



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

MICHIGAN

State Snapshot

FY 2017 Application / FY 2015 Annual Report

November 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 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>)

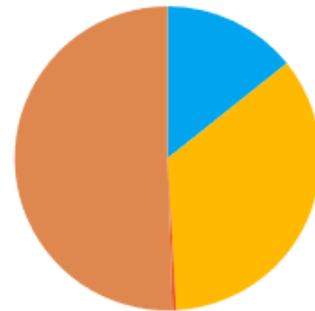
State Contacts

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

Source	FY 2015 Expenditures
Federal Allocation	\$18,033,339
State MCH Funds	\$44,147,168
Local MCH Funds	\$0
Other Funds	\$469,940
Program Income	\$63,984,361

FY 2015 Expenditures



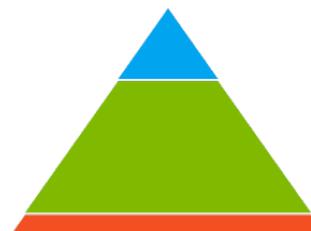
Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$9,917,513	\$34,822,365
Enabling Services	\$2,174,656	\$65,023,441
Public Health Services and Systems	\$5,941,170	\$8,755,361

FY 2015 Expenditures Federal



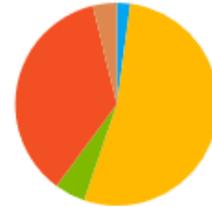
FY 2015 Expenditures Non-Federal



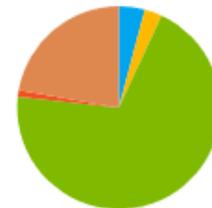
Total Reach of Title V in Serving MCH Populations

Populations Served	Individuals Served	FY 2015 Expenditures	%
Pregnant Women	166,305	\$2,672,017	2.1%
Infants < 1 Year	112,437	\$67,047,403	53.1%
Children 1-22 Years	2,819,310	\$6,138,943	4.9%
CSHCN	41,259	\$45,492,534	36.1%
Others *	898,056	\$4,836,062	3.8%
Total	4,037,367	\$126,186,959	100%

FY 2015 Expenditures



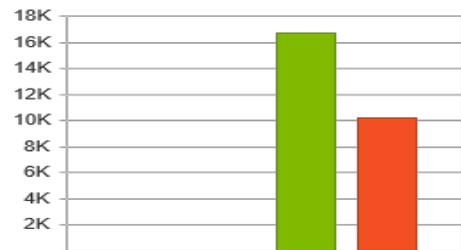
FY 2015 Individuals Served



*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:	16,667
Other Toll-Free Calls:	10,224



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

Evidence-Based or –Informed Strategy Measures

NPM #	NPM Short Name	ESM #	ESM Title
NPM 1	Well-Woman Visit	ESM 1.1	Increase the percentage of women aged 18-44 who have ever discussed reproductive life planning during a visit with a doctor, nurse, or other health professional
NPM 3	Risk-Appropriate Perinatal Care	ESM 3.1	Number of CenteringPregnancy sites in Michigan
NPM 4	Breastfeeding	ESM 4.1	Increase the percentage of Baby-Friendly designated birthing hospitals in Michigan
NPM 6	Developmental Screening	ESM 6.1	Create a strategic plan for a statewide developmental screening system
NPM 10	Adolescent Well-Visit	ESM 10.1	Of health care providers who complete the Motivational Interviewing web course and Motivational Interviewing professional development training, the percent who report an increase in skills in effectively counseling youth on changing risky behaviors
NPM 11	Medical Home	ESM 11.1	Percent of families that indicate care coordination and family partnership are working well within their primary or specialty care provider setting
NPM 12	Transition	ESM 12.1	Percent of local health departments with a transition policy in place
NPM 13	Preventive Dental Visit	ESM 13.1	Number of students who have received a preventive dental screening through the SEAL! Michigan program

State Performance Measures

SPM #	SPM Title	Population Domain(s)
SPM 1	Percent of children less than 72 months of age who receive a venous lead confirmation testing within 30 days of an initial positive capillary test	Child Health
SPM 2	A) Percent of infants put to sleep alone in their crib, bassinet or pack and play and B) Percent of infants put to sleep without objects in their crib, bassinet or pack and play	Perinatal/Infant Health
SPM 3	A) Percent of high school students who report feeling sad or hopeless almost every day for two or more weeks in a row and B) Percent of women enrolled in MIHP who are screened for maternal depression	Cross-Cutting/Life Course
SPM 4	Percent of children with special health care needs enrolled in CSHCS that receive timely medical care and treatment without difficulty	Children with Special Health Care Needs

