



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

TEXAS

State Snapshot

FY 2017 Application / FY 2015 Annual Report

November 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 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>)

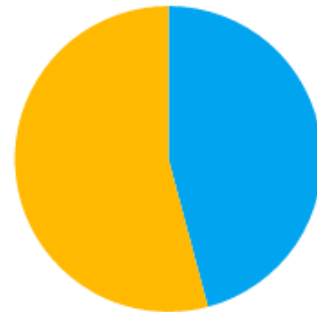
State Contacts

MCH Director	CSHCN Director	State Family or Youth Leader
Manda Hall, MD State Title V Medical Director Manda.Hall@dshs.state.tx.us (512) 776-2567	Rachel Jew, MPAff State Title V CSHCN Director Rachel.Jew@dshs.texas.gov (512) 776-2184	Carol Harvey Family Delegate Carol.Harvey@dshs.state.tx.us (512) 776-6965

Funding by Source

Source	FY 2015 Expenditures
Federal Allocation	\$34,063,619
State MCH Funds	\$40,208,728
Local MCH Funds	\$0
Other Funds	\$0
Program Income	\$0

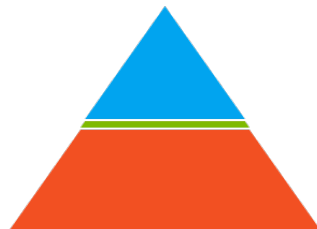
FY 2015 Expenditures



Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$17,361,251	\$22,659,526
Enabling Services	\$995,583	\$4,671,136
Public Health Services and Systems	\$15,706,785	\$12,878,066

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	19,609	\$7,920,761	11.0%
Infants < 1 Year	412,673	\$1,205,733	1.7%
Children 1-22 Years	3,785,918	\$18,584,317	25.8%
CSHCN	150,306	\$31,223,645	43.4%
Others *	863,694	\$13,044,456	18.1%
Total	5,232,200	\$71,978,912	100%

FY 2015 Expenditures



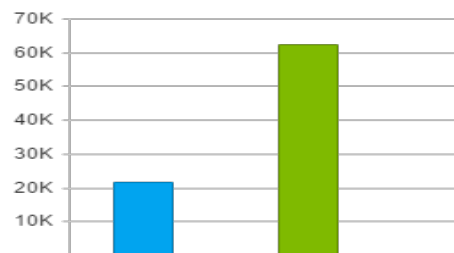
FY 2015 Individuals Served



*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:	21,737
State Title V Social Media Hits:	0
State MCH Toll-Free Calls:	62,482
Other Toll-Free Calls:	0



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

Evidence-Based or –Informed Strategy Measures

NPM #	NPM Short Name	ESM #	ESM Title
NPM 1	Well-Woman Visit	ESM 1.1	Number of preconception health tools accessed from DSHS infant mortality reduction public awareness campaign website Someday Starts Now and the Health and Human Services (HHS) Warehouse
NPM 1	Well-Woman Visit	ESM 1.2	Number of Texas Health Steps Online Provider Education (OPE) users completing preconception and prenatal health modules
NPM 1	Well-Woman Visit	ESM 1.3	Number of additional Historically Black Colleges and Universities (HBCUs) that implement the Preconception Peer Educators Program (PPE)
NPM 1	Well-Woman Visit	ESM 1.4	Establishment of support infrastructure for the Texas Collaborative for Healthy Mothers and Babies (TCHMB)
NPM 1	Well-Woman Visit	ESM 1.5	Create joint report with the Maternal Mortality and Morbidity Task Force (MMMTF) to the Texas Legislature on findings and recommendations to prevent severe maternal morbidity and mortality in Texas
NPM 4	Breastfeeding	ESM 4.1	Breastfeeding support assessment findings available
NPM 4	Breastfeeding	ESM 4.2	DSHS Infant Feeding Workgroup Strategic Plan available in 2017
NPM 4	Breastfeeding	ESM 4.3	Number of Texas birthing facilities that receive information and technical assistance to facilitate integration of the WHO/UNICEF Ten Steps to Successful Breastfeeding
NPM 4	Breastfeeding	ESM 4.4	Number of employers who receive information and technical assistance on Mother-Friendly breastfeeding support policies
NPM 5	Safe Sleep	ESM 5.1	Interagency Safe Sleep Messaging Strategic Communication Plan available in 2017
NPM 6	Developmental Screening	ESM 6.1	Number of Texas Health Steps Online Provider Education (OPE) users completing developmental screening modules
NPM 6	Developmental Screening	ESM 6.2	Number of additional individuals trained in early childhood developmental screening and referral in the Texas LAUNCH communities
NPM 7	Injury Hospitalization	ESM 7.1	Number of Texas Health Steps Online Provider Education (OPE) users completing injury prevention modules.

