

## Delaware's MCH State Snapshot

Delaware's Title V priorities and plans for the coming year are showcased below by population domain, as defined by Health Resources & Service Administration's (HRSA) Maternal and Child Health Bureau. These population domain "snapshots" convey a brief overview of our goals, progress, and plans for each health area. In some of the health areas, we are building on years of previous work and partnerships and have very detailed action plans forward. In others, we are forging into new territory and will be spending time over the remaining course of the five-year grant cycle learning, building expertise, and establishing new relationships.

Please note that these plans represent the role that the Title V Program can play in improving the health of mothers and children, given our resources and capacity. These plans are not intended to be a comprehensive strategic plan to address each of the targeted health areas. Moving the needle on any of these health priority areas will require collective effort from many partners throughout the state. For more details, please review Delaware's full Title V Maternal and Child Health Block Grant application.

### Population Domain Snapshot: *Women's and Maternal Health*

Priority Health Need(s)	Objectives(s)	Strategies
<b>National Performance Measure</b>  <b><u>Well-Woman Care</u></b> To increase the number of women who have a <b>preventive health visit</b> to optimize the health of women before, between and beyond pregnancies.  Decrease the percentage of women of reproductive age with an <b>unintended pregnancy</b> . (SPM)	 By July 2025, increase percentage of women with birth interval > 18 months.  By 2025, increase the number of women receiving a timely postpartum visit.	<b>Defining the Need:</b> In 2022, 81.9% of Delaware women, ages 18-44, had received a routine check-up within the last year (Behavioral Risk Factor Surveillance System). Access to preventive health care is critical to identify health issues early, prevent the onset of disease, and prepare women for healthy pregnancies. Delaware struggles with the dilemmas of recognizing different health care providers are delivering varying components of well women care; coordination and communication of well women care among health care providers and other social supports is incongruent often existing in silos; patients have little to no understanding of what well women care entails; women's competing demands and priorities make accessing health care difficult and often they put off care, especially during the Covid 19 pandemic; and finally, that a framework operationalizing well women care must be developed with the goal of bolstering awareness and universally improving knowledge deficits. A new and emerging issue is the aging OBGYN workforce, which will impact access to well woman care as well as underserved areas, particularly in the southern part of Delaware. Additionally, maternal mental health, anxiety and depression are also a concern, where 1 in 3 women

<p>Reduce the <b>disparity</b> in infant mortality rates. (SPM)</p>	<p>By July 2025, decrease the number of live births that were the result of an unintended pregnancy.</p>	<p>who died from pregnancy related causes had a mental health condition in Delaware that may have directly attributed to their death. A review of Delaware maternal mortality data 2018-2022, 41 pregnancy associated cases, revealed four risk factors, including obesity, discrimination, mental health and substance use disorder. Beyond pregnancy, ongoing preventive care and family planning are important, as is interconception care to address the risks of women who experienced adverse pregnancy outcomes. Delaware Contraceptive Access Now (DE CAN) has paved the way for improving access to all methods of contraception for women of reproductive age, including LARCs, and increased awareness of family planning clinic locations. By reducing unintended pregnancy, we can reduce costs for pregnancy related services, particularly high-risk pregnancies and low birth weight babies, improve overall outcomes for Delaware women and children, decrease the number of kids growing up in poverty, and even potentially reduce the number of substance exposed infants. For the 1st time Delaware's infant mortality rate (IMR) of 5.1 per 1,000 live births was lower than the U.S. IMR of 5.4. Between 2015 to 2021 Delaware's IMR dropped by 43%. The Delaware rate masks a significant racial disparity. The Black infant mortality rate of 11.0 is 3 times as high as the White rate of 3.4 deaths per 1000 live births and almost 2 x higher than the Hispanic rate of 4.9 deaths per 1000 live births. The available research is clear that the path to more significant and sustained improvement women's health and birth outcomes and in eliminating the persistent racial disparity lies in addressing the social determinants of health -the social context factors that compromise the health of women and their families, which then makes them susceptible to poor outcomes.</p> <p><b>Accomplishments to Date:</b>  Through a partnership with the Delaware Healthy Mothers and Infants Consortium, there has been much work to educate our population about preconception health, in which preventive health visits play a key role. This work includes social media outreach around the theme that "Health Begins Where You Live, Learn, Work &amp; Play." Over the last year, Delaware DPH, DHMIC:</p> <ul style="list-style-type: none"> <li>• Started to implement a new 5 year DHMIC Strategic Plan, which includes a well women care initiative as a priority. All priorities and interventions will be carried out through the lens of improving health equity, the use of the life course approach, enhancing data collection and use of quality improvement to achieve stated goals.</li> </ul>
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<p><b>Are we moving the needle for women in Delaware?</b></p>	<p>At a population based level, Delaware has been transforming our work to a performance based approach for much of our work, using a learning collaborative and collective impact approach. We have established benchmarks for our program interventions and monitor programming through data collection and analysis to assess whether we are moving the needle for women in Delaware. For example, our Healthy Women Healthy Babies mini-grantees have established pay for performance measures and have met or exceeded these targets. In addition, the following outcomes are being analyzed for over 2500 women served through the small scale place based interventions, including:</p> <ul style="list-style-type: none"> <li>• Statistically significant reductions in stress</li> <li>• Training of over a dozen doulas who are women of color to provide physical and emotional support to women during pregnancy, labor and delivery, and post-partum</li> <li>• Increases in breastfeeding initiation and duration</li> <li>• Increases in feelings of hopefulness</li> <li>• Reductions in financial stress</li> </ul> <p>At a policy level, we have had significant legislation passed in 2022 and 2023, which will also address and support maternal health outcomes, through the Delaware Momnibus as well as Medicaid coverage and private insurance coverage of doula care services and will report on implementation of efforts to advance, promote and improve women's health and improve birth outcomes.</p>	

