

Stakeholder, Contractor and LHJ Input Received on MCH Block Grant

Received From	Topic/Content Area(s)	Comment
Office of the Superintendent of Public Instruction	Women’s Health Adolescent Health	<p><b>Women’s Health:</b> Would like to see emphasis on teens in women’s health objective 3;</p> <p><b>Adolescent Health:</b> Objective 3: Strategy 3.2: Promote the use of evidence-based prevention curricula in K-12 grades, including youth leadership development models: not sure why those models are spelled out and not others</p>
Garfield County Health District	CSHCN	<p>“I reviewed the <b>CSHCN</b> portions and it looks ok. It’s a little depressing because a really small county, like us, doesn’t have much to offer in resources so refer kids out to other areas a lot. But- the objectives are somewhat general which really does help a lot in regards to meeting the goals as well as the child’s needs.”</p>
Klickitat County Health	Behavioral health; universal development screenings; community safety; school health; oral health; access to family planning; CSHCN care management	<p>“I would love to see the following initiatives emphasized at the <b>local level:</b></p> <p>(1) Behavioral health: children and pregnancy with an emphasis on substance abuse, smoking, and depression screening by prenatal providers; (2) Universal developmental screening and referral; (3) Community safety: safe routes, child passenger safety etc.; (4) School health: school curriculum, school based clinics; (5) Oral health: prenatal, children 0-5, sealants; (6) Access to family planning; (7) More guidance around CSHCN: care management emphasis as opposed to resource and referral.</p>
AIHC	Oral health; request to see budget; health disparities	<p>“1. The AIHC, via the Maternal and Infant Health Work Group, has incorporated <b>Oral Health</b> into our priorities to reduce maternal and infant health disparities through outreach and education- tying oral health as an infection to poor MIH outcomes. There is ample research related to this issue. We are spreading the word through specific outreach and education that women of child bearing age need oral health care prior to their pregnancy in order to prevent the caries infection from being transmitted. The AIHC advocated for the inclusion of oral health in the Prenatal Roadmaps we have worked on with the WSHA. I submitted numerous pieces of data in support of this inclusion and it is in the final draft as we speak.</p> <p>2. The AIHC included Oral Health in our recent Maternal, Infant and Youth</p>

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		<p>Health Disparities Summit in Spokane-we had a panelist discuss caries as an infection and the transmission from mother to infant/child. It was very well received and new information to most at the Summit. Virtually all of the oral health handouts were gathered up by attendees.</p> <p>3. I could not find a <b>budget</b> that shows how and to whom funding will be given from this Block Grant-is that also public information?</p> <p>4. I was pleased to see the change in AI/AN MIH <b>disparities</b> cited.</p> <p>I was pleased to see how many times the partnership AIHC and DOH was mentioned and the work that the AIHC has done was cited.</p> <p>That said, I was disappointed that there was overall little said about the extreme disparities that still plague American Indians and Alaska Natives related to MIH. In fact, it still reads to me as emphasizing how well the State has done, which is true of course, except for certain populations, and AI/AN are one of the severely affected populations-in many cases, the worst. To me, the true health of the population of WA has to also reflect the health of the most severe disparities. Not just the good news.</p> <p>I would like to give you an example of the affect this can have-there was a very large grant that WA could have received related to improving MIH care and disparities. They did not apply because they did not think in terms of those populations still suffering, but focused on the overall success of the State in MIH goals.</p> <p>If they had thought of us and applied for it they could have used that (very significant) funding to help bring AI/AN, and other populations with very large disparities closer to our goals. It was a very sad oversight, but I think reflective of the view/culture at that time.</p> <p>That said, I believe that thinking is changing and that it would not happen now-I hope.”</p>
Benton-Franklin Nurse	Women’s Health	Would like to see the time frame that undocumented women can receive <b>birth control</b> extended
Spokane Health District	Overall focus of application; Child Health; Health disparities; Medicaid reimbursement;	“We appreciate the amount of time and effort that has gone into the creation of this document and were pleased that some of the critical issues we have been diligently working on continue to be reflected in this application such as ACES and UDS. However, we do have some concerns with the document which include:

