



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

PENNSYLVANIA

State Snapshot

FY 2017 Application / FY 2015 Annual Report

November 2016

Title V Federal-State Partnership - Pennsylvania

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>)

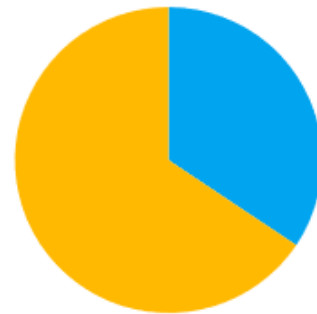
State Contacts

MCH Director	CSHCN Director	State Family or Youth Leader
Carolyn Cass Director, Bureau of Family Health ccass@pa.gov (717) 346-3000	Amy Rothenberger Director, Div of Community Systems Dev. & Outreach arothenber@pa.gov (717) 346-3000	No Contact Information Provided

Funding by Source

Source	FY 2015 Expenditures
Federal Allocation	\$23,527,801
State MCH Funds	\$44,898,657
Local MCH Funds	\$0
Other Funds	\$0
Program Income	\$0

FY 2015 Expenditures



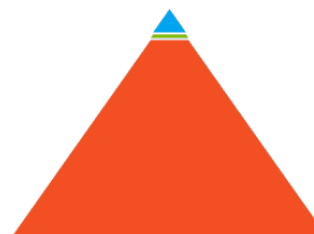
Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$3,761,709	\$4,666,464
Enabling Services	\$4,474,797	\$699,999
Public Health Services and Systems	\$15,291,295	\$39,533,305

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	3,216	\$2,110,064	3.2%
Infants < 1 Year	141,834	\$6,290,061	9.5%
Children 1-22 Years	74,730	\$42,670,028	64.6%
CSHCN	112,757	\$12,444,576	18.8%
Others *	29,145	\$2,560,059	3.9%
Total	361,682	\$66,074,788	100%

FY 2015 Expenditures



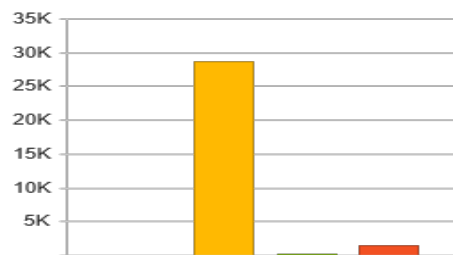
FY 2015 Individuals Served



*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:	28,668
State MCH Toll-Free Calls:	264
Other Toll-Free Calls:	1,449



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 7	Injury Hospitalization	Child Health, Adolescent Health
NPM 9	Bullying	Adolescent 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

Evidence-Based or –Informed Strategy Measures

NPM #	NPM Short Name	ESM #	ESM Title
NPM 1	Well-Woman Visit	ESM 1.1	Number of families served through Centering Pregnancy Programs.
NPM 1	Well-Woman Visit	ESM 1.2	Percent of adolescents and women engaged in family planning after delivery.
NPM 1	Well-Woman Visit	ESM 1.3	Percent of adolescents and women who talked with a health care professional about birth spacing and birth control methods.
NPM 1	Well-Woman Visit	ESM 1.4	Percent of individuals trained on motivational interviewing.
NPM 1	Well-Woman Visit	ESM 1.5	Number of women served through evidence based or informed home visiting programs.
NPM 4	Breastfeeding	ESM 4.1	Percent of individual facilities increasing the number of Keystone 10 steps completed each fiscal year.
NPM 4	Breastfeeding	ESM 4.2	Percent of counties with breastfeeding initiation rates below 73% implementing evidence based strategies
NPM 4	Breastfeeding	ESM 4.3	Number of collaborations developed between the breastfeeding program and other programming for cross-messaging.
NPM 4	Breastfeeding	ESM 4.4	Number of media opportunities implemented promoting breastfeeding
NPM 5	Safe Sleep	ESM 5.1	Number of hospitals recruited to implement the model safe sleep program.
NPM 5	Safe Sleep	ESM 5.2	Percentage of infants born whose parents were educated on safe sleep practices through the model program.
NPM 5	Safe Sleep	ESM 5.3	Percentage of hospitals with maternity units implementing the model program.
NPM 5	Safe Sleep	ESM 5.4	Number of social marketing messages disseminated.
NPM 7	Injury Hospitalization	ESM 7.1	Number of comprehensive home assessments completed.
NPM 7	Injury Hospitalization	ESM 7.2	Number of health and safety hazards identified through comprehensive home assessments.
NPM 7	Injury Hospitalization	ESM 7.3	Number of health and safety interventions performed as a result of health and safety hazards identified through comprehensive home assessments.

