HRSA
Health Resources & Services Administration

Title V MCH Block Grant Program

MAINE

State Snapshot

FY 2016 Application / FY 2014 Annual Report

April 2016

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 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
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Funding by Source

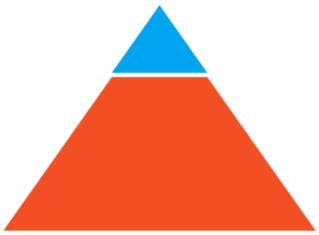
Source	FY 2014 Expenditures
Federal Allocation	$2,882,127
State MCH Funds	$3,879,738
Local MCH Funds	$0
Other Funds	$0
Program Income	$0

FY 2014 Expenditures

Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	$878,101	$2,804,492
Enabling Services	$0	$209,902
Public Health Services and Systems	$2,004,026	$865,344

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	177	$268,155	4.1%
Infants < 1 Year	12,530	$1,052,739	16.2%
Children 1-22 Years	19,157	$1,742,067	26.8%
CSHCN	2,327	$2,432,643	37.5%
Others *	17,318	$995,796	15.3%
Total	51,509	$6,491,400	100%

*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.

FY 2014 Expenditures

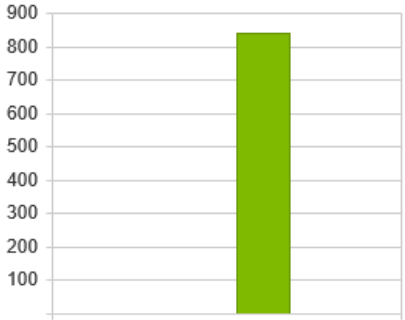
FY 2014 Individuals Served

Selected National Performance Measures

Measure #	Measure Short Name	Population Domain
NPM 2	Low-Risk Cesarean Delivery	Women/Maternal Health
NPM 4	Breastfeeding	Perinatal/Infant Health
NPM 5	Safe Sleep	Perinatal/Infant Health
NPM 6	Developmental Screening	Child Health
NPM 7	Injury Hospitalization	Child Health, Adolescent Health
NPM 9	Bullying	Adolescent Health
NPM 11	Medical Home	Children with Special Health Care Needs
NPM 14	Smoking	Cross-Cutting/Life Course

Communication Reach

Communication Method	Amount
State Title V Website Hits:	0
State Title V Social Media Hits:	0
State MCH Toll-Free Calls:	839
Other Toll-Free Calls:	0



Executive Summary

Title V and the Maternal and Child Health Block Grant
The Title V Maternal and Child Health (MCH) program was enacted in 1935 as part of the Social Security Act. The Title V Block Grant provides funding to every state to improve the health of the MCH priority populations: Women, infants, children, and children with special health needs.

Fiscal year 2016 is the first year of the new five-year cycle for the maternal child health block grant (MCHBG). The realignment of the MCHBG outlined in the January 2015 guidance requires measured accountability and the use of evidence-based strategies. These requirements align well with the processes the Maine Department of Health and Human Services (DHHS) has implemented to assure that limited resources are utilized to efficiently and effectively assist the most vulnerable Maine residents receiving DHHS services.

Maine's 2015 Comprehensive Strengths and Needs Assessment Process
As part of the new five-year MCH Block Grant cycle, the Maine CDC's Division of Population Health (DPH) conducted a comprehensive strengths and needs assessment (CSNA) of Maine's MCH population. The assessment involved articulating specific outcomes to be achieved, reviewing literature to identify the evidence-based strategies, identifying metrics for evaluating progress toward the outcomes, and linking financial and human resources directed to those strategies. Throughout the five-year grant cycle, we will monitor our performance and evaluate implementation of our strategies to "move the needle" towards improving the health of Maine's MCH population.

The needs assessment involved gathering quantitative and qualitative data, as well as input from MCH stakeholders. Over 150 stakeholders participated, representing the six population health domains defined in the MCHBG guidance: Women/Maternal, Perinatal/Infant, Child, Children with Special Health Care Needs, Adolescent, and Cross-cutting/Life course. The stakeholders came from associations of health care professionals, state agencies, academic institutions, various advisory committees/ boards, individual health care providers, birth hospitals, families and consumers, non-governmental organizations and various contractors of MCH services. Through a multi-staged process, stakeholder groups, as well as the CSNA Steering Committee, used data and expertise in maternal and child health to develop seven priorities that will guide the work of Maine's Title V program for the next five years. As defined in the federal block grant guidance, they narrowed down a list of 15 potential National Performance Measures (NPMs) to eight that will be addressed in Maine. They also developed four State Performance Measures (SPMs) to address issues that data and stakeholder feedback indicated were important for Maine.

