HRSA

Health Resources & Services Administration

Title V MCH Block Grant Program

MAINE

State Snapshot

FY2025 Application / FY2023 Annual Report

November 2024

Title V Federal-State Partnership - Maine

The Title V Maternal and Child Health Block Grant Program is a federal-state partnership with 59 states and jurisdictions to improve maternal and child health throughout the nation. This Title V Snapshot presents high-level data and the executive summary contained in the FY2025 Application / FY2023 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (https://mchb.tvisdata.hrsa.gov)

State Contacts

MCH Director	CSHCN Director
Maryann Harakall Maternal and Child Health Program Director maryann.harakall@maine.gov 2075572470	Maryann Harakall Maternal and Child Health Program Director maryann.harakall@maine.gov (207) 557-2470

SSDI Project Director	State Family Leader
Maryann Harakall Maternal and Child Health Program Director maryann.harakall@maine.gov 2075572470	No Contact Information Provided

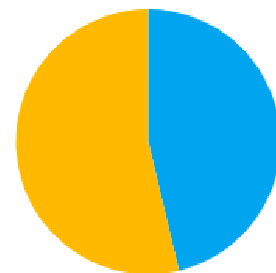
State Youth Leader
No Contact Information Provided

State Hotline: (800) 698-3624

Funding by Source

Source	FY 2023 Expenditures
Federal Allocation	$3,358,735
State MCH Funds	$3,903,815
Local MCH Funds	$0
Other Funds	$0
Program Income	$0

FY 2023 Expenditures

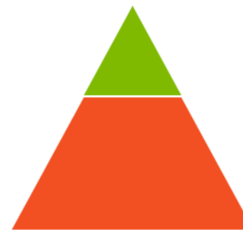


Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	$0	$0
Enabling Services	$1,586,052	$1,573,748
Public Health Services and Systems	$1,772,683	$2,330,067

FY 2023 Expenditures Federal

FY 2023 Expenditures Non-Federal



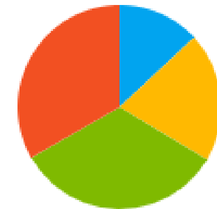
Percentage Served by Title V

Population Served	Percentage Served	FY 2023 Expenditures
Pregnant Women	100.0%	$912,324
Infants < 1 Year	100.0%	$1,438,220
Children 1 through 21 Years	95.2%	$2,316,545
CSHCN (Subset of all infants and children)	95.0%	$2,324,127
Others *	2.2%	$0

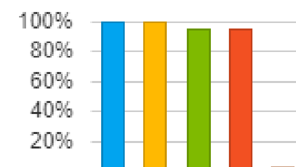
*Others– Women and men, over age 21.

FY 2023 Expenditures

Total: $6,991,216



FY 2023 Percentage Served



The Title V legislation directs States to conduct a comprehensive, statewide maternal and child Health (MCH) needs assessment every five years. Based on the findings of the needs assessment, states select seven to ten priority needs for programmatic focus over the five-year reporting cycle. The State Priorities and Associated Measures Table below lists the national and state measures the state chose in addressing its identified priorities for the 2020 Needs Assessment reporting cycle. Beginning with the FY 2025 Application, all states are also reporting on two Universal National Performance Measures, Postpartum Visit and Medical Home.

State Priorities and Associated Measures

Priority Needs and Associated Measures	Reporting Domain(s)
Reduce infant mortality NPMs ● A) Percent of infants placed to sleep on their backs (Safe Sleep, Formerly NPM 5A) B) Percent of infants placed to sleep on a separate approved sleep surface (Safe Sleep, Formerly NPM 5B) C) Percent of infants placed to sleep without soft objects or loose bedding (Safe Sleep, Formerly NPM 5C) D) Percent of infants room-sharing with an adult during sleep (Safe Sleep) - SS ○ ESM SS.1: Percent of WIC participants who report always placing their baby on his/her back to sleep	Perinatal/Infant Health
Increase breastfeeding initiation and duration NPMs ● A) Percent of infants who are ever breastfed (Breastfeeding, Formerly NPM 4A) B) Percent of infants breastfed exclusively through 6 months (Breastfeeding, Formerly NPM 4B) - BF ○ ESM BF.1: Percent of Public Health Nurses, WIC and Maine Families Home Visitors trained as Certified Lactation Counselors	Perinatal/Infant Health
Improve care for women’s mental health SPMs ● SPM 1: Percent of women who report that their health care provider asked them about depression in the 12 months prior to pregnancy	Women/Maternal Health
Increase women’s access to high quality healthcare NPMs ● Percent of women, ages 18 through 44, with a preventive medical visit in the past year (Well-Woman Visit, Formerly NPM 1) - WWV ○ ESM WWV.1: Number of women referred to well-woman visits by social service providers (WIC and home visiting) ● A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth (Postpartum Visit) B) Percent of women who attended a postpartum checkup and received recommended care components (Postpartum Visit) - PPV	Women/Maternal Health