NPM 9	Bullying	ESM 9.1	The percent of adolescent health vendors receiving lesbian, gay, bisexual, transgender and questioning (LGBTQ) cultural competency training.
NPM 9	Bullying	ESM 9.2	The percent of adolescent serving vendors with a comprehensive anti-bullying/harassment policy.
NPM 9	Bullying	ESM 9.3	The number of sites participating in bullying prevention efforts.
NPM 9	Bullying	ESM 9.4	Number of youth participating in evidence-based or evidence-informed mentoring, counseling, or adult supervision programs.
NPM 9	Bullying	ESM 9.5	Number of evidence-based mentoring, counseling or adult supervision programs implemented in high risk areas of PA.
NPM 9	Bullying	ESM 9.6	The number of organizations certified as a safe space provider.
NPM 9	Bullying	ESM 9.7	Number of LGBTQ youth receiving evidence-based suicide prevention programming.
NPM 10	Adolescent Well-Visit	ESM 10.1	The number of counties with a Health Resource Center (HRC) available to youth ages 12-17.
NPM 10	Adolescent Well-Visit	ESM 10.2	Number of youth receiving services at a Health Resource Center (HRC).
NPM 10	Adolescent Well-Visit	ESM 10.3	In schools with a Health Resource Center (HRC), the percent of youth within that school utilizing HRC services.
NPM 10	Adolescent Well-Visit	ESM 10.4	Number of youth receiving services at a drop-in site funded by the Bureau of Family Health (BFH).
NPM 10	Adolescent Well-Visit	ESM 10.5	Number of youth receiving health education and counseling services from a reproductive health provider.
NPM 11	Medical Home	ESM 11.1	Number of families who received services through the evidence based or evidence informed strategies of the SKN.
NPM 11	Medical Home	ESM 11.2	Number of formal collaboration developed between systems of care serving CSHCN.

NPM 11	Medical Home	ESM 11.3	Number of providers participating in a learning collaborative, education and/or statewide technical assistance
NPM 11	Medical Home	ESM 11.4	Number of youth/young adults and parents/caregivers involved in aspects of medical home activities.
NPM 11	Medical Home	ESM 11.5	Number of new formal collaborations developed with oral and behavioral health entities that serve pediatric populations
NPM 14	Smoking	ESM 14.1	Number of Title V funded women who are screened for behavioral health.
NPM 14	Smoking	ESM 14.2	Percent of women who talk with a home visitor about Intimate Partner Violence (IPV).
NPM 14	Smoking	ESM 14.3	Percent of women who report smoking after confirmation of pregnancy.
NPM 14	Smoking	ESM 14.4	Percent of women who report smoking after pregnancy.
NPM 14	Smoking	ESM 14.5	Percent of Grantees who implement evidence based or evidence informed tobacco free programs.
NPM 14	Smoking	ESM 14.6	Percent of individuals trained on motivational interviewing.

