New Leaders Session

November 2023

Division of State and Community Health
Maternal and Child Health Bureau (MCHB)

Vision: Healthy Communities, Healthy People
Welcome

Shirley Payne, PhD, MPH
Director
Division of State and Community Health
Maternal and Child Health Bureau
Why We Do This Work!
Session Agenda

• Welcome/ Introductions
• History of Title V
• Overview of MCHB
• Overview of Title V Block Grant
• Title V Resources
• Questions from States & Closing
Understanding Title V
1912: Founding of the Children’s Bureau

“…investigate and report…upon all matters pertaining to the welfare of children and child life among all classes of our people, and shall especially investigate the questions of infant mortality, the birth rate, orphanage, juvenile courts, desertion, dangerous occupations, accidents and diseases of children, employment, legislation affecting children in the several States and territories.”
1935: Title V of the Social Security Act
A more detailed history can be found in the recent article below!
Mission:
Improve the health of America’s mothers, children, and families.
Mission
To improve the health and well-being of America’s mothers, children, and families.

Vision
Our vision is an America where all mothers, children, and families thrive and reach their full potential.

MCHB Goals

ACCESS
Assure access to high-quality and equitable health services to optimize health and well-being for all MCH populations.

EQUITY
Achieve health equity for MCH populations.

CAPACITY
Strengthen public health capacity and workforce for MCH.

IMPACT
Maximize impact through leadership, partnership, and stewardship.
# Maternal and Child Health Bureau

## FY 2023 Total Budget: $1.68 billion

<table>
<thead>
<tr>
<th>Legislative Authority</th>
<th>FY23 Omnibus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal and Child Health Block Grant</td>
<td>$822.7</td>
</tr>
<tr>
<td>Alliance for Innovation in Maternal Health (NEW)</td>
<td>$15.3</td>
</tr>
<tr>
<td>Integrated Maternal Health Services (NEW)</td>
<td>$10.0</td>
</tr>
<tr>
<td>Autism and Other Developmental Disorders</td>
<td>$56.3</td>
</tr>
<tr>
<td>Sickle Cell Disease Demonstration</td>
<td>$8.2</td>
</tr>
<tr>
<td>Early Hearing Detection &amp; Intervention</td>
<td>$18.8</td>
</tr>
<tr>
<td>Healthy Start</td>
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<tr>
<td>Emergency Medical Services for Children</td>
<td>$24.3</td>
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<tr>
<td>Heritable Disorders</td>
<td>$20.8</td>
</tr>
<tr>
<td>Pediatric Mental Health Care Access</td>
<td>$13.0</td>
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<tr>
<td>Screening and Treatment for Maternal Depression</td>
<td>$10.0</td>
</tr>
<tr>
<td>Family-to-Family Health Information Center</td>
<td>$5.7</td>
</tr>
<tr>
<td>Maternal, Infant, and Early Childhood Home Visiting</td>
<td>$500</td>
</tr>
<tr>
<td>Poison Control</td>
<td>$26.8</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$1.68B</strong></td>
</tr>
</tbody>
</table>

Note: This table is in millions of dollars. Last Updated: April 2023
Greetings from the DSCH Staff
Reach & Impact
58 million people in FY2021
• 92% of all pregnant women
• 98% of infants
• 58% of children

Title V MCH Services Block Grant to States

FY 2023 Budget = $593.3 M

15
Kate Marcell, MS
Eastern Branch Team Lead
Division of State and Community Health
Maternal and Child Health Bureau
Overview

Federal/State partnerships to address the needs of MCH populations

Formula grant awarded to 59 States and jurisdictions

Submission of Yearly Application/Annual Report
Legislative Requirements

Title V Statewide Five-Year Needs Assessment and Action Plan

For every $4 in Federal funding received, states must match $3 in state or local Maintenance of Effort
Title V MCH Block Grant

Guidelines for Funding
- At least 30% of funds for children with special health needs
- At least 30% for preventive and primary care services for children
- Max of 10% for administration

