



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

MARYLAND

State Snapshot

FY 2016 Application / FY 2014 Annual Report

April 2016

Title V Federal-State Partnership - Maryland

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 FY 2016 Application / FY 2014 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	State Family or Youth Leader
Ilise Marrazzo	Donna X. Harris	Josie Thomas
Director, Maternal and Child Health Bureau	Director, Genetics and People with Special Health	Director, Parent's Place of MD
ilise.marrazzo@maryland.gov	donna.harris@maryland.gov	josie@ppmd.org
(410) 767-5596	(410) 767-5642	(410) 768-0803

Funding by Source

Source	FY 2014 Expenditures
Federal Allocation	\$11,413,540
State MCH Funds	\$10,152,825
Local MCH Funds	\$0
Other Funds	\$0
Program Income	\$0

FY 2014 Expenditures



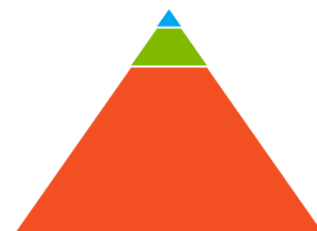
Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$2,025,771	\$776,798
Enabling Services	\$3,782,281	\$1,690,371
Public Health Services and Systems	\$5,605,488	\$7,685,656

FY 2014 Expenditures Federal



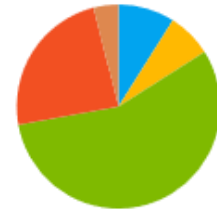
FY 2014 Expenditures Non-Federal



Total Reach of Title V in Serving MCH Populations

Populations Served	Individuals Served	FY 2014 Expenditures	%
Pregnant Women	69,232	\$1,880,334	9.0%
Infants < 1 Year	73,030	\$1,481,537	7.1%
Children 1-22 Years	153,900	\$11,780,465	56.1%
CSHCN	42,220	\$5,012,993	23.9%
Others *	7,456	\$836,522	4.0%
Total	345,838	\$20,991,851	100%

FY 2014 Expenditures



FY 2014 Individuals Served



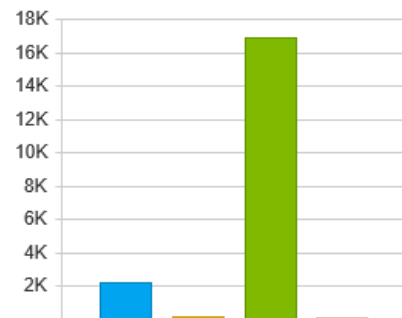
*Others– Women of childbearing age, over age 21, and any others defined by the State who are not otherwise included in any of the other listed classes of individuals.

Selected National Performance Measures

Measure #	Measure Short Name	Population Domain
NPM 2	Low-Risk Cesarean Delivery	Women/Maternal Health
NPM 5	Safe Sleep	Perinatal/Infant Health
NPM 6	Developmental Screening	Child Health
NPM 10	Adolescent Well-Visit	Adolescent Health
NPM 11	Medical Home	Children with Special Health Care Needs
NPM 12	Transition	Children with Special Health Care Needs
NPM 13	Preventive Dental Visit	Cross-Cutting/Life Course
NPM 14	Smoking	Cross-Cutting/Life Course

Communication Reach

Communication Method	Amount
State Title V Website Hits:	2,226
State Title V Social Media Hits:	165
State MCH Toll-Free Calls:	16,889
Other Toll-Free Calls:	110



Executive Summary

Background

The mission of Maryland's Title V Maternal and Child Health (MCH) Block Grant Agency, the Maternal and Child Health Bureau (MCHB) is to provide State leadership to improve the health and well-being of Maryland women, men, infants, children adolescents and their families. MCHB is housed in the Prevention and Health Promotion Administration (PHPA) within the Maryland Department of Health and Mental Hygiene (DHMH) and is the State's recipient of federal Title V MCH Block Grant funds. The Title V Program seeks to strengthen the MCH infrastructure and to assure the availability, accessibility, and quality of primary and specialty care services for women, children and adolescents.

Maryland receives approximately \$11.5 million annually to address ongoing and emerging health care needs for these populations. Maryland's grant supports Title V staff at the State and local health departments and supports a broad range of maternal and child health services and activities. Funds are jointly managed by three offices within MCHB: the Office for Family and Community Health Services (OFCHS), the Office for Genetics and People with Special Health Care Needs (OGPSHCN) and the Office of MCH Epidemiology (OME). These offices comprise the State's Title V Program and were responsible for collaborating to conduct the 2015 MCH needs assessment including development of a preliminary State Action Plan for addressing State Title V MCH priority needs through 2020.

Every five years, as a funding requirement, Maryland must complete a comprehensive MCH needs assessment. The goals for the 2015 Maryland Needs Assessment included:

- Assessing the health status and needs of MCH population groups and the State's capacity to provide needed MCH services;
- Determining priority needs; as well as objectives and strategies to address priority needs;
- Selecting a set of national performance priorities and measures; and
- Laying out a five year Action Plan (2016-2020) for the Title V Agency.

Maryland's process for conducting the 2015 needs assessment involved many of the steps outlined in the federal guidance, including engagement of stakeholders, analysis of both qualitative and quantitative data for a population based needs assessment, the required identification of 7 to 10 priority State MCH needs, development of performance measures and preliminary development of an action plan. The methodology included data collection and analysis, key informant interviews, surveys, and listening sessions at various stakeholder meetings. A leadership team comprised of Title V staff and key partners/stakeholders oversaw assessment activities.