**Population Domain Snapshot: Perinatal/Infant Health**

Priority Health Need(s)	Objectives(s)	Strategies
<p><b>National Performance Measure</b></p> <p><b><u>Breastfeeding</u></b> Improve rates of breastfeeding initiation and duration</p>	<p>By July 2025, increase breastfeeding initiation rates in Delaware.</p>	<p><b>Defining the Need:</b> According to the 2021-2022 National Survey of Children's Health, 27.6% of Delaware babies were exclusively breastfed through six months compared to 28.2% of infants in 2018.</p> <p><b>Accomplishments in the Past Year:</b> Delaware created and launched a website to capture nutrition education, with extensive information on breastfeeding that was once only offered to participants in the form of physical literature. They now will have this vital education wherever they are from their mobile device. This site can be accessed here: <a href="https://delaware.wicresources.org/breastfeeding/">https://delaware.wicresources.org/breastfeeding/</a>. According to the Gibbious findings in the First and Second Quarter Report of Fiscal year 2023 and the WIC WOW Data System:</p> <ul style="list-style-type: none"> <li>• Breastfeeding initiation at increased by 4% in the last two quarters</li> <li>• Breastfeeding Initiation rates in the WIC population has increased by 2% from the 1st to the 2<sup>nd</sup> quarter</li> <li>• Exclusivity increased by 3% from the 1<sup>st</sup> to the 2<sup>nd</sup> quarter</li> <li>• 12-month Duration remained level during the 1<sup>st</sup> and 2<sup>nd</sup> quarter</li> </ul> <p>Delaware WIC offices are scheduled to reopen on August 9, 2023, with a modified schedule pending FNS approval. The virtual breastfeeding classes remain successful and will continue to be offered. Currently, classes are offered the first and third Wednesday of each month at 11am and 5pm. However, a third breastfeeding class was added on the third Saturday of each month starting at 11am.</p> <p><b>Plans for the Coming Year:</b> The Delaware WIC Program will again be hosting the Annual Breastfeeding Event virtually on August 2, 2024. Speakers, including Marsha Walker and Cierra Murphy-Higgs, have already committed to the day.</p>

		<p>The Breastfeeding Coalition of Delaware was one of the awarded community-based organizations. Their goal is to improve breastfeeding rates for women of color to the HWHB high-risk zones of Wilmington, Claymont, and Seaford by providing access to community resources, education and peer support. The project, Delaware Breastfeeding Village is offering accessible support, engaging groups, text check-ins, access to variable levels of lactation support, and incentives for participation. In addition, the Breastfeeding Coalition of Delaware hired three diverse breastfeeding peer counselors (BPC) and one lactation consultant to provide breastfeeding support to women. WIC and Medicaid eligible mothers can participate in a 6-month program where they receive support from a breastfeeding peer counselor and a lactation consultant if needed. Mothers receive incentives to participate in groups and have monthly motivational text from peer counselors. Mothers who complete the program will be invited to a baby shower to celebrate completion. The goal is to decrease isolation among mothers, to increase breastfeeding duration and to decrease barriers to breastfeeding support. We looked forward to analyzing the data to determine impact and if this project can be brought to scale to serve more women and increase breastfeeding rates statewide.</p>
<p><b>Are we moving the needle for infants in Delaware?</b></p>	<p>According to the 2022 Breastfeeding Report Card, 83.6 % of babies born in Delaware in 2019 were “ever breastfed or fed breast milk” ; equal to the national estimate of 83.2%. Delaware scored a 93 on the <a href="#">2022 mPINC is CDC’s national survey of Maternity Practices in Infant Nutrition and Care</a> with several indications receiving 100. This was an improvement from the 2020 where Delaware scored an 84. As is the case nationally, rates of breastfeeding initiation are lowest for Black, non-Hispanic infants, as well as infants in low-income households. These disparities are mirrored in the data for longer-term breastfeeding, with the overall rate dropping to just 25% of infants who are breastfed exclusively for 6 months; equal to the national average of 24.9%.</p> <p>This data shows the need for improvements in overall breastfeeding initiation but also improvement in the disparities that exist in Delaware. In addition, the input gathered through our needs assessment process showed overwhelming support from partners to address this area. Through a survey of MCH stakeholders, breastfeeding was ranked as the number one national performance measure for our Title V program to address in the perinatal/infant domain, and 72% indicated that there was a strong desire among stakeholders to address the issue.</p>	

**Population Domain Snapshot: *Child Health***

Priority Health Need(s)	Objectives(s)	Strategies
<p><b>National Performance Measure</b></p> <p><b><u>Developmental Screening</u></b></p> <p>Children receive developmentally appropriate services in a well-coordinated early childhood system.</p>	<p>By July 2025, increase the percent of children, ages 9-71 months, receiving a developmental screening using a validated parent-completed screening tool.</p>	<p><b>Defining the Need:</b></p> <p>The priority is for children to receive developmentally appropriate services in a well-coordinated early childhood system. According to the 2021/2022 National Survey of Children's Health, only 34.3% of Delaware children, ages 9-35 months, received a developmental screening in the past year. The National Institute of Children's Health Quality (NICHQ) features an article regarding Delaware's developmental screening journey. <a href="https://www.nichq.org/insight/50th-national-success-delaware-improves-early-childhood-outcomes">https://www.nichq.org/insight/50th-national-success-delaware-improves-early-childhood-outcomes</a></p> <p><b>Accomplishments in the Past Year:</b></p> <p>The ECCS program continues to expand its partnership with the Delaware Chapter of the American Academy of Pediatrics (DEAAP), through the engagement of community pediatric practices and addressing barriers to developmental surveillance, screening, and referrals. From August 2023 to date, activities with the DEAAP include the work to implement a care coordination pilot project utilizing CHADIS; the promotion of Reach Out and Read (ROR) early literacy program in primary care and pediatric practices; the establishment of ROR Delaware affiliate and hiring a coordinator, as well as early childhood resources and developmental milestones education to practices and their patients.</p> <p>Since 2021, the ECCS program and its partners have been working on a pilot project to implement the CHADIS system. CHADIS, Inc (formerly known as Total Child Health, Inc.) has developed a Comprehensive Health and Decision Information System (CHADIS) targeting health professionals. Delaware's pilot project addresses identified barriers/gaps observed within the referral system. Participating practices have access to the CHADIS platform and can select from nearly 600 questionnaires and screening tools available.</p> <p>In the newly built referral platform (customized for Delaware), practices can make referrals to early intervention services. All staff at pilot practices, early intervention programs and HMG@211 have been trained on how to access and use the CHADIS platform.</p>

