



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

MAINE

State Snapshot

FY 2017 Application / FY 2015 Annual Report

November 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 2017 Application / FY 2015 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

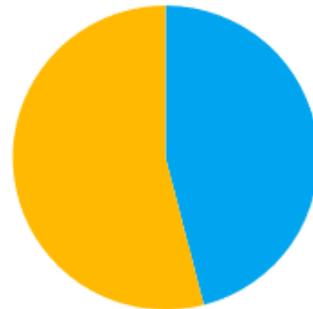
State Contacts

MCH Director	CSHCN Director	State Family or Youth Leader
Valerie J. Ricker, MSN, MS Manager, Public Health Nursing Valerie.J.Ricker@maine.gov (207) 287-5396	Shannon King Director, CSHN Shannon.King@maine.gov (207) 287-4577	No Contact Information Provided

Funding by Source

Source	FY 2015 Expenditures
Federal Allocation	\$3,321,552
State MCH Funds	\$3,903,140
Local MCH Funds	\$0
Other Funds	\$0
Program Income	\$0

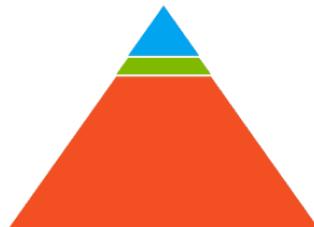
FY 2015 Expenditures



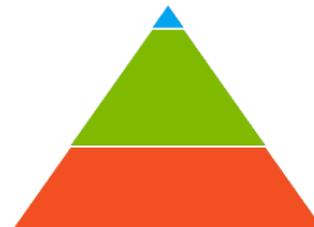
Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$731,105	\$396,065
Enabling Services	\$243,702	\$2,087,157
Public Health Services and Systems	\$2,242,238	\$1,485,310

FY 2015 Expenditures Federal



FY 2015 Expenditures Non-Federal



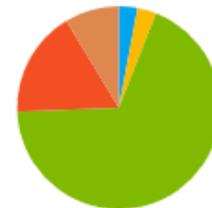
Total Reach of Title V in Serving MCH Populations

Populations Served	Individuals Served	FY 2015 Expenditures	%
Pregnant Women	12,671	\$902,125	12.7%
Infants < 1 Year	12,863	\$1,051,343	14.8%
Children 1-22 Years	292,736	\$2,127,879	30.0%
CSHCN	72,578	\$2,321,792	32.7%
Others *	37,015	\$699,365	9.8%
Total	427,863	\$7,102,504	100%

FY 2015 Expenditures



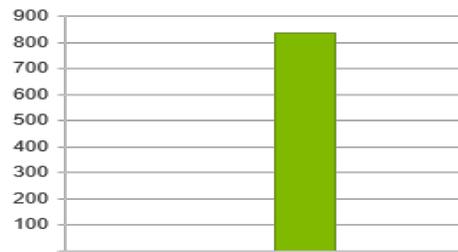
FY 2015 Individuals Served



*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.

Communication Reach

Communication Method	Amount
State Title V Website Hits:	0
State Title V Social Media Hits:	0
State MCH Toll-Free Calls:	836
Other Toll-Free Calls:	0



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

Evidence-Based or –Informed Strategy Measures

NPM #	NPM Short Name	ESM #	ESM Title
NPM 2	Low-Risk Cesarean Delivery	ESM 2.1	Number of hospitals participating in a quality improvement process to reduce low-risk cesarean deliveries
NPM 4	Breastfeeding	ESM 4.1	Completion of report describing hospitals' use of 6 of the "10 Steps to Successful Breastfeeding" standards
NPM 5	Safe Sleep	ESM 5.1	Number of hospitals with bronze (or higher) certification for Cribs for Kids
NPM 6	Developmental Screening	ESM 6.1	Number of practices participating in QI process around developmental screening practices
NPM 7	Injury Hospitalization	ESM 7.1	Number of school personnel trained by the National Alliance on Mental Illness of Maine (NAMI Maine)
NPM 7	Injury Hospitalization	ESM 7.2	Number of consultation contacts by statewide toxicology consultation services
NPM 9	Bullying	ESM 9.1	Number of stakeholders attending the Creating Safe Maine Schools Coalition meeting
NPM 11	Medical Home	ESM 11.1	Number of practices receiving TA from Maine Parent Federation (MPF) family support navigators
NPM 14	Smoking	ESM 14.1	Contract encumbered that includes activities related to environmental tobacco exposure
NPM 14	Smoking	ESM 14.2	Number of MCH providers trained on tobacco cessation (OB-GYNs, perinatal nurses, family nurse practitioners, family medicine physicians)

State Performance Measures

SPM #	SPM Title	Population Domain(s)
SPM 1	Percent of new mothers ages 18-24 years whose most recent pregnancy was unintended.	Women/Maternal Health
SPM 2	Percent of third grade children who have received protective sealants on at least one permanent molar tooth.	Child Health
SPM 3	Percent of adolescents aged 12-17 with unmet mental health needs.	Adolescent Health
SPM 4	Percent of adolescents with and without special health care needs who received services necessary to make transitions to adult health care.	Children with Special Health Care Needs