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	<p>CYSHCN; School health clinics</p>	<ol style="list-style-type: none"> <li>1. Many of the objectives and strategies appear to be <b>clinically focused</b>.</li> <li>2. There does not appear to be a strong focus on population based health.</li> <li>3. Few of the strategies address the root causes of <b>disparities and/or inequities</b>. Using culturally and linguistically appropriate educational materials, though commendable and necessary, does not fully address the issue.</li> <li>4. There are some system issues that need to be addressed to improve MCH health outcomes and I do not see many of these called out in the strategies such as <b>Medicaid reimbursement</b> rates for providers.</li> <li>5. We have concerns there is not adequate funding in the MCH Block Grant to accomplish some of the strategies such as under <b>Child Health Objective 3 Strategy 3.1</b> which calls for home visiting services to vulnerable families with young children. Home visiting is an important service for these high risk families but is very expensive and only provides services to a very small group of the population who are eligible and/or in need of this type of intervention. In addition to home visiting we need to implement community based strategies to improve parenting and build resilience for these vulnerable families.</li> <li>6. Other than school health clinics there does not seem to be a significant emphasis on <b>collaborating with schools</b>.</li> <li>7. There appears to be a great deal of emphasis on influencing or improving the practice of clinics and/or medical providers. I do not know who you envision doing this work but I don't believe public health will be able to greatly influence MCH <b>medical practitioners</b>. Perhaps this is a role you envision <b>Accountable Communities of Health</b> taking on, which is probably appropriate, but I fear they will put more emphasis on chronic diseases than on MCH issues.</li> <li>8. There may need to be a strategy that encourages collaboration with <b>Accountable Communities of Health</b> to assure they understand the MCH issues in their region and the impact these issues can have across the life span if they are not prioritized and addressed.</li> <li>9) It appears that the <b>CYSHCN</b> objectives and strategies have changed significantly and we are struggling to figure out what you envision the public health role to be in the future. Some of the strategies around medical</li> </ol>
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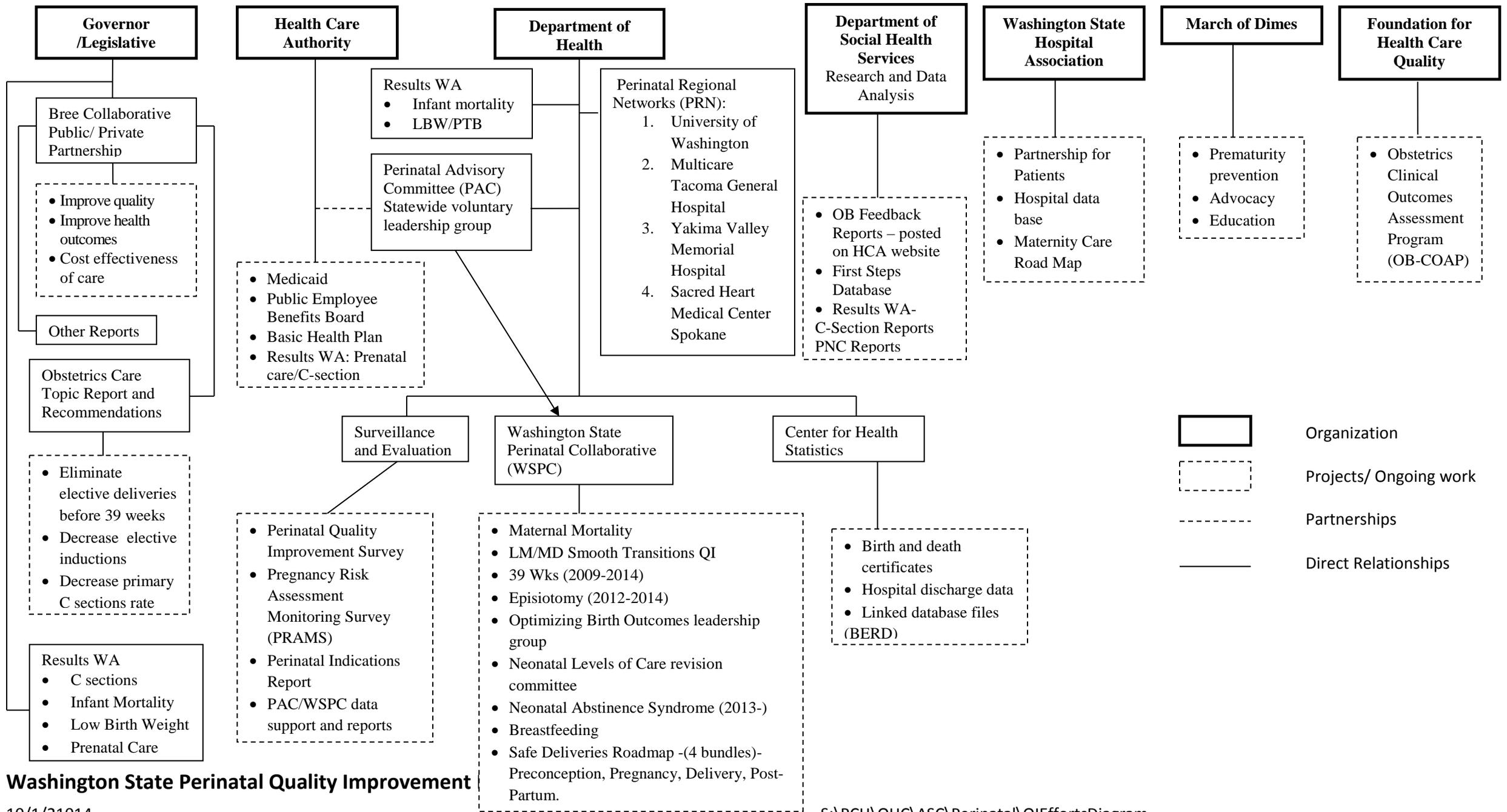
