



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

NORTH CAROLINA

State Snapshot

FY 2017 Application / FY 2015 Annual Report

November 2016

Title V Federal-State Partnership - North Carolina

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>)

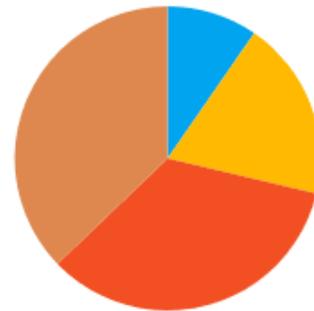
State Contacts

MCH Director	CSHCN Director	State Family or Youth Leader
Kelly Kimple Women's and Children's Health Section Chief kelly.kimple@dhhs.nc.gov (919) 707-5512	Marshall Tyson Acting Children & Youth Branch Head marshall.tyson@dhhs.nc.gov (919) 707-5640	Christopher Bryant Adolescent Health Coordinator christopher.bryant@dhhs.nc.gov (919) 707-5662

Funding by Source

Source	FY 2015 Expenditures
Federal Allocation	\$16,606,131
State MCH Funds	\$33,091,071
Local MCH Funds	\$0
Other Funds	\$59,015,505
Program Income	\$64,363,771

FY 2015 Expenditures



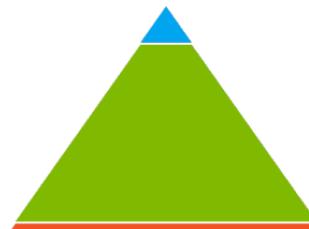
Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$0	\$25,668,741
Enabling Services	\$14,506,528	\$125,884,503
Public Health Services and Systems	\$2,099,603	\$4,917,104

FY 2015 Expenditures
Federal



FY 2015 Expenditures
Non-Federal



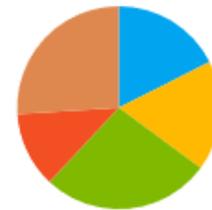
Total Reach of Title V in Serving MCH Populations

Populations Served	Individuals Served	FY 2015 Expenditures	%
Pregnant Women	120,948	\$41,646,383	24.2%
Infants < 1 Year	120,948	\$17,227,939	10.0%
Children 1-22 Years	184,754	\$64,926,933	37.7%
CSHCN	82,936	\$31,612,154	18.3%
Others *	179,124	\$16,875,720	9.8%
Total	688,710	\$172,289,129	100%

FY 2015 Expenditures



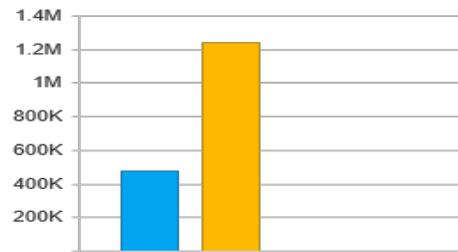
FY 2015 Individuals Served



*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:	479,000
State Title V Social Media Hits:	1,239,200
State MCH Toll-Free Calls:	358
Other Toll-Free Calls:	0



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 14	Smoking	Cross-Cutting/Life Course
NPM 15	Adequate Insurance	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	Number of local health department staff members and other women's health providers who participate in webinar explaining the preventive services for women covered through the Affordable Care Act (ACA)
NPM 3	Risk-Appropriate Perinatal Care	ESM 3.1	Percent of birthing hospitals who complete the CDC Levels of Care Assessment Tool (CDC LOCATe) annually
NPM 4	Breastfeeding	ESM 4.1	Percent of local health departments who have had Maternal Health staff members trained on BF promotion and support through the NC Regional Lactation Training Centers
NPM 6	Developmental Screening	ESM 6.1	Number of training opportunities to LHD providers on appropriate use of valid and reliable developmental, psychosocial, and behavioral health screening tools for children during state fiscal year
NPM 10	Adolescent Well-Visit	ESM 10.1	Number of adolescents receiving a preventive medical visit in the past year at a local health department
NPM 11	Medical Home	ESM 11.1	Number of policies, practices, and resources changed to support improved outcomes for CYSHCN by counties implementing Innovative Approaches strategies.
NPM 14	Smoking	ESM 14.1	Number of women of reproductive age (15 to 44 years) who received at least one counseling session from the tobacco QuitlineNC in the prior 12 months
NPM 15	Adequate Insurance	ESM 15.1	Number of outreach activities to promote access to health insurance done annually by the Children and Youth Branch's Minority Outreach Coordinator, CYSHCN HelpLine Coordinator, and YSHCN Access to Care Coordinator