5-Year Needs Assessment
- Engage broad group of MCH stakeholders
- Identify state priorities, capacity, and emerging issues

Annual Application & Report
- Describe state activities related to priorities
- Report on performance measures
- Complete review with federal project officer

FLEXIBILITY
ACCOUNTABILITY
Title V MCH Block Grant Guidance
Guiding Principles

- Delivery of Title V services within a public health service model
- Data-driven programming and performance accountability
- Partnerships with individuals/families/family-led organizations (i.e., family partnership)
Public Health Service Delivery Model

- Clinical services
- Billing claim/managed care contracts
- Payer of last resort

- Care coordination, referrals, education, eligibility assistance, risk reduction
- Salaries/operational support

- Standards/guidelines, program planning, policy, QI, workforce development
- Population-based disease prevention and health promotion
Family Partnership

Patients, families, their representatives, and health professionals working in active partnership at various levels across the health care system, to improve health and health care.
Data-Driven Programming and Accountability

Title V Performance Measure Framework

ESMs
Evidence-based/informed Strategy Measures

NPMs
National Performance Measures

NOMs
National Outcome Measures

Evaluation Logic Model

Outputs/Short Term Outcomes

Short, Medium Term Outcomes

Long Term Outcomes
Ellen Volpe, MHSA
Eastern Branch Chief
Division of State and Community Health
Maternal and Child Health Bureau
Why we do this work:
So that they will become responsible adults?
National Outcome Measures

Total of 25
Mandated by Title V legislation
Sentinel health marker for MCH
Major focus of Title V
Increasing prevalence
Examples of National Outcome Measures (NOMs)

- Maternal mortality rate
- Infant mortality rate
- Adolescent suicide rate
- Children in excellent or very good health
- Teen birth rate
- Children with decayed teeth cavities in past year
National Performance Measures

National Performance Measures (NPMs)

Total of 15
Large investment of resources
Modifiable
Measurable activities
Large societal costs
Disparities
National Performance Measures

At least one NPM for each population domain

- Women/Maternal Health
- Perinatal/Infant Health
- Child Health
- CSHCN
- Adolescent Health

Tracked throughout five-year reporting cycle
• Women with a preventive medical visit in past year
• Infants who are breastfed
• Adolescents who are bullied or who bully others
• Adolescents who received transition services
• Women with a dental visit in the past year
NPM Selections

- NPM-4: Breastfeeding
- NPM-1: Well-Woman Visit
- NPM-11: Medical Home
- NPM-6: Developmental Screening
- NPM-10: Adolescent Well-Visit
- NPM-12: Transition
- NPM-5: Safe Sleep
- NPM-13: Preventive Dental Visit
- NPM-14: Smoking
- NPM-8: Physical Activity
- NPM-7: Injury Hospitalization
- NPM-9: Bullying
- NPM-15: Adequate Insurance
- NPM-2: Low-risk Cesarean

