HRSA

Health Resources & Services Administration

Title V MCH Block Grant Program

TEXAS

State Snapshot

FY 2016 Application / FY 2014 Annual Report

April 2016

Title V Federal-State Partnership – Texas

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

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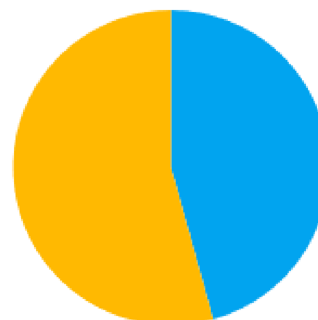
Funding by Source

Source	FY 2014 Expenditures
Federal Allocation	$33,850,560
State MCH Funds	$40,208,728
Local MCH Funds	$0
Other Funds	$0
Program Income	$0

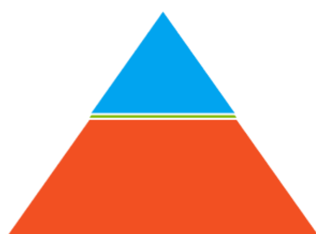
FY 2014 Expenditures



Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	$15,530,469	$19,605,220
Enabling Services	$398,306	$3,870,077
Public Health Services and Systems	$17,921,785	$16,733,431

FY 2014 Expenditures Federal

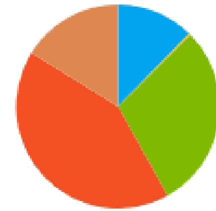


FY 2014 Expenditures Non-Federal

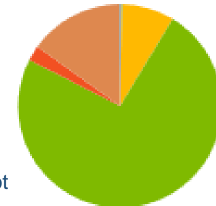
Total Reach of Title V in Serving MCH Populations

Populations Served	Individuals Served	FY 2014 Expenditures	%
Pregnant Women	13,534	$8,791,293	12.3%
Infants < 1 Year	408,151	$179,414	0.3%
Children 1-22 Years	3,599,419	$20,913,068	29.3%
CSHCN	117,111	$29,864,691	41.9%
Others *	735,826	$11,548,325	16.2%
Total	4,874,041	$71,296,791	100%

FY 2014 Expenditures



FY 2014 Individuals Served



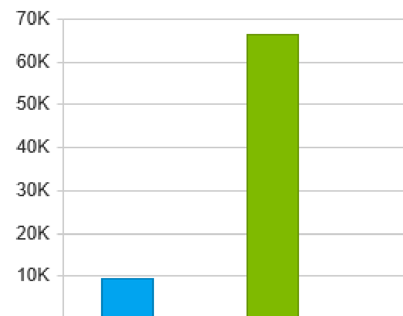
*Others– Women of childbearing age, over age 21, and any others defined by the State who are not otherwise included in any of the other listed classes of individuals.

Selected National Performance Measures

Measure #	Measure Short Name	Population Domain
NPM 1	Well-Woman Visit	Women/Maternal Health
NPM 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 11	Medical Home	Children with Special Health Care Needs
NPM 12	Transition	Children with Special Health Care Needs
NPM 14	Smoking	Cross-Cutting/Life Course

Communication Reach

Communication Method	Amount
State Title V Website Hits:	9,478
State Title V Social Media Hits:	0
State MCH Toll-Free Calls:	66,413
Other Toll-Free Calls:	0



Executive Summary

As Texas embarks on transformation of the Maternal and Child Health (MCH) Services Block Grant Program, the state remains committed to the Title V vision of improving the health and well-being of the nation's mothers, infants, children and youth, including children and youth with special health care needs (CYSHCN) and their families. State priorities to support this vision reflect the specific needs identified through a comprehensive five-year needs assessment (NA) process. This process included collaboration and engagement of MCH stakeholders, including families.

The NA revealed significant disparities across multiple indicators and populations in the state which informed the selection of state priority needs that became the foundation for Texas' National Performance Measures (NPM). The findings of the NA led to a more focused goal of reducing MCH disparities. Several priorities selected in 2015 were a continuation or a broadening of priorities selected in 2010. For example, priorities related to improvements in infrastructure, quality and coordination of care were broadened in 2015 to build upon strengthening community-based systems of care for children and youth with special health care needs and population-based services for MCH populations.

Family-Professional partnerships remain an integral part of the Children with Special Health Care Needs Services Program (CSHCN SP). Efforts to engage families in all areas of MCH program activities will be a key priority and will support moving the needle for all of the MCH populations in Texas.

