an adult with SHCN

Emerging Public Health Issues
The most prominent public health issue in 2021 was the COVID-19 pandemic. The ADH was the lead agency in responding with information, frequently updated guidance, and regulations, vaccine distribution, investigation, and tracking. Details regarding COVID-19 in Arkansas can be found on the ADH website at COVID-19 Arkansas Department of Health.

Maternal mortality is an area of increased focus in Arkansas. In the 2021 Arkansas Maternal Mortality Review Committee's (AMMRC) Annual Report, the AMMRC recommends extending Arkansas Medicaid maternal coverage from the current coverage of 60 days postpartum to one year postpartum. The committee's review found that nearly half (47%) of pregnancy-associated deaths in Arkansas in 2021 occurred between 43 days and one year after delivery.

Women/Maternal Health Annual Report

The Arkansas Department of Health's (ADH) Women's Health program continues to:

1) Provide direct health care, referral services, preconception and interconception counseling, and preventive screenings for women of reproductive age in all 75 counties in Arkansas
2) Provide education and referrals for smoking cessation to women of childbearing age
3) Work with the University of Arkansas for Medical Sciences' (UAMS) High-Risk Pregnancy Program to increase screening and consultation for high-risk women in ADH's maternity clinics
4) Work with UAMS's High-Risk Pregnancy Program to provide after-hours

consultation services to ADH maternity patients
5) Work to reduce smoking in pregnant women, including screening during the last three months of pregnancy

The ADH has at least one local health unit (LHU) in each of Arkansas's 75 counties. LHUs serve the state's vulnerable and hard-to-reach populations, especially those in rural areas where access to medical care is limited. The ADH's Women's Health programs support the provision of direct health care and referral services to address the perinatal, reproductive health, well woman, and other preventive service needs for women across the state. The ADH currently offers maternity services in 53 LHUs covering 49 counties. Maternity services include:

- Case management
- Prenatal assessments, including risk assessments, history, physical, laboratory tests, gestational age, and fetal assessments
- Management of abnormal prenatal findings
- Prenatal counseling and education
- Women, Infants and Children (WIC) program
- Vitamins and mineral supplements
- Post-partum services

Implementation of the Affordable Care Act negatively affected the number of Arkansas women who access family planning and maternity services at LHUs. The Affordable Care Act allows women to choose a private health care provider and allows teenagers to remain insured on their parents' policies until age 26.

Current Activities Related to Well Woman Care

Objective 1
Increase the number of women ages 18-44 receiving an annual preventive medical visit in an ADH local health unit.

Strategy 1.1: Review medical record data reports for rates of preventive health services for women ages 18-44 provided in LHUs.

In 2020, a total of 27,088 women ages 18-44 received a preventive health visit at an LHU. In 2021, this total was 27,055.

Strategy 1.2: Provide fact sheets on risk factors identified to women.

Family Planning and Well Woman patients at ADH LHUs receive education and counseling on recommended preventive screenings to optimize health. Information on height, weight, body mass index, and blood pressure is gathered at each visit. After interviewing the client, further education, testing, and/or referrals are provided based on identified needs. Educational topics include sexually transmitted infection

screening, Pap tests, mammogram referral, hemoglobin testing, sickle cell screening, total cholesterol or cholesterol screening referral, wet mount, pregnancy testing, and fecal occult blood testing. The client is also screened for immunization status, smoking, alcohol use, illicit drug use or abuse, human trafficking, and intimate partner violence. The ADH provides written materials on a wide variety of topics at LHUs.

There are multiple statewide resources aimed at primary prevention and smoking cessation among women. Many anti-tobacco programs and curricula are based in schools, particularly in schools that participate in the Coordinated School Health program, supported by the Centers for Disease Control and Prevention (CDC-RFA-DP18-1801). Schools that participate in School Wellness Advocacy Groups (SWAGs) and Project Prevent Youth Coalition, funded by ADH Tobacco Prevention and Cessation Program funds, also use the anti-tobacco curricula. The Coordinated School Health program collaborates with schools and communities to deliver programs that include tobacco and vaping prevention education, comprehensive school-based tobacco and vaping policies, and promotion of nicotine cessation for staff and students.

The ADH Tobacco Prevention and Cessation Program (TPCP) continues to support coalitions, schools, community-based organizations, corporations, health care providers, hospitals, law enforcement agencies, LHUs, media companies, non-profit organizations, and other state agencies in tobacco prevention and cessation efforts.

During the 2019 legislative session, Act 959 was created to increase coverage for medications approved by the U.S. Food and Drug Administration for tobacco cessation in the Arkansas Medicaid program. Medicaid program coverage includes nicotine replacement therapy patches, gum, lozenges, nasal spray, and inhalers. Medicaid coverage also includes the medications Bupropion and Varenicline. Prior authorization shall not be required for coverage of the medication. In addition to Act 959, Arkansas signed Act 580 into law, which now prohibits the sale of tobacco and vaping products to anyone under the age of 21.

Strategy 1.3: Provide referrals to community resources for identified risk factors or medical procedures unavailable at the local health unit.

In 2021, the Family Planning and Well Woman programs referred patients for a total of 6,238 health-related services not provided by ADH. The services include laboratory tests, radiology, mammography, colposcopy, social services, dental services, and referrals to other providers. The Family Planning program also made 2,667 referrals to the Special Supplemental Nutrition Program (SNAP) for the WIC program in 2021.

The ADH Be Well Arkansas program provides Arkansans with resources to improve their health and well-being. With Be Well Arkansas, TPCP staff operate a statewide call center to connect callers to tobacco and nicotine cessation services and wellness counseling for diabetes and blood pressure control. As of April 2021, Be Well Arkansas had enrolled over 7,000 participants into their tobacco cessation program.

These wellness services are accessible by calling the 833-283-WELL phone number or online at the Be Well Arkansas website (www.bewellarkansas.org). In addition, the number 1-800-QUIT-NOW for tobacco cessation will route Arkansas callers to Be Well Arkansas.

The agency implemented a colposcopy pilot clinic in the Hempstead County LHU (Southwest Region) in May 2018. An additional site was added in Crittenden County (Northeast Region) in February 2019. These clinics are still actively providing colposcopy services in 2022.

Patients who received cervical cancer screening and needed further evaluation with colposcopy services were at risk for a gap in services due to cost. Four nurse practitioners were trained to perform colposcopies by experienced medical staff. In addition, telehealth services were implemented to increase access and ensure quality. The ADH Colposcopy Project performed 141 procedures in 2021.

Objective 2
Increase the percentage of women ages 18-44 receiving preconception counseling prior to pregnancy in an ADH Family Planning clinic.

Strategy 2.1: Provide preconception counseling prior to pregnancy to women attending an ADH Family Planning clinic.

LHUs provide preconception counseling when a patient identifies the desire for pregnancy. However, preventive health screening services and referrals are offered at all Family Planning and Well Woman visits for identified health problems. Family planning patients without a pay source are charged based on a sliding fee scale, with no fee for families with incomes at or below 100% of the federal poverty level. The ADH does not deny services due to inability to pay, and the agency bills third party payers for family planning services. The ADH does not collect co-pays or deductibles.

Objective 3
Increase the percentage of women receiving prenatal care in the first trimester.

Strategy 3.1: Monitor medical record data reports for entry into prenatal care at local health units.

Maternity patients can complete applications for Medicaid through the Arkansas Department of Human Services (ADHS), and non-citizens, or undocumented women, may apply for Medicaid's Unborn Child Option for pregnancy coverage. Although there is variability across the state in the length of time a client receives prenatal services, the ADH can provide care until the patient is approved for Medicaid. Once approved, LHU staff work with clients to identify a local prenatal care provider. The women's health services provided are vital given Arkansas's high rural population, high poverty levels, and limited availability of obstetric providers.

ADH maternity clinics served 2,153 women with expected delivery dates in 2019. The majority (57%) of these women had their first prenatal care visit at an ADH clinic within the first trimester of pregnancy. The ADH maternity visit count was 2,557 in 2020. In 2021, the ADH maternity visit count increased to 3,827.

Objective 4
The ADH Office of Oral Health (OOH) will establish partnerships with health care providers in local health units that provide maternity services to deliver oral health education for pregnant women.

Strategy 4.1: Educate health care providers about the importance of oral health during pregnancy.

The ADH OOH works with LHU nurses to provide oral screenings, risk assessments, fluoride varnish applications, oral health education to caregivers and assistance in locating a dental home if needed. Although focus is on children aged 6 and younger, anyone under 19 years of age is eligible including young expectant mothers.

In January 2022, the ADH Oral Health director retired. The director was instrumental in writing the ESMs for NPM 13.1 and helping to understand the priority. In March 2022, the ADH OOH section chief resigned. The section chief worked directly under the director and was second in command for the OOH. The overturn in staff is a challenge with fulfilling state priority needs and activities for pregnancy and Oral Health.

Strategy 4.2: Develop collaborations with obstetricians and gynecologists in the state.

The ADH OOH will present to the Arkansas Maternal and Perinatal Outcomes Quality Review Committee (MPOQRC) the Paint a Smile (PAS) program (https://www.healthy.arkansas.gov/programs-services/topics/medical-and-dental-professionals). The MPOQRC includes a diverse group of stakeholders, including representatives from UAMS, Arkansas Children's Hospital (ACH), the Arkansas Hospital Association (AHA), the Arkansas Center for Health Improvement (ACHI), the Arkansas Foundation for Medical Care (AFMC), as well as representatives from many of the state's 39 birthing hospitals.

Strategy 4.3: Provide education and counseling on dental health at initial or subsequent maternity visits to all women attending ADH maternity clinics.

The ADH OOH will present at the MCH Specialist meeting the PAS program. Representation from each of the five public health regions are present during the MCH Specialist meetings. OOH will present twice during these meetings.

ADH Women's Health Section will partner with the ADH Center for Local Public Health (CLPH) to provide ADH maternity clients, and their household members a copy of OralHealthPregnancyConsensus.pdf (mchoralhealth.org) to include in the new ADH maternity visit patient packets. This publication includes a section about

tips for good oral health during pregnancy.

Other Programmatic Activities Related to Women's Health

Appointment Show Rate
The ADH implemented an appointment reminder program for patients using the Vital Interaction software with Greenway PrimeSUITE patient data. The patient receives three reminders: 1) A text reminder is sent five days prior to the appointment with a requested Y/N confirmation response, 2) If the patient does not respond to the text, a voice call reminder is sent 72 hours prior to the appointment, and 3) 24 hours prior to the appointment, a text reminder is sent with no requested confirmation.

The appointment show rate for the year prior to the implementation of appointment recalls (March 2016-February 2017) was 65.6%. The show rate for March 2017-February 2018 was 68.8%, an increase of 3.2 percentage points. From March 2018-February 2019, the show rate was 69.7%, an increase of 4.1. From March 2019-February 2020, the show rate was 69.8%, an increase of 4.2. From March 2020-February 2021, the show rate was 74.2%, an increase of 8.6 since implementation.

HPV Prevention
The "HPV Vaccine is Cancer Prevention" Summit was held May 14, 2021 as a hybrid event. The HPV Summit is a time for medical and dental professionals to collaborate on ways to increase awareness about the benefits of the HPV (human papillomavirus) vaccine and cancer prevention as well as to increase acceptance of the vaccine. The Women's Health section sponsored 50 maternal and child health nurse participants from all regions of the state using funds from the Title X program.

ADH partnered with the Arkansas Immunization Action Coalition to provide education on efforts to improving Arkansans' health through immunizations at the 2021 HPV Summit. The 2021 HPV Summit was approved for 6 hours of continuing education for physicians, nurses, pharmacists, physician assistants and dental professionals. The ADH State Epidemiologist and Medical Director for Immunizations and Outbreak Response presented information on the state of HPV immunizations in Arkansas. The ADH Family Health Branch (FHB) Medical Director presented HPV and gynecological cancers education. A total of 147 participants attended the 2021 HPV "Vaccine is Cancer Prevention" Summit.

Strategy 4.3: Review dental Pregnancy Risk Assessment Monitoring System (PRAMS) data for rates on pregnant women's dental visits and maternal level of education.

Telemedicine to Improve Outcomes
The ADH Women's Health Section has a professional services contract with the UAMS Women & Infant Health Service Line (WISL) to facilitate the delivery of comprehensive and risk-appropriate maternity care to low-income women throughout

Arkansas. It also supports the department in its efforts to continue to provide outpatient services to ADH high-risk maternity patients. In addition to telemedicine, the contract supports the provision of nursing services, laboratory services, physician services and the liaison/consultation services of a certified nurse midwife for ADH's Lay Midwife Program. Funding for a 0.5 full-time equivalent OB/GYN physician supports the position as ADH's FHB Medical Director.

Through collaboration with UAMS Institute for Digital Health and Innovation Obstetrics (IDHI OB) Call Center, LHUs are equipped with video and peripheral equipment for real-time telemedicine consults. ADH maternity patients are advised of the voluntary UAMS/IDHI OB telemedicine program for high-risk obstetric consults, as need occurs. The ADH does not have the providers and/or resources necessary to care for patients who may develop or present with high-risk maternity conditions. In many locations of the state, local physicians provide this support for patients from their communities. In communities without this local provider support, ADH relies on telephone and/or telemedicine consultation, co-management, and in some cases, total referral of high-risk maternity patients to the WISL.

If travel to the UAMS WISL in Little Rock is an obstacle for clients, UAMS telemedicine clinics will provide a high-risk consultation via interactive video. The telemedicine consults provide outpatient consultations, follow-up, evaluation of ultrasounds performed at site, genetic evaluation, and follow-up and emergency consults for abnormal laboratory/test results.

Unintended Pregnancy

The ADH partners with Arkansas Medicaid, AFMC, and the Arkansas Department of Higher Education to implement strategies and distribute educational materials designed to address unintended pregnancies. Together, these partners developed a toolkit for hospitals and health care providers to use as they discuss health, sexual history, and birth control options with patients. The toolkit, TAKE CONTROL of Your Life: The choice about if or when you become pregnant is YOURS!, included a patient education flip chart and patient education guide to review the different options for family planning. The toolkit was made available in English, Spanish, and Marshallese. It was distributed to campus health centers/programs at all public two-year and four-year colleges in the state. It was also distributed to the LHUs. The Arkansas Campaign to Prevent Unplanned Pregnancy also developed a YouTube video called *Preventing Unplanned Pregnancy* (https://www.youtube.com/watch?v=FaCyQMrSUg8). Additional information for providers and individuals is available on AFMC's website at https://afmc.org/larc and https://afmc.org/quality/larc/.The patient education guide and interactive e-book are currently available for download at (https://afmc.org/product/larc- patient-education-interactive-e-book-english-download and https://afmc.org/?s=larc&post_type=product).

Maternal and Perinatal Outcomes

Arkansas Act 1032 authorized establishment of the Arkansas Maternal and Perinatal Outcomes Quality Review Committee (AMPOQRC). The intent of the assembly is to improve the maternal and perinatal outcomes in the state. The

AMPOQRC is a multidisciplinary committee with representatives from the ADH, DHS, other perinatal and community stakeholders, representatives from participating hospitals, and the state's only freestanding pediatric specialty hospital.

The AMPOQRC held virtual bi-monthly meetings in 2021, with four meetings during the 2021 reporting period. Due to workforce and committee participation turnover, there was a need for refocus of participants on the committee objectives.

