



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

VIRGINIA

State Snapshot

FY 2017 Application / FY 2015 Annual Report

November 2016

Title V Federal-State Partnership - Virginia

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>)

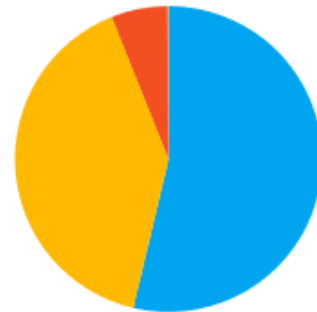
State Contacts

MCH Director	CSHCN Director	State Family or Youth Leader
Cornelia Deagle, PhD, MPH Division Director Cornelia.Deagle@vdh.virginia.gov (804) 864-7691	Marcus Allen CSHCN Director Marcus.Allen@vdh.virginia.gov (804) 864-7716	Janet Wright, RN BSN School and Adolescent Health Coordinator janet.wright@vdh.virginia.gov (804) 864-7689

Funding by Source

Source	FY 2015 Expenditures
Federal Allocation	\$10,634,892
State MCH Funds	\$7,976,169
Local MCH Funds	\$0
Other Funds	\$1,167,422
Program Income	\$26,562

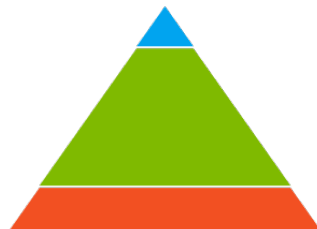
FY 2015 Expenditures



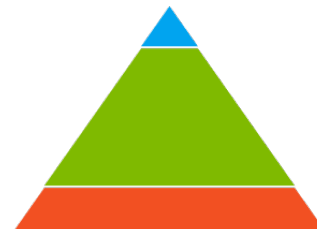
Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$1,922,378	\$1,441,783
Enabling Services	\$6,601,907	\$4,951,430
Public Health Services and Systems	\$2,110,607	\$1,582,956

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	101,863	\$2,274,795	12.2%
Infants < 1 Year	105,842	\$1,859,874	10.0%
Children 1-22 Years	152,991	\$2,082,146	11.2%
CSHCN	7,945	\$12,394,244	66.6%
Others *	93,123	\$0	0.0%
Total	461,764	\$18,611,059	100%

FY 2015 Expenditures



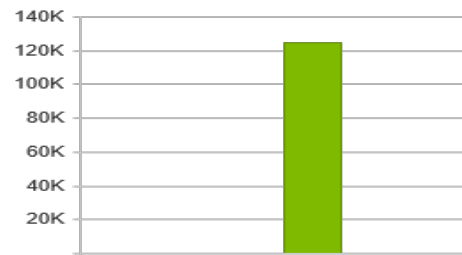
FY 2015 Individuals Served



*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:	125,000
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 7	Injury Hospitalization	Child Health, Adolescent Health
NPM 8	Physical Activity	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 2	Low-Risk Cesarean Delivery	ESM 2.1	Proportion of birthing hospitals who have adopted a policy to reduce low risk cesarean deliveries
NPM 4	Breastfeeding	ESM 4.1	Proportion of hospital based maternity centers with Virginia Breastfeeding Friendly designation
NPM 4	Breastfeeding	ESM 4.2	Proportion of Virginia WIC breastfeeding coordinators certified as IBCLC/CLCs
NPM 5	Safe Sleep	ESM 5.1	Proportion of partnering hospitals who have implemented a standardized safe sleep curriculum
NPM 7	Injury Hospitalization	ESM 7.1	Proportion of maternity centers with prenatal courses including Virginia's injury prevention curriculum
NPM 8	Physical Activity	ESM 8.1	Number of students enrolled in targeted public schools where staff have received professional development or technical assistance in physical activity.
NPM 11	Medical Home	ESM 11.1	Number of providers in Virginia who have completed the medical home training module
NPM 11	Medical Home	ESM 11.2	Percentage of VDH CYSHCN who report a primary care provider
NPM 11	Medical Home	ESM 11.3	Percentage of children enrolled in public schools who report a primary care provider
NPM 12	Transition	ESM 12.1	Number of providers in Virginia who have completed the transition training module.
NPM 14	Smoking	ESM 14.1	Number of pregnant women who initiate a call to the Quitline
NPM 14	Smoking	ESM 14.2	Number of pregnant women who complete the Quitline cessation program (10 counseling calls)

State Performance Measures

SPM #	SPM Title	Population Domain(s)
SPM 1	Teen Pregnancy Prevention: Rate of females age 15-19 using most effective contraceptive methods	Women/Maternal Health, Adolescent Health, Perinatal/Infant Health, Cross-Cutting/Life Course
SPM 2	Maternal Mental Health: Proportion of women who attend a postpartum visit with a health care worker within 6 weeks after getting birth	Women/Maternal Health, Perinatal/Infant Health, Cross-Cutting/Life Course
SPM 3	Infant Mortality Disparity Ratio	Perinatal/Infant Health, Women/Maternal Health, Cross-Cutting/Life Course