State Performance Measures

SPM #	SPM Title	Population Domain(s)
SPM 1	Percent of infants with confirmed hearing loss who are enrolled for intervention services no later than age 6 months	Perinatal/Infant Health
SPM 2	Number of substantiated reports of child abuse and/or neglect	Child Health
SPM 3	Percent of infants and toddlers with Individualized Family Services Plans (IFSPs) who receive the early intervention services on their IFSPs in a timely manner (within 30 days)	Children with Special Health Care Needs

SPM 4	The ratio of school health nurses to the public school student population	Adolescent Health
-------	---	-------------------

Executive Summary

Executive Summary

The Title V Program in NC is housed in the Women’s and Children’s Health Section (WCHS) in the NC Division of Public Health (NC DPH), with the Title V Director serving as Section Chief and the CYSHCN State Director serving as the C&Y Branch Head. WCHS is responsible for overseeing the administration of the programs carried out with allotments under Title V and for other programs including Title X, early intervention, nutrition services (including the state WIC program), and immunization. In addition to the C&Y Branch, the WCHS includes four other branches: Women’s Health (WHB), Early Intervention, Immunization (IB), and Nutrition Services.

Highest Ranked Priority Needs

During 2014, the WCHS embarked upon two strategic planning processes (Perinatal Health and C&Y Branch) as part of the Needs Assessment, and these plans continue to inform the State Action Plan. Both of these processes reinforced the Section’s commitment to ensuring that pregnant women, mothers, infants, and children with and without special health care needs receive preventive and primary care services that are family-centered, community-based, and coordinated. In 2015, the Section Management Team (SMT) decided upon the following priority needs and National Performance Measures (NPMs) to be used in the State Action Plan. As SMT considers each of these ten priority needs to be equally important, additional ranking of these needs did not occur. In 2016, the State Performance Measures (SPMs) and Evidence-Based or –Informed Strategy Measures (ESMs) were added.

NC Priority Needs and Performance Measures		
by Primary Population Health Domain		
Domain	Priority Need	Measures
Women/ Maternal Health	Improve the health of women of childbearing age with a special focus on health equity	<p>NPM 1 % of women with a past year preventive medical visit</p> <p>ESM 1.1 # of participants in webinar explaining the preventive services for women covered through the Affordable Care Act (ACA).</p>
Perinatal/ Infant Health	Reduce infant mortality with a special focus on social determinants of health	<p>NPM 3 % of very low birth weight (VLBW) infants born in a hospital with a Level III+ Neonatal Intensive Care Unit (NICU)</p> <p>ESM 3.1 % of birthing hospitals who complete the CDC Levels of Care Assessment Tool (CDC LOCATe) annually</p> <p>NPM 4A % of infants who are ever breastfed</p> <p>NPM 4B % of infants breastfed exclusively through 6 months</p> <p>ESM 4.1 % of local health departments who have had Maternal Health staff members trained on BF promotion and support through the NC Regional Lactation Training Centers</p>
	Increase the number of newborns screened for genetic and hearing disorders and prevent birth defects	SPM 1 % of infants with confirmed hearing loss who are enrolled for intervention services no later than age 6 months
Child Health	Prevent child deaths	SPM 2 # of substantiated reports of child abuse and neglect
	Increase developmental screenings for children and adolescents	<p>NPM 6 % of children, ages, 10-71 months, receiving a developmental screening using a parent-completed screening tool</p> <p>ESM 6.1 # of training opportunities to LHD providers on appropriate use of valid and reliable developmental, psychosocial,</p>