The AMPOQRC charter approved in 2021 was developed to outline responsibilities and roles of committee members and to create a continuous quality improvement process. Also in 2021, three subcommittees were formed, with a focus on quality, education, and site visits. Written descriptions of each committee were agreed upon, including a process for regular reporting to the full committee at each meeting. In August 2021, subcommittee leads met virtually to discuss each subcommittee's purpose and mission. Some of the key discussions included identifying co-leads from the maternity side and neonatal side, timelines, educational topics of interest, and specific quality projects.

The Quality Improvement subcommittee met during the fourth quarter of 2021. This subcommittee presented information on syphilis screening and treatment in the April 15, 2022 committee meeting. The subcommittee is interested in forming a quality collaborative to learn and share best practices. Quality projects that are being considered include safe sleep, opioid abuse, Arkansas syphilis increase notifications, and COVID-19 surveillance and education.

The Education subcommittee met several times during the fourth quarter of 2021 to discuss educational information needs to be shared on an ongoing basis. The Education subcommittee presented information to the AMPOQRC on COVID-19 trends, pregnant women, and educational campaigns in the June 17 and August 19, 2021 committee meetings. Current and future educational activities include:

- Providing approved educational offerings on the ADH AMPOQRC website. The material would be for health care providers as well as consumers. An example of health consumer information would be to include a hospital locator with level of care designation
- Developing a process to collect and create distribution lists for educational offerings (e.g., Nursery Alliance, the Perinatal Outcomes Workgroup Through Education and Research (POWER) program, ADH, Arkansas Medical board)
- Developing monthly or bi-monthly newsletters

Risk-appropriate care is a strategy developed to improve health outcomes for pregnant women and in infants. A level of care assessment was conducted by introduction of the CDC Levels of Care Assessment Tool (LOCATe). LOCATe helps to assess birthing facilities based on the level of risk-appropriate care and offers a standard process for assessment that aligns with the most recent guidelines and policy statements issued by the American Academy of Pediatrics (AAP), the American

College of Obstetricians and Gynecologists (ACOG), and the Society for Maternal-Fetal Medicine (SMFM). In 2021, the results revealed a discrepancy in 50% of maternal and 43% of neonatal self-reported level of care and their LOCATe-assessed level of care.

Future activity will focus on quality improvement projects, educational activity, full implementation of the levels of care assessment tool, and site visits.

Maternal Mortality

In March 2019, Arkansas's legislature passed Act 829 to establish a maternal mortality review committee to decrease the number of maternal deaths in the state. FHB leadership was instrumental in formulating the final legislation, and the ADH was charged with establishing the committee. The Arkansas Maternal Mortality Review Committee (AMMRC) was developed and is facilitated within the FHB.

The scope of cases for Arkansas's review is all pregnancy-associated deaths or any deaths of women with indication of pregnancy up to 365 days, with the exception of out-of-state residents who die in Arkansas. At the July 2020 meeting, the committee discussed limitations on the scope for abstraction and review based on cases presented at the meeting. Based on the exclusion criteria set forth by the committee members, 10 cases were excluded from the scope of review for the 2018 deaths. The remaining 30 cases were selected to be abstracted and reviewed. The cases determined to be outside the scope for review included: Not pregnant within one year of death (4 cases): non-Arkansas resident (3), Motor vehicle accident (2), and Accident/Trauma (1).

The 2018 reviews were completed in 2021, and the MMRC made recommendations on all pregnancy-related cases and most pregnancy associated cases. The data from the 2018 case abstractions and committee recommendations were used in the 2021 legislative report and a Fact Sheet (both available on the AMMRC website). For 2019, 31 cases were identified for review. Based on the exclusion criteria set forth by the committee members, seven cases were excluded from the scope of review for the 2019 deaths. The cases determined to be outside the scope for abstraction included: Not pregnant within one year of death (2), non-Arkansas residents (2), and motor vehicle accidents (3). The committee met five times in 2021 and reviewed 13 of the 24 cases (2019) in 2021. The 2019 case reviews were completed in 2022.

The AMMRC is a multidisciplinary committee whose members represent Arkansas and various specialties, facilities and systems that interact with and impact maternal health. Membership consists of obstetricians and gynecologists, forensic pathologists, maternal fetal medicine doctors, anesthesiologists, nurses, psychiatrists, mental and behavioral health specialists, nurse-midwifery staff, public health practitioners, advocacy staff, and more. The AMMRC members are appointed by Arkansas's Secretary of Health. Four members resigned from the committee, and four new members were approved during 2021.

The AMMRC internal workgroup successfully launched a website for the AMMRC in 2021, developed a tool for committee members to use while reviewing the cases, and developed a list of stakeholders to assist with the action phase of recommendation. The FHB medical director made five presentations during 2021 to increase awareness about the AMMRC. He also met with the Arkansas Legislative House and Senate Public Health Committee to discuss the AMMRC 2021 legislative report.

Nurse-Family Partnership
The FHB partners with Arkansas's Nurse-Family Partnership (NFP) home visiting program to improve pregnancy outcomes by helping women be involved in good preventive health practices. The following link provides information regarding the NFP program: https://www.nursefamilypartnership.org/locations/arkansas. NFP nurses conduct in-person visits to provide education and support to reduce preterm births and other poor maternal and child health outcomes.

Paint a Smile (PAS)
The ADH Office of Oral Health (OOH) offers a Paint a Smile (PAS) program. Improving maternal and infant health is a vital educational segment of the program.

OOH staff visit medical and dental offices statewide and deliver PAS toolkits, 1st Checkup by 1st Birthday folders, and oral health presentations.

Women/Maternal Health Application Year

NPM 1	Percent of women ages 18 through 44 with a preventive medical visit in the past year
NPM 13.1	Percent of women who had a preventive dental visit during pregnancy

Objectives

1. By December 31, 2025, increase the percent of women ages 18 through 44 with a preventive medical visit in the past year to 77%.
2. By December 31, 2025 the ADH Family Health Branch and Office of Oral Health will establish partnerships with health care providers in local health units that provide maternity services to deliver oral health education for pregnant women.

Strategies

Preventive Medical Visits
1. Review medical record data reports for rates of preventive health services for women ages 18 through 44 provided in local health units.
2. Request Medicaid data reports on preventive health visits for women ages 18 through 44 provided by private providers.
3. Provide fact sheets on risk factors identified to women.
4. Provide referrals to community resources for identified risk factors or medical procedures unavailable at the local health unit.

5. Provide preconception counseling prior to pregnancy to women attending ADH family planning clinics.
6. Monitor medical record data reports for timing of entry into prenatal care at local health units.
7. Develop collaboration with obstetricians and gynecologists in the state.

Oral Health

8. Educate health care providers and public about the importance of oral health during pregnancy.
9. Provide education and counseling on dental health at initial or subsequent maternity visits to all women attending ADH maternity clinics.

Evidence-Based Strategy Measures

ESM 1.1 Number of women ages 18 through 44 with a past year preventive medical visit in an ADH local health unit

ESM 13.1.1 Number of presentations or educational events on the importance of oral health during pregnancy

Perinatal/Infant Health Annual Report

Priority Need: Persistently High Infant Mortality Rate

NPM 3: Percent of very low birthweight infants born in a hospital with a Level III+ Neonatal Intensive Care Unit

Strategy 3.1: Encourage hospitals to voluntarily participate in surveys to determine the level of nursery/neonatal intensive care unit they provide.

The process for all birthing hospitals in Arkansas to assess their maternal and neonatal levels of care is managed under the direction of Arkansas's Maternal and Perinatal Outcomes Quality Review Committee (MPOQRC). Arkansas Act 1032, signed into legislation in 2019, gave ADH authority to establish the MPOQRC to review data on Arkansas births and to develop strategies to improve birth outcomes. The act requires the committee to submit an annual report to Arkansas legislature. Key information from the report is also shared with policymakers, health care providers, public health professionals, and the public. The 2021 MPOQRC Annual Report was prepared and released in December 2021.

The MPOQRC is currently developing a process for Arkansas hospitals to assess their maternal and neonatal levels of care. The process will involve completion of a written survey and a site visit conducted once every three years for each Level III and IV hospital. The Site Visit Workgroup within the MPOQRC plans to begin site visits in 2022. When complete information on the neonatal level of care for each birthing hospital in Arkansas becomes available, the MPOQRC plans to share this information through an interactive state map on the ADH public website and other communication outlets.

Strategy 3.2: Encourage hospitals to voluntarily develop agreements for transfer of

high- risk patients to hospitals with the proper level of care to give birth.

The system designating risk-appropriate perinatal levels of care in Arkansas is currently in the early stages. A structured system of agreements for transfer is a strategy typically utilized by more established systems. The MPOQRC is also responsible for implementing quality improvement projects. The Quality Workgroup within the MPOQRC plans to address the agreements for transfer strategy through a future quality improvement project. Birthing hospitals will continue to be encouraged to develop agreements with other hospitals to facilitate transfer of expectant mothers to facilities that best meet the needs of the mother and the unborn child.

Priority Need: Breastfeeding
NPM 4: Percent of infants who are ever breastfed and percent of infants who are exclusively breastfed for six months.

Breastfeeding rates in Arkansas consistently lag behind national averages and Healthy People 2020 expectations.

The ADH's strategies to improve breastfeeding rates include 1) increasing the percentage of birthing hospitals that have policies requiring staff to encourage new mothers to breastfeed their infants and 2) increasing the percentage of infants who are ever breastfed and who are breastfed exclusively through six months of age.

Strategy 4.1: Provide technical assistance and recognition to birth hospitals that achieve Baby-Friendly status.

The Baby Friendly Arkansas Toolkit was developed in partnership with the Arkansas Breastfeeding Coalition, the Arkansas Hospital Association (AHA), AFMC, and UAMS. The toolkit includes educational materials for staff and patients plus sample policies and research studies that support early initiation of breastfeeding.

Strategy 4.2: Provide breastfeeding education and support to WIC-enrolled women.

The ADH continues to facilitate a bimonthly meeting of the Breastfeeding Promotion Taskforce. The Taskforce brings together stakeholders from the Family Health Branch; Arkansas's WIC Program; Office of Health Equity; and Child and Adolescent Health Section as well as representatives from the Arkansas Breastfeeding Coalition, Arkansas Injury Prevention Center, Arkansas Children's Hospital, and the Baptist Health System.

The Arkansas WIC Program offers breastfeeding information and education to all WIC participants online through the WICSmart website (http://www.wicsmart.com) and the USDA's WIC Breastfeeding Support website (https://wicbreastfeeding.fns.usda.gov). In addition, WIC clients who are breastfeeding or intend to breastfeed have access to WIC breastfeeding peer counselors who provide education and support. Breastfeeding peer counselors who work for Arkansas's WIC program must have breastfed for at least six

months and have received WIC services.

The Breastfeeding Peer Counselor Program currently serves 17 Arkansas counties and 21 WIC clinics. Peer counselors provide support in a variety of ways including through hospital visits, home visits, text, email, phone, and through support group meetings. WIC clients who live in areas not served by a peer counselor can receive support by calling the WIC Breastfeeding Helpline, which is available Monday through Friday from 8:00 a.m. to 4:30 p.m. (Meet Our Breastfeeding Peer Counselors Arkansas Department of Health). On nights and weekends, calls to the WIC Breastfeeding Helpline roll over to Baptist Health's Breastfeeding Helpline.

Strategy 4.3: Provide breastfeeding education and support to women enrolled in the Arkansas Home Visiting Program.

Arkansas's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program has also focused its efforts to support breastfeeding. The program has a benchmark measure regarding breastfeeding (percent of infants among mothers who enrolled in home visiting prenatally who were breastfed any amount at 6 months of age). Four of the five MIECHV-funded programs ask mothers about this measure. The fifth program works with children ages 3-5. In addition, the Following Baby Back Home, Healthy Families America, and Parents as Teachers home visiting programs use the Family Map Inventories questionnaire (http://www.thefamilymap.org), which asks "How old was your child when you stopped breastfeeding?" Answer options are: Not applicable, 2 months, 2-5 months, and 6 or more months. The Nurse-Family Partnership home visiting program asks mothers about initiation of breastfeeding and follows up at six and 12 months. Arkansas's MIECHV Training Institute developed instructor-led and online courses to educate home visitors about breastfeeding. The instructor-led training is available to all home visitors in the state regardless of funding stream (http://www.arhomevisiting.org/Training_Institute/modules). The online training is accessible to anyone with Internet access (https://ahvnti.thinkific.com/).

Strategy 4.4: Provide breastfeeding education and support to communities through African American sororities and fraternities.

The ADH Sisters United program is a culturally sensitive, community-based initiative designed to increase public awareness about the burden of infant mortality among African Americans. The initiative is a partnership among members of the Alpha Kappa Alpha, Delta Sigma Theta, Zeta Phi Beta, and Sigma Gamma Rho sororities. This campaign is the first time that the four African American sororities of the National Pan-Hellenic Council have taken up an issue collectively. The Sisters United campaign focuses on four areas: folic acid before pregnancy, flu shots during pregnancy, breastfeeding, and safe sleep. Research has shown that these four areas are effective ways to decrease infant mortality rates. This model is based on a train-the-trainer approach, which enhances the skills and knowledge of the trainers. By utilizing this method of training, the trainers master the curriculum and are able to transfer knowledge to community members.

The ADH Brothers United program is a companion program to Sisters United and is also focused on increasing public awareness and promoting healthy behaviors known to reduce infant mortality. The initiative is a partnership among members of Alpha Phi Alpha, Kappa Alpha Psi, Omega Psi Phi, Phi Beta Sigma, and Iota Phi Theta fraternities. Brothers United hosts Tailgate Parties during fraternity chapter meetings. The purpose is to provide education to expectant and new dads with the goals of 1) increasing the number of expectant and new dads with an awareness of infant mortality and 2) increasing the percent of expectant and new dads with knowledge of safe sleep and breastfeeding.

The ADH Office of Health Equity collaborates with Brothers United, Sisters United, and the state's WIC program to host Mocha Café Live, a culturally sensitive, social media initiative designed to increase public awareness and promote healthy behaviors aimed at increasing breastfeeding rates in the Black community. In response to the uncertainties of the COVID-19 pandemic, the Office of Health Equity expanded the focus topic from breastfeeding to addressing maternal and child health issues affected by COVID-19. In addition to lactation experts, speakers also included licensed therapists to address mental health issues related to COVID-19, nutritionists, fathers, and many others. We also began our Mocha Live-Hispanic Partnership, which is presented in Spanish with topics that affect the Hispanic Community.

Strategy 4.5: Provide breastfeeding education and support through the Arkansas Breastfeeding Helpline.

The ADH continues to support the Baptist Health Breastfeeding Helpline with funding from the Preventive Health and Health Services Block Grant and Title V MCH Block Grant. The helpline operates 24 hours a day, seven days a week and is in its eighth year of operation. The helpline is a tool to increase adoption and duration of breastfeeding by providing support from an International Board-Certified Lactation Consultant or Certified Lactation Counselor. The Breastfeeding Helpline receives calls via a toll-free phone number (https://www.baptist-health.com/services/labor-delivery/breastfeeding-support/). Call volume continues to be measured in the following ways: Calls between the hours of 8:30 a.m. to 5:00 p.m., Calls between the hours of 5:00 p.m. to 8:30 a.m., Calls from WIC participants, and Resident of Pulaski County or outside of Pulaski County. During the 2021 federal fiscal year, the helpline received a total of 5,203 calls. The number of calls reported during this period increased by 700 compared to the number of calls received during the previous federal fiscal year.