NPM 7	Injury Hospitalization	ESM 7.2	Number of School Health Friday Beat newsletters per fiscal year with at least one injury prevention resource provided
NPM 7	Injury Hospitalization	ESM 7.3	Lead a statewide comprehensive injury prevention conference.
NPM 7	Injury Hospitalization	ESM 7.4	Train Child Fatality Review (CFR) teams on injury prevention
NPM 7	Injury Hospitalization	ESM 7.5	Percent of child deaths reviewed by Child Fatality Review Teams (CFRT)
NPM 7	Injury Hospitalization	ESM 7.6	Percent of youth reporting connection to at least one caring adult
NPM 11	Medical Home	ESM 11.1	Percent of families receiving professional care coordination for their child
NPM 11	Medical Home	ESM 11.2	Percent of physicians demonstrating knowledge of medical home characteristics
NPM 11	Medical Home	ESM 11.3	Distribution of Medical Home and Transition Physician Survey
NPM 12	Transition	ESM 12.1	Percent of families of transition age youth with special health care needs receiving professional help with their child's transition to adulthood
NPM 12	Transition	ESM 12.2	Percent of physicians demonstrating knowledge of the transition from pediatric to adult health care
NPM 12	Transition	ESM 12.3	Distribution of CYSHCN Outreach Survey
NPM 14	Smoking	ESM 14.1	Number of health care service providers who adopt an electronic medical record (EMR) interface to electronically refer caregivers who smoke to the Texas Tobacco Quitline

State Performance Measures

SPM #	SPM Title	Population Domain(s)
SPM 1	Percent of CYSHCN and their families who received the supports and services necessary to be integrated into their communities	Children with Special Health Care Needs
SPM 2	Percent of Texas WIC participants, ages 2-5, in the overweight/obese range	Cross-Cutting/Life Course
SPM 3	Infant Mortality Disparities: Ratio of Black to White infant mortality rate	Perinatal/Infant Health
SPM 4	Percent of young adults (ages 18-24) who visited a doctor for a routine checkup in the past year	Adolescent Health

Executive Summary

As Texas continues in the 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 care needs and their families. State priorities to support this vision reflect the specific needs identified through a comprehensive five-year needs assessment (NA) process which 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' performance measures. Priorities selected in 2015 were a continuation or a broadening of those selected in 2010, and relate to improvements in infrastructure, quality, and coordination of care to strengthen community-based systems of care for children and youth with special health care needs and population-based services for MCH populations. Through the selection of National Performance Measures (NPMs), Texas is focusing on well-woman care, breastfeeding, safe sleep, developmental screening for children, injury prevention for both children and adolescents, medical home and transition for children with special health care needs, and maternal and household smoking. State priorities also informed the State Performance Measures (SPMs) which include community integration for Children and Youth with Special Health Care Needs (CYSHCN), obesity across the life course, infant mortality disparities, and quality components of adolescent care. Family-Professional partnerships remain an integral part of Title V programming, and efforts to engage families in all areas of MCH program activities are a key priority and will support moving the needle for all of the MCH populations in Texas.