		<p>Data tracked from November 2022 to March 2024, shows that the pilot practices have utilized the CHADIS system to administer a total of 7005 screens and have made close to 450 (6.4%) referrals to early intervention programs based on results indicating some developmental delays.</p> <p>Through the state funded PEDS online portal, community pediatric practices administered a total of 6,144 (non-Nemours) PEDS Online screens on children 0-59 months between July 1, 2022, and June 30, 2023. This corresponds to an estimated 6,012 unique children or 62.73% of total screens completed which were unique. Additionally, childcare centers administered a total of 3,822 screens using the Ages and Stages questionnaire. Out of the total screens 3,778 were unduplicated children.</p> <p>In July 2023, licensed childcare centers in Delaware began implementing Title 14, the legislation requiring childcare centers to administer yearly developmental screens of enrolled children using the Ages and Stages Questionnaire (ASQ). Over 900 childcare centers have been enrolled to begin yearly ASQ screens. This demand has elevated the support the Department of Education receives from HMG@211 staff. As more childcare centers become familiar and step into this role, HMG@211 staff will in turn experience an increase in the number of families that need follow-up calls.</p> <p>Despite their increased roles, staff Help Me Grow@211, continue to provide support and resources to families that call the centralized access point or helpline. For the fiscal year 2023, staff served about 3,970 families, linking them to resources, services including general information and education-related materials. Staff also referred nearly 2,338 families for basic needs and family supports or to a program.</p> <p>For fiscal year 2023, they followed up with 3,240 families out of the total calls of 3,970 received. Sixty-six percent (66%) of the families reported their needs were met after follow-up calls were made. HMG@211 served approximately 10,744 children who needed assistance with early identification of developmental delays, referrals and linkages to services including basic needs.</p>
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		<p>information and referral through Help Me Grow@211 and the Reach Out and Read could be a great asset to developing and improving early literacy.</p> <p><b>Plans for the Coming Year:</b></p> <ul style="list-style-type: none"> <li>• For the application year, our goal is to ensure the gaps and bugs in the CHADIS platform are fixed for the early intervention programs, and any others that are observed.</li> <li>• Improve the monthly and weekly reports of CHADIS data as well as the dashboard to track data needed for analysis of the pilot projects impact.</li> <li>• Efforts are also underway to scale up the CHADIS project to increase its availability and access to outcomes information on families referred to early intervention while capturing and monitoring children deemed ineligible for early intervention services.</li> <li>• Through continuous quality improvement, work with Early Intervention programs such as Birth to Three and Child Find programs to improve and increase communications with pediatric practices; improve early intervention processing of referrals through the platform and assure a closed feedback loop.</li> <li>• Continue to encourage more pediatric and primary care practices to utilize PEDS Online and CHADIS referral platform during primary care well-child visits.</li> <li>• Continue educating practices on PEDS Online, developmental surveillance and screening and referrals to early intervention/social services.</li> <li>• Re-introduce and promote Help Me Grow@211 to the community for better understanding of their role and benefits in navigating community services and resources.</li> <li>• Organize networking events targeting providers to promote HMG as the one-stop-shop for referrals to community services and resources for women and young children.</li> <li>• Support pediatric practices participating in the CHADIS pilot project and assist with the scale up of the CHADIS project within the pediatric community and other programs that would benefit from utilizing the platform.</li> <li>• Support and promote developmental screening through early literacy and the Reach out and Read program.</li> </ul>
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<b>Are we moving the needle for children in Delaware?</b>	MCH has been able to capture high risk referrals to early intervention, which had historically been a challenge. Through the CHADIS referral platform, MCH is now able to track patients from the time a developmental screen is administered through to the referral to early intervention services. Through the platform, from 11/22 to 3/24, a total of 7,005 screens were administered by the 4 participating pilot practices resulting in nearly 450 (6.4%) referrals to early intervention programs.	
<b>National Performance Measure</b>  <u><b>Oral Health</b></u>  Improve the rate of Oral Health preventive care in children	By 2025, the percent of children 1-17 who had a preventive dental visit in the past year will increase to 87%	<p><b>Defining the Need:</b>          Delaware aims to increase access to comprehensive oral health care for children most at risk for oral disease. When left untreated, tooth decay can harm a child's quality of life and impair academic performance. According to the 2021/2022 National Survey of Children's Health (NSCH), 75.4% of Delaware children, ages 1 through 17, have had a preventive dental visit in the past year.</p> <p><b>Accomplishments to Date:</b>          From July 1, 2023, through June 4, 2024, the Delaware Smile Check Program provided a dental screening to 2,602 students. During that same time frame, 2,468 students received a fluoride varnish application. There were 302 students that were identified as having an urgent dental need (pain or swelling) and 767 with suspected dental decay. 948 uninsured students were provided with service, while 786 were insured by Medicaid and 80 were insured by Delaware Healthy Children Program (DCHIP). Of those students, 166 were connected to a dentist and completed all dental treatment, while 42 qualified for Medicaid and are now insured under Medicaid or DCHIP.</p> <p>MCH worked with the Bureau of Oral Health and Dental Services to create an online sign-up form for the Delaware Smile Check Program. Students can access the online form through a QR code or a link. During this reporting cycle, 598 student consent forms were completed in English, and 150 Spanish forms were completed. In addition, 127 school/organizational consent forms were completed using the DEThrives website.</p> <p>Reach out and Read is an early literacy program collaboration with oral health</p>