After the selection of the State priorities and NPMs and SPMs, stakeholder groups were attended by Title V staff to present possible strategies to address the new priorities and associated performance measures. Based on this feedback, a State Action Plan was developed with objectives, strategies, and measures for each priority. This plan will guide the work of Maine's Title V program for the next five years.

Maine's 2015-2020 State Priority Needs

1. Promote safety and well-being for infants, children, and youth.
2. Improve birth outcomes - healthy pregnancies and babies.
3. Enhance access to high quality health care for the MCH population.
4. Improve reproductive health for women ages 15-44.
5. Promote readiness to learn and succeed for children and youth with and without special health care needs.
6. Reduce risk factors for chronic disease among MCH populations.
7. Improve systems of care for children and youth with and without special health care needs.

National Performance Measures (NPMs) by MCH Population Domain
1. **Maternal:** Percent of cesarean deliveries among low risk first births
2. **Infant:** (a) Percent of infants who are ever breastfed; and (b) percent of infants breastfed exclusively through six months
3. **Infant:** Percent of infants placed to sleep on their backs
4. **Child:** Percent of children, ages 10-71 months, receiving a developmental screening using a parent-completed screening tool
5. **Child:** Rate of hospitalization for non-fatal injury per 100,000 children ages 0 through 9 and adolescents ages 10 through 19
6. **Adolescent**: Percent of adolescents ages 12-17 who are bullied or who bully others
7. **CSHCN:** Percent of children with and without special health care needs having a medical home
8. **Cross Cutting:** (a) Percent of women who smoke during pregnancy; and (b) percent of children who live in households where someone smokes

State Performance Measures (SPMs) by MCH Population Domain
1. **Maternal:** Percent of pregnancies that are unintended among 18-24 year olds with a recent live birth
2. **Child:** Percent of third grade children who have received protective sealants on at least one permanent molar tooth
3. **Adolescent:** Percent of adolescents with unmet mental health needs
4. **CSHCN:** Percent of adolescents with and without special health care needs who received services necessary to make transitions to adult health care

Maine's MCH Strengths and Needs by Population Domains

Historically Maine has positive health outcomes related to maternal child health (MCH) such as infant mortality, initiation of prenatal care in the first trimester, immunization rates, the percentage of the population with health insurance and child and adolescent mortality in comparison to the nation. Factors influencing these outcomes include partnerships with other governmental and non-governmental

agencies to address issues impacting the MCH population such as development of a statewide system for the provision of reproductive health services, implementation of comprehensive health education in Maine schools, child and adult vehicle passenger safety, development of multi-disciplinary clinics for children with special health needs (i.e., cleft lip and palate, metabolic disorders), and oral health education and dental disease prevention activities.

Below is a summary by MCH population domain of the most recent data related to the national and state performance measures selected by Maine.

Women/Maternal Health

Cesarean Section (NPM): In 2012 there were more than 1,200 cesarean section births or just over one of every four low-risk first births were delivered by cesarean section. Low risk births by cesarean section increased from 18 to 26 percent between the year 2000 and 2012. These rates vary geographically across the state.
Unintended pregnancies (SPM): are defined as unplanned, mistimed, or unwanted at the time of conception. One in three new mothers in Maine (35 percent) report their pregnancy was unintended, which translates to over 4,000 infants born to women who had not intended to get pregnant at the time they conceived. Maine had the fifth highest rate of unintended pregnancies among the 23 Pregnancy Risk Assessment Monitoring System (PRAMS) states and New York City in 2011.

Perinatal/Infant Health

Back to sleep (NPM): Sudden unexpected infant death remains among the top five causes of infant mortality in the United States and in Maine. One in five (about 2,100) Maine babies are placed to sleep in a high risk, non-supine position. While Maine ranked in the top ten among PRAMS states in 2011, it was more than five percent lower than the top ranking states.
Breastfeeding (NPM): Breastfeeding is one of the best choices to promote the health of babies and mothers; babies exclusively breastfed for six months or longer have better health outcomes. Breastfeeding in Maine varies by age, education, income and race. There is room for Maine to improve breastfeeding rates particularly among young mothers and women with lower education levels.