<table>
<tr><td>
Optimize children’s physical and oral health

NPMs

Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day (Physical Activity, Formerly NPM 8.1) - PA-Child
ESM PA-Child.1: Number of SAUs, ECEs and Afterschool/Out of School Programs that meet best practices and highest standards for physical activity.
Percent of children, ages 1 through 17, who had a preventive dental visit in the past year (Preventive Dental Visit - Child, Formerly NPM 13.2) - PDV-Child
ESM PDV-Child.1: Number of schools receiving oral health educational resources
Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH

SPMs

SPM 2: Percent of children, ages 19 through 35 months, who completed the combined 7-vaccine series 4:3:1:3*:3:1:4

</td><td>Child Health</td></tr>
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Ensure early detection and intervention for developmental delay

NPMs

Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year (Developmental Screening, Formerly NPM 6) - DS
ESM DS.1: Percent of children aged 0-3 enrolled in MaineCare who had a claim for a developmental screening in the previous year.

</td><td>Child Health</td></tr>
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Address adolescent unmet mental health needs

SPMs

SPM 3: Percent of Maine high school students who report feeling so sad or hopeless (for 2 or more weeks) that they stopped doing regular activities (past 12 months).

</td><td>Adolescent Health</td></tr>
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Prevent bullying and its consequences

NPMs

Percent of adolescents, with and without special health care needs, ages 12 through 17, who are bullied or who bully others (Bullying, Formerly NPM 9) - BLY
ESM BLY.1: Number of administrators, educators, support staff taking a new Social-Emotional Learning (SEL) training.
ESM BLY.2: Percent of individuals trained in social-emotional learning who report an increase in knowledge after the training.

</td><td>Adolescent Health</td></tr>
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Improve care coordination for children and families with special health care needs NPMs • Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH SPMs • SPM 4: Percent of children with special health care needs who receive effective care coordination, among those who need it.	Children with Special Health Care Needs
Support adolescents with SHN's transition to adult care NPMs • Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transition to adult health care (Transition, Formerly NPM 12) - TR ○ ESM TR.1: Number of families of 12-21 year olds with special health care needs who attend the Supported Decision-Making class	Children with Special Health Care Needs

Executive Summary

Program Overview

Maine's Title V Maternal and Child Health (MCH) Program, in partnership with the US Department of Health and Human Services (DHHS), Health Resources and Services Administration, is responsible for promoting the health of all mothers and children, including children and youth with special health care needs and their families.

Maine Title V Program

The Maine Title V program supports a statewide system of comprehensive and family-centered services. The Title V Program along with programs such as WIC, Maine Families Home Visiting, Injury Prevention and Public Health Nursing (PHN) work collaboratively to address the needs of the MCH population across the state.

Maine Title V does not operate in isolation. Partnerships with other organizations are essential in our ability to expand capacity and reach across the state. The Title V Program collaborates with hospitals, Maine DHHS Offices, Department of Education's Child Development Services, the Developmental Disabilities Council, Universities and other stakeholders. Family involvement is encouraged in the areas of needs assessments, program planning and evaluation. To enhance capacity, the Title V Program contracts with several external agencies to ensure needed services are available to the MCH population.

MCH Priorities

The table below outlines Maine's Title V 2020-2025 priorities and the corresponding National and State Performance Measures.