In 2016, Governor Asa Hutchinson launched Healthy Active Arkansas, a platform for improving the health of the citizens of Arkansas. Breastfeeding is one of the nine priority areas addressed through this initiative. The Arkansas Breastfeeding Helpline is a key component to the breastfeeding priority area. A main goal of the breastfeeding priority area is to assist hospitals statewide in obtaining the Baby Friendly Hospital designation. The Baby Friendly designation is based on the World Health Organization's 10 Steps to Successful Breastfeeding to help hospitals improve maternity care and increase

breastfeeding rates (https://www.babyfriendlyusa.org/for-facilities/practice-guidelines/10-steps-and-international-code). The Breastfeeding Helpline is an essential piece of the community resources needed to obtain the Baby Friendly designation.

The ADH Breastfeeding Promotion Task Force, established in 2013, is a collaborative workgroup including the Family Health Branch, WIC breastfeeding and peer counseling programs, Office of Health Equity, Hometown Health Coalition Initiative, Office of Health Communications, and School Health Services. Members also include representatives from partner organizations including Baptist Hospital, AFMC, UAMS, and the Baby Friendly Hospital initiative. Although the Task Force's focus has shifted over time in response to changing priorities, it has always provided a forum for private and public partners to convene, share information, and strategize ways to promote and increase breastfeeding in Arkansas. The current focus is strengthening lactation support to incarcerated mothers. The Task Force has continued to meet virtually during 2021-22.

Priority Need: Safe Sleep

NPM 5: Percent of infants placed to sleep on their backs, percent of infants placed to sleep on a separate approved sleep surface, and percent of infants placed to sleep without soft objects or loose bedding.

The ADH has many efforts focused on improving infant safe sleep practices in the state, including 1) increasing number of women who report placing their infant to sleep on their back and 2) increasing the number of hospitals with safe sleep policies.

Strategy 5.1: Provide training for hospital staff on safe sleep and how to encourage safe sleep by their patients.

Only one hospital was safe sleep certified prior to Safe Sleep Collaborative Improvement and Innovation Network (CoIIN) implementation in 2015. To date, all 40 hospitals have received the safe sleep toolkit. Currently, 39 of Arkansas's 40 birthing hospitals are safe sleep certified. Two of the 40 are not currently birthing babies. Most of the hospitals are working on recertification by Cribs for Kids (https://cribsforkids.org). This national organization requires all certified hospitals to educate their health care staff, families, and caregivers about safe sleep practices.

Strategy 5.2: Collaborate with CoIIN partners on safe sleep activities and trainings.

The Safe Sleep CoIIN to reduce infant mortality funded by HRSA has ended. However infant mortality in Arkansas is still a priority as shown by the continuation of CoIIN's projects. In November 2019, the Arkansas Nursery Alliance unveiled its Safe Sleep Pathway screening tool during the 2nd annual Nursery Alliance Leadership Conference. The Nursery Alliance includes five Level I and II hospitals as well as Arkansas Children's Hospital, which is the only Level IV hospital according to the state's perinatal levels of care guidelines. Representatives from all six member hospitals participated in a conference breakout session designed to engage hospital representatives in strategy discussions on how to ensure successful implementation of the Safe Sleep Pathway.

The discussions became the basis of the Safe Sleep Pathway's key driver diagram. The project's goal is to screen 100% of babies born or cared for at Nursery Alliance partner sites for a safe sleep environment using the Nursery Alliance Safe Sleep Pathway prior to discharge. Success will be measured by the number of times activation of the Safe Sleep Pathway resulted in supplying families with a Pack-n-Play or resource referral.

The Safe Sleep CoIIN team includes partners representing the ADH's Family Health Branch, Office of Health Equity, WIC Nutrition Program, Emergency Medical Services for Children (EMS-C), and the Nurse-Family Partnership home visiting program as well as Arkansas's Infant and Child Death Review Program, Arkansas Nursery Alliance, ACH's Injury Prevention Center, Arkansas Hospital Association, AFMC, ADHS's Division of Child Care and Early Childhood Education, ACHI, UAMS, Baptist Health Community Outreach, March of Dimes, and the Zeta Dove Foundation. The Safe Sleep CoIIN funding ended in November 2020. The CoIIN team continues to provide training. The ACH Injury Prevention Program partners with local communities to provide Safety Baby Showers for expectant mothers. Safety Baby Showers participants who attend the showers receive education in safe sleep, shaken baby syndrome/crying babies, home safety and child passenger safety. In 2021 ACH Injury Prevention Program conducted a total of 50 Virtual and 5 face to face Safety Baby Showers educating 237 participants, a total of 16 train the trainer events training over 171 educators and participated in 2 Facebook lives addressing safe sleep/infant safety. They provided safety products to 20 satellite sites across the state. Train-the-trainer participants were members of law enforcement, fire departments, public health educations and medical staff.

Strategy 5.3: Provide safe sleep education and support to WIC-enrolled mothers.

WIC Baby and Me parenting program was implemented in selected WIC clinics across the state. The parenting program focuses on strengthening the parent/child relationship, promoting healthy child development, and connecting parents to community resources in WIC clinics selected by the WIC Baby and Me Advisory Board. Parent support mentors meet with interested families during WIC clinic certification visits. The visits include one prenatal learning session on safe infant sleep practices and six brief post-birth learning sessions that include facilitated mother-child interaction time focused on enhancing secure attachment and reinforcing education provided by the mother's birthing hospital and her pediatrician/primary care physician. In 2021, 742 parents received safe sleep education through WIC Baby and Me Module Zero.

The Safe Sleep CoIIN team provided consultation on the safe sleep education module for the Baby and Me program, ensuring the content and images were consistent with 2016 American Academy of Pediatrics Safe Infant Sleep Policy Recommendations. Safe Sleep CoIIN funds are used to provide wearable blankets and safe sleep board books to all parents who participate in the program and provides Cribette play yards for families in need so they can keep their babies safe while sleeping.

The Safe Sleep CoIIN team worked with the WIC program to develop questions about safe sleep environments that the program added to their SPIRIT charting system. This

was completed in 2019 with the questions being printed on a laminated job aid (one side is English, the other is Spanish) for the WIC staff to use during certification appointments. An identical postcard is also given to the client. There are two questions, one for pregnant women and one for new mothers/caregivers:

1. Where do you plan for your baby to sleep? (Pregnant Women)
2. Where does your baby sleep? Alone? On his/her back? In a crib, bassinet, or play yard? (New mothers/caregivers)

The staff member will educate the client on safe sleep using the laminated job aid and safe sleep cards based on the client's response and will refer the client to ACH's Injury Prevention Center if indicated that they do not have a safe place for their infant to sleep.

Due to COVID-19, most certifications occurred by telephone, which did not allow staff to show participants the safe sleep materials. All parents of infants were asked where their infants sleep and were asked information about and provided information about safe sleep environment. This process was completed 30,043 times in 2021.

If a safe sleep referral was selected from the WIC list, a small safe bassinet is given to the family. The safe sleep referral was selected 356 times in 2021.

WIC has continued to offer a nutrition education module on safe sleep. However, due to the pandemic, fewer "non high risk" nutrition education sessions occurred in 2021. If the safe sleep nutrition education was offered (whether in person or over the phone), a total of 17,940 times (infants 7,299; women 10,640).

SPM 1: Percent of newborns with timely follow-up of a failed hearing screening.

The FHB houses two critical infant programs responsible for facilitating early identification and intervention of birth disorders: Infant Hearing Program (IHP) and Newborn Screening Program (NBS). These programs work to efficiently monitor the Triple Threat: heel stick, pulse oximeter, and hearing test to ensure excellent health for Arkansas's babies.

Newborn screening for inborn conditions has been mandatory in Arkansas since Act 192 of 1967 stipulated screening of all newborns for phenylketonuria. Since that time, the number of conditions screened for has grown substantially. The program oversees follow-up on over 30 genetic disorders screened using the blood spot card in addition to two point-of-care tests, hearing screen and critical congenital heart disease, for a total of 34 core disorders. In 2020, 98.3% of the approximately 34,259 babies born in Arkansas each year are screened for genetic disorders. The total of 2020 confirmed cases was 107.

The NBS program continued the continuous quality improvement efforts by monitoring time of birth to time of collection, time of collection to time of receipt in the lab, and time of receipt to time of reporting results. Timeliness is monitored on a monthly basis, and

the combined goal for all three data points is less than 168 hours. In 2020, yearly average was 153.2 hours from birth to reporting of test documented, which met the overall goal. Each birthing facility receives a quarterly Hospital Timeliness Report to identify the number of specimens collected and received by the NBS lab within 48 hours of collection. Any facility that does not meet the goal of 80% of specimens reaching the lab within 48 hours is contacted to discuss potential issues related to timely specimen submission. At the end of 2020, a yearly comparison report of all birthing facilities had an average of 87.2%. The program provides support to partner hospitals with virtual education opportunities and technical assistance to ensure effective collection to receipt in the lab for processing. In March 2020, Spinal Muscular Atrophy (SMA) disorder was added to the testing panel and along with X-linked Adrenoleukodystrophy (X-ALD in November 2021, bringing the total to 30+ disorders along with Critical Congenital Heart Disease (CCHD) and hearing screening which is completed at the birthing facility. The plan to increase the blood testing panel within 2022 by adding Glycogen Storage Disease Type II (Pompe), and Mucopolysaccharidosis Type 1 (MPS-1).

The NBS program continues to provide annual education opportunities for birthing facility staff, licensed lay midwives, and health care providers to increase awareness of NBS protocols and processes. Arkansas has approximately 15,000 Marshallese population. The NBS brochure and video is provided in English, Spanish and Marshallese. In 2020, NBS developed a NBS Banner and a Flyer for educational purposes. The goal is to provide parents, medical professionals, and all stakeholders with outreach material about the Arkansas Newborn Screening Program. This material is available on the ADH/NBS website: https://www.healthy.arkansas.gov/programs-services/topics/newborn-screening or by request and will be utilized in promotion setting like conferences, seminars, meetings, and health fairs.

Arkansas Vital Events (ERAVE) to collect, surveil, and monitor newborn hearing screenings (NBHS) and follow-up testing conducted statewide. The preliminary 2021 ERAVE Hearing Screening and Follow-Up Survey Report shows improvement in the number of infants receiving a DHH diagnosis by 3 months of age. Most (53%) of these diagnoses occurred by three months of age in accordance with Joint Committee on Infant Hearing recommendations. Seventy children were identified with hearing loss. The program will continue working toward reaching the goal of 27% or less of infants who fail the NBHS receiving a confirmatory diagnosis by 3 months of age.

Strategy 1.1: Partner with WIC to place an alert on the WIC webpage advising parents to seek additional testing.

One of the strategies for 2021 was to partner with WIC to place an alert on the WIC webpage advising parents to seek additional testing. The alert is in SPIRIT to indicate which additional testing is needed. IHP alerts WIC of patients needing additional testing after not passing the initial newborn screen. WIC flags the record so the family is instructed to contact the IHP office.

The IHP experienced challenges in promoting early hearing detection and intervention

(EHDI) during 2021 because of the continuation of COVID-19 by adversely affecting planned in person activities to increase stakeholder engagement and access to daily support activities as well as reduced access to EHDI follow-up statewide. IHP had difficult in facilitating timely follow-up with families due to the lack of valid contact information (i.e., phone number, address and/or primary care physician) in addition to struggles identifying Non-Part C early intervention information for DHH children. Families continued to report challenges in obtaining follow-up care because of lack of transportation, access to a pediatric audiologist near their home and timely enrollment in newborn Medicaid.

IHP staff worked to increase the IHP's social media presence by publishing weekly posts on various EHDI topics. The program saw an increase in the number of visitors viewing parent information. Current records indicate 80 total views, 63 first time views, and an average of 3 minutes viewing the site. Also, IHP staff has delivered education on key aspects of the EHDI program to 110 health professionals and/or service providers to date. Presentations outlining recommended screening practices, health professionals' roles in the EHDI system, opportunities for collaboration with the EHDI program and EHDI data occurred during advisory board meetings, state association meetings, and continuing education series. These meetings also provided a forum for stakeholders to provide feedback regarding opportunities for improvement in the EHDI system.

Strategy 1.2: Increase family support through the contact with Arkansas Hands and Voices to increase the implementation of the Guide by Your Side Program offering parent-to-parent support. Parent guides will contact families of children who failed the newborn hearing the newborn hearing screening the first week of life. IHP expanded the current partnership with Arkansas Hands and Voices to increase parental support. The Parent Guides contact the families who did not keep two or more appoints.

The Infant Hearing Program (IHP) continues to use the Electronic Registration of Arkansas Vital Events (ERAVE) to collect, surveil, and monitor newborn hearing screenings (NBHS) and follow-up testing conducted statewide. The preliminary 2021 ERAVE Hearing Screening and Follow-Up Survey Report shows improvement in the number of infants receiving a DHH diagnosis by 3 months of age. Fifty-three percent of these diagnoses occurred by three months of age in accordance with Joint Committee on Infant Hearing recommendations. Seventy children were identified with hearing loss. The program will continue working toward reaching the goal of 27% or less of infants who fail the NBHS receiving a confirmatory diagnosis by 3 months of age.

The IHP experienced challenges in promoting early hearing detection and intervention (EHDI) during 2021 because of the continuation of COVID-19 by adversely affecting planned in-person activities to increase stakeholder engagement and access to daily support activities as well as reduced access to EHDI follow-up statewide. IHP had difficult in facilitating timely follow-up with families due to the lack of valid contact information (i.e., phone number, address and/or primary care physician) in addition to struggles identifying Non-Part C early intervention information for DHH children. Families continued to report challenges in obtaining follow-up care because of lack of

transportation, access to a pediatric audiologist near their home and timely enrollment in newborn Medicaid.

IHP staff worked to increase the IHP's social media presence by publishing weekly posts on various EHDI topics. The program saw an increase in the number of visitors viewing parent information. Current records indicate 80 total views, 63 first time views, and an average of 3 minutes viewing the site. Also, IHP staff has delivered education on key aspects of the EHDI program to 110 health professionals and/or service providers to date. Presentations outlining recommended screening practices, health professionals' roles in the EHDI system, opportunities for collaboration with the EHDI program and EHDI data occurred during advisory board meetings, state association meetings, and continuing education series. These meetings also provided a forum for stakeholders to provide feedback regarding opportunities for improvement in the EHDI system.

Perinatal/Infant Health Application Year

Priority Need: Persistently High Infant Mortality Rate

Objective
1. By December 31, 2023, increase the percent of birthing hospitals with nurseries that are participating in the Maternal and Perinatal Outcomes Quality Review Committee to 100%.

Priority Need: Persistently High Infant Mortality Rate

Objectives
1. By December 31, 2023, increase the percent of infants who are ever breastfed to 77%.
2. By December 31, 2023, increase the percent of infants who are breastfed exclusively through six months of age to 20.5%.