State Performance Measures

SPM #	SPM Title	Population Domain(s)
SPM 1	Percent of Title V grantees that develop and disseminate basic health information that is accurate and clearly understandable.	Cross-Cutting/Life Course
SPM 2	Percent of Title V programming with interpersonal violence reduction components.	Child Health, Adolescent Health
SPM 3	Percent of newborn screening dried blood spot filter papers received at the contracted lab within 48 hours after collection.	Perinatal/Infant Health
SPM 4	Percent of Title V staff who analyze and use data to steer programmatic decision-making.	Cross-Cutting/Life Course
SPM 5	Percent of youth ages 8-18 participating in mentoring programs who increased assets by 50%.	Adolescent Health, Children with Special Health Care Needs

Executive Summary

Administered by the Bureau of Family Health (BFH) within the Pennsylvania (PA) Department of Health (DOH), the Title V grant served over 362,000 individuals through 28 programs in 2015.

As with all transformation, movement forward is often accompanied by movement backward. After a whole-hearted BFH and stakeholder commitment to the Title V block grant transformation, including a re-structuring of the BFH budget to align with the identified priorities, the push forward was stalled by a nine month state budget impasse and a series of emerging issues. With the water crisis in Flint, Michigan, public and political attention returned to child lead poisoning in PA; what was once a public health issue facing severe funding cuts and almost non-existent DOH attention is now taking a leading role in the DOH agenda. The drug abuse epidemic continues to plague the state while the Zika virus threat looms in the distance.

The BFH worked extremely hard to follow the course laid out in last year's block grant submission. BFH work focused on refining the state action plan and developing evidence-based strategy measures (ESMs) and state performance measures (SPMs). The BFH developed 38 ESMs and five SPMs to measure progress on moving the needle on the national performance measures (NPMs) and the state priority work (state priorities).

Within the domain of women/maternal health, the BFH priorities for the previous reporting cycle included: decreasing barriers for prenatal care for at-risk/uninsured women through implementation of best practices; and increasing behavioral health screening, diagnosis, and treatment for pregnant women and mothers. The BFH accomplished the goals of decreasing the percentage of women who smoke in the last three months by 21.7 percent from 2007 to 2014 and increasing the percent of women with live birth whose observed to expected prenatal visits are greater than or equal to 80 percent of the Kotelchuck index by 6.7 percent for 2011 to 2014.

For the next five year reporting cycle, the priority for the women/maternal domain is adolescents and women of childbearing age have access to and participate in preconception and interconception health care and support. This priority is linked to NPM 1: Percent of women with a past year preventive medical visit. The BFH has defined two objectives and five ESMs for this priority. The BFH will track the percentage of women and adolescents engaged in family planning after delivery and the percentage of women and adolescents who talked with a health care provider about birth spacing and birth control methods as access to contraception helps avoid unwanted pregnancies; plan and space the wanted pregnancies; and leads to better interconception care.

The BFH priority in the domain of perinatal/infant health for the previous reporting cycle was reducing infant mortality. The goal set for reducing black infant mortality was exceeded with a decrease of 21.1 percent from 2009 to 2014. All newborns requiring timely follow-up for a definitive diagnosis are receiving it and there has been an increase in the percentage of newborns receiving hearing screening before discharge between 2007 and 2015. The percentage of women who breastfed their infants at six months of age increased by 35.1 percent from 2007 to 2012 also exceeding the goal.

The perinatal/infant domain in the current reporting cycle encompasses work on three priorities: Families are equipped with the education and resources they need to initiate and continue breastfeeding their infants; safe sleep practices are consistently implemented for all infants; and appropriate health and health related services, screenings and information are available to the MCH population.

The breastfeeding priority is linked to NPM 4: percent of infants who are ever breastfed and percent of infants breastfed exclusively through 6 months. The approach to increasing breastfeeding rates is multifaceted with four distinct objectives defined for this work, each with an ESM. Key measures to be tracked are the percentage of individual facilities increasing the number of Keystone 10 steps completed each year as well as the percentage of counties with breastfeeding rates below 73 percent implementing evidence-based strategies.