Domain	Priority	Performance Measure
Maternal/Women	**Healthcare Access:** Increase women's access to high quality healthcare	NPM 1: Percent of women, ages 18 through 44, with a preventive medical visit in the past year
	Mental Health: Improve care for women's mental health	SPM 1: Percent of women who report that their health care provider asked them about depression in the 12 months prior to pregnancy.
Perinatal/Infant	**Infant Mortality**: Reduce infant mortality	NPM 5: A) Percent of infants placed to sleep on their backs B) Percent of infants placed to sleep on a separate approved sleep surface C) Percent of infants placed to sleep without soft objects or loose bedding
	Breastfeeding: Increase breastfeeding initiation and duration	NPM 4: A) Percent of infants who are ever breastfed, B) Percent of infants breastfed exclusively through 6 months
Child	**Physical and Oral Health:** Optimize children's physical and oral health	NPM 8.1: Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day
		NPM 13.2: Percent of children, ages 1 through 17, who had a preventive dental visit in the past year
		SPM 2: Percent of children, ages 19 - 35 months, who completed the combined 7-vaccine series (4:3:1:3*:3:1:4)
	Child Development: Ensure early detection and intervention for developmental delay	NPM 6: Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year
Adolescent	**Bullying:** Prevent bullying and its consequences	NPM 9: Percent of adolescents, ages 12 through 17, who are bullied or who bully others
	Mental health: Address adolescent mental health needs	SPM 3: Percent of Maine high school students who report feeling so sad or hopeless (for 2 or more weeks) that they stopped doing regular activities (past 12 months).
Children and Youth with Special Health Care Needs	**Transition**: Support adolescents with SHCNs transition to adult care	NPM 12: Percent of adolescents with and without special health care needs, ages 12 through 17, who received services necessary to make transitions to adult health care

	Care Coordination: Improve care coordination for children and families with special health care needs	SPM 4: Percent of children with special health care needs who receive effective care coordination, among those who need it.

Accomplishments and Challenges

Key accomplishments and challenges of Maine's MCH population are described below.

Women/Maternal Health

Highlights

In 2022, about 78% of Maine women of reproductive age had a **preventive medical visit** in the previous 12 months; the U.S. rate was 72.5%. Maine ranked 7th highest in the U.S. on this measure and has slowly been improving since 2018.

Challenges

Chronic diseases during pregnancy, including diabetes and high blood pressure, are on the rise in Maine. The rate of **chronic hypertension** among Maine birthing people was 3.5x higher in 2022 than in 2018 (8.6% vs. 2.4% respectively). [Maine CDC DRVS, Birth certificates, 2018-2022]

Mental health challenges impact many Maine women, including those who are pregnant and birthing. About 1 in 3 (33%) Maine women age 18-44 has ever experienced **depression**, and 1 in 8 Mainers with a recent live birth experienced **postpartum depression** [BRFSS, 2020].

Perinatal/Infant Health

Highlights

Maine has made significant improvements in **safe sleep practices** among birthing parents. In 2022, Maine had the 2nd highest rate of babies most often placed to sleep on their back in the US (89.5%). Since 2018, the percent of birthing parents who place their infants to sleep in a separate approved sleeping surface increased and the percent who place their infants to sleep without soft items or bedding has also significantly increased.

According to data from the National Immunization Survey, among infants born in 2020 in Maine, 86.1% were ever breastfed (U.S.= 83.1%) and 32.4% were breastfed exclusively for at least six months (U.S.= 25.4%). Maine ranked 21st highest in the U.S. on breastfeeding initiation.

Challenges

The **infant mortality** rate in Maine dropped significantly between 2012-2021, however Maine continues to have the highest rate in the New England region. In 2022, Maine's rate was 6.5/1,000 while all other New England states had rates below 5.0/1,000. Between 2008-2022, Maine averaged 11.3 infant deaths each year due to SIDS/SUIDS. In 2020, there were six deaths, the fewest Maine has had in over 10 years. However, there were nine deaths due to SIDS/SUIDS in 2021, and 17 in 2022.

There was a statistically significant increase in the number of **low birthweight** (LBW) births in Maine between 2018-2022, mirroring national trends. In 2022, 8.2% of Maine infants were born LBW. Maine ranked 23rd among US jurisdictions. LBW has important implications for an infant's development and life course, including placing an infant at increased risk of chronic disease and developmental delays later in childhood and into adulthood.

Child Health

Highlights

Maine ranked 12th highest in the percent of children 9-35 months who received a **parent completed developmental screening**. In 2021-2022, about 42.9% of young children received a developmental screening, per parent report. The launch of Help Me Grow Maine and other statewide efforts to promote the use of the Ages and States Questionnaire may further increase Maine's developmental screening rates in future years.