		<p>education. BOHDS buys the books needed for this program, provides fluoride varnish training to staff who are participating, as well as provides the oral health supplies. During this past grant cycle, 1,000 Brush, Brush, Brush books were purchased and distributed by a dental hygienist to pediatric dental offices.</p> <p>Prior to the past school year beginning, contact was made with schools and organizations to distribute a Start Smiling flyer for children in English and Spanish. The goal is to communicate with family's importance of oral health, provide education and dental resources. 5,050 Start Smiling flyers were distributed to 57 schools in New Castle County, the United Way drive through pantry, community centers and state service centers. In addition, 950 flyers were also distributed to school libraries, public schools, laundry mats and community centers in Sussex County.</p> <p><b>Plans for the Coming Year:</b>  MCH feels it is critical to continue to collaborate with the Bureau of Oral Health and Dental Services (BOHDS) while they develop new approaches and integrated new technology into schools and other programs to continue to provide education, dental screenings, and case management to the most vulnerable populations.</p> <p>BOHDS will continue with Delaware Smile Check Program providing dental screenings, preventive dental treatments, oral health education and case management and assist the public with removing barriers to receiving dental treatment and improve oral health literacy. MCH finds it beneficial to support BOHDS in their efforts to aid children who lack access to dental care. BOHDS will proceed with the school based portable dental sealant program as new staff is onboarded for students that have Medicaid, DCHIP or who are uninsured.</p> <p>MCH also sees the value in supporting legislation that was recently passed, after the pilot at Colonial School District. This legislation requires all enrolled students to receive a dental examination or screening. BOHDS has worked with the Department of Education, superintendents, and schools to develop processes, procedures, and documents necessary to begin the mandatory screenings on all kindergarten students in Delaware. Beginning September 2024 through May 2025, the Bureau of Oral Health and Dental Services will provide oral health</p>
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<b>Are we moving the needle for children in Delaware?</b>	<p>Delaware is slightly higher than the national average of children, ages 1 through 17, who have not had a preventive dental visit in the past year. According to the 2021/2022 National Survey of Children's Health, 24.6% of Delaware children have not had a preventive dental visit in the past year, compared to the national average of 23.0% of children who have not. BOHDS will continue to expand current oral health education programs to include child health, early intervention, routine dental care, dental visits by age one, maintaining oral health, nutrition, HPV vaccination, and sport injuries.</p>	

**Population Domain Snapshot: Adolescent Health**

Priority Health Need(s)	Objectives(s)	Strategies
<p><b>National Performance Measure</b></p> <p><b><u>Physical Activity (ages 12-17)</u></b></p> <p>Empower adolescents to adopt healthy behaviors.</p>	<p>Increase the percent of adolescent students who are physically active at</p>	<p><b>Defining the Need:</b></p> <p>Delaware strives to increase the number of adolescents who are physically active. The percentage of overweight children and adolescents (85th to 94th percentile) in Delaware has remained steady since 2019, where the 2021/2022 NSCH shows 20.5% are obese. According to the NSCH, 27.7% of Delaware children, ages 6 through 11, are physically active at least 60 minutes per day, compared to 26.3% nationally.</p>