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		<p>homes and coordination of care for CYSHCN are ideal, but we believe outside the capacity of public health to achieve. We will certainly continue to grow and expand UDS and work with medical providers and managed care plans to coordinate care for these very vulnerable children. We appreciate the need to work with parents and enhance their involvement in creating and initiating systems change that will result in improved care and outcomes for their children, but some of the other strategies in this section seem to be beyond the scope of public health.”</p> <p>“As requested we have prioritized objectives and strategies in each section. The following strategies are the most important for SRHD:</p> <ol style="list-style-type: none"> <li>1. Perinatal Infant Health:             <ol style="list-style-type: none"> <li>a. Objective 3 including strategies 3.1 and 3.2. We feel that strategy 2.2 is commendable but do not believe there will be adequate resources to accomplish this strategy.</li> </ol> </li> <li>2. Child Health:             <ol style="list-style-type: none"> <li>a. Objective 1 – strategies 1.1, 1.2 and 1.3 are very high priority. Strategies 1.4 and 1.5 are important but not as high a priority in Spokane.</li> <li>b. Objective 2 we feel is important and strategy 2.2 is our highest priority.</li> <li>c. Objective 3 is not as high a priority. Strategy 3.1 is important, but question the adequacy of funding to have an impact.</li> <li>d. Objective 4 is of less importance but strategy 4.1 is important and strategy 4.3 is of some importance for our work in Spokane.</li> </ol> </li> <li>3. Adolescent Health:             <ol style="list-style-type: none"> <li>a. We feel the only two strategies appropriate to our work are strategies 2.1 and 2.2.</li> </ol> </li> <li>4. Children and Youth with Special Health Care Needs: The priority strategies for SRHD in this section are:             <ol style="list-style-type: none"> <li>a. Strategy 1.2 with a focus on children 0-3.</li> <li>b. Strategy 1.3 with a focus on children 0-3.</li> <li>c. Strategy 1.5</li> <li>d. Strategies 2.1, 2.2, 2.3, 2.4 and 2.5</li> <li>e. Strategies 3.2, 3.3 and 3.4</li> </ol> </li> </ol>
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		<p>f. Strategies 4.1 and 4.2</p> <p>5. Cross Cutting:</p> <p>a. The only strategies we feel are applicable in this section are 4.1, 4.3, 5.1 and 5.2.”</p>
<p>Kaleidoscope Play and Learn</p>	<p>Child Health</p>	<p>“I am not sure where CCAC Kaleidoscope Play &amp; Learn groups might fit in but they have been so effective with decreasing both ACES and isolation. Our groups reach a very small number of families but they come weekly to access resources, talk with other parents, participate in developmentally appropriate activity with their child, and receive parent education. My groups receive referrals from Speech therapists, family practice doctors, and home visiting nurses. We serve about 12 families weekly. DOH.WA - has a very comprehensive action plan. I hope we can all reach each child and family to offer support from the start.”—<b>Child Health Objective 3</b></p>