Priority Need: Persistently High Infant Mortality Rate

Objectives
1. By December 31, 2023, increase the percent of infants placed on their back to 78%.
2. By December 31, 2023, increase the percent of infants placed to sleep on a separate approved sleep surface to 37.5%.
3. By December 31, 2023, increase the percent of infants placed to sleep without soft objects or loose bedding to 46%.

Priority Need: Access to Care

Objective
By December 31, 2023, increase the percent of children who receive a confirmed diagnosis of hearing loss in the recommended timeframe to 67%.

Infant Hearing Program

Decrease the percentage of infants who do not pass the newborn hearing screening and become loss to follow-up at the diagnostic level.

Increase the reach of Arkansas Hands and Voices programs by including families with presumptive positive screening test results and identified as at risk for loss to follow-up in the target population.

Increase the number of inter/intra agency partnership opportunities to provide more education opportunities for parents, thus improving the effectiveness of program follow-up actions.

Improve collaboration between the IHP and pediatric specialists (i.e., primary care physicians/audiologists) to increase timely EHDI reporting and complete data.

Child Health Annual Report

Priority Need:	Developmental Screening
NPM 6:	Percent of children, ages 9-35 months, who received a developmental screening using a parent-completed screening tool in the last year.

The most recent federally available data (2019-2020) on the percent of children, ages 9-35 months, who received a developmental screening using a parent-completed screening tool in the last year indicates the following:

- 25.9% of children ages 9-35 months completed a developmental screening

Objective
By December 31, 2025, increase the number of children who receive a developmental screening by 10%.

ESM 6.1 – Percent of WIC-enrolled children ages 2 through 59 months at Learn the Signs Act Early (LTSAE) sites who received developmental monitoring.

The WIC LTSAE initiative was significantly impacted by the COVID-19 pandemic. WIC operated under a disaster waiver through the entirety of 2021, which waived the in-person requirement for WIC services. As a result, developmental monitoring as originally intended was not possible since the essence of this program relies on in-person monitoring to present and review a checklist with the caregiver. Despite the in-person waiver, 1.9% of WIC participants at LTSAE sites received developmental monitoring via the checklist as a nutrition education topic; presumably due to some health units continuing to see a limited number of participants in-person despite the ability to utilize the waiver. Additionally, some higher-risk participants, and/or participants who requested an in-person appointment were seen in person on an as-

needed basis. Of the children at WIC LTSAE sites receiving developmental monitoring, 11 were referred for therapy.

During 2021, 30,043 infants were certified for WIC and were served statewide, and 4,071 participants (14%) were served at LTSAE sites. The pandemic delayed the statewide implementation of the LTSAE initiative for all WIC certification personnel. As a result, WIC continued to pilot the program in three sites. However, WIC nutrition staff statewide were trained the month before the pandemic was declared, and these staff were able to discuss developmental monitoring with participants and refer to the CDC developmental milestones website when warranted. Unfortunately, there was not a system in place to monitor such referrals, as this was not the original intent of the program. Therefore, the LTSAE moved from the pilot phase to a soft statewide rollout with statewide implementation pending.

In 2021, Arkansas added an online nutrition education module called ARWIConline (https://www.arwiconline.org/html/general-information.cfm), which included the CDC developmental monitoring tool. ARWIConline reports that 28 participants utilized this tool in 2021. Unfortunately, this source does not track whether participants received therapy as a result of using this tool.

Lastly, the “WIC-Plus” program, Baby & Me, continued to provide services to families. Baby & Me is a public health intervention designed to provide parent support through Parent Support Mentor staff at select WIC clinics. The Parent Support Mentors provide an innovative one-on-one parenting intervention called “Baby & Me” that consists of a prenatal introduction module (Safe Sleep) with six monthly modules for infants through six months of age (Month 1: Crying, Month 2: Home Safety, Month 3: Stress and Depression, Month 4: Routines, Month 5: Preparing for Discipline, Month 6: Developmental Milestones). Baby & Me reported the provision/review of 430 developing monitoring tools within their program. These data do not reflect the number of referrals or treatment that resulted from the monitoring.

ESM 6.2 – Percent of children, ages 2 through 59 months, in home-visiting programs who were referred for therapy due to the results of a developmental screening using a validated parent-completed tool.

Arkansas’s MIECHV program served 2,081 children (1,052 female index children and 1,029 male index children in 2021). English was the primary language spoken in the home amongst 81.3% of participants, followed by Spanish at 14.8%. Over three-fourths of the children served by the MIECHV program (77.4%) received the last recommended well-child visit based on the American Academy of Pediatrics’ schedule. Eighty-four percent of children were screened for developmental delays using a validated parent-completed tool, and almost one-third (32%) of the households served had a child with a developmental delay or disability. As a result, 135 children in home-visiting programs were referred for treatment services and connected to resources. This result is a significant increase from 2020 and supports the program’s efforts to promote early

identification of developmental disorders as a critical support to the well-being of children and families.

Priority Need: Injury Hospitalization
NPM 7: Rate of hospitalization for non-fatal injury per 1000,000 of children ages 0-9.

The most recent federally available data (2020) on the rate of hospitalization for non-fatal injury per 100,000 children ages 0-9 indicates the following:

- 108.9 per 100,000 children ages 0-9 were hospitalized

Objective
By December 31, 2025, reduce hospitalizations of children and adolescents due to maltreatment by 10%.

ESM 7.1.1 – Percent of families served in home-visiting programs who have reports of child maltreatment.

Arkansas's MIECHV program implements four evidence-based models (Healthy Families America, Home Instruction for Parents of Preschool Youngsters (HIPPY), Nurse-Family Partnership, and Parents as Teachers) and one promising approach (Following Baby Back Home). Although each model works with a specific population and provides targeted care, all models promote positive parenting skills, help parents become self-sufficient, and address maternal and child health issues that may result in significant cost savings for the state. During 2021, 2.3% of families participating in home-visiting programs reported a non-fatal injury-related emergency department visit. Additionally, home safety assessments are completed every six months to reduce risk of injuries in the home and provide opportunities for educational interventions for increasing safety as needed. In 2021, 5.9% of families in home visiting programs reported child maltreatment, a reduction from the 8.1% reported in 2020. These cases of maltreatment are reported by the ADHS Division of Children and Family Services.

Priority Need: Overweight/Obesity
NPM 8: Percent of children ages 6-11 and adolescents ages 12-17 who are physically active at least 60 minutes per day.

The most recent federally available data (2019-2020) on the percent of children ages through 11 who are physically active at least 60 minutes per day revealed the following:

- 29.7% of children ages 6 through 11 were physically active at least 60 minutes/day

Objective

By December 31, 2025, increase the percent of students, grades K through 5, attending Coordinated School Health priority schools who are classified as having a healthy weight to 57%.

ESM 8.1.1 – Percent of children in Coordinated School Health priority schools, grades K through 5, who are in the normal or healthy weight zone for Body Mass Index.

The School Health Services (SHS) programs at ADH and the Division of Elementary and Secondary Education (DESE) continued efforts to create healthier environments for children to support increases in physical activity. Through the partnership between ADH SHS and the Arkansas Center for Health Improvement (ACHI), a statewide Body Mass Index (BMI) report is created annually. The 2021 ACHI report states that 54% of students, grades K-5, were in the normal or healthy weight zone for Body Mass Index. Within this percentage, 48% of students in the CSH priority school districts were in the normal or healthy weight zone. The programs continued activities to promote increases in the number of children physically active each day, including offering quarterly trainings and technical assistance opportunities, participating in state initiatives, and purchasing equipment for playgrounds and physical education classrooms.

SHS staff provided several professional development opportunities during the 2021-2022 school year to assist schools in implementing a Comprehensive School Physical Activity Plan (CSPAP) consisting of four essential components of physical education. CSPAPs help schools increase physical activity to meet the recommended 60 minutes of activity daily. Twenty percent of public schools developed and implemented a CSPAP with activities for students, staff, parents, and community members before, during, and after the school day. Additionally, 43% of Arkansas' schools offer physical activity fitness programs to school staff. SHS trainings included steps to increase classroom physical activity and effective health education and instruction for backward curriculum design development, to give schools control to meet the needs of their students for vertical skill alignment and student outcomes.

SHS staff are an integral part of the Healthy Active Arkansas (HAA) initiative. Physical Education and Activity in Schools is one of the main goals for HAA. Within the goal, an objective is to integrate physical activity strategies into the Arkansas Curriculum Frameworks. Plans are in development on the best way to implement this objective. Additionally, SHS staff will begin professional development on Active Learning, which will provide school personnel with hands-on learning techniques to incorporate physical activity into the daily schedule in addition to recess. In Arkansas, 73% of school survey respondents reported that their schools provided new equipment, materials, or curriculum for physical education teachers.

As a result of funding awarded by the Coordinated School Health (CSH) program and the Coronavirus Aid, Relief, and Economic Security (CARES) Act, additional playground stencils were purchased for the 15 educational cooperatives in Arkansas. These stencils are used to provide additional ways for the students to participate in physical

activity while social distancing. To date, nine school districts and over 20 schools have utilized the stencils.

School-Based Health Centers (SBHC) in Arkansas provide nutrition and physical activity education to students districtwide. For the school year 2021-2022, over 1,200 students received health education on topics such as health risks associated with drug use and physical activity benefits. Over 250 classroom presentations were conducted at schools with a SBHC and an additional 20-plus school presentations at schools without SBHCs.

ESM 8.1.2 – Percent of school personnel who participated in Coordinated School Health training with increased knowledge of evidence-based physical activity practices and curriculum and physical activity services provided by School Health Services.

A coordinated approach to school health improves students' health and their capacity to learn through the support of families, schools, and communities working together. CSH implements all 10 components of the Whole School, Whole Community, Whole Child Model recognized by the Association of Supervision and Curriculum Directors and the CDC. Physical activity practices are taught in various ways with the CSH approach. During the quarterly meeting on wellness, physical activity training and resources are provided. Seventy percent of school personnel reported increased knowledge of physical activity and/or physical education. More physical education teachers are participating in their school wellness committees than before, which will increase opportunities for students to obtain physical education and physical activity at school.

Priority Need: Developmental Screening
NPM 6: Percent of children, ages 9-35 months, who received a developmental screening using a parent-completed screening tool in the last year.

- Statewide implementation of the LTSAE program for all WIC certification staff after the disaster waiver ends.
- Activities to increase the number of online module lessons taken by participants.
- Plan continuous quality improvement projects to increase the rate of completed developmental referrals.

Priority Need: Injury Hospitalization
NPM 7: Rate of hospitalization for non-fatal injury per 1000,000 of children ages 0-9.

- Include curriculum on parenting skills to help parents avoid child maltreatment.

Priority Need: Overweight/Obesity
NPM 8: Percent of children ages 6-11 and adolescents ages 12-17 who are physically active at least 60 minutes per day.

- Identify new partnerships within the state.
- Deliver trainings on increasing physical activity and targeting overweight/obesity in the community.

Child Health Application Year

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

ESM 6.1: Percent of WIC-enrolled children ages 2-59 months at Learn the Signs Act Early (LTSAE) sites who received developmental monitoring: 1.9%

- Numerator: Number of WIC children in LTSAE sites receiving developmental monitoring: 79
- Denominator: Number of WIC children at LTSAE sites: 4,071

Data Source and Data Issues: ADH WIC electronic records
Data Note: Statewide implementation of LTSAE for all WIC participants is anticipated in 2023.

Additional Narrative Data

- In 2021, 11 of the children that received developmental monitoring were referred to a provider for screening.
- An additional 458 WIC participants that obtained services at non-LTSAE sites received developmental monitoring as a result of completing the online nutrition education module (28) or enrollment in the WIC Baby & Me program (430).
- During 2021, 30,043 infants were certified for WIC and were served statewide, and 4,071 participants (14%) were served at LTSAE sites.

ESM 6.2: Percent of children, ages 2-59 months, in home visiting programs who were referred for therapy due to the results of a developmental screening using a validated parent-completed tool: 66.5%

- Numerator: Number of children in home visiting programs referred for therapy.
  2020: 116 2021: 135
- Denominator: Number of children in home visiting programs receiving developmental screening.
  2020: 238 2021: 203

Data Source and Data Issues: MIECHV electronic records

II. NPM 7.1: The rate of hospitalization for non-fatal injury per 100,000 children, ages 0 through 9.

ESM 7.1.1: Percent of families served in home visiting program who have reports of child maltreatment: 5.9%

- Numerator: Number of home visiting programs' families reporting child maltreatment
  2020: 155 2021: 114
- Denominator: Number of families served in home visiting programs
  2020: 1,912 2021: 1921

Data Source and Data Issues: ADH Home Visiting Section

III. NPM 8.1: Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day.

ESM 8.1.1: Percent of children in public schools, grades K through 5, who are in the normal or healthy weight zone for Body Mass Index: 48%

- Numerator: Number of children enrolled in public school physical education class, in grades K-5, who are in the normal or healthy weight zone for BMI.
- Denominator: Number of children enrolled in public school physical education class, in grades K-5.

Data Source and Data Issues: ADH School Health Services (SHS)

ESM 8.1.2: Percent of school personnel who participated in CSH training with increased knowledge of evidenced-based physical activity practices and curriculum and physical activity services provided by School Health Services: 81%

- Numerator: Number of school personnel who participated in CSH training whose posttest demonstrated an increase in knowledge of evidenced-based physical activity practices and curriculum and SHS physical activity services. 53
- Denominator: Number of school personnel who participated in CSH training. 69

Data Source and Data Issues: ADH School Health Services

Additional Narrative Data

- In 2021, 54% of students, grades K-5, were in the normal or healthy weight zone for BMI.
- SHS staff provided three professional development opportunities during the 2021-2022 school year to assist schools in implementing a Comprehensive School Physical Activity Plan (CSPAP) consisting of four essential components of physical education.
- 20% of public schools developed and implemented a CSPAP with activities for students, staff, parents, and community members before, during, and after the school day.
- 43% of Arkansas's schools offer physical activity fitness programs to school staff. Schools offering staff physical activity fitness programs are more likely to implement physical activity in their curriculum and increase the amount of physical activity opportunities within the school.
- 73% of school survey respondents reported that their schools provided new equipment, materials, or curriculum for physical education teachers.
- 15 additional playground stencils were purchased and served nine school districts and over 20 schools, reaching approximately 8,048 students.
- 250 presentations were conducted at schools with SBHC and more than 20 presentations at schools without SBHC, to educate over 1,200 students during the 2021-2022 school year.

Priority Need: Overweight/Obesity
NPM 8.2: Percent of children ages 6-11 and adolescents ages 12-17 who are physically active at least 60 minutes per day.

The most recent federally available data (2019-2020) on the percent of children ages 6 through 11 and adolescents ages 12 through 17 who are physically active at least 60 minutes per day revealed the following:

- 29.7% of children ages 6 through 11 were physically active at least 60 minutes/day (Data source: National Survey for Children's Health, 2019-2020 combined data)
- 18.3% of adolescents ages 12 through17 were physically active at least 60 minutes/day (Data source: National Survey for Children's Health, 2019-2020 combined data)

Objective

- By December 31, 2025, increase the percent of adolescents, ages 12 through 17, who are physically active at least 60 minutes per day to 22%.

The School Health Services Programs at ADH and the Division of Elementary and Secondary Education (DESE) continued efforts to create healthier environments for children through the implementation of coordinated school health and Act 1220 activities.