SPM 5	A) Percent of children 19 to 36 months of age who have received a completed series of recommended vaccines (4313314 series) and B) Percent of adolescents 13 to 18 years of age who have received a completed series Human Papilloma Virus vaccine	Cross-Cutting/Life Course
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Executive Summary

Michigan's Title V Maternal and Child Health (MCH) program 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 housed within the Division of Family and Community Health (DFCH) and works collaboratively with the Children's Special Health Care Services (CSHCS) Division. Title V funding is used to support both state and local MCH activities. At the state level, funding is used for a wide range of MCH priorities and needs, as highlighted in this application. At the local level, funding is distributed to local health departments to meet locally-identified needs, particularly those that align with Michigan's national and state performance measures.

For 2016-2020 planning and as part of the federal Title V transformation, MDHHS leadership and a broad group of partners 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 were used to identify strategic issues—the most critical challenges that must be addressed in order to improve the health of Michigan's MCH population. MCH leadership selected priorities from among the strategic issues based on data, knowledge of Title V program capacity, and the potential to leverage Title V funding to impact MCH outcomes. For 2016-2020, Michigan's seven priority needs are:

- Reduce barriers, improve access, and increase the availability of health services for all populations
- Support coordination and linkage across the perinatal to pediatric continuum of care
- Invest in prevention and early intervention strategies, such as screening
- Increase family and provider support and education for Children with Special Health Care Needs
- Increase access to and utilization of evidence-based oral health practices and services
- Foster safer homes, schools, and environments with a focus on prevention
- Promote social and emotional well-being through the provision of behavioral health services

Across the six Title V population domains, state action plans were developed to address National Performance Measures (NPMs) and State Performance Measures (SPMs) that align with each priority need. A summary is included below, and detailed action plans can be found in Section II.F.1.

Women/Maternal Health: To address identified gaps in women's and maternal health, MCH leadership prioritized the need to "Reduce barriers, improve access, and increase the availability of health services." The NPM "Percent of women with a past year preventive medical visit" was selected as a measure of progress toward addressing this need. Michigan has seen an increase in the use of long-acting reversible contraceptives and an increase in the percent of pregnancies that are intended. However, given changing funding for family planning, gaps in provider capacity to offer long-acting reversible contraceptives, and slow uptake in the provider community around discussing reproductive life planning with clients, the five-year plan focuses on ensuring women have the reproductive and health care services they need to plan for pregnancy. Objectives and strategies include outreach to improve awareness of family planning clinics; increasing the use of highly effective contraceptive methods among family planning clinics; providing tools for providers to support reproductive life planning; intensifying local efforts to support health insurance enrollment; and linking women who receive family planning to primary care providers.

Perinatal/Infant Health: Two needs were prioritized to improve health outcomes in the perinatal and infant stage of the life course: "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 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 infant's breastfed exclusively through 6 months." Progress toward fostering safer environments will be measured by a SPM: "A) Percent of infants put to sleep alone in their crib, bassinet or pack and play and B) Percent of infants put to sleep without objects in their crib, bassinet or pack and play."

Although Michigan has had several successes in perinatal and infant health, sufficient progress has not been made in key areas, including the percent of VLBW infants delivered at appropriate facilities, state breastfeeding rates, or the percent of infants who sleep in safe environments (even though the percent of infants who are put to sleep on their backs has steadily improved). Moreover, inequities in access to birthing facilities, breastfeeding, and safe sleep set the stage for disparate health outcomes across the life course.

Supporting coordination and linkage across the perinatal to pediatric continuum of care is addressed via two state action plans. The first plan focuses on piloting community perinatal care systems; sharing the March of Dimes Preterm Labor Assessment Toolkit with birth hospitals via the regional perinatal care systems; promoting case management for at-risk pregnant women through home visiting; and providing medical providers with training in screening/referral for substance use. The second plan focuses on 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.

To foster safer environments, Michigan will focus on infant safe sleep. Strategies include building community capacity to implement safe sleep education and outreach activities; improving connections with non-traditional partners; developing new public awareness

strategies for promoting safe sleep; and supporting providers who work with families to have effective conversations about safe sleep.

Child Health: Two priority needs align with improving child health: “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.” Based on parent self-report, the percentage of children who have received a developmental screening has been steadily increasing. However, Michigan does not have a system for consistently measuring developmental screening at the population level aside from the National Survey of Children’s Health, which is not available with sufficient frequency or at the local level. This gap in the state’s public health infrastructure makes surveillance of developmental concerns challenging. Michigan will focus on development of a statewide developmental screening system, including developing screening and referral procedures; procedures for responding to referrals; and strategies to report results to families.