2010-2015 National and State Performance Measures Used for the FY 2014 Annual Report	2016-2020 National Performance Measures Used for the FY 2016 Application	Population Domain
NPM 15 Percentage of women who smoke in the last three months of pregnancy.	NPM 1 Percent of women with a past year preventive visit	Maternal/ Women
NPM 18 Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.		
SPM 4 The proportion of women between the ages of 18 and 44 who are current cigarette smokers.		
NPM 1 The percent of screen positive newborns who received timely follow-up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.	NPM 4 A) Percent of infants who are ever breastfed and B) Percent of infants breastfed exclusively through 6 months.	Perinatal/ Infant
NPM 11 Percentage of mothers who breastfeed their infants at six months of age.		
NPM 12 Percentage of newborns who have been screened for hearing before hospital discharge.		
NPM 17 Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.	NPM 5 Percent of infants placed to sleep on their back	
SPM 2 Rate of excess feto-infant mortality in Texas.		
NPM 7 Percent of 19-35 mo. olds who have received full schedule of age appropriate immunizations against MMR, Polio, Diphtheria, Tetanus, Pertussis, HIB and Hep B.	NPM 6 Percent of children, ages 9 through 71 months, receiving a developmental screening using a parent-completed screening tool	Child Health
NPM 9 Percent of 3rd grade children who have received protective sealants on at least one permanent molar tooth.		
NPM 14 Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.	NPM 7 Rate of injury-related hospital admissions per population ages 0 through 19 years	
SPM 5 The percent of obesity among school-aged children (grades 3-12).		

NPM 8 Rate of birth (per 1,000) for teenagers aged 15 through 17 years.	NPM 7 Rate of injury-related hospital admissions per population ages 0 through 19 years	Adolescent Health
NPM 16 The rate (per 100,000) of suicide deaths among youths aged 15 through 19.		
NPM 2 Percent of CSHCN (0-18 yrs) whose families partner in decision making at all levels and are satisfied with services they receive.	NPM 11 Percent of children with and without special health care needs having a medical home	CSHCN
NPM 3 Percent of CSHCN age 0-18 who receive coordinated, ongoing, comprehensive care within a medical home.		
NPM 4 Percent of CSHCN age 0-18 whose families have adequate private and/or public insurance to pay for the services they need.		
NPM 5 Percent of CSHCN age 0-18 whose families report the community-based systems are organized so they can use them easily.	NPM 12 Percent of children with and without special health care needs who received services necessary to make transitions to adult health care	
NPM 6 Percentage of youth with SHCN who received the services necessary to make transition to all aspects of adult life.		
SPM 1 Change in percentage of CSHCN living in congregate care settings as a percent of base year 2003.		
NPM 10 Rate of deaths to children aged 14 yrs and younger caused by motor vehicle crashes per 100,000 children.	NPM 14 A) Percent of women who smoke during pregnancy and B) Percent of children who live in households where someone smokes	Crosscutting/ Lifecourse
NPM 13 Percent of children without health insurance.		
SPM 3 The extent to which programs enhance statewide capacity for public health approaches to mental and behavioral health for MCH populations.		
SPM 6 Rate of preventable child deaths (0-17 year olds) in Texas.		
SPM 7 The extent to which research findings and/or evidence-based practices are used to develop and improve DSHS programs serving MCH populations.		

Maternal and Women's Health

The NA data indicate less than two-thirds of Texas women of childbearing age (WCBA) had a routine checkup in the past year and the rate of women giving birth who received adequate prenatal care remained relatively constant from 2012 to 2013. Rates of hypertension, diabetes and obesity appear to be increasing. Only Hispanic women met the HP2020 abstinence from smoking during pregnancy target of 98.6%, only half of women who reported not wanting to become pregnant used contraceptives, and over half of all pregnancies in Texas are unintended.

The Texas Department of State Health Services (DSHS) made considerable progress in building infrastructure and capacity to promote prenatal care, health, and wellness among WCBA through the efforts of women's health programming and other statewide initiatives, such as the Maternal Mortality and Morbidity Task Force (MMMTF) and Healthy Texas Babies (HTB). A recent increase of $50 million in state funding for women's health care will provide for continued progress, as will the MMMTF's ultimate recommendations to prevent adverse maternal outcomes and reduce health disparities based on the reviews of mortality cases and morbidity trends.

DSHS efforts to promote healthy women have expanded through education and social marketing of the HTB Initiative which is modeled on the life course theory. For example, the Someday Starts Now (SSN) campaign plans to use HTB local coalitions to promote interconception and family planning provider tools. The Preconception Peer Education program is expanding to reach all Historically Black Colleges and Universities in Texas.