MCH Population Domain	National Performance Measures (NPM)	State Performance Measures (SPM)
Maternal and Women's Health	<u>NPM 1</u> : Percentage of women with a past year preventative visit.	
Perinatal and Infant Health	<u>NPM 4</u> : A) Percent of infants who are ever breast fed; and B) Percent of infants breastfed exclusively through 6 months. <u>NPM 5</u> : Percent of infants placed on their backs to sleep.	<u>SPM 3</u> : A) Ratio of black to white fetio-infant mortality rate; B) Ratio of black to white infant mortality rate.
Child Health	<u>NPM 6</u> : Percent of children, age 9 through 71 months, receiving a developmental screen using a parent-completed screening tool. <u>NPM 7</u> : Rate of injury-related hospital admissions per population ages 0 through 19.	
Adolescent Health	<u>NPM 7</u> : Rate of injury-related hospital admissions per population ages 0 through 19.	<u>SPM 4</u> : Percent of adolescents and young adults (ages 18-24) who visited a doctor for a routine checkup in the past year.
Children with Special Health Care Needs	<u>NPM 11</u> : NPM Percent of children with and without special health care needs having a medical home. <u>NPM 12</u> : Percent of children with and without special health care needs who received services necessary to transition to adult health care.	<u>SPM 1</u> : Percent of CYSHCN and their families who received the supports and services necessary to be integrated in their communities.
Cross-Cutting or Life Course	<u>NPM 14</u> : A) Percent of women who smoke during pregnancy; B) percent of children who live in households where someone smokes.	<u>SPM 2</u> : A) Percent of infants born to mothers with pre-pregnancy BMI in the overweight/obese range; B) Percent of WIC participants aged 2-5 with BMI in the overweight/obese range; C) Percent of children with BMI in the overweight/obese range; D) Percent of adolescents with BMI in the overweight/obese range; E) Percent of adults with BMI in the overweight/obese range.

Maternal and Women's Health

Findings from the NA provide areas of challenge and opportunity within maternal and women's health. 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 fell below the Healthy People 2020 recommendation of 77.6% of pregnant women receiving early and adequate prenatal care. Rates of hypertension, diabetes and obesity are increasing, and only Hispanic women met the HP2020 abstinence from smoking during pregnancy target of 98.6%. Half of women who reported not wanting to become pregnant used contraceptives, and over half of all pregnancies in Texas are unintended.

DSHS has made progress in building infrastructure and capacity to promote prenatal care, health, and wellness among Women of Childbearing Age (WBCA) 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). Through the work of MMMTF, recommendations have been made related to issues impacting maternal health outcomes including access to interconception health services, provider and community awareness of health inequities, screening and referral practices for behavioral health services; and improving the quality of maternal death data, reporting and investigation. Through HTB, Texas is supporting the development of the infrastructure

for the state's perinatal quality collaborative, the Texas Collaborative for Healthy Mothers and Babies; supporting the spread of the Preconception Peer Educators program throughout Texas Historically Black Colleges and Universities; continuing educational outreach to WCBA, men, healthcare providers and other stakeholders through the Someday Starts Now public awareness campaign and health care provider education; and the support of community perinatal coalitions throughout the state.

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 and increase support for breastfeeding. Texas has created a strong foundation to promote breastfeeding due to the correlation it has with preventing many acute and chronic diseases, obesity and SIDS. DSHS implements a robust slate of activities to leverage and build upon previous successes and to address known barriers to breastfeeding. The number of Texas Mother-Friendly Worksites, Texas Ten Step Hospitals, and Baby-Friendly Hospitals continue to grow as DSHS reaches across employment and health care systems to provide information, education, communication, and technical assistance to facilitate system improvement as well as recognition for uptake of recommended practices.

Texas NA data shows disparities in sleep-related infant deaths. DSHS and the Texas Department of Family and Protective Services (DFPS) continue to work together to address preventable child deaths through development of an interagency strategic communications plan to ensure consistent implementation of unified, comprehensive, evidence-informed public health information about sleep safety and risk reduction for sleep related deaths. Among other landscape assessment activities, DSHS reviewed information and materials from the National Action Partnership to Promote Safe Sleep. DSHS continues to participate with the Infant Mortality CoIIN Safe Sleep Learning Network.

Although Texas has made progress in reducing infant mortality, data continues to show disparities between Black and White birth outcomes. In response to the state's priority need to reduce health disparities for maternal and child health populations, Texas developed a SPM to reduce the ratio of White and Black infant mortality by addressing safe sleep, breastfeeding, timely prenatal care, and access to and awareness of 17 Alpha-hydroxyprogesterone caproate (17P) within Black communities in Texas.

