



# **HRSA**

Health Resources & Services Administration



Title V MCH Block Grant Program

## **MICHIGAN**

State Snapshot

FY 2016 Application / FY 2014 Annual Report

April 2016

### Title V Federal-State Partnership - Michigan

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> )

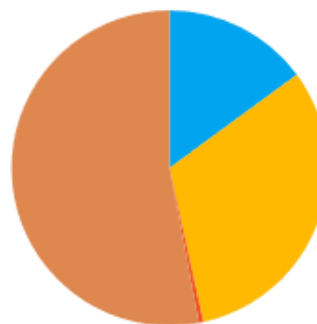
#### State Contacts

MCH Director	CSHCN Director	State Family or Youth Leader
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#### Funding by Source

Source	FY 2014 Expenditures
Federal Allocation	\$18,326,720
State MCH Funds	\$38,907,988
Local MCH Funds	\$0
Other Funds	\$550,965
Program Income	\$65,101,031

FY 2014 Expenditures



#### Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$17,782,878	\$43,875,149
Enabling Services	\$379,799	\$60,050,822
Public Health Services and Systems	\$164,043	\$634,013






FY 2014 Expenditures Federal



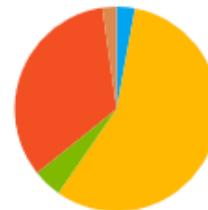
FY 2014 Expenditures Non-Federal



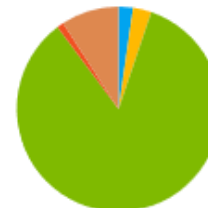
### Total Reach of Title V in Serving MCH Populations

Populations Served	Individuals Served	FY 2014 Expenditures	%
 Pregnant Women	88,752	\$3,566,591	2.9%
 Infants < 1 Year	113,538	\$69,580,756	56.8%
 Children 1-22 Years	3,272,427	\$5,626,924	4.6%
 CSHCN	41,552	\$41,029,887	33.5%
 Others *	355,009	\$2,752,476	2.2%
Total	3,871,278	\$122,556,634	100%

FY 2014 Expenditures



FY 2014 Individuals Served







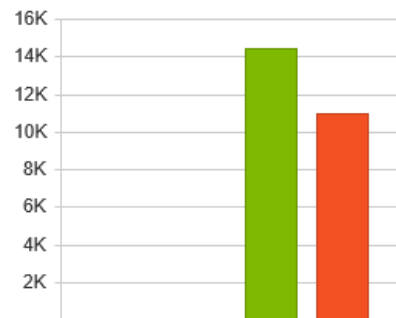
\*Others– Women of childbearing age, over age 21, and any others defined by the State who are not otherwise included in any of the other listed classes of individuals.

### Selected National Performance Measures

Measure #	Measure Short Name	Population Domain
NPM 1	Well-Woman Visit	Women/Maternal Health
NPM 3	Risk-Appropriate Perinatal Care	Perinatal/Infant Health
NPM 4	Breastfeeding	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

### Communication Reach

Communication Method	Amount
 State Title V Website Hits:	0
 State Title V Social Media Hits:	0
 State MCH Toll-Free Calls:	14,464
 Other Toll-Free Calls:	10,953



## Executive Summary

The Title V Maternal and Child Health (MCH) program in Michigan operates under the vision of the Michigan Department of Health and Human Services (MDHHS) to promote better health outcomes, reduce health risks and support stable and safe families while encouraging self-sufficiency. The Title V program is operated by the Bureau of Family, Maternal and Child Health (BFMCH) through the Division of Family and Community Health (DFCH) and Children's Special Health Care Services (CSHCS) Division. The mission of BFMCH is to promote and improve the health and well-being of women, children and families by providing leadership in accessing services and supporting health equity. The Title V Block Grant plays a key role in supporting the work of the BFMCH and its ability to provide or enable access to a broad range of health services.

### Application Summary

For FY 2016-2020 planning, MDHHS completed a statewide five-year needs assessment to identify preventive/primary care service needs for the MCH population in Michigan. The findings of the needs assessment drove the identification of strategic issues, priority needs and a five-year action plan. Population data and stakeholder expertise were first used to identify strategic issues (i.e., the critical challenges to address in order to improve the health status of the MCH population). Priorities were then selected based on the needs assessment findings, knowledge of Title V program capacity, the ability to leverage Title V funding and the potential to impact MCH outcomes. Michigan identified state priority needs and corresponding National Performance Measures (NPMs) across six population domains. Needs assessment findings and new five-year action plans, as well as rationale and strategies, are discussed in Sections II.B. and II.F. Summaries are included here, by population domain.

**Women/Maternal Health:** Areas of unmet need were related to smoking/alcohol use and access to/coordination of care and services. Six strategic issues were identified. MCH leadership prioritized the need to "Reduce barriers, improve access, and increase the availability of health services." To measure progress, Michigan selected the NPM "Percent of women with a past year preventive medical visit."