Perinatal/Infant Health

Considerable progress has been made over the past five years, through collaboration and integration, to develop, implement and evaluate a comprehensive program to address known barriers to breastfeeding and increase support. Texas has created a strong foundation to promote breastfeeding because of the correlation it has with preventing many chronic diseases, obesity and SIDS. Texas selected breastfeeding as a NPM, and a robust slate of activities is planned in FY16 to leverage and build upon the successes and to reduce the barriers. DSHS is currently developing an outreach and awareness campaign to promote participation in the Mother-Friendly Worksite Program which recognizes and lists businesses with worksite lactation support policies. This program will be favorably impacted by House Bill 786 (2015) which requires public employers to develop a written policy, make reasonable accommodations for employees who express breast milk, and not discriminate against employees who assert the right to express milk.

Texas NA data still show disparities in sleep-related infant deaths. Although Texas has made significant progress in reducing infant mortality, data show continued disparities between Black and White women. DSHS chose safe sleep as a NPM for 2016. DSHS and the Texas Department of Family and Protective Services (DFPS) have jointly created a strategic plan which includes addressing sleep-related deaths and those due to maltreatment. DSHS is participating with the Infant Mortality CoIIN and has selected safe sleep as a strategy.

Title V will continue to support the Newborn Screening Unit which expanded in 2015 to screen for 24 additional health conditions that can cause serious problems such as developmental delays, major illness or even death. All Texas babies are now screened for 53 rare disorders via blood spot testing, in addition to point-of-service screens for hearing loss, and critical congenital heart defects. The Perinatal Advisory Council is making substantial progress towards finalizing rules for neonatal levels of care.

Child Health

DSHS is expanding efforts to reduce child injury, one of the leading causes of death for children one to fourteen years of age in Texas. Stakeholders reported bullying and injury prevention as health priorities. This is one reason DSHS chose injury prevention as a NPM and incorporates bullying into injury prevention plans. DSHS will collect data on bullying through the School Physical Activity and Nutrition (SPAN) survey and bullying policies through the School Based Health Center assessment. DSHS has strong collaborations with numerous statewide stakeholders including other state agencies that will enhance injury prevention efforts. DSHS and DFPS formed a collaboration to create a strategic plan to reduce child deaths due to maltreatment. Two causes of injury that will be addressed are hyperthermia and pedestrian back over deaths.

DSHS will host the Child Injury Prevention Summit in conjunction with an annual Child Fatality Review Team training conference. Anticipated results from the Injury Prevention Summit include recommendations for DSHS programming, strategies to share with other stakeholders, and a plan to reduce injuries that result in hospitalization. DSHS will work with Texas Medical Child Abuse Resources and Education System programs to expand their prevention and education activities to provide education to Child Advocacy Centers, schools and community partners on how to recognize and report child abuse.

DSHS selected developmental screening as an NPM, as only 30.4% of Texas children 10 months to 5 years currently receive screenings. Parents reported in focus groups that they lack access to providers to assess their child's development. Texas will work to expand surveillance of child health issues.

DSHS received the State Project LAUNCH Expansion grant from the Substance Abuse and Mental Health Services Administration to improve early childhood systems (ages 0 to 8), strengthen parenting competencies and improve children's developmental and behavioral outcomes. Project LAUNCH will allow DSHS to fund communities to develop systems and infrastructure to implement services to children with developmental needs in health disparate areas.

The CSHCN SP supported the Act Early Texas (AET) initiative to improve comprehensive, coordinated health care services for children with Autism and developmental disabilities. AET created a web portal for parents to conduct a free, online developmental screening of their children (https://actearlytexas.org). DSHS will promote this resource to partners, parents, regional public health directors, and providers. In addition, the CSHCN Director continues to participate on the AET Commission providing input in the development of a comprehensive state plan that will outline an approach to improve access to comprehensive, coordinated health care/related services for children and youth with Autism Spectrum Disorder and Developmental Disabilities.

Adolescent Health

Based on the NA and input across the state, DSHS has chosen to focus Adolescent Health activities on injury prevention. DSHS will utilize Positive Youth Development (PYD) as the foundation for infrastructure. PYD helps youth acquire the personal assets (or protective factors) they need to become healthy and productive adults. DSHS will continue to partner with the State Suicide Prevention Coordinator to support suicide prevention as the suicide rate for Texas youth 10-17 years old has not significantly changed in the past 5 years and to work with Texas Healthy Adolescent Initiative contractors to address ATV safety, mental health/suicide, violence, HIV/STD, obesity, and substance abuse.