Title V will continue to support the Newborn Screening Unit, which now screens for 53 health conditions that can cause serious problems such as developmental delays, major illness or even death. All Texas babies are screened 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. Next steps are to develop rules for maternal 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. Based on NA findings and stakeholder input, DSHS has chosen injury prevention as a NPM and incorporates bullying into injury prevention plans. Data will be collected 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 Conference in conjunction with Child Fatality Review Team (CFRT) trainings. Anticipated results include recommendations for DSHS programming, strategies to share with other stakeholders, and a plan to reduce injuries that result in hospitalization. Texas will continue strengthening the CFRT review processes to monitor child fatalities. DSHS will work with Texas Medical Child Abuse Resources and Education System programs to expand prevention and education activities to provide education to Child Advocacy Centers, schools and community partners on recognizing and reporting 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 a lack access to providers to assess their child's development. 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. Through Project LAUNCH, communities will develop systems and infrastructure to implement services to children with developmental needs in health disparate areas. Texas will work to expand surveillance of child health issues.

Adolescent Health

By utilizing Positive Youth Development (PYD) as a foundation for activities, DSHS will focus on injury prevention as a NPM. PYD helps youth acquire the personal assets (or protective factors) they need to become healthy and productive adults. DSHS will sponsor a Youth Engagement Specialist. This role will support youth interested in becoming leaders within their community, region or state through participation in councils, workgroups and committees. DSHS will continue to support suicide prevention including current efforts to collect data on, and develop a plan for, communities with multiple risk factors as it pertains to suicide or "suicide by violence". Through injury prevention efforts, including an Injury Prevention Conference and CFRT trainings, DSHS will work to promote collaboration and best practice sharing among injury prevention professionals to reduce injuries and hospitalizations.

Data from the Adolescent and Young Adult CoIIN identified adolescent well visits, particularly for young adults, as a need for Texas youth. In addition, obesity continues to be an issue for adolescents. Based on available data and input from stakeholders, obesity and young adult well visits have been selected as SPMs. DSHS will lead statewide initiatives and partner with clinic-based

contractors to address these priorities by supporting youth-friendly improvement activities and incorporating best practice as it pertains to obesity, screening and referral of high risk issues.

Children with Special Health Care Needs

The CSHCN SP supports family-centered, community-based strategies for improving the quality of life for children with special health care needs and their families. Central themes emerging during the NA process included concerns with access, education and coordination of resources and services. The CSHCN SP developed proposed priority statements for CYSHCN and their families for FY16 through FY20:

- Promotion of community integration
- Continued advancement of medical home services
- Increased access to and improved care coordination
- Increased medical home capacity
- 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

Challenges identified through the NA include timely access to resources and early intervention services. Families and stakeholders identified that to improve well-being, family-professional partnerships needed to be developed early and services needed to be based on the unique needs of the family and provided continuously. Individual needs, including transition planning and family support services, can be addressed more effectively within a medical home. The CSHCN SP addresses these needs through the health care benefits program, case management provided by community-based contractors and regional staff, the provision of family support and community resource services, and the development of new initiatives to increase provider knowledge and capacity. Participation and facilitation of statewide initiatives including leadership of the Texas Title V Transition and Medical Home Workgroups, and quality improvement projects contributes to success in moving the needle forward 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.

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 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 and 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. FY17 efforts will include contracts that screen for BMI and provide education; collaborations with obesity prevention partners; Worksite Wellness programming expansion; increased collaboration with WIC, the Office of Women's Health, the Supplemental Nutrition Assistance Program, and selection of obesity as a SPM.

To promulgate progress and improve outcomes related to these initiatives, DSHS maintains central office staff serving as subject matter experts in each population health domain and regional offices in eight Health Service Region's to provide core public health services in areas of the state with no Local Health Department. Title V-funded regional staff provides case management, implements population-based services addressing key Title V performance measures, and provides front-line technical assistance, training and quality assurance services to Title V-funded contractors. Texas strives to maintain the MCH infrastructure, capacity, and subject matter expertise required to address statewide needs and improve health outcomes. For more information on MCH efforts in Texas, please visit <http://www.dshs.texas.gov/mch/>.