The estimated percent of Maine children under 3 years old with **lead poisoning** declined between 2017 and 2021 from 2.9% to 1.9%. While this represents a significant decrease, there are significant geographic disparities in lead poisoning among young children.

Challenges

Access to dental services was disrupted by the Covid-19 pandemic. Maine's rate of **children receiving a preventive dental visit decreased** significantly between 2016-2017 (85%) and 2021-2022 (77.4%).

In 2021-2022, only one in three (34.5%) Maine children age 6-11 years old engage in the recommended **60 minutes of daily physical activity**, per parent report. Despite this low rate, Maine ranked 8th in the US on this measure of child health.

Adolescent Health

The percentage of high school students reporting **alcohol use in the last 30 days decreased** between 2017 and 2021. Students who identify as Black or African American have significantly lower rates of alcohol use than students identifying as other races.

More than 8 in 10 (83.7%) parents of adolescents report their child received a **preventive healthcare visit** in the past year. In 2020-2021, Maine ranked first in the nation for adolescents receiving well-visits.

Challenges

In 2023, 21.9% of Maine high school students reported they experienced **bullying on school property** in the last 12 months, up from 16.1% in 2021; 20% reported experiencing electronic bullying, up from 18% in 2021. **LGBTQ+ adolescents continue to be disproportionately impacted** and experience high rates of bullying at school.

The percentage of Maine students reporting feeling **sad or hopeless** and seriously **considering attempting suicide** is an ongoing concern. In 2023, 35.0% of high school students reporting feeling sad or hopeless, and 17.8% reported considering suicide. These rates are virtually unchanged from 2021. F**emales** and **LGBTQ+** adolescents are **disproportionately impacted**.

Children and Youth with Special Health Care Needs

Highlights

Maine has seen success in rates of **early detection and screening**. Maine is performing significantly better than the rest of the U.S. in the percentage of children who **received a developmental screening** using a parent-completed screening tool in the past year (42.9% vs 33.7%) [NSCH 2021-2022]

96% of infants born in Maine in 2022 received a **newborn hearing screening** for early detection of hearing loss (EHDI Annual Data, CDC, 2022).

Challenges

Challenges with **accessing care** persist. Less than 1/4 of Maine's CYSHCN receive **services that meet their developmental needs**, and about 40% of CYSHCN in Maine do not receive **effective care coordination,** according to parental report.

Children and youth with special health care needs face challenges on a daily basis. According to parental report, one in 14 (7%) Maine CYSHCN had their **daily activities consistently affected** by their condition; another 41% had their daily activities moderately affected some of the time.

Title V role in supporting and assuring comprehensive, coordinated and family-centered services.

The Title V Program supports coordinated and family centered services by including consumer voices (parents, families, and direct consumers of services) in program initiatives. A parent survey is administered in eight languages to gauge participant satisfaction with the home visiting services they receive. Parents and consumers sit on advisory boards; committee representation includes parents of children with metabolic disorders and individuals who are hard of hearing. A family liaison works to ensure family engagement to help inform our work.

The Maine Parent Federation assists families as they navigate the system of services providing information, referral, one-on-one support, training to parents of children with disabilities/special health care needs and the professionals that work with CYSHCN. Family Support Navigators connect families to a network of supports, services and information at the local, state, and national

levels. The navigators assist families with locating medical care and understanding results. The CYSHCN Partners in Care Coordination Program supports families in navigating the system of care.

Maine Title V approach to eliminating health inequities.

Reducing health inequities is a focus of the MCH Team. Examples include expanding repeat bloodspot tests to laboratories connected to primary care offices so families do not have to make a separate trip for the repeat test. We hired a consultant to work with the MCH Team to learn how to authentically include family voices in workgroups and on committees. In addition, we participate in a Cultural Perspectives work group to gain an enriched perception of our states' populations. Through an enhanced cultural understanding we will be positioned to better serve their needs. We are examining ways to include representation from these communities in the work we do and learn from them how to better provide services in a culturally appropriate manner.