# Washington State Perinatal Partnerships



## Washington State Perinatal Quality Improvement

### **Bree Collaborative**

State Law HB 1311 requires the HCA to convene the Robert Bree Collaborative to identify and address health care services for which there are substantial variations in practice patterns or utilization that indicates poor quality and potential waste. This is a public/private consortium of healthcare purchasers, health carriers and providers. One of initial topics of interest to Collaborative members is “convenience” c-sections and inductions.

<http://www.hta.hca.wa.gov/bree.html>

Obstetrics Care Topic report and Recommendations:

[http://www.hta.hca.wa.gov/documents/bree\\_ob\\_report\\_final\\_080212.pdf](http://www.hta.hca.wa.gov/documents/bree_ob_report_final_080212.pdf)

### **Perinatal Advisory Committee (PAC)**

The Perinatal Advisory Committee is staffed by the Department of Health and brings together representatives from the four regional perinatal networks, professional organizations, consumer groups, and state agencies to review and assess perinatal health issues. This group also assists in developing policies and practices to improve perinatal outcomes. The [Washington State Perinatal Collaborative](#) is the quality improvement arm of the Perinatal Advisory Committee.

### **Perinatal Regional Networks (PRNS)**

Department of Health manages contracts with four regional perinatal centers in Washington State to coordinate and implement state and regional quality improvement projects to improve pregnancy outcomes. [Washington State Perinatal Regional Networks \(PRN\)](#).

### **Washington State Perinatal Collaborative (WSPC)**

Washington State Perinatal Collaborative is the quality improvement arm of the Perinatal Advisory Committee and staffed by DOH. The WSPC is a group of public and private organizations and medical professionals committed to improving the care and outcomes for pregnant mothers, newborns and infants in Washington State. Members include the March of Dimes, Washington State Hospital Association, Washington Health Care Authority, the University of Washington, and the Washington State Perinatal Regional Network. For more information, see <http://www.waperinatal.org/>

### **March of Dimes (MOD)**

March of Dimes is a private non-profit organization. The mission of the national organization is to help moms have full-term pregnancies and research the problems that threaten the health of babies. The goal of the MOD is to reduce preterm births. Much of the work of the WSPC is in alignment with their goal. The Washington State Chapter is an active member of the WSPC and have provided funding for WSPC activities such as travel for perinatal experts to travel to WA state hospitals to provide technical assistance for the QI initiatives.

### **Foundation for Health Care Quality**

Foundation for Health Care Quality is a nonprofit organization dedicated to providing a trusted, independent, third party resource to all participants in the health care community – including patients, providers, payers, employers, government agencies, and public health professionals. OB COAP is the Obstetrics Clinical Outcomes Assessment Program (OB COAP) is a clinician-led obstetrics quality improvement program. Housed at the Foundation for Health Care Quality, OB COAP brings together physician leaders and hospitals to collect and review clinical outcomes data and seek improvements in labor and delivery care.