Executive Summary

Title V and the MCH 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 MCHBG cycle, the Maine CDC's Title V program conducted a comprehensive strengths and needs assessment (CSNA). The assessment involved articulating outcomes to be achieved, reviewing literature to identify evidence-based strategies, identifying metrics for evaluating progress toward outcomes, and linking financial and human resources for 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 six population health domains defined in the MCHBG guidance: Women/Maternal, Perinatal/Infant, Child, CSHCN, Adolescent, and Cross-cutting/Life course. The stakeholders came from associations of health care professionals, state agencies, academic institutions, advisory committees/boards, individual health care providers, birth hospitals, families and consumers, non-governmental organizations and contractors of MCH services. Through a multi-staged process, stakeholder groups, as well as the CSNA Steering Committee, used data and expertise 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 (NPM) to eight that will be addressed in Maine. They also developed four State Performance Measures (SPM) 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 developed strategies to address the new priorities and associated performance measures. A State Action Plan to guide Maine's Title V program for the next five years was developed with objectives, strategies, and evidence-based strategy measures (ESM) for each priority. The groups also developed logic models for each strategy that will inform evaluation plans to be developed in FY17.

Strengths and Needs of Maine's MCH Population

Historically Maine has positive health outcomes related to MCH outcomes such as premature birth, initiation of prenatal care in the first trimester, immunization rates, health insurance coverage for children, and child and adolescent mortality in comparison to the nation. Factors influencing these outcomes include partnerships with other governmental and non-governmental agencies, such as development of a statewide system providing reproductive health services, implementation of comprehensive health education in 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. That said, we have faced challenges in the areas of infant mortality, infant exposure to drugs in utero, smoking during pregnancy, unintended pregnancy, and suicide ideation among youth, among other issues. Below is a brief summary of data related to Maine's selected national and state performance measures.

Women/Maternal: Maine has a high rate of unintended pregnancy, especially among young women and Maine's C-section rate has increased over the past 15 years. Almost 40 percent of new mothers have an unintended pregnancy; Sixty percent among new mothers aged 18-24 years. In 2014, about one of every four low-risk first births were delivered by cesarean section. Low risk births by cesarean section increased 27 percent between 2000 and 2014.

Perinatal/Infant: Maine once had one of the lowest infant mortality rates in the U.S., but it is now one of the highest. Sudden unexpected infant death remains among the top five causes of infant mortality in Maine. Breastfeeding is one of the best choices to promote the health of babies and mothers. Eight out of 10 Maine women breastfeed their baby (NIS); 25 percent breastfeed exclusively for six months. Maine's breastfeeding rates have been improving consistently over time. There is room for improvement particularly among young mothers and women with lower education levels.

Child Health: Developmental screening rates have been improving over time, but more work is needed. About one in four (27.3 percent) Maine children is screened for developmental delay. Injuries are the leading cause of childhood death and hospitalization. Between 2002 and 2012 emergency department visits for unintentional poisoning increased significantly, about 3.5 percent each year. Rates of suicide ideation among high school students increased 18 percent between 2009 and 2015. Tooth decay is one of the most common childhood chronic conditions. About 20 percent of Maine children did not see a dentist in the last year.

Adolescent Health: With 1 in every 4 adolescents reporting symptoms of depression in the past year, addressing mental health is a primary need for this population. More than one in four adolescents needed but did not get mental health services in 2011-2012. One of four Maine high school students has been bullied at school; half of Maine's lesbian, gay, bisexual and questioning high school students have been bullied.

Children with Special Health Needs: Comprehensive, coordinated care across the lifespan is a primary need for the CSHCN population. Sixty-three percent of children in Maine receive care within a medical home; children with a special health need are less likely to have a medical home. Forty percent of Maine youth aged 12-17 years receive services to transition to the adult health care system.

Cross Cutting/Life Course: Exposure to tobacco in utero and throughout childhood is associated with poor birth outcomes and increased risk for chronic disease. Maine has one of the highest rates of smoking during pregnancy (16.5 percent) and one of the lowest quit rates during pregnancy (11.6 percent). Three in ten Maine children live in households where someone smokes. About half of children living in poverty in Maine are exposed to tobacco smoke.

Maine's 2015-2020 State Priorities

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

Addressing Maine's MCH Priorities

During FY16 the Maine CDC Title V Program focused upon finalizing the evidence informed/based strategies to achieve positive progress on the selected national and state performance measures. This included development of evidence informed/based strategy measures (ESMs). These were developed through small workgroups that included program staff, health care/system partners and consumer focused organizations. The five year priorities, selected NPMs and SPMs and associated strategies that will assure progress to achieving our performance outcomes are summarized below by population domain.