	<p>least 60 minutes a day.</p> <p><b>Accomplishments in the Past Year:</b></p> <p>The Physical Activity, Nutrition, and Obesity prevention (PANO) program in the Health Promotion Disease Section of the Division of Public Health (DPH) facilitates collaborative work efforts and interventions that address increased physical for Delaware families including children and adolescent. MCH has partnered with the PANO office to increase physical activity for adolescents, ages 12-17. PANO program's long-term goal is to reduce the prevalence of adult and childhood obesity and other chronic diseases by promoting healthy lifestyles and improving health outcomes for Delawareans. PANO objectives encompass the development and implementation of evidence-based policy, system, and environmental (PSE) strategies that will help Delawareans engage in regular physical activity, better nutrition, and make intentional lifestyle changes, lowering the risk of developing heart disease, cancer, chronic lower respiratory disease, diabetes, and other chronic diseases.</p> <p>PANO partnered with Boys and Girls Clubs to introduce a program called Triple Play at 3 locations in Delaware; Milford, Laurel, and Western Sussex. This healthy lifestyle program focuses on the three components of a healthy self, Mind, Body, and Soul. The goal of the program is to improve knowledge of healthy habits, good nutrition, and physical fitness; increase the numbers of hours per day youth participate in physical activities; and strengthen their ability to interact positively with others and engage in healthy relationships. BGC delivers Triple Play once a week to youth in school-based sites, serving as a bridge between the extensive constellation of programs and resources of the BGC and the schools where youth are enrolled. Triple Play is primarily facilitated by 12-18 year-old high school student youth mentors (called Wowzers) and college interns, managed by BGC staff. The school-YSO partnership with BGC emphasizes systems change approach to adapt or replicate a proven health promotion model in multiple environments where youth work and play. Since 2021, Triple Play has been expanded to 9 school-based sites, with 3 participating schools in each county. During the Summer and Fall of 2023, 1,409 youth participated in the Triple Play program at the 9 school-based locations. In Winter and Spring of 2024, 468 youth participated in the Triple Play program at the 9 school-based locations. In Summer of 2024, Triple Play programming continued in 9 school-based locations throughout Delaware, with 3 participating schools in each County.</p>
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		<p>The 2023/2024 AHL mini-grant program offered funding and technical assistance to 7 community-based organizations implementing policy, system, and environmental changes to support healthy eating and physical activity in communities throughout Delaware. These efforts enable community-based organizations to achieve long-term and sustainable outcomes around health and wellness initiatives that support young Delawareans and the communities that care for them.</p> <p>PANO collaborated with the Delaware Department of Education (DOE) on coordinated school health and wellness initiatives. To support DOE physical education regulations on annual physical fitness assessment, reporting and compliance standards, PANO supported the utilization and implementation of WELNET ® a physical fitness education and assessment tool, from Focused Fitness. PANO collaborates with DOE and Focused Fitness to provide physical education and physical activity resources to Delawareans. PANO provides technical assistance for WELNET ® implementation, professional development, and training opportunities for Delaware educators, and provides online resources. During the 2022/2023 school year, 242 schools were provided access to the software. There was a 94% overall response rate for school districts and a 70% overall response rate for charter schools.</p> <p><b>Plans for the Coming Year:</b> Through the Advancing Healthy Lifestyles (AHL): Preventing Obesity to Reduce Chronic Disease initiative, DPH will continue to support youth health through the AHL foundational pillar: Coordinated School Health and Wellness. In partnership with DOE, the goal is to develop a Healthy Schools Recognition Program that provides support and technical assistance for schools statewide to implement policy, systems, and environmental change strategies that promote physical activity and healthy eating. Healthy Schools criteria will be developed based on evidence, practice, and research-based strategies and policies, and will aim to increase awareness, create a culture of health at schools and childcare sites, increase healthy eating and physical activity, and reduce obesity prevalence among children and youth. The Healthy Schools Recognition Program will offer mini-grants and technical assistance to schools to provide</p>
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		<p>support in making policy, systems and environmental (PSE) changes and gaining recognition.</p> <p>Through the AHL foundational pillar, Community Capacity Building, DPH will continue to implement support to community partners through the AHL Mini-Grant program. The AHL Community Mini-Grant program awards grants to communities and organizations that exhibit a strong commitment to obesity and chronic disease prevention and are enhancing or expanding access to physical activity and healthy eating opportunities for children, families, and communities. PANO will launch the AHL Community Mini-Grant program for a third year. The AHL Community Mini-Grants will award funding to schools, community-based, and youth serving organizations that provide physical activity, nutrition promotion and obesity prevention programs or implement PSE changes that improve health and reduce chronic conditions. Awardees must address the AHL outcomes of improving opportunities for physical activity, healthy food, and maintaining a healthy weight.</p> <p>PANO will continue to partner with the Sussex County Health Coalition to implement the Let's Get Healthy Sussex Initiative to increase healthy eating and beverage consumption, and physical activity in high need communities. The SCHC's Let's Get Healthy Sussex Campaign includes an awareness campaign, mini-grant program, and community-based partnerships to reach populations with healthy eating, lifestyle messaging and access to education through classes.</p> <p>PANO will continue to partner with DOE to facilitate improved responses from schools for school health data surveys, including the Youth Risk Behavior Survey (YRBS) and the School Health Profile (SHP). DPH is consistently working to improve response rates from the schools, and efforts to find ways to improve school participation will resume. The information obtained from the YRBS, and the SHP surveys are used to help develop state programs and initiatives and help to guide prevention efforts, which will improve the health and health outcomes for Delaware communities and youth.</p> <p>PANO will continue to facilitate collaborative work efforts and interventions that address increased physical activity, improved nutrition, and healthier lifestyles</p>
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		for Delaware youth. MCH will continue to support PANO by providing support to the Physical Activity, Nutrition, & Obesity Prevention, Division of Public Health through collaborative efforts to inform maternal and child health stakeholders, other community partners and home visitors about the Advanced Healthy Lifestyle Initiative Webinars on Coordinated School Health & Wellness, Community Capacity Building and Workplace/Employee Wellness.
<b>Are we moving the needle for adolescents in Delaware?</b>	The prevalence of obesity among Delaware adults has continued to increase over the last few years. In 2012, the obesity prevalence in adults was 27.0%, and in 2022 that percentage increased to 37.9% of adult Delawareans. Conversely, the prevalence of overweight adults in Delaware has declined over the years from 39.1% in 2012 to 33.9% in 2022. To address these major public health challenges, DPH promotes policies and systems changes, and implements programs and strategies in the following areas: Physical Activity, Health Eating and Obesity Prevention.	
<b>National Performance Measure</b>  <u><b>Adolescent Well-Visit</b></u>  Increase the number of adolescents receiving a preventive well-visit annually to support their social, emotional and physical well-being.	Develop a cross-system partnership and protocols to increase the proportion of adolescents receiving annual preventive services.	<p><b>Defining the Need:</b> The priority need is to increase the number of adolescents receiving a preventative well-visit annually to support their social, emotional, and physical well-being. According to the 2021/2022 National Survey of Children's Health (NSCH), the percent of Delaware adolescents who have had a preventive medical visit in the past year is 74.2%, which is slightly above the national average of 69.7%.</p> <p><b>Accomplishments in the Past Year:</b> In partnership with Planned Parenthood of Delaware, training is offered for staff at School Based Health Centers (SBHCs) each year. Planned Parenthood attendees range from School of the Deaf, Detention and Treatment Centers from within the Department of Services for Children Youth and Their Families, Delaware Adolescent Program Inc., SBHCs, middle schools, high schools as well as community agencies, partners, and parents. In addition, mental health and medical providers participate in trainings provided by Planned Parenthood of Delaware throughout the year.</p> <p>Legislation was submitted and approved; House bill No. 129; awarding \$170,000 to two high needs elementary schools per year until all high needs elementary schools are in compliance. There are currently 20 high need elementary</p>

		<p>schools in the state of Delaware. This past grant cycle, Baltz Elementary and Frederick Douglass Elementary became a State Recognized School-Based Health Center Provider. As a SBHC they have applied for and are eligible to provide medical, mental health care treatment and health education to promote a healthy lifestyle. These centers will serve children allowing access to services such as sports physicals, and mental health counseling.</p> <p>The Strategic Plan that was developed by DPH/Family Health Systems/ Adolescent Health and was an intense, virtual, strategic planning process in which 13 goals was established to produce a synchronized organization of SBHC's across the state of Delaware. The plan is currently being implemented in all stages throughout the state with continued coordinated efforts with stakeholders such as the Department of Education, medical vendors, Delaware School-Based Health Alliance, etc.,. As we continue to implement the Strategic Plan, SBHCs continue to evolve and develop, allowing students to utilize services needed such as mental health, reproductive health and well visits.</p> <p>Currently, Delaware has 35 recognized SBHCs located in high schools and middle schools, and 20 recognized SBHCs in elementary schools. Last year, there were 34 SBHCs in high schools and middle schools, and 15 in elementary schools.</p> <p>Mental and behavioral health services remain areas of significant growth and development. SBHCs continue to face challenges in providing services to students due to staffing shortages and high turnover rates. Conversely, other SBHCs are successfully meeting and exceeding their projected goals for delivering mental and behavioral health services. Despite these successes, SBHCs continue to grapple with the high demand for mental health services. To address this, telehealth and referral services have been implemented in many SBHCs to help meet the demand and accommodate student needs effectively.</p> <p>Delaware Department of Education (DOE) developed and launched Project THRIVE, which helps children receive trauma-informed support from their schools, communities, and caregivers. Project THRIVE provides free mental health services to eligible Delaware students. MCH has pursued sharing the Project THRIVE content organically (free) with the help of DPH and the DOE.</p>
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		<p>Behavioral health. Some areas in Delaware experience limited access to healthcare. It is our goal to increase education, awareness, and resources to young women of reproductive age in the Sussex County area.</p> <p>In addition, Delaware's SBHCs provide important access to mental health services and help eliminate barriers to accessing mental health care among adolescents (i.e. women). Over the last couple of years, school district school boards voted and approved to add Nexplanon as a birth control method offered at 20 of the school-based health center sites. This is a major accomplishment being that each school district's elected school board members vote on and approve what services can be offered at each SBHC site. Offering the most effective birth control methods as an option, gives more young women informed choices so that they can decide when and if to get pregnant and ultimately reduce unplanned pregnancies.</p> <p>We will continue to partner with the Department of Education to advertise Project THRIVE throughout each middle and high school within the State of Delaware as well as through our own DEThrives advertisement channels. We will continue to cooperate with participating school districts to promote Project THRIVE and mental health services. As stated in our Adolescent Health Annual Report, MCH will continue to share the Airtable link with Project THRIVE messaging to our partners so they can easily access and share its contents. In addition, we plan to continue our working relationship with the various school districts to advertise adolescent health and Project THRIVE, as well as School Based Health Center messaging in each middle and high schools.</p>
<p><b>Are we moving the needle for adolescents in Delaware?</b></p>	<p>According to the 2021/2022 National Survey of Children's Health, 20.0% of Delaware's children, ages 0 through 17, have experiences two or more adverse childhood experiences (ACEs). During the same time frame, the national average of children experiencing two or more ACEs was 17.4%.</p> <p>Delaware's School Based Health Centers (SBHCs) provide prevention-oriented, multi-disciplinary health care to adolescents in their public-school setting, and contribute to better outcomes related to selected priorities, NPM 1 Well Woman Care, NPM 8.2 Physical Activity and NPM 10 Adolescent Well Visit. There continues to be a growing interest for expansion to elementary, middle, and additional high schools. School Based Health Centers are going through a paradigm shift, and there continues to be a large number of stakeholder interest</p>	