Child Health

Developmental Screening (NPM): Identifying developmental, behavioral and social delays in children as early as possible ensures that effective interventions can start early and improve child outcomes as well as prepare them for school entry. Maine ranks 33 in the nation on developmental screening. The prevalence of developmental screening in Maine is low regardless of race, ethnicity, parental education and income.
Injury related hospital admissions for ages 0 – 19 (NPM): A review of hospitalizations and deaths in children birth to 19 years revealed unintentional poisoning and youth suicide were leading causes of injury and death. Between 2002 and 2012 emergency department visits for unintentional poisoning increased significantly, about 3.5 percent each year.
Dental Sealants (SPM): Tooth decay is one of the most common childhood chronic conditions and if untreated can lead to pain, infection and problems with eating, speaking and learning. This can lead to missed school days and emergency department visits. About 20 percent of Maine children have not seen a dentist in the last year, with a high proportion of those children in families living below 200 percent of the federal poverty level (FPL).

Adolescent Health

Bullying (NPM): One out of four Maine high school students has been bullied at school; this translates into more than 14,000 students and nearly 12,000 were bullied electronically. Maine's bullying rate is higher than the national rate (26 percent vs 20 percent). Since 2009 there has been no change in the percentage of students reporting bullying at school. Bullying varies by sex, race, age, sexual orientation, disability status and geography. In 2013 half of lesbian, gay, bisexual and questioning (LGBQ) youth in Maine reported being bullied at school compared to 24 percent of heterosexual students. Youth victimized by bullying are at increased risk for depression, anxiety, sleep difficulties, and poor school performance.
Mental Health (SPM): One in four (24.3 percent) Maine high school students reported having depressive symptoms and over 50 percent of LGBQ high school students reported feelings of depression. Untreated mental health disorders can lead to school failure, family conflicts, drug abuse, violence and suicide. More than one in four adolescents needed but did not get mental health services in 2011-2012. Maine has a shortage of mental health specialty providers in many areas. The lack of mental health specialty providers in rural areas means there is, in many cases, no provider available to determine if treatment is needed or there are wait lists for available providers.

Children with Special Health Needs

Medical Home (NPM): Care provided outside a medical home costs more and is often less effective. Sixty-three percent of children 0-17 years old in Maine receive care within a medical home, however children with a special health need are less likely than children without a special health need to receive care within a medical home. Children with special health needs who have a functional limitation or who have increased needs for services are less likely than those managed by prescriptions only to receive care in a medical home (30 percent vs 56 percent). Among children living in households with less than 200 percent of the FPL only five in ten have a medical home compared with 70 percent of children living in a household at or above 200 percent of the FPL. Maine ranks 30 in the nation for medical home for children with special health needs.
Transition (SPM): Each year 15,000 Maine children reach adulthood; 4,200 of those children have special health needs. Forty percent of Maine youth aged 12-17 years receive services to transition to the adult health care system and 12,400 Maine youth 12-17 years do not receive services to make appropriate transitions. Maine ranks 22 in the nation on this measure.

Cross Cutting/Life Course

Smoking during pregnancy (NPM): About one in five Maine women smoked during the last three months of pregnancy between 2009 and 2011. The prevalence of smoking was higher among younger pregnant women (30 percent), women with less than a high school education (53 percent) and those insured through MaineCare (33 percent). The percent of Maine women who smoke during pregnancy has not changed since 2000. Maine has the third highest prevalence of smoking during pregnancy among the 24 states that conduct the PRAMS.
Exposure to Household Smoke (NPM): Three in ten (about 76,000) Maine children live in households where someone smokes. Tobacco exposure in a child's home increases the risk for respiratory illness, ear infections, asthma and sudden infant death syndrome. About half of children living in poverty, less than 100 percent of the FPL, are exposed to tobacco smoke compared to 12 percent of children living in a household living at 400 percent of the FPL. A similar pattern is found in relation to parent education.

Plans for FY2016

Fiscal year 2016 for the Maine Title V Program will be a time of transition. The transition will include discontinuing some previous areas of work and beginning new areas of focus; adjusting the Program's human resources to focus on new workplans and adjusting the amount of financial resources directed to specific areas of work. Staff will need to develop competitive bids (funding opportunity announcements FOA) in order to begin work on the 2015-2020 priorities in earnest at the start of fiscal year 2017.

Also during fiscal year 2016, the strategies that will be undertaken to make progress on the priorities and develop evidence-based strategy measures (ESMs) will be finalized. A portion of this work will be supported by Maine's State System Development Initiative grant. With the strategies finalized and the ESMs and other metrics determined, the Maine Title V Program will update its DHHS Accountability Chart so the charts associated with FOAs, are in alignment with the contract accountability charts which are in alignment with the MCHBG accountability chart.