Progress toward fostering safer environments will be measured by the SPM “Percent of children less than 72 months of age who receive a venous lead confirmation testing within 30 days of an initial positive capillary test.” While Michigan has made progress in reducing the overall level of lead poisoning in the state, as well as the inequity between black and white children under six years of age with elevated blood lead levels, specific communities have high rates of lead poisoning. To address this priority, the state will focus on increasing the percentage of young children (with particular focus on those enrolled in Medicaid Health Plans) who receive a venous lead confirmation test; enhancing analysis of the state’s surveillance data; and developing educational materials related to lead testing.

Adolescent Health: Based on needs assessment results, “Reducing barriers, improving access, and increasing the availability of health services” is a priority for the adolescent population. The NPM chosen to address this need is “Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.” Data suggest that within the adolescent population, areas of concern include healthy lifestyles, suicide, and access to care. High-quality preventive care can help address each of these challenges, and can build on Michigan’s successes in other areas of adolescent health, such as the declining teen pregnancy rate.

The adolescent health plan includes improving adolescent preventive visits, focusing on Medicaid eligible youth; increasing the number of providers trained on culturally-competent, adolescent-friendly care; increasing the proportion of adolescents with a documented well child exam in Michigan’s Child and Adolescent Health Centers (CAHCs); and developing a social media campaign to promote adolescent well-care and targeted health messages.

Children with Special Health Care Needs (CSHCN): To address the needs of CSHCN, MCH leadership prioritized “Increasing family and provider support and education for CSHCN” and “Reducing barriers, improving access, and increasing the availability of health services.” To measure progress toward increasing family and provider support and education, 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.” Progress toward reducing barriers, improving access, and increasing services, will be measured by a SPM: “Percent of CYSHCN enrolled in CSHCS that receive timely medical care and treatment without difficulty.”

Although Michigan’s CYSHCN system has many strengths, especially around family engagement and support, the needs assessment also identified opportunities for improvement. Too few CYSHCN have access to a medical home or transition services, and CYSHCN face barriers to accessing the services they need. These issues will be addressed in many ways. To increase family and provider support and education and to increase access to a medical home, Michigan will provide training to medical home providers; partner to improve systems of care; develop reimbursement mechanisms that support the functions of a medical home; and increase families’ understanding of the benefits of a medical home. To improve transitions to adult care, Michigan’s plan includes expanding the use of transition planning; increasing youth and family awareness and understanding of the transition process; and increasing provider awareness and understanding of the transition process. Finally, to improve medical services and treatment for CSHCN, the plan includes covering specialty care and treatment costs when insurance is inadequate; supporting healthcare delivery models that focus on care coordination and family partnership; expanding the use of telemedicine; and strengthening care coordination, case management, and support services provided to CYSHCN and their families through local health departments.

Cross-cutting/Life Course: Three cross-cutting or life course priorities were selected. Progress toward the first 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.” Both pregnant women and children lack access to dental care in Michigan. To improve access to and utilization of oral health services, Michigan’s five-year plan will expand the SEAL! Michigan program to promote dental sealants through schools; establish 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 establish a communication plan. This priority will include increasing access to oral health services for CSHCN.

Progress toward the second priority, “Promote social and emotional well-being through the provision of a continuum of behavioral health services,” will be measured by a two-part SPM: “A) Percent of high school students who report feeling sad or hopeless almost every day for two or more weeks in a row, to the extent they stopped doing usual activities during the prior 12 months and B) Percent of women who enrolled in the Maternal Infant Health Program who are screened for depression.” Depression is a serious public health concern across the adolescent and postpartum women populations. Strategies in Michigan’s plan for improving adolescent mental health include training school district personnel on concerns related to social and emotional health and promoting telepsychiatry among CAHCs. To address depression in the postnatal period, Michigan’s plan focuses on expanding participation in the Maternal Infant Health Program, which provides home visits to prenatal and postpartum women, and improving the program’s approach to depression screening and referral.

Finally, progress toward the third priority, “Invest in prevention and early intervention strategies, such as screening” will be measured by the SPM “Percent of children 19-36 months of age who have received a completed series of recommended vaccines and B) Percent of adolescents age 13-18 who have received a completed HPV vaccine series.” Immunization rates among some of the state’s populations have not met Healthy People 2020 objectives. In particular, the immunization rate among children 19-35 months is a concern, as is the percent of adolescents who have received the HPV vaccine. To address these priorities, Michigan plans to generate letters to parents who have children or adolescents with overdue immunizations and provide immunization data to providers and health departments to support quality improvement efforts.