- School Health Services staff is an integral part of Healthy Active Arkansas. One of the main goals within HAA is physical education and activity in schools. Within the goal, an objective for physical activity is to integrate physical activity strategies into the Arkansas Curriculum Frameworks. Plans are in development on the best way to implement this objective. SHS staff will begin professional development on Active Learning, which will provide school personnel hands-on learning techniques to incorporate physical activity into daily schedules in addition to recess. In Arkansas, 73% of school survey respondents reported that their schools have provided new equipment, materials, or curriculum for physical education teachers. Additionally, 20% of schools developed and implemented a Comprehensive School Physical Activity Program (CSPAP) with activities for students, staff, parents, and community members before, during, and after the school day, and 43% of schools offer physical fitness programs to school staff.
- Through usage of available funds provided by the CSH program and the CARES Act fund, additional playground stencils were purchased for the 15 educational cooperatives. To date, nine school districts and over 20 schools have utilized the stencils which help provide additional ways for the students to have physical activity while social distancing.

- School-Based Health Centers (SBHC) in Arkansas complete well child checks on students enrolled in their facility. SBHC coordinators also provide nutrition and physical activity education to students districtwide. For the school year 2021-2022, over 1,200 students were provided health education which ranged from health risks from drug use to physical activity benefits. Over 250 classroom presentations were conducted for all schools containing a school-based health center with an additional 20 school presentations.

ESM 8.1.2: Percent of school personnel who participated in Coordinated School Health training with increased knowledge of evidence-based physical activity practices and curriculum and physical activity services provided by School Health Services

A coordinated approach to school health improves students' health and their capacity to learn through the support of families, schools, and communities working together. Coordinated School Health implements all ten components of the Whole School Whole Community, Whole Child Model recognized by the Association of Supervision and Curriculum Directors and the CDC. Physical activity practices are taught through various ways with the Coordinated School Health (CSH) approach. During the quarterly meeting on wellness, physical activity training and resources are provided. Seventy percent of school personnel reported increased knowledge of physical activity and/or physical education. More physical education teachers are participating in their school wellness committees than before which will increase opportunities for students with physical education and physical activity.

Priority Need: Injury Hospitalization
NPM 9: Percent of adolescents ages 12-17 who are bullied or who bully others.

The most recent federally available data (2019) on the percent of adolescents ages 12 through 17 who are bullied or who bully others indicates the following:

- 35.2% of adolescents ages 12-17 were bullied
- 13.7% of adolescents ages 12-17 bullied others

Objectives

- By December 31, 2025, decrease percent of adolescents, ages 12 through 17, who are bullied to 28%.

The ADH partners with multiple entities to ensure thorough educational trainings are provided throughout the state with schools and communities. One collaboration involves the ADH Hometown Health Initiative, in which CHPS educate communities and schools on various health topics such as nutrition, physical activity, and mental health. COVID-19 safety precautions have led to many school campuses limiting opportunities to provide educational presentations to school staff and students. The CHPS conduct resiliency presentations, which include bullying and suicide prevention information.

ESM 9.1: Number of school personnel, partners, and community members participating in Youth Mental Health First Aid (MHFA) training.

AWARE: Advancing Wellness and Resiliency in Education, a project funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). This grant supports school districts in efforts to provide mental health care awareness and trauma-informed practices. Arkansas AWARE has three main goals:

1. To increase coordinated referrals, mental help services and programs, and follow-up for children
2. Increase outreach and engagement among youth, families, schools, and communities to increase awareness and implementation of mental health identification services, and programs
3. Develop the infrastructure that will sustain mental health among youth and maintain mental and behavioral health services when federal funding ends

The ADH partners with AWARE to assist in increasing outreach and engagement. Program activities continue to focus on developing comprehensive school mental health best practice programs in pilot schools (Texarkana and Marvell-Elaine school districts and the Ozark Unlimited Resource Educational Service Cooperative), developing a statewide infrastructure of support and training for school personnel in the Mental Health First Aid (MHFA), Trauma-Informed Schools, and Adverse Childhood Experiences programs and initiatives, and promoting a safe, supportive, and positive school environment for students, staff, educators, and the community.

During the third year of the AWARE grant, almost 1,500 direct services were provided to students within the Arkansas AWARE schools from January 2021 through October 2021 with an average of 86 unduplicated students served each month. This is in direct alignment with the objective to increase access to culturally competent and developmentally appropriate school and community-based mental health services. According to the Centers for Disease Control and Prevention (CDC), Adolescent Behaviors and Experiences Survey, 37% of students at public and private high schools reported that their mental health was not good most or all the time during the pandemic. The AWARE staff trained over 800 individuals In Youth Mental Health First Aid.

Even with COVID-19 restrictions in place, steps were taken to continue engagement and outreach to increase awareness. The AWARE behavior specialists engaged youth in groups where topics such as setting goals, demonstrating respect, anti-bullying, friendship, combatting stress, and others related to the Why Try curriculum were the focus. This is an addition to the continuance of the AWARE podcasts that are offered to students, staff, and families.

In 2021, Mental Health First Aid was legislated for Arkansas School Counselors and School Resource Officers which resulted in approximately an additional 700 school personnel and just over 100 community members being trained as “First Aiders” in year

3 of the AWARE grant. With this legislation in place, the plan is to continue to increase the number of trainers in Arkansas.

Mental Health First Aid assists in taking the fear and hesitation out of starting conversations about mental health and substance use problems by improving understanding and providing an action plan that teaches people to safely and responsibly identify and address a potential mental illness or substance use disorder. MHFA indirectly helps school personnel and the community face a student or child who is considering death by suicide.

Priority Need: Transition to Adulthood
NPM 12: Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transition to adult health care.

The most recent federally available data (2019) on the percent of adolescents ages 12 through 17, who received services necessary to make transitions to adult health care:

- 22.5% of adolescents ages 12-17, received services necessary to make transitions to adult health care

Objective

- By December 31, 2025, increase the number of public-school personnel who participated in the Title V Health Care Transition training with increased knowledge of Health Care Transition for adolescents to 850.

Evidence-Based or Informed Strategy Measures

ESM 12.4.2: Number of School-Based Health Center Coordinators that complete a Title V Health Care Transition Readiness Assessment Survey with questions regarding the school district's health center.

Title V in Arkansas will begin to partner with School-Based Health Center Coordinators to include children without special health care needs into the structure and planned health care transition process that studies with CSHCN have proven to result in improvements in health, the youth's experience related to the health care received, and the use and health outcomes for youth. SBHC coordinators have been informed on health care transition readiness and, in collaboration with the Title V CSHCN program, presentations to SBHC coordinators will be conducted in the upcoming year.

Priority Need: Access to Care
SPM 2: Percent of youth, grades 9 through 12, who report using nicotine products.

The most recent federally available data (2019) on the percent of youth, grades 9 through 12, who report using nicotine products:

- 29.2% of youth in grades 9 through 12 report using nicotine products.

Objective

- By December 31, 2025, decrease the percent of youth who use nicotine products to 23%.

For 2021, there were a total of 17 Student Wellness Advocacy Groups in Arkansas in three schools. Multiple webinars are provided via secured Google Docs for all schools to access. All SWAGs must attend seven webinars and, in partnership with Project Prevent Youth Coalition (PPYC), attend three webinars hosted by PPYC. In 2021, over 15% of the student participants reported increased knowledge regarding tobacco and nicotine use. At this time, the Youth Risk Behavioral Survey has not been updated for the 2021 year, so it is undetermined if nicotine usage has decreased.

Adolescent Health Application Year

Priority Need:	Obesity
NPM 8.2:	Percent of children ages 6 through 11 and adolescents ages 12-17 who are physically active at least 60 minutes per day.
Priority Need:	Child Safety Due to Intentional Injury
NPM 9:	Percent of Adolescents, ages 12-17, who are bullied or who bully others.
Priority Need:	Transition to Adulthood
NPM 12:	Percent of adolescents with and without special healthcare needs, ages 12 through 17, who received services necessary to make transitions to adult healthcare.
Priority Need:	Access to Care
SPM 2:	Percent of youth, grades 9 through 12, who report using nicotine products.
Population Domain:	Adolescent Health

Priority Need: Obesity

Objective

1. By December 31, 2025, increase the percent of adolescents, ages 12 through 17, who are physically active at least 60 minutes per day to 34%.

Evidence-based or informed Strategy Measure

ESM 8.1.2 Percent of school personnel who participated in Coordinated School Health trainings with increased knowledge of evidence-based physical activity practices and curriculum and physical activity services provided by School Health Services.

Future trainings by ADH SHS are currently being scheduled that will focus on ways to include physical activity into school curriculum and resources that are available. Additional trainings and presentations are scheduled for the upcoming year that will focus on physical activity and overweight/obesity. New partnerships will be identified within the state to increase visibility and assistance to schools and the community. Joint-use agreements between schools and local government or non-profit entities will be formed to meet shared goals and needs of schools and communities, while focusing on maximizing resources and increasing opportunities for physical activity.

The Coordinated School Health program will continue to increase internal and external partners for the school health coalition. Currently, there are over 40 partners with a goal to increase school and community health strategies in Arkansas.

Priority Need: Child Safety Due to Intentional Injury

Objectives

- By December 31, 2025, decrease percent of adolescents, ages 12 through 17, who are bullied to 30%.
- By December 31, 2025, decrease suicide rates among adolescents, ages 12 through 17, by 5%.

Evidence-Based or Informed Strategy Measure

ESM 9.1 Number of school personnel, partners, and community members participating in Youth Mental Health First Aid (MHFA) training.

ADH School Health Services will continue to partner with them in assisting school districts across Arkansas in providing Youth Mental Health First Aid training. Follow-up survey with all Mental Health First Aid trainers will be conducted during the next year to access knowledge gained. The Arkansas AWARE (Advancing Wellness and Resiliency in Education) continues to support school districts in efforts to provide mental health care awareness and trauma-informed practices. Not only do they provide trainings and presentations to the districts but also to the community.

The Student Wellness Advocacy Groups (SWAGs) Advisor will present additional trainings to the school SWAG advisors well as pre-record presentations for the students within the group to view on bullying prevention. The Community Health Promotion Specialists (CHPS) are trained in Mental Health First Aid and will conduct presentation and trainings on bullying prevention. As the CHPS are now back to their original work

assignment prior to the COVID-19 pandemic, the number of presentations is predicted to increase.

Priority Need: Transition to Adulthood

Objective

1. By December 31, 2025, increase the percent of public-school personnel who participated in the Title V health care transition training with increased knowledge of health care transition for adolescents to 19%.

Evidence-Based or Informed Strategy Measures

ESM 12.4.2 Number of School-Based Health Center Coordinators that complete a Title V Health Care Transition Readiness Assessment Survey with questions regarding the school district's health center.

Title V in Arkansas will begin to partner with School-Based Health Center Coordinators to include children without special health care needs into the structure and planned health care transition process that studies with CYSHCN have proven to result in improvements in health, the youth's experience related to the health care received, and the use and health outcomes for youth. SBHC coordinators have been informed on health care transition readiness and, in collaboration with the ADHS Title V CSHCN program, presentations to SBHC coordinators will be conducted in the upcoming year.

Priority Need: Access to Care

Objective

By December 31, 2025, decrease the percent of youth who use nicotine products to 24%.

Evidence-Based or Informed Strategy Measure

SPM 2 Percent of youth, grades 9 through 12, who report using nicotine products.

The Student Wellness Advocacy Groups are student-led groups who are given the mission to address wellness within their school district. The groups must create and host at least two educational activities and two advocacy projects before the school year end. Multiple webinars are provided via locked Google Docs for all schools to access. All SWAGs must attend seven webinars and, in partnership with Project Prevent Youth Coalition (PPYC), attend three webinars hosted by PPYC. SWAG and PPYC are both youth-led coalitions which target the elementary age students. In the upcoming year, a minimum of 10 SWAGs is the goal.

CHPS will conduct presentations on the harmful effects of tobacco uses and continue to assist schools with Red Ribbon Week.

Children with Special Health Care Needs Annual Report

Aligning the Title V Children with Special Health Care Needs (CSHCN) Program's policies and goals with those of the Health Resources and Services Administration (HRSA) and the Association of Maternal and Child Health Programs to prioritize enabling services over provision of direct, one-on-one services continued in 2021. Earlier infrastructure-building activities to support this work occurred in 2020 when CSHCN Program policy was promulgated. Program policy adjusted program categories and funding amounts for direct services. In 2021, the program updated the guidelines distributed to parents, professionals, agencies, health care providers, and related agencies. The updated included coverage of co-pays in addition to insurance deductibles and coinsurance. The Title V CSHCN Program communicated this information through outreach efforts to educate parents and stakeholders about the value of the program to families of CSHCN. Other key activities in this reporting year included analyzing procedures, developing, and analyzing needs assessments, and strategic planning based on results of needs assessment and stakeholder input.

Modifications in Arkansas's health care delivery system resulted in a need for analysis of the Title V CSHCN Program's internal framework. In January of 2019, Arkansas's Medicaid-funded Provider-Led Arkansas Shared Savings Entity (PASSE) changed how services for high-need beneficiaries with behavioral health (BH) disorders or intellectual developmental disabilities (IDD) are provided and funded. PASSE providers receive global payments per enrolled beneficiary to cover the total medical cost of benefits, including medical and specialty support for IDD patients, rather than a fee-for-service system. Children enrolled in a PASSE have access to services covered by the Medicaid State Plan, the Community and Employment Supports (CES) Waiver, therapy services and medically necessary services through the Early Periodic Screening Diagnosis and Treatment (EPSDT) Program. The Division of Developmental Disabilities (DDS) formed a central Intake and Referral Unit to serve as a single point of entry for all DD services. The DDS Central Intake and Referral Unit includes referral to the Title V CSHCN Program as part of their intake process as appropriate for children with complex medical needs. The PASSEs provide both direct services and care coordination; Arkansas's four PASSEs currently serve approximately 54,000 members. Some families of CSHCN formerly receiving case management through the Title V CSHCN Program moved to a PASSE. Data analysis indicated a need for case management services to be expanded to support families of CSHCN who are not Medicaid-eligible as well as Medicaid-eligible children not served in a PASSE. The PASSE system provided an opportunity for the Title V CSHCN Program to expand case management services to families of CSHCN who have no access to care coordination services through other channels. The system supports these families in accessing care and transitioning adolescents to adult health care services.

To meet federal guidance and requirements and to reach program goals, the Title V CSHCN program has focused on increasing referrals and the number of children under the age of 5 served as well as increasing the number of children with developmental disabilities. Outreach efforts to primary referral sources for this population ensures that families of all children with needs beyond those of their same-aged peers have access to support and services. Key outreach activities geared toward increasing referrals for these populations include partnering with the State's Part C early intervention and Part B-619 early childhood special education programs, school nurses, and special education coordinators. The program also shares program and referral information with the DDS CES Waiver Intake and Referral Unit, regional CoBALT and UAMS diagnostic clinics, Early Intervention Day Treatment (EIDT) day habilitation programs for children birth to age 6, and the James L. Dennis and Schmeiding Developmental Centers.

Other broad outreach efforts to increase referrals to the program involved updating program information on the ADHS website in 2021.