NC Priority Needs and Performance Measures		
by Primary Population Health Domain		
		and behavioral health screening tools for children during state fiscal year
Adolescent Health	Promote healthy schools and students who are ready to learn	<p>NPM 10 % of adolescents, ages 12 through 17, with a preventive medical visit in the past year</p> <p>SPM 4 Ratio of school health nurses to the public school student population</p> <p>ESM 10.1 # of adolescents receiving a preventive medical visit in the past year at a Local Health Department</p>
CSHCN	Improve the health of children with special needs	<p>NPM 11 % of children with and without special health care needs having a medical home</p> <p>ESM 11.1 # of policies, practices, and resources changed to support improved outcomes for CYSHCN by counties implementing Innovative Approaches strategies</p>
	Provide timely and comprehensive early intervention services for children with special developmental needs and their families.	SPM 3 % of infants and toddlers with Individualized Family Services Plans (IFSPs) who receive the early intervention services on their IFSPs in a timely manner (within 30 days)
Cross-Cutting or Life Course	Improve healthy behaviors in women and children and among families incorporating the life course approach	<p>NPM 14A % of women who smoke during pregnancy</p> <p>NPM 14B % of children who live in households where someone smokes</p> <p>ESM 14.1 # of women of reproductive age (15 to 44 years) who received at least one counseling session from the tobacco QuitlineNC in the prior 12 months</p>
	Increase access to care for women, children, and families, especially in uninsured populations and where disparities exist	NPM 15 % of children ages 0 through 17 who are adequately insured

Emergent Needs

In the development and implementation of these strategic plans, many emergent and ongoing needs were identified. An overarching need is to promote health equity, as racial/ethnic disparities persist in many health outcomes. Providing affordable and accessible health care to the uninsured remains a priority need. DPH is beginning preparation for its initial application for “accredited status” from the national Public Health Accreditation Board. While the focus of planning to address the threat of Zika virus is in the Epidemiology Section of the DPH, the WCHS is involved in the response with the WHB to support the tracking of pregnant women who are diagnosed with Zika in the state.

Accomplishments/Plans by Population Domain

Women/Maternal Health

Accomplishments

The infant mortality rate remained stable and the teen pregnancy rate was at an all-time low in 2014. LHDs provided prenatal care, pregnancy care management services, high risk maternity services, and family planning services, including long active reversible contraception. TPPI provided adolescent pregnancy prevention programs and adolescent parenting programs in several counties.

Plan

Increasing the percent of women with a past year preventive medical visit is a critical piece of the work of the WHB, particularly through its work with LHDs, but also through Healthy Beginnings (infant mortality reduction program), Pregnancy Care Management services, Preconception Peer Educator program, TPPI, and other programs, including the new Improving Community Outcomes for Maternal and Child Health initiative.

Perinatal/Infant Health

Accomplishments

The Perinatal Health Strategic Plan (PHSP) was formally released on March 24, 2016 at the *Improving Perinatal Health in NC...While Addressing Infant Mortality* day-long summit hosted by the State Health Director. The Breastfeeding Peer Counselor Program was active in 81 Local Agency WIC Programs in FY15. NC continues to participate in the Infant Mortality CoIIN Collaboratory in the Social Determinants of Health and Preconception and Interconception Care Learning Networks.

Plan

An on-line version of the PHSP is to be released in the summer of 2016 which will include more specific information regarding the plan's action steps and partners who are currently working on them or are interested in working on them. The PHSP Team has agreed to meet every other month to ensure that the work on the plan continues. The NC Maternal Mortality Review Committee that supports the inquiry of maternal deaths across the state is slated to engage in its first review in fall 2016.

Child Health

Accomplishments

The C&Y Branch is part of the NFP Funders Alliance in NC, and the Branch has agreed to be the lead agency for NFP for the state. To support the non-MIECHV sites, the Branch has hired a NFP State Nurse Consultant. There were twelve training opportunities offered to LHD providers on appropriate use of valid and reliable developmental, psychosocial, and behavioral screening tools by the Pediatric Medical Consultant. NC has been recognized by Triple P America for developing a Triple P State Learning Collaborative. Five groups of parents (n=39) participated in the initial rollout of a parent peer training module.

Plan

The C&Y Branch will continue to refine the redesigned Child Health Agreement Addenda with LHDs to require that (1) all services supported by Title V funding be evidence-based, (2) services will support the MCHBG domains and reflect the needs of the community, and (3) priorities established by the local communities will be data driven. The preparation of the C&Y Strategic Plan has helped staff focus on the area of family involvement and reassess current successful parent integration. Planned activities to more fully integrate parents operationally at both the State and local level include: increased requirement in contracts to include families in program planning and implementation; review of the annual MCHBG application; implementation of the train-the-trainer parent empowerment training series; regular joint meetings of the Branch Family Partners and the C&Y Branch Management Team; and increased representation of families and adolescents on workgroups and advisory councils. The C&Y Branch will also continue to provide leadership for the Child Fatality Task Force and state Child Fatality Prevention Team.