	and commitment to provide evidence based SBHC services based on national and in state innovations in practices and policies, to enhance the growing number of SBHCs in Delaware within the local healthcare, education, and community landscape.
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**Population Domain Snapshot:** *Children and Youth with Special Health Care Needs (CYSHCN)*

Priority Health Need(s)	Objectives(s)	Strategies
<p><b>National Performance Measure</b></p> <p><b><u>Adequate Insurance</u></b></p> <p>Increase the percent of children with and without special health care needs who are adequately insured.</p>	<p>By July 2025, increase the percent of families reporting that their CYSHCN's insurance is adequate and affordable.</p> <p>By July 2025, increase the number of health plans whose member services staff are linked to relevant family organizations and programs to meet the needs of CYSHCN.</p>	<p><b>Defining the Need:</b>  Delaware estimates a population size of Children and Youth with Special Health Care Needs (CYSHCN) of 45,845. According to the 2021-2022 National Survey of Children's Health (NSCH), 40.2% of (Pop. Estimate 18,442) Delaware CYSHCN have a medical home in comparison to the (Pop. Estimate 5,933,047) nationwide CYSHCN average of 40.7%. This is data on CYSHCN between the ages of 0 through 17 with a medical home. 59.8% of CYSHCN (Pop. Estimate 27,403) in Delaware do not have a medical home in comparison to the (Pop. Estimate 8,650,282) nationwide CYSHCN average of 59.3%. Among the sub-group of children with special health care needs that have a medical home, 42.3% (Pop. Estimate 18,319) of Delaware CYSHCN were insured at the time of the NSCH survey in comparison to the nationwide (Pop. Estimate 5,773,784) nationwide CYSHCN average of 41.6%. Through the Maternal Child Health Title V Block Grant, Delaware will continue to actively work with partnering state and community contracted agencies to assure that all CYSHCN have a medical home and are adequately insured through statewide initiatives with grantees that serve CYSHCN.</p> <p><b>Accomplishments in the Past Year:</b>  In calendar year 2023, the Parent Information Center (PIC) completed their 3rd year as the Division of Public Health's vendor to implement the newly revitalized Family Support Healthcare Alliance Delaware (SHADE) project. The programmatic approach included family and professional partnerships at all levels of decision making, to best serve our CYSHCN and their families. PIC implemented the Family Leadership Network (FLN) which is a network for parents/guardians of children birth to 26 that have a special health care need. The FLN network membership is a member network which offers trainings,</p>