Arkansas's CSHCN Program has strong partnerships with families, stakeholders, and colleagues who work together to achieve program goals and objectives. To ensure that the Title V CSHCN Program continues to support eligible families, nurses and area managers conduct outreach to local primary care providers to explain benefits of the Title V CSHCN Program's case management and transition planning and support. In addition to increasing referrals, ongoing outreach fostered collaborative relationships with clinicians across the state. This outreach further enables families of CSHCN to access needed resources.

Priority Need: Transition to Adulthood for Children with Special Health Care Needs

NPM 12: Percent of adolescents with special health care needs, ages 12 through 17, who received services necessary to make transitions to adult health care.

The 2019-2020 National Survey of Children's Health indicated that 22.5% of adolescents with special health care needs in the U.S. receive services necessary to transition to adult health care. The 2021 annual objective of 14.0% was met, with Arkansas data demonstrating 14.6% of adolescents with special health care needs receiving transition supports and services. To increase the percentage of adolescents with special health care needs who are supported in their transition to adult care systems, Arkansas's Title V CSHCN Program continued implementation of the following strategies:

Strategy 12.1: Increase the percentage of primary care provider practices of transition age children (12 through 17) receiving Title V CSHCN services that participate in the Six Core Elements of Health Care Transition self-assessment.
The Title V CSHCN Program provided outreach and training to health care professionals on the importance of transition and elements of transition for CSHCN

using the Six Core Elements of Health Care Transition Self-Assessment Tools for Practitioners for Children With and Without Special Health Care Needs, released July 2020 (https://www.gottransition.org). Got Transition is a collaboration between the National Alliance to Advance Adolescent Health and the Adolescent and Young Adult Health National Resource Center.

Title V efforts in 2021 focused specifically on primary care physicians (PCP) of children ages 12 through 17 receiving services from the Title V CSHCN Program. To begin this work, the program gathered information on all transition-aged children served by the program along with a report of the primary care practitioners serving this group. Pediatric care providers serving this population (n=91) included pediatricians, family practice doctors, or advanced practice registered nurses. The Got Transition self-assessment materials were provided to these practitioners along with a cover letter explaining the project and requesting their participation.

An identified barrier to engaging PCPs in the Transition Self-Assessment project was limited access to meet with clinicians during the pandemic. Title V CSHCN Program nurses called clinicians' offices to engage them in the project. As a result of personal outreach by program staff, 83% of the 91 primary care practitioners identified completed the self-assessment checklists by telephone. The remaining self-assessments were completed by email (13%) or postal mail (4%).

The Current Assessment of the Six Core Elements of Health Care Transition Activities was distributed to 91 primary care practitioners in the state identified as the medical home for CSHCN aged 12-17 enrolled in the Title V CSHCN program. Fifty-four of the 91 primary care practitioners completed the Current Assessment of the Six Core Elements of Health Care Transition Activities either for transitioning to an adult health care provider (63% pediatricians) or for transitioning to an adult approach to health care without changing providers (37% family practice).

Seven self-assessments were completed and submitted via email and two by postal mail. To increase clinicians' participation in this assessment, program staff conducted outreach by phone to clinicians' offices. Forty-five self-assessment checklists were completed by phone through personal outreach. The 2021 annual objective of 34.0%, was met with program data demonstrating a 59.34% response rate. The 59.3% rate of response in 2021 is a significant increase from the 33.9% response rate in 2020.

To encourage practitioners who participated in 2020 to work with the Title V CSHCN Program in 2021, the program mailed each clinic that participated in the previous year a letter with their practice's Six Core Elements Self-Assessment total. The mailout included information about a free online training titled "Health Care Transition for Adolescents and Young Adults" sponsored by Health Services for Children with Special Needs, Inc. (HSCSN), the National Alliance to Advance Adolescent Health/Got Transition, and DC Health. Those attending received continuing education credits.

Strategy 12.2 Increase the percentage of key stakeholders and referral sources

who participate in the Title V CSHCN Health Care Transition training with increased knowledge of Health Care Transition and Health Care Transition services provided by Title V CSHCN.

The Title V CSHCN Program provided Transition Training in 2021 through virtual platforms such as Microsoft Teams, Zoom, and Whova. Use of pre- and post-tests provided a mechanism for measuring participants' increased knowledge. The 2021 Annual Objective of 25.0% was met, with program data demonstrating that participants increased their knowledge of Health Care Transition and Title V CSHCN services by an average of 28.6%.

The collaborative partnership with the State's Office of Special Education Programs (OSEP) Parent Training and Information Center (PTIC) continued in 2021. Arkansas's PTIC is The Center for Exceptional Families (TCFEF). TCFEF's mission is to "improve educational opportunities for students with disabilities, including students transitioning to adult life beyond high school." TCFEF and the CSHCN program worked together to support parents of youth. Title V referred 15 families to TCFEF for support with a child's Individualized Family Service Plan (IFSP) or Individualized Education Plan (IEP). TCFEF's work with the State's Part C Program, First Connections, also benefitted families of children served by the Title V CSHCN program. TCFEF and First Connections co-facilitated two workshops in October 2021 that Title V CSHCN regional care coordinators could attend and invite CSHCN families. One workshop was geared directly for case managers on how to explain IFSP or IEP dispute resolution options. The second course was a parent training, information, and education workshop on Dispute Resolution Options for Families. Both workshops were presented by Tiffany Kell of the University of Arkansas at Little Rock's Bowen School of Law and Mediation Program.

Additional outreach to stakeholders and referral sources included sharing information and collaborating with school nurses, special educators, and paraprofessionals. CSHCN staff completed the following:

- Provided transition tip sheets from the state's Parent Advisory Council (PAC) to parents, students, and school personnel
- Participated in Virtual Transition Fairs for Rogers High School and Cabot High School by providing program brochures including the CHC Assistance Program Guidelines, a video about Title V services, and answers to questions about available resources for local educational agencies
- Emailed CHC Assistance Program Guidelines for Parents, in English and in Spanish, and CHC Assistance Program Guidelines for Professionals

Strategy 12.3: Increase the percentage of transition age CSHCN (age 12 through 17) served by the Title V Program who received transition services and supports in the past 12 months.

In August 2021, the CSHCN Program obtained an unduplicated report of youth served by the program and updated the audit tool used internally. Area managers audited each community-based office under their direct supervision using the Transition Quality Improvement Audit Worksheet to assess whether CSHCN between the ages of 12 through 17 received at least one Title V health care transition service. In the audit, area managers reviewed records for documentation of provided "health care transition services" identified as the following:

- Transition goals and objectives were added to the child's Title V Service Plan.
- The family received the Title V Health Care Transition Protocol.
- Families of 12- and 13-year-olds received the Health Care Transition letter with the anticipatory guidance enclosed.
- CSHCN aged 12-17 were provided age- and diagnosis-appropriate health care transition resources.
- Program staff conducted a six-month follow-up, as outlined in the Title V Health Care Transition Protocol, with the family and youth, if their condition allowed.
- Health Care Transition Readiness Checklists were completed by youth aged 14-17.
- Progress notes of electronic records documented health care transition activities.

These detailed audits provide quality assessment of internal processes to ensure that children aged 12-17 served by Title V received one or more transition services in a reporting period. The 2021 annual objective of 72.0% was met, with program data demonstrating that, of the 111 records of transition-aged youth who were audited, 92.8% received at least one identified health care transition service or support.

To emphasize the importance of a planned and structured approach to health care transition and to ensure that Title V CSHCN Program staff had the knowledge, abilities, and skills to support youth and families, regional program staff received training on transition in 2021. To conduct this training, area program managers reviewed 2020 audit results with each community-based office and trained regional program staff using audit data from their area. A comparison of pre- and post-test scores demonstrated a 23.2% increase in knowledge of program staff trained. As a result of personnel development targeting transition services for families of youth the program serves, the percentage of families receiving health care transition services and supports increased by 21% from 2020.

Additional personnel development to familiarize program staff with best practices in transition included group reflection and discussion (January 2021) after staff independently viewed the Got Transition webinar accompanying the new Family Toolkit. With staff input, the program updated the Title V Health Care Transition Protocol to incorporate the following components of the toolkit specific to the age of the youth:

- Parents and Children or Youth with Special Health Care Needs (CYSHCN)

reaching age 14 or 15 will receive *Health Care Transition Timeline for Youth and Young Adults and Health Care Transition Timeline for Parents/Caregivers*.
- Parents and CYSHCN reaching age 16 will receive *Charting the Lifecourse Tool for Exploring Decision Making Supports.*
- Parents and CYSHCN reaching age 17 will receive *Health Care Transition Tip Sheet #11 from the Parent Advisory Council, Turning 18: What it Means for Your Health.*
- Parents and CYSHCN reaching age 18 will be mailed the timeline for young adults and parents or caregivers mentioned above.

The Title V CSHCN Program's efforts to increase the percentage of CSHCN who receive transition support also included strategies to support program staff, families, and stakeholders. Strategies to support program staff included:

1) Separating the internal written procedures for staff for health care transition from the protocol
2) Creating a transition flowsheet outlining for each age group what the youth and parent or caregiver should receive

Strategies to support families included:

1) Updating the Title V CSHCN website to include the most recent Health Care Transition Protocol
2) Ensuring that families prepare for their child's transition to adult health care while the child is in early adolescence
3) Informing parents how important they are to their child's successful health care transition and in securing long-term benefits for their child

Strategies to support stakeholders included:

1) Training primary care and specialty care providers on the process of health care transition
2) Training key stakeholders and referrals sources to support youth with special health care needs as they prepare for the transition to adult systems of care

To further help families prepare for transition, the Title V CSHCN Program focused on informing and preparing families using parent letters for parents of youth aged 12 and for parents of youth aged 13. These letters introduce families to the concept of health care transition. Each letter lists topics parents may want to discuss with their 12- or 13-year-old. Parents received copies of two guidance documents: *Positive Parenting Tips for Healthy Child Development Young Teens* (CDC, 2017) *and Bright Futures, Early Adolescence, 11-14 Years, Patient and Parent Handout* (2019). Bright Futures is a national health promotion and prevention initiative led by the American Academy of Pediatrics and supported in part by the HRSA Maternal and Child Health Bureau.

Strategy 12.4 (new in block grant submitted September 2021)**: Increase the number of School District Special Education Teachers/Professionals attending professional development training that complete a Title V Health Care Transition Readiness Assessment Survey.**

Planning continued in 2021 to partner with school systems to prepare youth with and without special health care needs ages 12-17 for health care transition. The Title V CSHCN Program collaborated with Arkansas Transition Services, a consultant group that works with school districts in association with the Arkansas Department of Education's Division of Elementary and Secondary Education Special Education Office. Arkansas Transition Services' mission, "to effectively assist students with disabilities, educators, parents, agency personnel, and community members in preparing students to transition from school to adult life and reach positive post-school outcomes," makes them a logical partner in the Title V CSHCN Program's outreach to education professionals.

In July 2021, 45 special education professionals completed a survey in a required professional development training session, during which Arkansas Transition Services offered the survey on behalf of the Title V CSHCN Program. The participation of these Special Education Professionals provided baseline data for the Title V CSHCN Program. Baseline data exceeded the 2021 Annual Objective of 19.0%, with program data demonstrating that 45 special education professionals participated.

Special education professionals in attendance indicated that Health Care Transition Readiness Assessments for CSHCN in public schools are most often completed by parents, followed by IEP Team members, and the remainder by students (with or without support). In the survey, the special education professionals were asked to indicate to what degree an assessment is completed for special education students. Eleven of the 45 respondents stated that they provided assessments with all special education students on a consistent basis, and four of the 45 respondents indicated they provided assessments with all special education students but not on a consistent basis.

The survey results indicate that some school districts are promoting Health Care Transition Readiness Assessments with their special education students either on a consistent or inconsistent basis. This information indicates there are many opportunities for supporting these key stakeholders in implementing organized transition activities consistently with all children receiving special education services in the public school system. The Title V CSHCN program anticipates further collaboration with Arkansas Transition Services to support education professionals in using a planned, structured approach to health care transition for this population.

Priority Need: Access to Care

SPM 3- (new in block grant submitted September 2021) **Percent of families served by Title V CSHCN Program who report that their child received the health care services they needed.**

NOM 17.2- Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system from the NSCH 2019-2020 was 14.6% for Arkansas, compared to HRSA Region VI at 17.6, and to the nation at 22.5.

The Title V CSHCN Program formed stronger working relationships with other programs and agencies serving youth with special needs such as the Arkansas Department of Health's (ADH) Infant Hearing Program; Early Hearing Detection and Intervention Program; Maternal, Infant, and Early Childhood Home Visiting's (MIECHV) Nurse-Family Partnership (NFP) and Following Baby Back Home (FBBH) programs; the State's Part C early intervention program First Connections; Arkansas's Part B-619 Early Childhood Special Education (ECSE) program; Family 2 Family (F2F) Health Information Center in the Arkansas Disability Coalition, and the State's OSEP-funded Parent Training and Information Center. Improved collaboration with these programs increased CSHCN referrals, which will improve these families' access to care. The Title V CSHCN program's active involvement in two collaborative partnership initiatives with the Part C Program and MIECHV has resulted in an increase in referrals of young children under the age of 5 and to better cross agency collaboration to support families of children enrolled in two or more initiative programs.

The Title V CSHCN Program relies on a statewide network of partners to serve families of CSHCN and to ensure access to needed and continuous systems of care. Networking with existing partners and forging new working relationships with related agencies, programs, and groups serving families of CSHCN is an essential part of improving their access to care. In this reporting period, partnerships were strengthened with the State's Parent Training and Information Center, The Center for Exceptional Families (TCFEF) and with two of the state's MIECHV home visiting programs, NFP and FBBH. Through a streamlined collaboration between the two initiatives, when a parent of a child dually enrolled grants consent, the Title V CSHCN nurse receives results of developmental screenings and/or evaluations completed by home visitors. The Title V CSHCN nurse can also be an active part of the IFSP or IEP team and help the family and the team to plan for transition to ECSE or to kindergarten. One initiative is being implemented statewide with a focus on infants birth to age 3. The second initiative focuses on birth to age 5 and involves all MIECHV home visiting programs, Part C and B-619, Early Head Start/Head Start, CSHCN, and F2F in a two-county pilot. Goals of both initiatives are to support children in transitioning to preschool programs or kindergarten and to ensure that families know how to promote their child's health, early learning, and development. These newly formed partnerships are anticipated to improve both child and family outcomes while increasing referrals of children aged 0-5 to the CSHCN Program.

Strategy 3.1: Increase the percent of CSHCN who receive case management to support them in accessing needed services.

Data from the Social Security Administration (2021) shows that 22,016 children under the age of 18 in Arkansas were SSI recipients. According to data from an Arkansas

Integrated Eligibility System (ARIES) Medicaid report, in 2021, 6,724 children under the age of 19 were recipients of Tax Equity and Fiscal Responsibility Act (TEFRA) benefits. The number eligible for TEFRA benefits increased from 5,881 in calendar year 2020 to 6,724 in 2021. Combining the data for SSI and TEFRA recipients, approximately 28,740 children in Arkansas were categorized as being in a Medicaid disability category. A Therap report indicates that the total number of Title XIX (SSI and TEFRA) recipients served by the Title V CSHCN in 2021 was 341, which represents 1.2% of children with disabilities in the state.