# of States Selecting

- All 5 Years
- Partial
## National NPM Progress

<table>
<thead>
<tr>
<th>NPM #</th>
<th>Short Title</th>
<th>Data Source</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
<th>Run Line</th>
<th>Absolute Δ</th>
<th>Percent Δ</th>
<th>Status</th>
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<tbody>
<tr>
<td>1</td>
<td>Well-woman visit</td>
<td>BRFSS</td>
<td>73.6</td>
<td>72.8</td>
<td>71.2</td>
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<td></td>
<td></td>
<td>-2.4</td>
<td>-3%</td>
<td>−</td>
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<td>2</td>
<td>Low-risk cesarean delivery</td>
<td>NVSS</td>
<td>25.8</td>
<td>25.7</td>
<td>26.0</td>
<td>25.9</td>
<td>25.6</td>
<td>25.9</td>
<td></td>
<td>0.1</td>
<td>0%</td>
<td>≈</td>
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<tr>
<td>4A</td>
<td>Breastfeeding - initiation</td>
<td>NVSS</td>
<td>82.7</td>
<td>83.6</td>
<td>83.9</td>
<td>84.0</td>
<td>84.1</td>
<td>84.0</td>
<td></td>
<td>1.3</td>
<td>2%</td>
<td>+</td>
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<tr>
<td>4B</td>
<td>Breastfeeding - exclusive to 6 mo</td>
<td>NSCH</td>
<td>20.9</td>
<td>25.7</td>
<td>23.5</td>
<td>25.6</td>
<td>25.0</td>
<td></td>
<td></td>
<td>4.1</td>
<td>20%</td>
<td>+</td>
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<tr>
<td>5A</td>
<td>Back sleep position</td>
<td>PRAMS</td>
<td>78.4</td>
<td>78.0</td>
<td>79.9</td>
<td>80.8</td>
<td>79.9</td>
<td>79.8</td>
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<td>1.4</td>
<td>2%</td>
<td>+</td>
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<tr>
<td>5B</td>
<td>Separate approved sleep surface</td>
<td>PRAMS</td>
<td>31.8</td>
<td>33.2</td>
<td>33.9</td>
<td>35.9</td>
<td>36.9</td>
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<td></td>
<td>5.1</td>
<td>16%</td>
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<td>5C</td>
<td>No soft bedding</td>
<td>PRAMS</td>
<td>42.4</td>
<td>46.7</td>
<td>47.6</td>
<td>50.9</td>
<td>52.5</td>
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<td>24%</td>
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<td>6</td>
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<td>NSCH</td>
<td>30.4</td>
<td>31.7</td>
<td>35.2</td>
<td>37.7</td>
<td>36.1</td>
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<td>5.7</td>
<td>19%</td>
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<tr>
<td>7.1</td>
<td>Injury hospitalization - child</td>
<td>HCUP</td>
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<td>132.0</td>
<td>128.6</td>
<td>122.6</td>
<td>124.2</td>
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<td>-28.8</td>
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<td>7.2</td>
<td>Injury hospitalization - adolescent</td>
<td>HCUP</td>
<td>227.0</td>
<td>221.9</td>
<td>215.0</td>
<td>201.5</td>
<td>204.2</td>
<td>210.1</td>
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<td>-7%</td>