The safe sleep priority is linked to NPM 5: percent of infants placed to sleep on their backs. There are two objectives identified for this priority aimed at changing sleep behaviors. A new hospital based model program with a social marketing component is beginning and four ESMs have been defined to track progress on model implementation and provision of education to parents.

The appropriate health and health related services priority is linked to an SPM: Percent of newborn screening dried blood spot filter papers received at the contracted lab within 48 hours after collection. While the SPM is specifically designed to track progress on the timeliness objective, a second objective focuses on implementing a system change to ensure all newborns in PA are screened for all conditions on the Recommended Uniform Screening Panel (RUSP).

BFH priorities for the previous reporting cycle in the child health domain were: increase screening for mental health issues among infants, children, and adolescents; and expand injury prevention activities for infants, children, and adolescents. The rate of deaths caused by motor vehicle crashes per 100,000 PA children 14 and younger decreased by 18.2 percent from 2007 to 2014. However, the trend has been upward since 2011 with 2014 the first year the performance objective was not met. From 2009 to 2014, the death rate due to unintentional injuries per 100,000 PA children under age 19 decreased 21.9 percent and the BFH met the 2014 performance objective.

For the current reporting cycle, there is one priority for the child health domain: MCH populations reside in a safe and healthy environment. This priority is linked to NPM 7: percent of hospitalization for non-fatal injury per 100,000 children ages 0 through 9 and adolescent ages 10 through 19. One objective for this domain is to increase the number of home assessments. Three ESMs will track progress on service provision, hazard identification, and interventions performed. There is an interim SPM: Percentage of Title V programming with interpersonal violence reduction components. Through participation in the Child Safety CoIN, the BFH is

examining the potential for expanding cross-cutting work in interpersonal violence prevention and the first step is to quantify Title V programming within the lens of interpersonal violence reduction strategies.

For the previous cycle, the priorities and measures for the CSHCN domain included: improving the transition from child to adult medical, educational, and social services; increasing respite services for caregivers; improving family partnerships in decision-making for CSHCN and overall satisfaction with care; receiving coordinated, ongoing, comprehensive care within a medical home; obtaining adequate insurance coverage for needed services; improving access to a well-functioning community-based system; and receiving needed referrals for specialty care/services without a problem. Many measures saw improvements from 2007 to 2015. The percentage of PA's CSHCN whose families partner in decision making and are satisfied with services increased 20.6 percent. The percentage of caregivers who have access to respite care services when necessary increased 47 percent. The percentage of PA's families with CSHCN reporting that they have received coordinated, ongoing, comprehensive care within a medical home has increased by 4.8. The percentage of CSHCN age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need increased 4.2 percent.

The CSHCN domain for the current reporting cycle is linked to the priority: Appropriate health and health related services, screenings and information are available to the MCH population. For the CSHCN domain, this priority is linked with NPM 11: Percent of children with and without special health care needs having a medical home. Three objectives, each with a respective ESM, are focused on medical home growth by the provision education or technical assistance to providers; increasing parent and youth involvement; and increasing collaborations with other pediatric health services. Work provided to CSHCN and their families by the Special Kids Network (SKN) also has two dedicated objectives and ESMs within this priority with goals of increasing collaborations between systems of care for CSHCN as well as the number of families reached by SKN.

In the previous reporting cycle, priorities that addressed adolescent health included: decrease teen pregnancy through comprehensive sex education; expand injury prevention activities, including suicide prevention; and expand access to physical and behavioral health services for high risk youth, including lesbian, gay, bisexual, transgender and questioning (LGBTQ) and runaway/homeless. The BFH accomplished the goal of decreasing teen pregnancy rates. The birth rate per 1,000 PA teenagers aged 15-17 decreased by 45.3 percent from 2007 to 2014. Further, the pregnancy rate per 1,000 PA females aged 0-17 decreased by 44.7 percent from 2009 to 2014.

The adolescent health domain for the current reporting cycle has two priorities: Protective factors are established for adolescents and young adults prior to and during critical life stages; and adolescents and women of child-bearing age have access to and participate in preconception and interconception health care and support.