An analysis of data on children served by the Title V CSHCN Program sorted by child's age indicates that the program predominantly serves CSHCN who are 5-12 years old (52.9% of current clients), followed by children 3-5 years old (21.5%), with only 8.1% of children currently receiving case management services under age 3. The percentage of children served under age 3 has increased slightly from 7.9% in 2020, indicating that strategies to work more closely with the State's Part C Early Intervention program and MIECHV home visiting programs to increase referrals appear to be effective.

The Title V CSHCN Program partnered with the state's Part C early intervention program (First Connections) and began taking a more active role by having some Title V CSHCN staff members attend quarterly meetings of the Arkansas Interagency Coordinating Council, the advisory council to the state's Part C Program. First Connections invited the Title V CSHCN Program to share a program overview so that members could carry this information back to their constituents. By building on the shared goals of supporting transitions, helping families advocate for their children, and helping families access needed resources, First Connections and Title V CSHCN programs began exploring new ways to work together. First Connections required regional service coordinators to refer all children with an active IFSP to the CSHCN regional care coordinator serving the area. This strategy is expected to increase referrals of young children under age 3.

Additional planning that began in 2019 continued in 2021, and the Title V CSHCN Program implemented the following strategies:

- The Title V CSHCN Program joined First Connections in a 0-5 Community Partnership Initiative with the MIECHV-funded Arkansas Home Visiting Network, Early Head Start/Head Start, the state's Early Childhood Special Education program under Part B-619, and F2F. The initiative began as a pilot in two underserved counties (Crittenden and Van Buren) in April 2021. Program representatives shared information about their program to increase referrals between programs. Numbers of children enrolled in two or more partner programs are reported in monthly meetings. In the field, staff from all programs also report the number of joint planning meetings, Part C transition conferences or Part B kindergarten transition conferences attended, joint home visits made, and referrals to partner programs. With parent consent, CSHCN plans of care are shared with home visiting or early education programs, and CSHCN nurses are invited to be part of families' IFSP and IEP teams.
- The Title V CSHCN Program joined the 0-3 Community Partnership Initiative

between First Connections and FBBH in the scaleup to statewide implementation in May 2021. All Title V nurses attend monthly team meetings to share updates on implementation of strategies to reach initiative goals. FBBH and First Connections staff refer to Title V CSHCN to support parents of 3-year-olds in transitioning to preschool or other appropriate services.

Program data on care coordination activities provided to families and CSHCN is analyzed by reviewing case management billing compared to the total number of program-eligible children served. By collecting data and comparing to previous years, the program can monitor progress toward reaching the goal outlined in Strategy 3.1 to increase the number of CSHCN receiving case management services (NOM 17.2; SPM 3). Increasing case management services ensures that families of CSHCN are supported in navigating the state and local care systems to access care and plan for their child's transition to adult health care systems.

Care coordination improves child and family outcomes. For example, care coordinators provided 178 families with information about Arkansas Health Insurance Premium Payment Program (ARHIPP) when many families were struggling financially due to COVID-19. ARHIPP is a resource for families with private health insurance and Medicaid in which eligible families receive Medicaid reimbursement of out-of-pocket expenses such as health insurance premiums. In 2021, Title V nurses referred 189 families of CSHCN to the state's TEFRA program to increase access to care. TEFRA can help families of eligible children under age 19 receive care at home rather than in an institution while paying for all or part of the cost of services depending on family income. While the use of telemedicine during COVID-19 decreased travel expenses for many families, it did not eliminate travel. To assist families in covering the expense for travel to appointments or other needed care services, Title V care coordinators referred 330 families to non-Medicaid transportation brokers for transportation in 2021. Title V CSHCN Program's care coordinators made 40 referrals for other DDS special needs services and 60 referrals to the DDS Intake and Referral Unit for the Community and Employment Supports (CES) Waiver. The CES Waiver helps recipients live in their communities with support for activities of daily living. Case management also helped families of CSHCN access needed respite services funded through the DDS Special Needs Program. Care coordinators helped families access DDS Special Needs Program services by providing direction on how to access, complete, and submit the DDS Special Needs Program's application packets. Sixteen CYSHCN under age 21 were awarded DDS Special Needs services in 2021 for a total of $8,546.00. The average amount awarded per child was $534.13. Title V CSHCN care coordinators' knowledge of state and local resources enabled them to make referrals to appropriate agencies and programs that supported families of CSHCN through case management.

Outreach to related agencies and potential referral sources is a critical component of increasing the percentage of CSHCN referred to the program and who receive case management services. A brochure and infographic explaining the program were updated in 2021 by the DHS Office of Communications. These documents are shared with referral sources, families, and health care professionals to educate them about the

program and available services. The brochure and infographic are on the Title V CSHCN Program website in English and Spanish at https://humanservices.arkansas.gov/about-dhs/ddds/childrens-services-information/title-v. The CSHCN Program conducts outreach by sharing a brief program overview presentation at state conferences, interagency collaborative meetings, or as part of related agencies' staff development.

To improve access to care, the Title V CSHCN Program provides gap-filling services to families of program-eligible children with identified needs when no other funding source exists, in addition to care coordination and case management support. In 2021, the program paid for direct medical services not covered by insurance or other funding sources for eligible CSHCN whose family gross monthly income was under 350% of the federal poverty level. Services fall into seven assistance categories: Medically Necessary Item or Equipment, Deductibles and Coinsurance, Parent Education, Medical Camps, Adaptive Equipment, Respite Services, and Vehicle Modification. In November 2021, insurance co-pays were added to the deductible and coinsurance category. A program-eligible child may receive assistance in more than one category.

Many CSHCN services are covered by public or private insurance or other state funding, and case management provided by the Title V CSHCN Program supports these families in accessing needed medical services and resources for planning for transition to adult care. Program expenditures totaling $72,980.30 provided gap-filling services for 29 unduplicated children when no other pay source existed.

Referrals to the program rely on partnerships with other programs and agencies who serve the CSHCN population, and the program networks to form new partnerships. When changes in Arkansas's Medicaid program opened access to Medicaid for the Marshallese population in 2018, the program collaborated with the ADH and the Arkansas Minority Health Commission to develop a letter to Marshallese parents informing them of the Title V CSHCN Program and how to apply for services. Title V staff have participated in the Marshallese Interpreting for Community Inclusion (MICI) training specific for Disability Service Providers. The training is a project of the University of Arkansas's Partners for Inclusive Communities to better understand this community's values and culture relating to disability and government-funded services. Further planning and collaboration with MICI on strategies to increase awareness of the Title V Program in the Marshallese community is needed.

The long-standing work of key stakeholders that make up the PAC supports the CSHCN Program's work. Arkansas's PAC is one of the oldest in the nation and has been in place 1990. The PAC is a diverse group of parents and guardians of CSHCN that provides support, information, and education to families, government agencies, and health care professionals on CSHCN issues. Parent representatives on the PAC support outreach efforts by facilitating at least one regional parent support group meeting or workshop annually. PAC parent representatives share information with families in their regions using email distribution lists, social media, and parent support group activities.

In April 2021, the Arkansas PAC held the 8th Annual Famous Family Bistro Conference through the virtual platform Whova. The Family Bistro is an annual event featuring out-of-state and local experts, program representatives, vendors, and other sources of information on topics of parent-identified interest, including the following:

1. We Can and Must Do Better Reducing Restraint and Seclusion Across Arkansas and the Nation
2. Brain Health: The Early Years (0-21)
3. Parents as Partners in Early Developmental Surveillance
4. To Puberty and Beyond: Resources for Families on Providing Sexuality Education for Youth with Disabilities
5. An In-Depth Overview of Fetal Alcohol Spectrum Disorders
6. Newborn Screenings: Good News for Arkansas Babies?
7. Cyber Safety Education
8. A Family Toolkit: Pediatric-to-Adult Health Care Transition
9. Project Search Arkansas Initiative
10. Partners for Inclusive Communities: Arkansas Autism Partnership
11. What is Telehealth and How to Help Families With It
12. Plan for Any Emergency with Smart911
13. Inclusion in Early Childhood Education: Why it Matters
14. The Center for Exceptional Families

The Whova platform reported 104 attendees, 508 messages, 50 community posts, and 57 photos shared during the conference. Twenty-two exhibitors provided information and resources through Whova. Collaborating partners included the Arkansas Learn the Signs—Act Early Ambassador, Disability Rights of Arkansas, Governor's Council on Developmental Disabilities, F2F Health Information Center, Partners for Inclusive Communities, Arkansas Down Syndrome Association, Children and Youth with Sensory Impairment, Arkansas Autism Resource and Outreach Center, Community Connections, Project SEARCH, SMART911, First Connections' program under Part C, and the state's Early Childhood Special Education program under Part B-619. The Title V CSHCN Program develops and maintains collaborative partnerships with other agencies, programs, and entities that support the state's CSHCN population.

The Family 2 Family Health Information Center is an important partner in the work of the Title V CSHCN Program. In March 2021, the Title V CSHCN trained F2F regional that coordinators about the program. A comparison of pre- and post-test scores shows that participants increased their knowledge of the program by 54%. F2F coordinators participate in regional community of practice sessions. The F2F Program, funded by HRSA through a Title V subgrant, is part of the Arkansas Disability Coalition. The Arkansas Disability Coalition was honored by being named the Family Voices Affiliate Organization for Arkansas in 2021. A Family Voices mini-grant was given to F2F as part of the 2020 CARES Act to support the training of families of CSHCN in telehealth. CARES Act funding improves access to care by equipping families in need with a tablet (including a camera) and 12 months of Internet access (if needed) to receive telehealth

care services. In 2021, 23 families received the equipment. F2F regional coordinators partner with the CSCHN Program and the PAC to provide joint training for parents across the state. F2F coordinators supported the Title V CSHCN Program's goals by creating two online YouTube videos, "Transition to Adult Health Care" and "Health Care Record Keeping," posted on F2F's YouTube channel.

Title V staff continued to work closely with F2F to provide information and support to families with CSHCN. Because of the COVID-19 pandemic, trainings and parent support groups were offered virtually. F2F reported that more families were able to attend virtually than they did in past in-person events. F2F provided family support by completing applications for benefits, providing information on COVID-19 testing centers, vaccination education, mask mandates, and early screenings for children. One coordinator reported that a mom was in tears after receiving an email containing resources. The mom stated, "People need this." Coordinators creatively used drive-through events to help parents at health fairs, food banks, and music fests.

During 2021, F2F regional coordinators provided direct services to 2,239 families and 1,574 professionals. Regional F2F coordinators distributed 29 *Health Care Plan* books to families. The books, revised in 2021, help parents understand and navigate the health care system and access available resources. The Title V CSHCN Program will continue to rely on PAC and F2F input on health care access needs.

1) The Title V CSHCN Program has a long-standing positive working relationship with University of Arkansas for Medical Sciences (UAMS), Arkansas Children's Hospital (ACH), and the Dennis Developmental Center. One of the most significant contributions resulting from this partnership is the CoBALT (Community-based Autism Liaison and Treatment) project, a joint venture between the UAMS Department of Pediatrics and the Title V CSHCN Program. CoBALT teams are trained to screen, evaluate, and in some cases diagnose autism and to route these children and their families to available developmental, health, and medical services in rural areas of Arkansas where specialized services may be difficult to access. The primary goal of the CoBALT project is to reduce wait times for screening, evaluation, and diagnosis of children suspected of having autism.
2) The Title V CSCHN Program will continue to make referrals to early intervention or early childhood special education to support the learning and development of children age 0 to 5 with developmental concerns and/or autism.

Title V CSHCN Program representatives participate annually in CoBALT training to ensure that families utilizing CoBALT clinics are referred to the Title V CSHCN Program. In June 2021, CoBALT data presented at the November ACH Grand Rounds indicated that 1,090 children were referred and seen at the Dennis Developmental Center in Little Rock, while 157 families were seen by a regional CoBALT team and were diagnosed without a prolonged wait and travel to the state capitol. In April 2021, Title V staff attended a Dennis Developmental Center virtual staff meeting and presented an overview of the Title V CSHCN Program, with pre- and post-tests

indicating that participants increased their knowledge by 33%.

An important way that the Title V CSHCN Program shares information is through monthly participation in the Leadership Education in Neurodevelopmental and Related Disabilities (LEND) Program trainings. The LEND program educates future health care professionals about family-centered care through long-term, graduate level interdisciplinary training on the complex needs of children with neurodevelopmental and related disabilities and their families, with the goal of enhancing their clinical expertise and leadership skills. LEND participants include advocates and graduate students from three universities: UAMS, the University of Arkansas at Little Rock, and the University of Central Arkansas. The LEND program has used collaborative partnerships to enhance outreach efforts by participating in other agencies' professional development activities to share information about transition with pediatric and other professionals. For example, in 2020, UAMS began hosting a statewide tele-education series, Connecting Across Professions (CAP), to provide live and recorded training and information to pediatric professionals about programs supporting children with developmental disabilities. As part of outreach, the Title V CSHCN Program was one of ten featured CAP lectures presented statewide and archived on the UAMS Learn on Demand website for access by health professionals for the next three years. The first Title V lecture was January 2021 on care coordination, with pre- and post-test results demonstrating an increase in knowledge of how families benefit from coordinated care by 25%. The Title V parent consultant also participated in the CAP Learn on Demand program by presenting Title V CSHCN Program Health Care Transition in December 2021.

In 2020, discussions began between the UAMS Department of Pediatrics (Developmental and Rehabilitative) and the Title V CSHCN Program about implementing a family-centered interdisciplinary network funded through Title V. An evidence-based case management approach would be used to assist parents newly referred through the evaluation and assessment process. UAMS hired a family navigator to support and engage families in navigating the health care system. Monthly Zoom meetings featuring interdisciplinary medical representation from the UAMS Department of Pediatrics (including a developmental/behavioral pediatrician, a psychologist, and a speech/language pathologist) and a Title V CSHCN nurse manager allowed families to ask questions on topics such as seizures, Applied Behavioral Analysis, medications, and TEFRA applications. These virtual family meetings were titled Guiding Parents Through Systems (GPS) sessions. GPS virtual meetings held in 2021 were attended by seven parents representing five families. The Zoom meetings were suspended in September due to changes in the COVID-19 pandemic and children returning to daycare or preschool/school settings either in person or virtually. GPS rerouted and began planning videos on topics of interest to be recorded with links added on the UAMS Dennis Developmental Center website.

In 2021, ACH requested that the Title V CSHCN program provide training on support for families of CSHCN who are not Medicaid-eligible to their partners in audiology, social work, Children's University Medical Group, billing and financial assistance, discharge

planners, and Arkansas Children's Care Network. Training provided to 31 ACH staff included detailed information on the Title V CSHCN assistance program and the guidelines for parents (available in English and in Spanish) and professionals. The ACH outreach resulted in additional referrals to the Title V CSHCN Program.

Building relationships with hospitals and clinicians is not limited to sharing program information in professional development or conference settings. Working relationships between primary care physicians and the Title V CSHCN nurses support CSHCN and their families. Primary care physicians have a go-to person in their community to whom they can reach out for information or when they need assistance obtaining Medicaid services such as personal care and extension of Medicaid benefits for CSHCN patients. Additionally, these physicians become aware of families' needs for services not covered under the Arkansas Medicaid state plan, such as respite, education, care coordination, or medically necessary services covered through the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program. Title V CSHCN supports these families by assisting them in completing required documentation. These activities help families of CSHCN access care and build positive working relationships with providers who feel confident in referring CSHCN to the program.