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<td>8.1</td>
<td>Physical activity - child</td>
<td>NSCH</td>
<td>29.8</td>
<td>26.1</td>
<td>29.4</td>
<td>27.1</td>
<td>25.3</td>
<td></td>
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<td>-4.6</td>
<td>-15%</td>
<td>−</td>
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<td>8.2</td>
<td>Physical activity - adolescent</td>
<td>NSCH</td>
<td>18.5</td>
<td>18.0</td>
<td>17.1</td>
<td>15.9</td>
<td>14.6</td>
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<td>-3.9</td>
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<tr>
<td>9</td>
<td>Bullying victimization</td>
<td>YRBSS</td>
<td>25.8</td>
<td>24.1</td>
<td>25.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>-0.8</td>
<td>-3%</td>
<td>≈</td>
</tr>
<tr>
<td>10</td>
<td>Adolescent well-visit</td>
<td>NSCH</td>
<td>79.0</td>
<td>78.4</td>
<td>79.6</td>
<td>71.7</td>
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<td></td>
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<tr>
<td>11</td>
<td>Medical home - CSHCN</td>
<td>NSCH</td>
<td>43.2</td>
<td>43.3</td>
<td>42.1</td>
<td>42.4</td>
<td>42.0</td>
<td></td>
<td></td>
<td>-1.2</td>
<td>-3%</td>
<td>≈</td>
</tr>
<tr>
<td>11</td>
<td>Medical home - non-CSHCN</td>
<td>NSCH</td>
<td>50.0</td>
<td>49.7</td>
<td>49.2</td>
<td>48.7</td>
<td>47.2</td>
<td></td>
<td></td>
<td>-2.8</td>
<td>-6%</td>
<td>−</td>
</tr>
<tr>
<td>12</td>
<td>Transition - CSHCN</td>
<td>NSCH</td>
<td>16.5</td>
<td>17.0</td>
<td>20.8</td>
<td>24.8</td>
<td>20.3</td>
<td></td>
<td></td>
<td>3.8</td>
<td>23%</td>
<td>+</td>
</tr>
<tr>
<td>12</td>
<td>Transition - non-CSHCN</td>
<td>NSCH</td>
<td>14.2</td>
<td>13.5</td>
<td>14.8</td>
<td>19.0</td>
<td>16.2</td>
<td></td>
<td></td>
<td>2.0</td>
<td>14%</td>
<td>+</td>
</tr>
<tr>
<td>13.1</td>
<td>Preventive dental visit - pregnancy</td>
<td>PRAMS</td>
<td>48.3</td>
<td>44.6</td>
<td>46.2</td>
<td>47.1</td>
<td>45.8</td>
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<td>-2.5</td>
<td>-5%</td>
<td>−</td>
</tr>
<tr>
<td>13.2</td>
<td>Preventive dental visit - child</td>
<td>NSCH</td>
<td>78.7</td>
<td>80.2</td>
<td>79.1</td>
<td>80.1</td>
<td>74.9</td>
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<td>-3.8</td>
<td>-5%</td>
<td>−</td>
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<tr>
<td>14.1</td>
<td>Smoking - pregnancy</td>
<td>NVSS</td>
<td>7.8</td>
<td>7.2</td>
<td>6.9</td>
<td>6.5</td>
<td>6.0</td>
<td>5.5</td>
<td></td>
<td>-2.3</td>
<td>-29%</td>
<td>−</td>
</tr>
<tr>
<td>14.2</td>
<td>Smoking - home</td>
<td>NSCH</td>
<td>16.2</td>
<td>14.8</td>
<td>15.0</td>
<td>13.8</td>
<td>14.3</td>
<td></td>
<td></td>
<td>-1.9</td>
<td>-12%</td>
<td>−</td>
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<tr>
<td>15</td>
<td>Adequate insurance</td>
<td>NSCH</td>
<td>69.4</td>
<td>67.5</td>
<td>67.5</td>
<td>66.0</td>
<td>67.4</td>
<td></td>
<td></td>
<td>-2.0</td>
<td>-3%</td>
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</tbody>
</table>