The State Maternal Health Innovation Grant is exploring ways to include family voices, particularly those with lived experience. We contracted with Maternal Mortality and Morbidity Advocates (MoMMAs) Voices to train organizations on working with families and train families on how to tell their stories effectively. We are also working on creating pathways for doulas to join the workforce as well as partnering with other groups to improve maternal mental health.

How Federal Title V Funds Complement State-Supported MCH Efforts

Maternal and Child Health (MCH) Block Grant funds are a critical component of Maine's MCH efforts. MCH Block Grant funds support staff who play an essential role in implementing the Title V work plan. For example, public health nurses (PHN) care for pregnant and post-partum women as part of their standard of care and provide education on infant safe sleep, substance use disorders, breastfeeding and consult with families on cleft lip and or/ palate diagnoses. The Adolescent Health and Injury Prevention Program (AHIP) oversees unintentional injury, bullying prevention, youth inclusion and the child and adolescent behavioral health initiative.

Title V supports programming through contracts for epidemiological services, perinatal outreach training, education and technical assistance for all MCH service providers and cleft lip and or/ palate clinics. Maintenance of Effort (MOE) funds include contracted services to provide community health nursing, school-based health centers, epidemiological services, birth defects medical record abstraction, bloodspot data collection and safe sleep programming.

The following table demonstrates how federal and state funds complement each other by funds dedicated to each of the service types and population groups. A more detailed description of funding is included in the Budget Narrative (Section III.D.)

Type of Service	Federal % of Budget	State % of Budget
Direct	0%	0%
Enabling	47%	40%
Public Health Services and Systems	53%	60%
Population Groups		
Primary Care and Preventive Services for Children	30.2%	33.3%
Children and Youth with Special Health Care Needs	32%	32%
Pregnant Women	9.3%	15.4%
Infants <1	20.4%	19.3%
Title V Administration	8.1%	0%

MCH staff are a key component of the public health infrastructure. Their expertise varies from program planning and implementation, providing clinical services to prenatal and post-partum women and infants, immunization and coordinating children with special health needs services. MCH staff also work with other programs to ensure collaboration with staff working on similar projects. The MCH program ensures inclusion of the family perspective providing navigator services through the Maine CDC care coordinator and Maine Parent Federation to families in need of assistance.

MCH Success Story

In partnership with the State Maternal Health Innovation Grant and Maine Emergency Medical Services (EMS), Title V coordinated the purchase of KangooFix Neonatal Restraint devices for all EMS agencies in the State. This relatively inexpensive device is used in ambulances to safely transport infants and their caregivers to a health care facility. It allows for skin to skin as well as breastfeeding while being transported to the hospital or interfacility. Prior to this purchase, EMS required two ambulances, one for mom and one for baby. Now, with the availability of a KangooFix they can provide the service with just one ambulance, lessening the burden on an already strained resource in the community. This device allows for mom and baby to be transported together which helps to regulate baby's temperature, lower stress for both mom and baby, decreased risk of hemorrhage for mom if

breastfeeding is initiated, and provides a more pleasant experience, averting potential trauma for the family. After observing the benefits of the KangooFix some EMS agencies purchased additional devices.

Since the device became available on March 1, 2024, we have seen it used on 16 occasions; of those, 13 were for newborns, 10 were 911 responses and three were interfacility transports. The remaining three uses were for non-newborns during 911 transports to emergency departments.

This initiative was a combination of strong collaboration, Title V encouraging the importance of safe transports for mom and baby and the willingness of partners to bring it to fruition. This could not have materialized without funding, but more importantly the pre-existing relationship between Title V, EMS and Maine Medical Association.

Maternal and Child Health Bureau (MCHB) Discretionary Investments - Maine

The largest funding component (approximately 85%) of the MCH Block Grant is awarded to state health agencies based on a legislative formula. The remaining two funding components support discretionary and competitive project grants, which complement state efforts to improve the health of mothers, infants, children, including children with special needs, and their families. In addition, MCHB supports a range of other discretionary grants to help ensures that quality health care is available to the MCH population nationwide.

Provided below is a link to a web page that lists the MCHB discretionary grant programs that are located in this state/jurisdiction for Fiscal Year 2023.

List of MCHB Discretionary Grants

Please note: If you would like to view a list of more recently awarded MCHB discretionary investments, please refer to the Find Grants page that displays all HRSA awarded grants where you may filter by Maternal and Child Health.