Adolescent Health

Accomplishments

The School Health Nurse Consultant Team worked to promote and improve health for adolescents at both the individual student and program level in all schools including public, charter, independent and resource schools. This was completed through technical

assistance for school nurses and school staff that provided direct care to adolescent students with health care needs, and through assistance with school health programs and activities that fostered and addressed adolescent health and health issues. The Charter School Health Consultant position was filled in November 2015 and a basic Charter School Health Survey was developed and distributed in spring 2016. Youth Mental Health First Aid trainings continued throughout the state, some of which were conducted by the C&Y Branch's Behavioral Health Clinical Consultant.

Plan

Adolescents are served across the C&Y Branch in all programs and represent almost half of the school age population. School health programs are coordinated across different state agencies through a matrix model, which focuses on the development, and implementation of a comprehensive school health system of care. The Branch is establishing an Adolescent Health Resource Center which will coordinate health initiatives, expand the use of evidence-based programs, practices, and policies, and provide adolescent health resources for youth, parents, and providers. C&Y Branch staff will continue to work with CCNC Pediatrics and DMA to expand outreach to increase both the number of visits and the quality of the care provided during the annual well adolescent visits provided to Medicaid and Health Choice (SCHIP) enrollees.

CSHCN

Accomplishments

The importance of the medical home approach and strategies for partnering with and linking all children (especially CYSHCN) to medical homes was shared with LHDs via two regional trainings reaching 250 LHD staff, two live webinars reaching 120 LHD staff, and one archived webinar. The CSHCN Help Line call volume remained constant with 358 calls in FY15, with 76% of calls from families/caregivers. Help Line Outreach efforts include three main strategies: 1) direct outreach to parents/caregiver and the professionals who work with them; 2) the development/revision of promotional items; and 3) direct notification to Supplemental Security Income (SSI) applicants, ages birth to 18 years. The C&Y Branch Family Partnerships model ensures that parents of CSHCN have a voice in how the C&Y Branch services are offered and encourages them to participate in Branch trainings and presentations. An emphasis on performance improvement was implemented in the Care Coordination for Children (CC4C) program that included: 1) development of a performance improvement strategies document based on locally-submitted ideas; 2) implementation of a statewide Performance Improvement Process that identified 21 local agencies to whom intense, targeted technical assistance was provided; and 3) special focus on supervisors, which included a webinar targeted to supervisors.

Plan

The C&Y Branch has intentionally restructured personnel so that services and supports for CYSHCN are better integrated into all aspects of Branch programs and initiatives. Promoting the medical home concept is a core message within all Branch programs. The CC4C program will continue. The C&Y Branch currently supports five LHDs (serving fourteen counties) to assess and improve the local systems of care for CYSHCN through its Innovative Approaches initiative. The toll-free Help Line for CYSHCN which provides information (e.g., health insurance, transition services, educational services, etc.) and links families and providers to local and state services will continue.

Cross-Cutting/Life Course

Accomplishments

Tobacco cessation efforts continued through NC's robust partnership of state and LHD partners, universities, and community-based organizations involved in efforts to decrease tobacco use and exposure. In collaboration with the Women and Tobacco Coalition for Health, the WHB updated the *Guide for Helping to Eliminate Tobacco Use and Exposure for Women*. The C&Y Branch's Minority Outreach Coordinator, CYSHCN Help Line Coordinator, and YSHCN Access to Care Coordinator conducted a total of 203 outreach activities to promote access to health insurance. Forty percent of the outreach efforts had special focus on reducing health disparities among African American, American Indian, Latino/Hispanic, and newcomer (refugees, immigrants) populations.

Plan

Life course theory is a fundamental concept shaping both the C&Y Branch and the Perinatal Health Strategic Plans. Putting the theory into concrete action remains difficult, but the WCHS continues to strive to do so. Efforts to decrease tobacco use and exposure center on prevention, education, counseling, and care coordination. The C&Y Branch will continue to develop, obtain reviews and disseminate all the materials for both Health Check (Medicaid for Children) and Health Choice (NC CHIP) to providers and families across the state. The C&Y Branch will continue to work closely with the IB to increase access to vaccines for CYSHCN since their routine health is sometimes lost while dealing with specialty care.