Since the Last MCH Needs Assessment and 2015 Findings

Maryland completed its last MCH needs assessment in 2010. The 2010 assessment indicated, depression across the life span, other mental health problems, substance abuse, smoking, obesity, health insurance coverage gaps particularly oral health care, mental health care, and specialty health services were primary concerns of a key stakeholders. Many of these issues continued as ongoing concerns for the 2015 assessment, in particular, mental health and substance abuse/addiction problems. Emerging MCH issues of concern included interpersonal violence including intimate partner violence and social factors that impact health (e.g., poverty, racism). Many of the themes and issues voiced by stakeholders were linked to "families in crisis" due to poverty, unemployment, lack of affordable housing, and problems with relational health.

The 2015 needs assessment indicated that Maryland has made progress in a several key areas since the last assessment (between 2008 and 2013). For example, Maryland data show that:

- More women are receiving early prenatal care;
- More mothers are breastfeeding at six months;
- More infants are being screened for hearing problems at birth;
- More children are insured, entering school ready to learn, being fully immunized, and receiving dental sealants;
- Fewer teens are giving birth; and
- There is a greater recognition of the importance of the early childhood experiences and social factors on life course trajectories.

However, numerous gaps and challenges remain in that, for example:

- Rates of overweight and obesity are still too high or on the rise;
- Substance use rates are increasing including deaths from heroin and opioids;
- Intimate partner violence prevalence is high;
- There has been no improvement in unintended pregnancy rates;
- Cesarean delivery rate (35%) and maternal mortality rates are slightly higher than the national average (Maryland's 2007-2011 maternal mortality rate of 24.9/100,000 live births compared to a 2011 national maternal mortality rate of 23.5/100,000

live births.);

- Twenty three of Maryland's 24 jurisdictions have federally designated areas of medical underservice;
- Access to primary, oral health, mental health, and substance abuse services is limited for many Marylanders; and
- Numerous racial/ethnic MCH disparities continue to persist.

2015 Priority Needs and Selected National Performance Measures

The 2015 assessment yielded seven priority needs. Eight national performance priority focus areas were selected based on data garnered from this years' assessment. One measure was selected for each of the six population domain groups. The chosen priority needs and national performance measures by MCH Population Group or Domain for 2015 are displayed in Table 1 on page 3.

Next Steps

The next steps for Maryland Title V include development of a final State Action Plan with input and buy-in from Maryland stakeholders. Following federal approval of Maryland's Title V needs assessment and application in August 2015, the Title V Agency plans to hold a series of meetings with key consumer, policy, and public health professionals in the early fall to determine an additional 3-5 State performance measures as well as evidence based/informed strategies to address both the national and State priorities. This will complete the State's Action Plan to be carried out through 2020.

Table 1. Maryland Priority Needs and National Performance Measures, 2015 Needs Assessment

Maryland Priority Needs, 2016-2020	National Performance Measure(s)	Population Domains
<p>1. Women's Wellness, Healthy Pregnancies: Optimize the health and well-being of girls and women across the life course using preventive strategies</p>	<p>Low risk cesarean deliveries: Percent of low risk cesarean deliveries (Data Source: Vital Statistics) Baseline: 35% in 2013</p>	<p>Women's and Maternal Health</p>
<p>2. Healthy Pregnancy Outcomes and Infants: Improve perinatal and infant health in Maryland by reducing disparities</p>	<p>Safe Sleep: Percent of infants placed on back to sleep (Data Source: PRAMS Survey) Baseline: 74% (2009-2011)</p>	<p>Perinatal and Infant Health</p>
<p>3. Access to Health Care for Children: Improve access to preventive, primary, specialty and behavioral health services as well as medical homes for Maryland children including those with special health care needs</p>	<p>Developmental Screening: Percent of children, ages 9-71 months, receiving a developmental screening using a parent completed screening tool (Data Source: National Survey of Children's Health) Baseline: 31.8% in 2011/12</p>	<p>Children</p>
<p>4. Healthy Adolescents: Improve the health and well-being of adolescents and young adults in Maryland including those with special health care needs by addressing risky behaviors</p>	<p>Adolescent well visits: Percent of adolescents with a preventive services visit within the past year (Data Source: National Survey of Children's Health) Baseline: 85%</p>	<p>Adolescents</p>
<p>5. Healthy Children with Special Needs: Improve the health of children and youth with special health care needs</p>	<p>Medical Home (% of children with and without special health care needs having a medical home) (Data Source: National Survey of Children's Health) Baseline- MD children (0-17): 57.2% in 2011/12 Baseline – MD CSHCN: 48% in 2011/12 Transition (% of children with and without special health care needs who received services necessary to make transitions to adult health care) (Data Source: National Survey of Children's Health) Baseline – MD CSHCN: 36.8% Baseline – All MD children: Not available</p>	<p>Children with Special Health Care Needs</p>

<p>6. Oral Health: Improve the oral health status of MCH populations across the life span</p>	<p>Oral health (% of women who had a dental visit during pregnancy and % of infants and children who had a preventive visit in the last year) (Data Sources: PRAMS Survey and National Survey of Children's Health) Baseline – Pregnant women: 56% of women had a visit within past year Baseline – children (ages 6-11): 87.8% in 2011/12</p>	<p>Cross-Cutting</p>
<p>7. Substance Use: Reduce substance use/abuse (including tobacco, alcohol, prescription drugs, and opioids) across the life span for MCH populations</p>	<p>Smoking (% of women who smoke during pregnancy and % of children who live in households where someone smokes) (Data Sources: PRAMS Survey and the National Survey of Children's Health) Baseline- Pregnant women: 8 % in 2009-2011 Baseline- Children and household smoking: 20%</p>	<p>Cross- Cutting</p>