Youth and family input is vital to the success of programming within the community. DSHS will support expansion of the THAI project to include clinic-based adolescent-friendly sites. Texas may consider an adolescent-specific State Performance Measure (SPM) in FY 2017. Health care professionals will have the opportunity to develop uniform processes for well visits and connect with their adolescent population. DSHS is participating in the Association of Maternal and Child Health Programs Collaborative Improvement and Innovation Network focused on Adolescent and Young Adult Health.

DSHS will sponsor several state-level activities: a Youth Summit to gather statewide youth leaders and expose other youth to leadership opportunities; implementation of a state-level Youth Adult Council in order to benefit from youth's expertise on adolescent risk factors; and an Injury Prevention Summit.

Children with Special Health Care Needs

The CSHCN SP mission is to support family-centered, community-based strategies for improving the quality of life for children with special health care needs and their families. This is accomplished through a variety of initiatives that support Title V performance measures and foster family-professional partnerships.

The NA highlights several key areas of ongoing needs within Texas for CYSHCN and their families. Central themes emerging during the NA process include access, education and coordination of resources and services. Priority areas identified for CYSHCN and their families include transition from pediatric to adult care, medical home and care coordination, and community integration. Based on outcomes from the NA, the CSHCN SP has developed proposed priority statements for CYSHCN and their families for FY 2016 through FY 2020:

- Promotion of community integration
- Continued advancement of medial home services
- Increased access to and improved care coordination
- Promotion of appropriate services to transition to adulthood
- Improved access to community-based services to support families, including respite
- Supporting CYSHCN and their families across the life course
- Enhance family/professional partnerships within systems serving CYSHCN

Some of the key challenges identified through the NA process to improve the health of CYSHCN and their families are providing resources and intervening early to improve outcomes across the life course. Families and stakeholders identified that to improve well-being, family-professional partnerships need to be developed early and services need to be provided continuously and be based on the needs of the family. These unique needs, including transition and family support services, can be addressed more readily within a medical home.

The CSHCN SP continues to work with the partners across the state to address these challenges, integrate services and improve outcomes for CYSHCN and their families. This is accomplished through the health care benefits program, case management through community based contractors and regional staff, and the provision of family support and community resources. Development of new initiatives to increase provider knowledge and capacity, to support families and CYSHCN, and to build statewide infrastructure around medical home and transition provide opportunities to impact health status and promote continued progress in performance outcomes. Finally, participation and facilitation of statewide initiatives including strategic planning of the Texas Title V Transition and Medical Home Workgroups, the Action Learning Collaborative for the Systems of Care for CYSHCN and ongoing quality improvement projects related to transition and medical home contribute to realizing advancement in moving the needle for CYSHCN and their families in Texas.

Cross-cutting/Life Course

Results of the NA showed women who smoked had more than a three-fold increase in the odds of their infant's death being classified as SIDS than women who did not smoke. Focus group participants and stakeholders expressed a need for increased education at the patient and provider levels to help adopt and promote healthy behaviors and navigate the health care system. Recently the DSHS Interim Commissioner announced an initiative to analyze the scope, effectiveness and integration of the tobacco prevention and cessation activities across DSHS.

DSHS will increase outreach efforts through collaboration with partners to educate the public on risks of tobacco exposure among pregnant women and children. DSHS incorporates tobacco prevention messaging into clinical policy, provider and CHW training, and other platforms. DSHS will work to expand components of the HTB SSN campaign to incorporate smoking cessation messaging, including promoting the DSHS Tobacco Prevention and Control's smoking cessation resources throughout the website. Smoking cessation efforts will be incorporated as part of SIDS/safe sleep outreach efforts. DSHS will work with partners to increase coordination across sectors to address risk factors for children with asthma, including secondhand smoke and other harmful exposures.

Obesity is at the heart of many health issues in Texas across the lifespan. Obesity prevention and interventions have the potential to greatly reduce disease burden. It can improve the overall health of Texans across the lifespan by reducing the prevalence of many chronic diseases, such as hypertension and diabetes. Obesity has long-term health and behavioral effects for children, adolescents, and adults. The contributing factors to obesity are so widespread that it has become a proxy for the overall health and well-being of the state, much like infant mortality.

No single prevention/intervention effort will reduce obesity. DSHS has success stories with obesity reduction among low-income children within the WIC program and will build on those stories across the lifespan. Expansion and increased use of SPAN data to inform population-based and targeted prevention/intervention for obesity reduction will be critical for success. Future efforts include collaboration with obesity prevention partners, Worksite Wellness expansion, increased collaboration with WIC, the Office of Women's Health, the Supplemental Nutrition Assistance Program, and consideration of obesity as a SPM.

For more information on MCH efforts in Texas, please visit http://www.dshs.state.tx.us/mch/.