Michigan's five-year plan will integrate the following objectives and strategies: increase family planning and reproductive health preventive visits; increase use of effective contraception methods; develop an outreach plan for family planning services; develop and implement a statewide plan to promote reproductive life planning; reduce barriers and improve the quality of post-partum visits; promote enrollment in Medicaid expansion; and link women receiving family planning to primary care providers.

**Perinatal/Infant health:** Areas of unmet need included access to and coordination of care and services; health risks during pregnancy; disparities in infant mortality and safe sleep; and breastfeeding. Six strategic issues were identified, two of which were selected. Over the next five years, Michigan's Title V program will "Support coordination and linkage across the perinatal to pediatric continuum of care" and "Foster safer homes, schools, and environments with a focus on prevention." Progress toward supporting coordination and linkage will be measured by two NPMs: "Percent of very low birth weight (VLBW) infants born in a hospital with a Level III+ Neonatal Intensive Care Unit (NICU)," and "A) Percent of infants who are ever breastfed and B) Percent of infants breastfed exclusively through 6 months." Progress toward fostering safer environments will be measured by a State Performance Measure (SPM) related to safe sleep, which will be created by 2016 as required.

Michigan will utilize the following objectives and strategies: pilot the community perinatal care system; expand the use of the March of Dimes Preterm Labor Assessment Toolkit by birth hospitals; promote case management for at-risk pregnant women through home visiting; develop surveillance processes to monitor risk appropriate deliveries; and provide medical providers with training in screening/referral for substance abuse. Michigan will improve breastfeeding rates by developing a state breastfeeding plan; increasing the number of baby-friendly hospitals; improving surveillance systems related to breastfeeding initiation, duration and exclusivity; and increasing the percentage of VLBW babies who receive breast milk.

**Child Health:** Areas of unmet need were related to early development and school performance, developmental screening and child maltreatment. Four strategic issues were identified. Over the next five years, Michigan will address two priority needs: "Invest in prevention and early intervention strategies, such as screening" and "Foster safer homes, schools, and environments with a focus on prevention." Progress toward investing in prevention and early intervention will be measured by the NPM "Percent of children, ages 10 through 71 months, receiving a developmental screening using a parent-completed screening tool." Progress toward fostering safer environments will be measured by an SPM related to lead poisoning prevention.

Michigan will invest in prevention and early intervention, and particularly developmental screening, by exploring the feasibility of tracking developmental screening in Michigan's Medicaid State Innovation model; adopting consistent screening and referral procedures across the Great Start Early Childhood System; and adopting procedures for responding to referrals and reporting screening results to parents.

**Adolescent Health:** Areas of unmet need included bullying, suicide mortality rates, healthy lifestyles and access to care. Five strategic issues were identified. MCH leadership prioritized "Reduce barriers, improve access, and increase the availability of health services." Progress will be measured by the NPM "Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year."

To address this strategic issue, Michigan will develop a state plan for improving adolescent preventive visits, focusing on Medicaid eligible youth; increase the number of providers trained on culturally-competent, adolescent-friendly care; increase the proportion of adolescents with a documented well child exam in Michigan's Child and Adolescent Health Centers (CAHCs); and develop a social media campaign to promote adolescent well-care. The plan will address the unique challenges of youth with special health care needs and will work in partnership with the Family Center to assure the inclusion of family voices.

**Children with Special Health Care Needs (CSHCN):** Areas of unmet need included access to a medical home, transition services, developmental screening and adequate insurance coverage. Stakeholders identified 11 strategic issues, and MCH leadership prioritized “Increase family and provider support and education for CSHCN.” In order to measure progress, two NPMs were selected: “Percent of children with and without special health care needs having a medical home” and “Percent of adolescents with and without special health care needs who received services necessary to make transitions to adult care.” MCH leadership also prioritized “Reduce barriers, improve access, and increase the availability of health services.” An SPM will be created to measure progress on the latter issue by 2016.

To increase family and provider support and education and increase access to a medical home, Michigan will provide training to medical home providers; work with partners to improve systems of care; develop reimbursement mechanisms that support the functions of a medical home; increase families’ understanding of the benefits of a medical home; connect parents with medical homes; and collect data to identify ways to improve delivery of care. To improve transitions to adult care, Michigan will work to increase the number of youth who have a plan of care that includes transition planning; increase youth and family awareness and understanding of the transition process; and increase provider understanding of the transition process.

**Cross-cutting/Life Course:** All stakeholder groups reviewed data that impacts health across the MCH population. Eleven cross-cutting/life course strategic issues were identified. Two of these issues were selected as priorities. Progress toward the priority “Increase access to and utilization of evidence-based oral health practices and services” will be measured by the NPM “A) Percent of women who had a dental visit during pregnancy and B) Percent of children who had a preventive dental visit in the past year.” Increasing access to oral health services for CSHCN will be part of this priority. Progress toward the priority “Promote social and emotional well-being through the provision of a continuum of behavioral health services” will be measured by an SPM.