Maternal/Women's Health

Priority: Improve birth outcomes-healthy pregnancies and babies

SPM: Percent of new mothers ages 18-24 years whose most recent pregnancy was unintended

Key Strategies:

- Educate women and providers on effective birth control options including long acting reversible contraceptives (LARCs)
- Promote education on effective birth control options in schools

ESM: Number of providers attending the shared decision-making model training for family planning providers

Priority: Improve reproductive health for women ages 15-44

NPM: Reduce the percent of cesarean deliveries among low-risk first births

Key Strategies:

- Conduct quality improvement (QI) process with hospitals with high rates
- Develop toolkit to share with providers and hospitals

ESM: Number of hospitals participating in QI process

Infant/Perinatal Health

Priority: Reduce risk factors for chronic disease among MCH populations

NPM: A) Percent of infants who are ever breastfed

B) Percent of infants who are breastfed exclusively through six months

Key Strategies:

- Help hospitals implement six of the "Ten Steps to Successful Breastfeeding"

ESM: Completion of report describing hospitals' use of breastfeeding standards

Priority: Promote safety and well-being for infants, children and youth

NPM: Percent of infants placed to sleep on their backs

Key Strategies:

- Expand “Cribs for Kids” program in Maine

ESM: # birthing hospitals meeting at least bronze certification for “Cribs for Kids”

Child Health

Priority: Enhance access to high quality health care for the MCH population

SPM: Percent of third grade children that have received protective sealants on at least one permanent molar tooth

Key Strategies:

- Enroll schools in oral health programming and provide training
- Educate parents and providers about use of dental sealants for children

ESM: Number of students participating in school oral health programming (oral rinse, varnish and/or sealants)

NPM: Percent of children ages 10-71 months receiving a developmental screening using a parent-completed screening tool

Key Strategies:

- Conduct QI process with primary care providers
- Educate childcare providers about the importance of developmental screening

ESM: Number of providers participating in developmental screening QI process

Priority: Promote safety and well-being for infants, children and youth

NPM: Rate of hospitalization for non-fatal injury per 100,000 population ages 0-19 years

Key Strategies:

- Maintain statewide poison control hotline
- Expand education and outreach efforts on drug-related poisonings
- Train school personnel and professionals serving high-risk youth in suicide awareness, intervention, and referral
- Implement the Zero Suicide model in health systems

ESMs: (a) Number of consultation contacts for human exposures by statewide toxicology consultation services; (b) Number of school personnel receiving evidence-based training in suicide awareness and/or intervention and referral

Adolescent Health

Priority: Promote safety and well-being for infants, children and youth

NPM: Percent of adolescents ages 12-17 who are bullied or who bully others

Key Strategies:

- Re-engage stakeholders in Creating Safe Maine Schools Coalition
- Provide schools with information on community resources
- Implement bullying prevention and intervention in schools
- Support implementation of model bullying prevention policies in schools

ESMs: (a) Number of stakeholders attending Creating Safe Maine Schools Coalition meeting; (b) Number of Creating Safe Maine Schools Coalition meetings

Priority: Enhance access to high quality health care for the MCH population

SPM: Percent of adolescents with unmet mental health needs

Key Strategies:

- Support Maine’s School Based Health Center (SBHC) integrated medical and behavioral health care model
- Increase co-location of mental health services within schools
- Increase mental health screening for adolescents
- Train youth serving professionals to identify, intervene, and assist youth with unmet mental health needs

ESMs: Number of youth receiving mental health services at a SBHC

Children with Special Health Care Needs

Priority: Improve systems of care for children and youth with and without special health care needs

NPM: Percent of children with and without special health care needs who have a medical home

Key Strategies:

- Provide practices with technical assistance to increase family engagement
- Improve cross-system care coordination

ESMs: Number of practices receiving TA from family support navigators

SPM: Increase the percent of children with and without special health care needs who received services necessary to make transitions to adult health care

Key Strategies

- Build awareness with providers on importance of transition
- Engage in QI process to improve transition quality
- Develop a common resource guide for providers and parents

ESMs: Number of grand rounds presentations on transition

Cross-cutting/Life course

Priority: Reduce risk factors for chronic disease among MCH populations

NPM: A) Percent of women who smoke during pregnancy and B) Percent of children who live in households where someone smokes

Key Strategies

- Promote trainings for those serving women of childbearing age
- Increase referrals from home visiting program to helpline
- Expand smoke-free home pledge program for youth
- Outreach to priority stakeholders (landlords, housing authority, etc.) to maintain smoke-free policies

ESMs: (A) Number of MCH providers trained on brief intervention for tobacco cessation (B) Contract finalized/encumbered that includes activities related to environmental tobacco

FY17 Plan

During FY17 the strategies outlined in the five year action plan will be implemented. Each of the NPMs and SPMs has a designated lead within the Title V Program. They will work with the identified action plan partners to develop detailed project management workplans and commence implementation of the strategies. They will also develop requests for proposals for scopes of work to be conducted by a contractor. Contract awards will complete the shift in financial resources from priorities of the last five year grant cycle to the new five year priorities. Funds from the MCHBG and State System Development Initiative will be used to ensure ongoing needs assessment activities by Maine's MCH epidemiologists. Our MCH epidemiology team will continue to monitor data and conduct in-depth analyses to better understand our national and state measures as well as emerging MCH issues.