		<p>monthly learning community sessions, and support with Individual Educational Plans (IEPs), and referrals. FLN members received monthly stipends for attendance and participation pending that there was funding available. The FLN recruited 11 family members that had a child or youth with special health care needs in their family. The project set a goal of recruiting 15 however they were only able to recruit 11 active members. These families were included in all levels of planning, implementation, and evaluation of CYSHCN programs and promoting positive systems change to better serve families of CYSHCN. Family SHADE served as a learning network and resource for the community agencies serving CYSHCN. The FLN members and the mini-grantees worked in partnership on the execution of the learning collaboratives where the organizations learned from each other, networked, learned best practices, and learned to leverage existing programs on resiliency and self-sufficiency, and to do continuous quality improvement based on the collected data. The PIC Team in partnership with their external evaluator monitored baseline data, benchmarks, and quarterly data. They measured data on:</p> <ol style="list-style-type: none"> <li>1. Increasing the number of CYSHCN who have a medical home</li> <li>2. Increasing the number of children who receive appropriate and timely screening, assessment, and referral to CYSHCN services.</li> </ol> <p>Through ongoing programmatic meetings with the CYSHCN Director and the PIC Team, Family SHADE worked toward educating families of CYSHCN on the available medical insurance coverage that is available in Delaware through innovative approaches such as Zoom meetings, emails, mail distribution and through the distribution contact list of partnering agencies that serve CYSHCN.</p> <p>PIC succeeded in the implementation of the revitalized Family SHADE project which consisted of the execution of 4 competitive mini-grant opportunities that were innovative and aligned with our MCH National Performance Measures (NPMs).</p> <p>Through the Family SHADE project, there were 4 community-based organizations awarded mini-grants that completed their projects in 2023. Tomaro's C.H.A.N.G.E. (Creating healing, answers, &amp; necessary guidance for excellence) was a returning mini-grant applicant, Teach Zen Incorporated, Down Syndrome</p>
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		<p>Association of Delaware, and Children's Beach House. Each community-based organization received 25, 000.00 except for Teach Zen who requested 15,375.00.</p> <p>Through relationship building, partnerships and referrals for CYSHCN the 4 awardees succeeded in serving CYSHCN and their families. Below is a synopsis of each grantees projects:</p> <ol style="list-style-type: none"> <li>1. Tomaro's Change provided services to six cohorts of youth: one in April-May, two in June, and one each in July, August, and September. A total of 50 youth participated with cohorts ranging in size from 6 to 11. Two-thirds of participants were female and one-third male; 23% were White and 77% Black. Although it was not explicitly asked, based on the center registration records and facilitator's observations, it is estimated that about 70% qualified for purchase of care and about 54% had special health care needs. Many were reported to be on ADHD medications. Having a medical home/physician was only asked of the first 3 cohorts, but in those 3, 86% of youth had a family physician or medical service. The Mini-grant program was delivered at the Claymont Community Center (1), the New Castle Public Library (1), and the Rte. 9 Library going into Wilmington (4). Qualitative observations reported by the program deliverers reveal positive results, particularly from the parents and caregivers of the youth participants. Caregivers reported their youth looked forward to participating and to interacting with other youth in the activities. A particular case was a youth who had been diagnosed with suicidal ideation. The grandmother brings the child. The mother will not seek mental health assistance for the child, and the grandmother arranges to provide childcare so she can bring the child to the sessions, which the child enjoys and for which the grandmother is grateful. As to the students' reactions, they reported enjoying the mindfulness techniques, the group sharing activities, the safe space to talk, and the snack at the end of the session.</li> <li>2. Teach Zen (TZ), Incorporated, developed and enhanced a partnership that focused on supporting the early childhood industry with social-emotional learning. Teach Zen's priority aligned with the National Performance Measure Developmental Screening. Percent of children, ages 9 through 35 months who received developmentally appropriate services in a well-coordinated early childhood system. Teach Zen</li> </ol>
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		<p>provided programs at 5 Centers in New Castle County, 1 in zip code 19801 and 4 in zip code 19805. TZ worked with at-risk children of low-income families who were in an early childcare program who received 50% funding from Purchase of Care. Purchase of Care program provided financial support to Delaware families who need assistance paying for childcare. The program served young children between the ages of 3 to 5 in a childcare program to Social Emotional Learning and self-regulation techniques to improve their overall emotional wellbeing. With 12 sessions and 3 classrooms per center, a total of 180 classroom sessions occurred during the program. The total number of educators reached at the five Centers was 15 (3 per Center); the total number of youths participated was 156 (varies slightly week to week). Teach Zen's program implemented at the Centers did not involve contact with the families; it was part of the Day Care curriculum, and parents were not present during TZ sessions. TZ worked with state and census data to estimate the number of Day Care programs and places in these zip codes to develop an estimated of Day Care youth reached. Teach Zen put together a nice questionnaire for staff to provide feedback on the programming taught by TZ. The results of the questionnaire summary report germane to see if staff training of staff will lead to a longer-term impact beyond Teach Zen's direct contact in the limited mini-grant. The results spoke to sustainability and support new efforts to introduce the program at other Day Cares. The fifteen lead teachers, one in each of these classrooms completed a post-program survey, with a 100% participation rate. When asked "How likely would you recommend the One Love, One Heart Program to another classroom or school?," 14 of the teachers responded "extremely likely" (one teacher did not respond). And the same 14 reported they would want to have the program continue in all the classrooms at their school (the one teacher said 'maybe'). All the comments were enthusiastically positive except for the one teacher who suggested they should bring more instruments next time. Teachers reported that students liked the dancing, singing, playing instruments and interacting with each other. And teachers reported what they liked the most were the exposure to different instruments, the breathing exercises, and the focus on learning to manage feelings. Finally, and importantly, every one of the 15 teachers reported there were one or more parts of the curricula that they were continuing to</p>
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		<p>use in their class. It appears the program was well received and that elements are being incorporated into the classes' ongoing activities. In addition to the program, in August, Teach Zen was featured on DETV Channel 28 <a href="https://youtu.be/fMFyRuhfVKE">https://youtu.be/fMFyRuhfVKE</a> and in an article : <a href="https://detvch.com/zen-teachings-efficacy-explored-teach-zen-inc-and-kyma-fulgences-impact-in-delaware/In">https://detvch.com/zen-teachings-efficacy-explored-teach-zen-inc-and-kyma-fulgences-impact-in-delaware/In</a> .</p> <p>3. The Down Syndrome Association of Delaware (DSADE) implemented their unique partnership between the Down Syndrome Association of Delaware and the Down Syndrome Program at Nemours Children's Health System to ensure families leave clinics feeling supported, with multiple contacts helping them address medical and non-medical concerns and care for their child, mentally, physically, and emotionally. Their Multi-Specialty Approach provided a coordinated approach to address every child's medical, developmental, and social needs helping them reach their full health and developmental potential. It was essential that families would be able to access these resources on location, reducing barriers to these services by increasing convenience and providing innovative holistic support for the entire family. Their goal was to increase the percentage of DSADE youth who have access to the medical home. Their outcomes resulted in 210 new clients gained access to the medical home and 36 new clients not only received access to the medical home but made first contact with DSADE organization to start receiving support. Their second goal was to increase families' feelings of support and wellbeing through the services provided by the Down Syndrome Program/Medical Home. Their outcome overall was very positive feedback on the importance of the medical home and value it has to families. DSADE's third goal was to increase the number of families served by the DSADE. DSADE saw 7.58% more families during this grant period, because of the Family SHADE mini-grant funding opportunity increased their ability to expand capacity of staffing for the program. DSADE project aligned with Medical Home.</p> <p>4. Children's Beach House (CBH) program encountered a multitude of distinctive situations that had a substantial impact on under-resourced families with children having special healthcare needs. The target participants serviced under the grant award resided across the state of Delaware, in Sussex, Kent, and New Castle counties. CBH implement a</p>