In order to improve access to and utilization of oral health services, Michigan’s Title V program will expand the SEAL! Michigan program to promote dental sealants; increase the number of students who have received a dental screening through SEAL! Michigan; develop and implement a state plan for improving oral care for the MCH population; increase training for medical and dental providers who treat pregnant women and infants; distribute perinatal oral health guidelines and educational materials; and develop a communication plan.

### Annual Report Summary

Michigan’s Title V program has experienced significant accomplishments as well as challenges, which are summarized below by population domain. Performance on most measures has remained stable, and promising trends have emerged in a few key areas. Details by population domain are provided in Section II.F and Form 10d.

**Women/Maternal Health:** Accomplishments included an increase in the use of long-acting reversible contraceptives; incorporating healthy eating and exercise education into programs that serve pregnant/postpartum clients; and establishing a state position to support breastfeeding initiatives. Challenges included decreased funding for family planning; lack of a coordinated public health approach to addressing obesity; and lack of data regarding domestic violence. Over the past five years, Michigan’s performance has been stable on the percent of infants born to women receiving care in the first trimester, the percent of births to mothers with a BMI at start of pregnancy greater than 29 and percent of women physically abused during the 12 months prior to pregnancy. Data suggest Michigan is moving the needle on intended pregnancy.

**Perinatal/Infant Health:** Accomplishments included the expansion of breastfeeding training for Women, Infants, and Children (WIC) providers; expansion of home visiting programs; the use of quality improvement methods to improve early hearing detection and intervention; planning for a perinatal system of care; the addition of Special Care Nursery services; the implementation of Certificate of Need Standard for Neonatal Intensive Care Services, participation in a CoIIN for Risk Appropriate Care; promotion of policies to eliminate medically unnecessary deliveries before 39 weeks; and coordination among initiatives promoting developmental screening. Challenges included identifying strategies to address the social determinants of health and the lack of a data system to capture developmental screening information across programs. Michigan’s performance has been stable on rates of breastfeeding, the percent of VLBW infants delivered at facilities for high-risk deliveries and percent of low birth weight births. The percent of preterm births has increased. However, Michigan has seen improvement on the percent of children receiving standardized developmental screening.

**Child Health:** Michigan’s accomplishments included regular reporting of county level immunization rates to local health departments (LHDs); training car seat safety technicians; implementing a variety of healthy weight strategies through WIC; and providing education/technical assistance for lead poisoning. Challenges included assuring children received all vaccines and the lack of a coordinated public health approach to addressing childhood obesity. Michigan’s performance has been stable on the rate of deaths to children age 14 and younger caused by motor vehicle crashes and the percent of children receiving WIC with a BMI at or above the 85th percentile. The disparity between Black and White children under 6 years of age with elevated blood lead levels has narrowed.

**Adolescent Health:** Accomplishments included solid evaluation of teen pregnancy prevention efforts; leveraging funds to expand programs for pregnant/parenting teens; leveraging partnerships to provide training on preventing teen suicide; broader STI screening; expansion of CAHCs and school nursing; and the delivery of curriculum promoting healthy/violence-free relationships. Challenges included the lack of funding to expand teen pregnancy prevention programs; opposition to pregnancy prevention programs in schools; and difficulties recruiting teachers/schools to deliver the Michigan Model for Health curriculum. Although provisional 2014 data suggest the trend may have reversed, Michigan’s teen suicide death rate increased over the past several years. The teen pregnancy rate, the chlamydia rate and the rate of dating violence have decreased.

**CSHCN:** Successes included the development of a statewide database to link families with services; the creation of new parent support positions; establishment of Family Center goals, objective and action steps; strengthened partnerships with providers; procedures for helping families enroll for health insurance; completion of one accreditation cycle for LHDs; initiation of the overhauling

of transition planning services; and involvement of families at all levels of decision making. Challenges included resource constraints; staffing transitions; poorly integrated systems of care for CSHCN; and the complexity of the health insurance system. New data trends are not available because performance measures use the National Survey of Children and Youth with Special Health Care Needs, which was last completed in 2009/2010.

**Cross-Cutting/Life Course:** The dental sealant program has continued to expand and has met its performance target each year. In the area of health insurance, the percent of children without health insurance has decreased, and MCH programs have conducted outreach/enrollment activities throughout the state. Smoking during pregnancy has gradually declined, and program successes included the release of an online training course for providers on assessment/counseling of prenatal smokers. To continue addressing the disparity in eligibility for publicly funded health programs, MDHHS is working toward improving staff understanding of health equity and the social determinants of health as a first step toward addressing the root causes of disparities.