### **Washington State Hospital Association (WSHA)**

Washington State Hospital Association is a membership organization representing community hospitals and several health-related organizations. The association provides issues management and analysis, information, advocacy and other services. The Hospital Association is a leading member of the WSPC and has a CMS grant for Quality improvement in hospitals. Partnership for Patients and Maternity Care Roadmap focus on quality improvement.

**Contractors Receiving MCH Funds**

Name of Contractor	Domain/Area of Expertise
WithinReach	Adolescent Health, Child Health, Maternal Infant Health, CYSHCN
American Indian Health Commission	Child Health
Seattle Children's – Center for Children with Special Needs	CYSHCN
Arc of WA State – Parent to Parent	CYSHCN
Kindering Center - Father's Network	CYSHCN
Kindering Center	CYSHCN
18 Neurodevelopmental Centers	CYSHCN
UW – Medical Home Partnerships Project	CYSHCN
UW – CHDD Nutrition Program	CYSHCN
UW - Human Development	
UW - Other	
UW - Public Health	
Sacred Heart Children's Hospital	CYSHCN
Washington State University - Nutrition	CYSHCN
WA Chapter of the American Academy of Pediatrics	CYSHCN
Dovetailing	Child Health
Providence Health Center	CYSHCN
Metabolic Formulas – Genetics (DOH Newborn Screening Program)	Genetics
Kadlec Regional Medical Center	
Yakima Valley Memorial Hospital	CYSHCN/Perinatal Health
Providence Physician Services	
Mary Bridge Children's Health Center – Multicare System	CYSHCN
University of Washington Genetic Medicine Clinic	Genetics
Looking Glass	Healthy Youth Survey

*Note: The LHJ Contractors are Listed in a Separate Appendix*

## Maternal and Child Health Block Grant Acronym List

AAP	American Academy of Pediatrics
ABCD	Access to Baby and Child Dentistry
ACE, ACEs	Adverse childhood experience(s)
ACES	Adverse Childhood Experiences Study
ACHDNC	Advisory Committee on Heritable Disorders in Newborns and Children
AFIX	Assessment, Feedback, Incentives, and Exchange
AHTP	Adolescent Health Transition Project
AIHC	American Indian Health Commission
AI	American Indian
AMCHP	Association of Maternal and Child Health Programs
API	Asian and Pacific Islander
APHL	Association of Public Health Laboratories
ARRA	American Recovery and Reinvestment Act
ASC	Access, Systems and Coordination (OHC Section)
ASK	Answers for Special Kids
ASTHO	Association of State Territorial Health Officers
BG	Block Grant
BMI	Body Mass Index
BRFSS	Behavioral Risk Factor Surveillance System
CAAC	Combating Autism Advisory Council
CA	Children's Administration
CACFP	Child and Adult Care Food Program
CBP	Community Based Prevention (OHC Section)
CARDEA	Center for Health Training
CCF	Council for Children and Families
CCHC	Child Care Health Consultant
CCHS	Child Care Health Systems
CCS	Childhood Comprehensive Systems
CCSN	Center for Children Special Needs
CDC	Center for Disease Control and Prevention
CDR	Child Death Rate or Review
CF	Cystic Fibrosis
CFH	Community and Family Health
CHARS	Comprehensive Hospital Abstract Reporting System
CHAT	Community Health Assessment Tool
CHC	Community Health Centers
CHDD	UW's Center for Human Development & Disability