### Significant Improvement
- Safe sleep
- Breastfeeding
- Developmental screening
- Injury hospitalization
- Transition
- Smoking

### Significant Worsening
- Well-woman visit*
- Physical activity*
- Adolescent well-visit
- Preventive dental visit*
- Adequate insurance*

* Small (<5%) but significant change
State Performance Measures (SPMs)

- Sixth Cross-Cutting and Systems Building domain
  - Social determinants of health
  - Equity
  - Workforce development
  - Data infrastructure
  - Family partnership
- Priority needs not related to a NPM
Evidence Based or Informed Measures (ESMs)

- Women’s preventive health visits at local health units (Well-woman visit/Women)
- Hospitals with safe sleep policies (Safe Sleep/Infants)
- Preventive dental visits for high-risk children (Preventive dental visit/Children)
- Schools with evidence-based bullying programs (Bullying/Adolescents)
- Providers with transition policies
### State Action Plan Table

<table>
<thead>
<tr>
<th>Priority Needs</th>
<th>Strategies</th>
<th>Objectives</th>
<th>National and State Performance Measures</th>
<th>Evidence-Based or Informed Strategy Measures</th>
<th>National and State Outcome Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women/Maternal Health</td>
<td>PHRM/ISS will seek out a project to implement and track where case managers encourage women to receive the 6 week post medical visit and track achievement number and percentage. Worked with Performance Improvement Office to develop a protocol for distribution of Family Planning Waiver Applications, assistance with completing applications, and sending applications to the Division of Medicaid. The Office of Women’s Health Director, PHRM/ISS Director and Fatherhood Coordinator will work with internal MSDH and External MSDH partners to identify opportunities for collaboration. The PHRM/ISS program is beginning to incorporate telehealth into the case management structure to address barriers to transportation and staff shortages. The PHRM/ISS case management program will increase the number of formal MOUs from 2 to 5 in order to increase the number of referral sources for PHRM/ISS.</td>
<td>By September 30, 2018, increase the percent of PHRM/ISS post-partum women who receive their 6 week post medical visit from baseline of 77% to 79%. Increase awareness about PHRM/ISS Case Management by participating on community advisory boards and take part in vendor exhibits booths at professional organizations in order to increase the number of clients in PHRM/ISS. Increase the % of women who view social media content provided by MSDH Office Women’s Health regarding women’s preventive health services by 1 % each year. NPM 1: Percent of women, ages 18 through 44, with a preventive medical visit in the past year.</td>
<td>Inactive - ESM 1.1: Number of Mississippi women who apply for the Family Planning Waiver ESM 1.2: Number of social media message months promoting women’s preventive health services ESM 1.3: Number of engaged users viewing social media messages delivered by MSDH social sites promoting women’s preventive health</td>
<td>NOM 2: Rate of severe maternal morbidity per 100,000 live births NOM 3: Maternal mortality rate per 100,000 live births NOM 4: Percent of low birth weight deliveries (&lt;2,500 grams) NOM 5: Percent of preterm births (&lt;37 weeks) NOM 6: Percent of early term births (37-38 weeks) NOM 8: Perinatal mortality rate per 1,000 live births NOM 9.1: Infant mortality rate per 1,000 live births</td>
<td></td>
</tr>
</tbody>
</table>
Lauren Chambers, MPH
Western Branch Team Lead
Division of State and Community Health
Maternal and Child Health Bureau
Understanding the Title V Block Grant

https://www.youtube.com/watch?v=DMvDHW6XG3c
DSCH Technical Assistance
DSCH TA Request Topics

- Big 5 Coordination
- Care Coordination
- Cultural and Linguistic Competence
- Diversity Geomapping
- Family Consumer Partnership
- Health Equity
- Inter-agency coordination
- Maternal Mortality
- Neonatal Abstinence Syndrome
- Newborn Screening
- Oral Health
- Payment Structures
- Shared Plans of Care
• Compilation of MCHB investments
• Capacity to offer direct training and technical assistance (TA)
• Offer resources or data on their websites
• Research networks or single investigator innovation programs that are sources of emerging evidence or promising practices

• Capacity-building resources may also be searched on the MCHB website: https://mchb.hrsa.gov/capacity-building-resources
Title V Information System

https://mchb.tvisdata.hrsa.gov/
Explore the Title V Federal-State Partnership

As one of the largest Federal block grant programs, Title V is a key source of support for promoting and improving the health of the Nation’s mothers and children. The purpose of the Title V Maternal and Child Health Services Block Grant Program is to create Federal/State partnerships that enable each state/jurisdiction (hereafter referred to as state) to address the health services needs of its mothers, infants and children, which includes children with special health care needs, and their families.

**FY 2021 Expenditures**

National: $2,473,378,768

**FY 2021 Percentage Served**

Quick Links

- State Application/Annual Report
- State Action Plan Table
- State Contacts
- National Snapshot
- State Snapshot
- Title V-Medicaid IAA/MOU
- Resources
Title V Information System

How Can You Access It?

• Data Entry: *Only available to States via Electronic Handbooks*
• Web Reports: [https://mchb.tvisdata.hrsa.gov](https://mchb.tvisdata.hrsa.gov)

How Can You Use It?

• Search national and state level data on key measures and indicators of maternal and child health (MCH) in the United States
• View national and State Title V MCH Block Grant financial and program data
• Acquire information on an individual State Title V MCH Block Grant Program
Technical Assistance Resource Page

Details available on TVIS Resources Page

- Title V Block Grant -- Technical Assistance Resources (formerly Block Grant – Supporting Document aka Appendices)
- Linked to in draft Guidance as well
- See Appendices B and C
Questions?
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www.HRSA.gov

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