The protective factors priority is linked to NPM 9: percent of adolescents, ages 12 through 17, who are bullied or who bully others. The protective factors priority encompasses a total of seven objectives and ESMs across a variety of work not all related to NPM 9. While some bullying work is delayed, current work is aimed at providing LGBTQ cultural competency training to adolescent health vendors and increasing the percentage of these vendors with anti-bullying/harassment policies. This priority will also include work to increase the number of LGBTQ youth receiving suicide prevention programming and the number of organizations certified as safe spaces. An SPM has been developed to track the progress of the BFH's new mentoring programming: Percent of youth ages 8-18 participating in mentoring programs who increased assets by 50%. This SPM was selected to measure how well youth in the mentoring program receive skills, experiences, relationships, and behaviors to help them increase their developmental assets. The ESMs defined for this SPM will measure the reach of the mentoring programming both in numbers of youth and number of programs implemented.

The preconception and interconception care priority is linked to NPM 10: Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year. Two objectives and three ESMs will track progress in expanding the reach of the Health Resource Centers (HRCs) via the number of counties with HRCS; the number of youth using the HRCs; and the percentage of youth within an HRC school using the services. Two additional ESMs within this priority will capture work on increasing the number of LGBTQ youth receiving drop-in health services and increasing the number of youth receiving health education and counseling services from a reproductive health provider.

While there were no priorities or measures specifically focused on the life-course or cross-cutting domain in the previous reporting cycle, the BFH has planned work across several priorities within this domain for the current reporting cycle: women receiving prenatal care are screened for behavioral health and referred for assessment if warranted; MCH populations are able to obtain, process, and understand basic health information needed to make appropriate health decisions (health literacy); Title V staff and grantees identify, collect and use relevant data to inform decision-making and evaluate population and programmatic needs (data priority); and appropriate health and health related services, screenings and information are available to the MCH population.

The behavioral health screening priority is linked to NPM 14: A) Percent of women who smoke during pregnancy and B) percent of children living in households where someone smokes. Two objectives and three ESMs will track work to reduce the percentage of women who smoke after pregnancy confirmation and the percentage who smoke after pregnancy as well as the percentage of vendors offering tobacco-free programs. Additionally, two objectives and three ESMs will provide insight into the usage of the Integrated Screening Tool (5P's). The 5P's is a non-threatening, quick and conversational tool that assesses risk for alcohol, substance abuse, violence and depression based on 5 P's: Parents, Peers, Partner, Pregnancy and Past.

An SPM was created to track work on the health literacy priority: Percentage of Title V grantees that develop and disseminate basic health information that is accurate and clearly understandable. BFH plans to establish requirements for grantees to review their disseminated health information and to ensure each grantee creates and maintains a policy and process to review information provided to patients to make sure it is clear and can be understood by all populations served. The BFH has also set objectives for disseminating simple and clear messages about basic health information and increase the reach of the BrainSTEPS program.

The data priority has a defined SPM: Percent of Title V staff who analyze and use data to steer program decision-making. This SPM was chosen because improved data collection and analysis will result in better decision making by staff and lead to improved health outcomes for families in PA. There are four objectives defined to help the BFH make changes in procedures and processes to institutionalize best practices for a successful future.

A final objective related to the appropriate health services priority defines the commitment of the BFH to address and combat health disparities in all MCH populations by inserting language into all grant agreements.

A challenge for the BFH over the past year and moving forward is answering the emerging “how.” How to keep pushing forward with the new vision of service provision for the Title V population while addressing emerging issues? How to increase the capacity of staff and partners to understand public health concepts and data use in order to better administer their programs? How to keep moving from “this is what we do” to “this is what we want to accomplish?” While clear answers remain elusive at times, the BFH is committed to the action plan and to internally raising the capacity of staff to fully maximize the impact of Title V in PA.