CHIF	Child Health Intake Form
CHILD	Children's Health Linkage and Development
CHIPRA	Children's Health Insurance Program Reauthorization Act of 2009
CIMS	Client Information Management System
CSH	Coordinated School Health
CHS	Center for Health Statistics
CHT	Center for Health Training
CLAS	Culturally and Linguistically Appropriate Services
CME	Continuing Medical
Education	
CPHPS	Child Profile Health Promotion System
CSHCN	Children with Special Health Care Needs
CYSHCN	Children and Youth with Special Health Care Needs
CY	Calendar Year
DDS	Disability Determination Services
DECOD	Dental Education in the Care of Persons with Disabilities
DEL	Department of Early Learning
DOC	Department of Corrections
DOH	Department of Health
DOH-CHS	Department of Health Center for Health Statistics
DOH-CWP	Department of Health Office of Community Wellness and Prevention
DOT	Department of Transportation
DSHS	Department of Social and Health Services
DSPC	Developmental Screening Partnership Committee
DSHS-DBHR	Dept. of Social and Health Services Division of Behavioral Health and Recovery
ECEAP	Early childhood Education and Assistance Program
ECCS	Early Childhood Comprehensive Systems
EH	Environmental Health
EHCO	Early Childhood Hearing Outreach
EHDDI	Early hearing-loss detection, diagnosis and intervention
EHR	Electronic Health Record
EIR	Equity Impact Review
ELP	Early Learning Plan
EOC	Educational Opportunity Center (Emergency Operations Center)
EPSDT	Early Periodic Screening, Diagnosis and Treatment
ESIT	Early Support for Infants and Toddlers
F2FHIC	Washington Family to Family Health Information Center
FEL	Foundation for Early Learning

FFY	Federal Fiscal Year
FHH	Family Health Hotline
FN	Fathers Network
FPC	Family Policy Council
FPL	Federal Poverty Level
FPRH	Family Planning and Reproductive Health
FRC	Family Resource Coordinator
FRL	Free Lunch Program
FSDB	First Steps Database
FTE	Full time equivalent
GBYST™	Guide By Your Side
GRADS	Graduation Reality And Dual-role Skills
GREAT MINDS	Great Medical Homes Include Developmental Screening
GSS	Genetics Services Section
HC	Healthy Communities
HCA	Health Care Authority
HCC	Healthy Communities Coordinator
HCP	Healthy Communities Program
HCCN	Health Center Controlled Network
HCCW	Healthy Child Care Washington
HEAL	Healthy Eating Active Living
HEDIS	Health Effectiveness Data and Information Set
HERE	Health Education Resource Exchange
HIE	Health Information Exchange Hub
HRSA	Health Resources & Services Administration
HSCI	Health System Capacity Indicators
HST	Healthy Starts and Transitions
HYS	Health Youth Survey
ICD	International Statistical Classification of Disease
ICM	Infant Case Management
IDEA	Individuals with Disabilities Education Act
IEP	Individualized Education Plans
IIS	Immunization Information System
IOM	Institute of Medicine
IRB	Institutional Review Board
IPCP	Immunization Program/CHILD Profile
IPP	Injury Prevention Program
ITEIP	Infant Toddler Early Intervention Program
IVPP	Injury and Violence Prevention Program

KM	Key Measure
LARC	Long Acting Reversible Contraception
LAUNCH	Linking Actions for Unmet Needs in Children's Health Project
LBW	Low Birth Weight
LCB	Liquor Control Board
LHJ	Local Health Jurisdictions
LSD	Lysosomal Storage Disease
L TSAE	Learn the Signs Act Early
MAA	Medical Assistance Administration
MB	Mary Bridge Children's Hospital and Health Center
MCAD	<i>Medium-chain acyl-CoA dehydrogenase (MCAD) deficiency</i>
MCH	Maternal and Child Health
MCHA	Maternal and Child Health Assessment
MHLN	Medical Home Leadership Network
MHPP	Medical Home Partnership Project
MHT	Mental Health Transformation Grant
MICAH	Maternal, Infant, Child and Adolescent Health
MIECHV	Maternal, Infant and Early Childhood Home Visiting Program
MNT	Medical Nutrition Therapy
MOD	March of Dimes
MPA	Medicaid Purchasing Administration
MPS	Mucopolysaccharidoses
MSS	Maternity Support Services Program
MSUD	Maple Syrup Urine Disease
NA	Needs Assessment
NAS	Neonatal Abstinence Syndrome
NBS	Newborn Screening Laboratory
NCHS	National Center for Health Statistics
NDC	Neurodevelopmental Centers
NFP	Nurse Family Partnership
NIS	National Immunization Survey
NPA	Nutrition and Physical Activity Program
NPM	National Performance Measure
NS-CSHCN	National Survey of Children with Special Health Care Needs
NSCH	National Survey of Children's Health
OB	Obstetrics and Gynecology
OCHS	Office of Community Health Systems
OFM	Office of Financial Management
OHC	Office of Healthy Communities