The Title V CSHCN Program provided outreach to the ADH's Universal Newborn Hearing Advisory Board in 2021 to provide program information. Many of the children served by Title V CSHCN also receive ADH services. Comparison in participants' pre- and post-test scores demonstrated a 7% increase in knowledge of the Title V CSHCN Program.

In 2019, collaborative efforts with First Connections led to a connection with the state's Early Hearing Detection and Intervention (EHDI) program. Title V CSHCN staff collaborated with the EHDI program to identify ways to work together to better support children who are deaf or hard of hearing and their families. The Memorandum of Agreement (MOA) between EDHI and the Title V CSHCN Program was revised in September 2020 to reflect new goals and to solidify how the programs will work together in coming years. Additional progress in collaborating with IHP/EHDI in 2021 included:

- Title V CSHCN Program staff served on the IHP Advisory Council and the IHP Learning Community. IHP Advisory Council meetings provide an opportunity to discuss collaborative efforts to strengthen the EHDI system's capacity to provide family support and engage families of children who are deaf or hard of hearing. The discussion includes opportunities to identify existing family support services and to explore expansion of these services to promote access to care. The meetings provide an opportunity to share program information and network with related programs that may serve as referral sources, such as Arkansas Hands and Voices and Children and Youth with Sensory Impairments. These programs provide parent mentorship, support, training, and education to families of children who are deaf or hard of hearing or who have a dual sensory impairment.
- The MOA allowed the ADH to send parent contact information from the birthing hospital on 445 infants to CSHCN program for possible contact information

updates for lost-to-follow-up activities. Analysis of hospital records identified five infants with co-occurring medical issues (risk factors) to refer to a Title V nurse. Title V staff were provided training on details of the MOA and written protocols to ensure that the ADH refers children who are deaf or hard of hearing to the Title V CSHCN program after diagnosis to reduce the number lost-to-follow-up after birthing hospital discharge. The IHP referred 46 infants with confirmed diagnosis of hearing loss to the CSHCN program between April and December 2021.

In 2021, enhancement to the IHP's Electronic Registration of Arkansas Vital Events (ERAVE) database allowed Title V CSHCN staff to document which Title V services were provided to children who are deaf or hard of hearing and their families.

The partnership with First Connections resulted in an opportunity for the Title V CSHCN Program to be included on the roster of guest lecturers presenting information to pediatric residents on rotation at the Dennis Developmental Center. The training enables future pediatric professionals to be aware of the Title V CSHCN Program and how to make referrals. Comparison of pre- and post-test scores of pediatric residents trained by Title V staff in 2021 demonstrated a 31% increase in knowledge. The monthly lecture also provides program handouts and the opportunity for pediatric residents to ask questions about the program and services provided.

The Title V CSHCN Program contracts with the Arkansas Disability Coalition to fund Project DOCC (Delivery of Chronic Care). Project DOCC is a requirement for pediatric residents during their training and includes a Grand Rounds panel presentation, a home visit, and a parent interview discussing the child's chronic illness history. Project DOCC trained 39 medical residents in 2021 through 120 encounters. Due to restrictions on in-person meetings, visits via Zoom and telephone were used to carry out Project DOCC activities. Comments received from these visits include the following:

- "We appreciate the parents taking the time to talk with us about their kids. They are doing a great job of parenting. Thanks!"
- "The parent is the expert! I am so glad that I had the opportunity to talk to these ladies about their families and what all they do to make it work. I feel more prepared to be a part of the partnership."
- "I cannot imagine being a resident during the pandemic. She asked questions about the Emergency Department and COVID screenings. She wants to be helpful now and in the future."
- "The doctor asked a lot of questions about insurance options and what happens when a person transitions to adult care. I am glad so many questions were asked about my experience."

The CSHCN Program's partnership with UAMS provides opportunities for the Title V CSHCN nurses to provide ongoing support to the communities in which they work by participating in diagnostic clinics in four regions of the state. The regional clinics provide access to care for many CSHCN who otherwise would not have local access to pediatric specialists. The outreach clinics include developmental clinics, physical

medicine and rehabilitation clinics, and CoBALT clinics. Under the contract, the Title V CSHCN Program provides a nurse at each outreach clinic to ensure that each child is screened for Title V CSHCN services, including case management, at each quarterly clinic visit. Through participation in these regional diagnostic clinics, Title V nurses referred 76 children to other appropriate services. In 2021, some children at regional diagnostic clinics participated remotely via telemedicine. Some clinics held in-person visits at facilities where social distancing was possible, and many operated through a blend of telemedicine and in-person visits. Title V CSHCN Program staff followed the DDS's travel policy during the pandemic, which reduced in-person clinic participation to only one clinic in June 2021. To support families in this new virtual format, CSCHN Program nurses contacted families prior to the regional diagnostic clinic to screen for Title V CSHCN services and to assess any gaps in care. Nurses also contacted families after the visit if a child received a diagnosis. Families participating in the diagnostic clinics were mailed Title V application packets, a program overview brochure, and contact information for the CSHCN Program's nurse affiliated with the clinic. The program increased the number of CSHCN served through this collaborative effort.

In 2021, the Title V CSHCN Program increased the number of staff attending health equity training to build their capacity to improve access to care for all CSHCN.

Title V CSHCN nurses providing case management services and members of the management team had many opportunities to engage in virtual webinars on health equity in calendar year 2021. All Program staff (100%) completed health equity training, with an average number of 12 webinars. The topics and trainings most often attended by Title V CSHCN staff included:

- LEND program health equity training during both semesters in 2021
- UAMS CAP lectures on social, economic, and environmental factors that affect health

UAMS's Partners for Inclusive Communities provided training on Marshallese history and culture for disability providers. Some staff members participated in the National Workforce Development Center's "Strengthening Skills for Equity" four-session training in March 2021. During the Association of Maternal & Child Health Programs Annual Conference, the nurse manager attended "Fathers Matter for Diversity, Inclusion, and Equity" as well as "Organizational Opportunities to Address Racial Inequities."

Six Title V nurses virtually attended the 22nd Annual Chronic Illness & Disability Conference held in October 2021. Conference sessions covered improving outcomes and highlighted many health and social inequities. None of the trainings attended by Title V staff provided training evaluation results to be shared with leadership.

Additional strategies included communication and planning with the state's Part C early intervention program's staff development coordinator to discuss providing ongoing professional development credit to service coordinators and Part C direct service providers and home visitors who complete the training. The program will continue

working with home visiting programs to support home visitors in using culturally competent strategies to engage families of CSHCN.

Children with Special Health Care Needs Application Year

As part of the state's 2023 Application Year planning process, Title V CSHCN Program staff closely examined the Arkansas MCH Evidence Center's 2021 report to determine the impact of the program's efforts on children and families. The 2023 Application Year reflect needs identified in 2022 Annual Needs Assessment update for CSHCN and their families with no new identified priorities.

Priority Need: Transition to Adulthood
Arkansas's previously established desired result in this priority need area is to increase the percentage of adolescents with and without special health care needs, ages 12 through 17, who received services necessary to make transition to adult health care to 18% by December 31, 2025. Data from the 2019-2020 National Survey of Children's Health indicates that 14.6% of CSHCN in Arkansas received health care transition support, an increase from 13.8% in 2018-2019.

Ongoing reports related to health care transition demonstrate that use of a structured and planned process improves the health of CYSHCN as well as their experience and the health care received. Evidence-based strategies will support the programs work in increasing the percentage of adolescents with and without special health care needs, ages 12 through 17, who receive services necessary to make transitions to adult health care (NPM 12). CSHCN program strategies in this priority area involve preparing youth ages 12-17 and their families for health care transition through the following:

- Ensuring the program's Care Coordinators use the Six Core Elements of Health Care Transition as part of care coordination to prepare youth and their families for health care transition
- Developing transition plans with family and youth that are updated annually with goals for their age according to the Title V Health Care Transition Protocol
- Conducting Quality Improvement (QI) annual audits aligned with fundamental processes imbedded within the HCT protocol to determine the extent of services and supports the Title V CSHCN Program provided to youth and their families like a copy of the Title V Health Care Protocol, timelines for youth and families, life course decision making supports, and health care transition care plans
- Providing outreach and training to key stakeholders and referral sources so that they understand health care transition supports provided by Title V CSHCN
- Partnering with pediatric health care practices to support their practices in implementing a planned and structured approach for health care transition using the Six Core Elements of Health Care Transition
- Partnering with school-based health professionals to prepare youth with and without special health care needs for health care transition
- Planning with Arkansas Medicaid methods of ensuring CSHCN ages 12-17 receive structured and planned health care transition supports and services

Priority Need: Access to Care
Arkansas's desired outcome in this priority need area is to increase the percentage of families of CSHCN who report that their child received the health care services they needed to 18% by December 31, 2025. Data from the 2019-2020 National Survey of Children's Health for National Outcome Measure 17.2% demonstrates that 16.1% of children with special health care needs (CSHCN) ages 0-17 receive care in a well-functioning system, a slight decrease from 16.2% in 2018-2019. The Title V CSHCN Program will implement practices and evidence-based strategies to support CSHCN and their families in accessing needed support and services through the following:

- Increasing the number of active care coordination plans through collaboration with referral sources to increase referrals to the Title V CSHCN program for children with special health care needs so that the program's care coordination may assist families in accessing care
- Ensuring that Title V CSHCN care coordinators conduct the Title V needs assessment to assist the family in identifying needed supports and services as a part of care coordination
- Making referrals to services and supports to enhance families' abilities to reach identified goals for their child
- Partnering with parent organizations to provide parents with family support and information from the Parent Training Information Center (Center for Exceptional Families), Family 2 Family, and the Parent Advisory Council

Cross-Cutting/Systems Building Annual Report

Access to Care SPM 4 - Percent of Family Health Branch and Arkansas Home Visiting program staff who complete the National Center for Cultural Competence's Unconscious & Conscious Bias in Healthcare course. Last year the Title V team chose to change the ESM from Unconscious Bias training to health equity training. This change was to make sure trainings could be varied to target a range of professionals. Not all staff members are direct care providers. The Unconscious Bias training completed from Georgetown University was specifically designed for direct care providers.

Objective 1. By December 31, 2025, increase the percent of Family Health Branch and Arkansas Home Visiting Program staff who have completed the NCCC's Unconscious & Conscious Bias in Healthcare training course to 90%. This was also changed to health equity with same percentage goals. In 2021, 33 of 37 staff completed health equity trainings. Data for MIECHV are not included in the SPM 4 indicator. In CY2021, 450 home visitors had the opportunity to participate in six health equity trainings. Below are the number of participants for each training.

Improving Family Health: Tobacco Use & Young Children's Health – 91
Parental Depression – 119
Improving Family Health: The ABCs of Breastfeeding – 69
Improving Family Health: Family Planning – 40

Health Literacy Awareness for Home Visitors – 58
COVID-19 and Families with Young Children – 4

The Title V team and Home Visiting program plan to report the data next year in a manner to assure an unduplicated count therefore can be included in the SPM 4 indicator.

Strategies: 1. Educate maternal and child health staff on the existence, influences, and consequences of biases in health care. 2. Share training evaluation results with ADH leadership for potentially expanding the training to other parts of the agency and the state. 3. Incorporate results of the staff training evaluation into current program activities.

In all, 33 of 37 staff members completed at least one training in ADH and ADHS. The Family Health Branch, Home Visiting, and Title V CSHCN staff completed a variety of trainings and presentations on this topic, including the following:

UA IDEALS Institute (IDI Assessment Intro; Principles of Diversity, Equity and Inclusion; Race in the South; and Facing Bias) EHDI 2021 Midyear Meeting – Diversity and Inclusion Resources
Public Health Leadership in a Disadvantaged Landscape
Every School Healthy: WSCC Policies in Support of Equity in Education
Advancing Health Equity in Healthy Schools Program
Achieving Health Equity Through School-Based Care
The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity
SWAG training: Health Equity
COVID-19 & Effects on Oppressed & Marginalized Communities
Power Tools Support People Where They Are
Plain Language & Accessibility
National Workforce Development Center's Strengthening Skills for Equity, Zoom sessions # 1-4
Addressing Health Literacy in Every Clinical Encounter
Intersectionality of Disability and other Marginalized Identities/Discrit Theory/LGBTQ+ Awareness
Cultural Humility & Bilingualism in Health Care
The Ongoing Humanitarian Crisis at the US-Mexico Border
AMCHP Annual Conference – The Results are In: Fathers Matter for Diversity, Inclusion, and Equity
AMCHP Annual Conference – Organizational Opportunities to Address Racial Inequities: The Massachusetts Department of Health Experience
Marshallese History and Culture for Disability Service Providers
Health Disparities: Structures and Social Determinants
Laws in Arkansas Preventing Care of Transgender Patients
Health Disparities
When Patients are Unrepresented
Advocacy & Being a Good Ally

Posttraumatic Growth and the Collective, Prolonged Trauma
Fathers of CSHCN Creative Programs
Legal Issues, Health Insurance, SSI, Guardianship versus Power of Attorney
Improving Mental Health Outcomes for People Intellectual Disabilities
How Social Stigma Affects Mental Health Outcomes During Health Care Transition
Health Literacy in Transition
Stress to Strength for People with IDD
Keeping Coverage: The End of the Public Health Emergency
Working with Medically Complex Children in Foster Care and their Caregivers
Impact of Climate Change on Social Justice
LGBTQ Training
Virtual MCH Summit presented by UAMS – "Supporting Mothers in Crisis"
Arkansas Minority Health Commission (AMHC) 7th Biennial Summit – Putting the ME in Mental Health
AMCHP Annual Conference – Maternal Mortality Surveillance: Different Methods Inform Different Actions
National Reproductive Health Conference – Advancing Health Equity and Improving Sexual and Reproductive Health Outcomes: Mitigation of Systemic Racism
CDC HEAR HER Campaign

An example of the result of equity training is the approach to family engagement by the Infant Hearing Program. The Infant Hearing Program used the information gained from trainings by reviewing and revising IHP follow-up letters to ensure inclusive language was used to address parents of various genders and deaf and hard of hearing adults. IHP researched information to determine focus areas for developing a plan to address diversity and inclusion in the early hearing detection and intervention (EHDI) system. The program assessed the EHDI system's activities to determine if they were inclusive of and address the needs of the state's population regarding geography and race. As a result, the program identified the Marshallese population and five priority counties with the largest number of children were not receiving a follow-up evaluation after failing a newborn hearing screen as focus areas.

Cross-Cutting/Systems Building Application Year

Priority Need:	Access to Care
SPM 4:	Percent of Family Health Branch, Arkansas Home Visiting Program, and Title V CSHCN staff who complete a health equity training.
Population Domain:	Women/Maternal, Perinatal, Child, Adolescent, CSHCN

Priority Need: Access to Care

Objective

By December 31, 2025, increase the percent of Family Health Branch and Arkansas Home Visiting Program staff who have completed a health equity training to 90%.

Evidence-Based or Informed Strategy Measure

SPM 4: Percent of Family Health Branch and Arkansas Home Visiting Program staff who have completed a health equity training.

Strategies

1. Educate maternal and child health staff on the existence, influences, and consequences of biases in healthcare.
2. Share training evaluation results with ADH leadership for potentially expanding the training to other parts of the agency and the state.
3. Incorporate results of the staff training evaluation into current program activities.