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		<p>Youth Development Program described as “giving kids what all kids need.” CBH assisted in establishing and meeting the needs kids need such as relationships with friends, positive adult role models, the safety and security to try new things and develop natural skills and talents, and access to community resources to help them thrive. Through a rigorous case management program provided by the programs team of Family Engagement Coordinators (FEC). These FECs worked with each child and family to identify each child’s unique interests and talents and to weave together a network of services and relationships that helped them to thrive. This was in collaboration with the children’s schools and learning specialists, as well as a wide variety of partnering government agencies and community-based nonprofits. The program achieved notable healthcare-related outcomes. By the close of the grant period, 100% of the children were successfully connected to a medical home. All children secured adequate health care coverage by the grant’s conclusion. The program conducted a total of 100 contacts with primary care providers. The program activities also focused on addressing the social-emotional developmental goals of participants by providing exposure and experience in a variety of confidence-building activities, including arts and crafts, swimming, boating, theater, and physical activities. Utilizing an asset-based framework, we enhanced the protective factors for both the participants and their families. This was achieved through partnerships with primary care providers, collaboration with schools, and other community organizations. These collaborations allowed us to establish coordinated care plans for those in greatest need. CBH’s project addressed the National Performance Measure Access to a medical home.</p> <p>Also, MCH continued to support the Family Voices Managed Care (MCO) Zoom and Call in offered in Spanish and English as these calls have continued to be a wanted resource. Parent Information Center (PIC) overseen the Family Voices program and they scheduled these forums where parents/caregivers asked questions and discussed issues they were having with their Medicaid MCO (Highmark Health Options or Amerihealth Caritas). Common Issues discussed included: care coordination requests, In home care hours, Denials, Therapies, Private duty nursing, supplies, equipment and medication. During the calls</p>
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		<p>MCO's and Medicaid representatives along with other partner organizations helped problem solve. These calls were beneficial to parents, caregivers of children with any special health care needs, mental health/behavioral or emotional needs with questions and concerns regarding the Medicaid insurance they had for their children. Also, any organization, provider or state agency with questions could listen and learn. Family members can meet with state and community agencies for resources to answer questions and to point them toward services they need and may have been unaware about their existence or what was needed to qualify for help. These meetings occurred approximately monthly with some months not meeting when other large annual meetings and symposia occurred. Seven meetings were conducted during Calendar Year 2023. Because of the nature of confidentiality promised to participants, it is not possible to report on specific questions covered monthly. However, the range of service areas present monthly and the length of the meetings give some sense of the breath of areas covered and accessible to parents and families.</p> <p>Title V also continues to participate in Delaware's Children with Medical Complexity Advisory Committee (CMCAC) to support their recommendations which are discussed in the narrative.</p> <p><b>Plans for the Coming Year:</b></p> <p>In Delaware's Title V/Title XIX Memorandum of Understanding (MOU) it charges us to establish the Cross-Agency Coordination Committee with our Medicaid partners. The Title V Director and the Title V Deputy Director have monthly meetings with Medicaid to discuss pressing MCH issues and opportunities. At this time, we are not actively pursuing the development of a coordination committee. Our Medicaid partners are also attending MCH meetings such as the DHMIC and Doula committee meetings. Medicaid and DPH sees their participation in community meetings with us as a fantastic opportunity to align quality improvement efforts with Title V MCH priorities to improve health outcomes for women, babies and CYSHCN.</p> <p>In calendar Yr. 2024-2025, PIC will continue to implement Learning Communities to families and organizations that serve parents of CYSHCN through the Family SHADE project. The project will align MCH National Performance Measures (NPMs) through the services rendered by organizations in Delaware that serve</p>
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		<p>families of CYSHCN. To enhance capacity and sustain programs that serve CYSHCN, Family SHADE will continue to provide technical assistance to newly awarded mini-grantees in year 3. PIC will provide technical assistance and quality assurance to the newly awarded mini-grantees working on developing a Logic Model, Work Plan, Evaluation Plan, Evaluation Tool, Sustainability Proposal, and a COVID Response Plan. The CYSHCN Director in partnership with the EHDI Coordinator and leadership within the MCH Title V Block Grant will work together to develop a seamless crosswalk approach in the implementation of the CYSHCN Blueprint for Change Guiding Principles so that we are identifying needed areas where gaps in service delivery to CYSHCN and their families are not being met. These organizations will focus on National Performance Measure Adequate Insurance and Medical Home. More information on the Family SHADE mini-grantee project can be found in the narrative.</p> <p>Through our website, DEThrives, DPH and Family SHADE collaborate with the Bureau of Oral Health and Dental Services. We utilize the DEThrives platform to promote and provide essential public health services to improve and promote preventative care and oral health for CYSHCN. Improving access to dental care for Delawareans with disabilities will help the dental workforce provide more effective and culturally competent care to patients with disabilities. Through outreach, information dissemination, and education made available to pediatricians and dental practitioners, this collaborative will educate practitioners on best practices on serving the CYSHCN population. Through this collaborative initiative we will explore the implementation of a Toolkit for practitioners which will include resources with a patient assessment tool, medical and physical evaluation tool, and other tools that will assist the practitioner in best serving CYSHCN. We will make sure that we implement a crosswalk with our identified domains in our state and through our CYSHCN System of care with the utilization of CYSHCN Blueprint for Change Guiding Principles.</p>
<b>Are we moving the needle for CYSHCN in Delaware?</b>	<p>According to the 2021-2022 the National Survey of Children's Health (NSCH), 70.7% of Delaware CYSHCN ages 0 through 17 who are continuously and adequately insured in comparison to the national average of 68.0%.</p>	

	<p>Adequate insurance is a priority area for our Title V Program, and we will continue to track progress on the goals listed above. According to the National Survey of Children's Health (NSCH), Delaware CYSHCN that are adequately insured has increased from 2020-2021 68.8% to 2021-2022 70.7%. Therefore, Delaware is moving the needle for CYSHCN of children ages 0-17 who are continuously and adequately insured.</p> <p>To continue to effectively measure progress in this area, we will need to increase knowledge of the components of Adequate Insurance. Through educational efforts we will bring this national performance measures to the forefront increasing the demand for families of CYSHCN while giving providers more information to be better positioned to meet the families' needs.</p>
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