State Outcome Measures

SOM #	SOM Title	Population Domain(s)
SOM 1	Teen Pregnancy Rate	Women/Maternal Health, Adolescent Health, Cross-Cutting/Life Course, Perinatal/Infant Health
SOM 2	Infant Mortality Rate	Perinatal/Infant Health, Cross-Cutting/Life Course, Children with Special Health Care Needs
SOM 3	Maternal Mental Health: Proportion of women who are educated and/or screened during pregnancy or after delivery about depression by a health care worker	Women/Maternal Health, Perinatal/Infant Health, Adolescent Health, Cross-Cutting/Life Course

Executive Summary

The Title V Maternal and Child Health (MCH) Block Grant funds are used to improve the health of women, infants, children, and adolescents with and without special health care needs in the Commonwealth of Virginia. While MCH programs are available to all women, infants and children, emphasis is placed on women of childbearing age, low-income populations, and those who do not have access to health care. Section 32.1-77 of the Code of Virginia authorizes the Virginia Department of Health (VDH) to prepare and submit to the U.S. Department of Health and Human Services the state Title V plan for maternal and child health services and services for children with special health care needs and the Commissioner of Health is authorized to administer the plan and expend the Title V funds.

Virginia's FY 2017 Title V Block Grant allocation is approximately \$12.0 million. Federal law mandates that at least 30 percent of the funds be spent on services for children and youth with special health care needs (CYSHCN), and at least 30 percent be spent on preventive and primary care services for children. In accordance with federal requirements, Virginia conducted a comprehensive statewide needs assessment and has designed an implementation plan informed by that process.

It is a priority in Virginia to include family members in the planning, implementation and evaluation of all MCH activities. In fact, family representatives have been included from the onset of the planning for the Title V grant submission. It is critical that the voices of families served by our Title V programs are included and that our programs are family driven. This means that family representatives are included in ALL meetings, conferences and document preparations. A family representative is always included. This is a key accomplishment.

FY 2015-2020 Needs Assessment Priorities

The FY 2015- 2020 MCH Needs Assessment served as an essential tool to reflect on system changes and examine the health status of Virginia's families. Although there have been improvements in some areas, there continue to be disparities based on race, income, age, insurance coverage, and geographic distribution of resources across the state. Based on the assessment, the following MCH priorities were identified and will provide guidance for related activities and funding during FY 2015 – 2020 for pregnant women and children, particularly:

1. Decrease tobacco use in households and among pregnant women.
2. Increase the number of infants who are ever breastfed as well as those breastfed exclusively for 6 months.
3. Decrease low-risk cesarean deliveries in pregnant women at 39 weeks or less gestation.
4. Increase safe sleep practices, including increasing the number of infants placed on their backs to sleep.
5. Improve access to health care services and the use of medical home for children with and without special health care needs.
6. Promote independence and transition of young adults with and without special health care needs.
7. Increase children and adolescents with health insurance..
8. Reduce injuries, violence, and suicide among Title V populations.

In 2016, VDH developed the *Plan for Wellbeing* which includes MCH priorities (planned pregnancy, infant mortality and early childhood health) for Va. It highlights the importance of MCH and increases awareness of and support for Title V activities (see overview for more information about the Plan.)

Children & Youth with Special Health Care Needs (CYSHCN)

VDH's CYSHCN program provides services to youth and their families from birth to age 21. Youth are eligible for services if they have, or are at an increased risk for, a chronic physical, developmental, behavioral, or emotional condition, and who also require health and related services of a type or amount beyond that required by children generally. Most of the services provided to this vulnerable population consist of care coordination services and developmental and behavioral assessments. To maximize federal funding and facilitate the process of linking families to care, most of the CYSHCN programs are provided in partnership with major health care systems or universities. The CYSHCN program supports coordination of care for children and families with diseases such as cystic fibrosis, diabetes, sickle cell anemia, hemophilia, and cerebral palsy, among others. It also helps fund the early diagnosis of complex behavioral and developmental conditions requiring in-depth assessments of children that most pediatricians or family practice clinics are not equipped to provide. During FY15, the CYSHCN program provided services to more than 7,900 families. This represents an increase of more than 1,200 families served when compared with FY14.