OHP	Oral Health Program
OICP	Office of Immunization and Child Profile
OMCH	Office of Maternal and Child Health
OSPI	Office of the Superintendent of Public Instruction
P2P	Parent to Parent
PAC	Perinatal Advisory Committee
PAG	Parent Advisory Group
PAVE	People Against A Violent Environment
PCHH	Patient Centered Health Homes
PCP	Primary Care Provider
PHIP	Public Health Improvement Partnership
PHSKC	Public Health Seattle-King County
PI	Practice Improvement (OHC Section)
PKU	Phenylketonuria
PPPO	Partnership, Planning, Policy and Operations (OHC Section)
PPTW	Pregnant and Parenting Teens and Women
PRAMS	Pregnancy Risk Assessment Monitoring System
PREP	State Personal Responsibility Education Program
PRN	Perinatal Regional Network
QI	Quality Improvement
RFA	Request for application
ROR-WA	Reach Out and Read Washington State
RUaD	Reduce Underage Drinking Coalition
SAMHSA	Substance Abuse and Mental Health Services Administration
SBHC	School Based Health Center
SBIRT	Screening, Brief Intervention, Referral to Treatment
SBOH	State Board of Health
SCH AND SC	Seattle Children's Hospital
SCHIP	State Children's Health Insurance Program
SCID	Severe Combined Immune Deficiency
SFWA	Strengthening Families Washington
SHRC	Sexual Health Resource Center
SHIBA	Statewide Health Insurance Benefits Advisor
SICC	State Interagency Coordinating Council
SKI-HI	Sensory Impaired Home Intervention
SNAP-ED	Supplemental Nutrition Assistance Program Education
SNC	School Nurse Corps
SSA	Social Security Administration
SSDI	State Systems Development Initiative

SSI	Social Security Income
STI	Sexually Transmitted Infection
TA	Technical Assistance
TEDDY	The Environmental Determinates of Diabetes in the Young
TISSAM	Take It Seriously, Sex, Abstinence and the Media
TMIHSP	Tribal Maternal and Infant Health Strategic Plan
TOC-OM	Theory of Change Outcome Map
TP	Tobacco Program
TPC	Tobacco Prevention Control
TPCHD	Tacoma Pierce County Health Department
UDS	Universal Developmental Screening
UW	University of Washington
UW LEND	University of Washington, Leadership Education in Neurodevelopmental and Related Disabilities Program
VBAC	Vaginal birth after cesarean
VFC	Vaccines for Children
VLBW	Very Low Birth Weight
WAAA	Washington Autism Alliance & Advocacy
WACMHC	Washington Association of Community and Migrant Health Centers
WAFP	Washington Academy of Family Physicians
WAI	Washington Asthma Initiative
WCAAP	Washington Chapter American Academy of Pediatrics
WHRN	Women's Health Resource Network
WIC	Women, Infant and Children
WIN	Washington Interagency Network
WIN 2-1-1	Washington Information Network 2-1-1
WSDS	Washington Sensory Disabilities Services
WSGSC	Western States Genetics Services Collaborative
WSHA	Washington State Hospital Association
YSPP	Youth Suicide Prevention Program