Two of the premier CYSHCN programs that are supported by Title V funds include the Care Connection for Children (CCC) program and the Child Development Center (CDC) program. The CCC is a statewide network of six centers of excellence located regionally throughout the state of Virginia. Most of the centers operate within major medical centers where the families served have easy access to specialty providers. The hallmark service of the CCC centers is care coordination, which helps reduce or eliminate barriers that families face when trying to access services. This may include, but is not limited to: medical insurance benefit evaluation and referral (to include Medicaid), linkage to a primary care provider/medical home, information and referral to necessary resources, family to family support via parent coordinators, support from the Virginia Department of Education via state educational consultants, connection to appropriate specialty services, and access to a pool of funds for families who are underinsured or uninsured and have no other means for obtaining life preserving medications and durable medical equipment. During FY15, the

CCC program served more than 3,000 families. Currently, an extensive evaluation of the program is underway and it is anticipated that a final report will be issued by the beginning of FY17. The purpose of the evaluation is to explore the quality, complexity, and comprehensiveness of services provided, as well as identify options that may exist for the leveraging of non-MCH funding sources to help diversify program funding.

The CDC program serves families with children who are suspected of having behavioral or developmental disorders such as autism, ADD/ADHD, learning disabilities, anxiety/PTSD, and mood disorders, among others. Centers provide multidisciplinary assessments of each child, as well as diagnoses and short term care coordination with families to link them to necessary services beyond the capabilities of most primary care providers. In addition, the centers are equipped with multidisciplinary teams consisting of social workers, Virginia Department of Education funded consultants, psychologists, and clinical staff. As a result of program restructuring, FY15 was the first full year that all five regional centers of excellence were fully operational. During FY15, the CDC program served more than 3,000 families and this resulted in more than 5,500 diagnoses and more than 6,000 referrals for additional services. This represents an increase of approximately 1,000 more families served than in FY14. The CDC program is of critical importance because it helps to fill an existing void (in Virginia and multiple other states) representing a shortage of developmental and behavioral pediatric service providers. During FY15-16, planning began for a CYSHCN evaluation with the CDC program and it is expected to be completed by the beginning of FY17.

FY 2017 – Selected Planned Activities for Children and Youth with Special Health Care Needs (CYSHCN)

- Strengthening family partnerships is a key objective for all CYSHCN programs. There will be parent and staff representation at each CCC statewide director's meeting, as well as CYSHCN staff representation at family involvement committees such as the Virginia Department of Education and the Family Involvement Network. In addition, staff will maintain an existing partnership with Virginia Commonwealth University and Partnership for People with Disabilities, which houses Family 2 Family and Parent 2 Parent programs for Virginia.
- The Child Development Centers, the Care Connection for Children Centers, the Virginia Bleeding Disorders Program (VBDP), and the Sickle Cell Program will refer all potentially eligible children to Medicaid, FAMIS, compassionate use, and SSI programs, and will follow-up with families as needed to assure that their applications are processed in a timely manner. Program staff will also educate families regarding their insurance options, including insurance offered through the Affordable Care Act.
- The Care Connection for Children (CCC) network of six Centers of Excellence will continue providing both information as well as referrals to resources, care coordination, family-to-family support, and assistance to families of CYSHCN.
- CCC staff will pursue national case management certification as funding permits.
- The CCC centers plan to survey families to determine their satisfaction with services and make necessary changes to more effectively meet family needs.
- The systematic approach to care, "Care Coordination Notebook – Financing and Managing Your Child's Health Care" will continue to be used to inform program improvements for family support
- The CCC and the VBDP will partner with the Virginia Dental Program to improve access to dental care and promote dental homes for CYSHCN.
- The Child Development Centers will provide multidisciplinary diagnostic evaluations of children suspected of having developmental and/or behavioral disorders, and refer these children for specialty services.
- The VBDP will provide coordinated, family-oriented, multidisciplinary services for persons with bleeding disorders and will support families who infuse at home. The program will also maintain a strong network of social workers to help families meet their insurance needs.
- The Hearing Aid Loan Bank will provide gap-filling services to families of children with hearing loss.
- The Sickle Cell Program will provide information about the disorder to the public and health care professionals and offer screening, referral, counseling and follow-up services to Virginians at risk for sickle cell disease and their families.
- The CCC, VBDP and the Sickle Cell Program staff will assist families with the development of transition plans based on best practices.
- The CYSHCN program plans to work with other MCH staff to develop a transition and medical home module for providers in order to encourage both transition activities as well as the development of Patient Centered Medical Homes and Patient Centered Specialty Providers.
- The CYSHCN team will continue work with MCH core staff to develop its Medical Neighborhood concept. This will include improvements to the newly formed multi-disciplinary team, medical neighborhood web page, and possible regional medical

neighborhood collaboratives that will commence in the Blue Ridge Region of the state.

FY 2017 – Selected Planned Activities for Pregnant Women and Infants

- In partnership with families, MCH Staff, the Virginia Healthy Start Initiative (VHSI), the Maternal, Infant and Early Childhood Home Visiting projects, and the local health department maternity and family planning clinics will screen women for tobacco use during both pregnancy as well as the inter-conception period. They will also refer women to the Virginia Quitline for smoking cessation counseling.
- VDH and key community partners will offer a web-based training course in lactation management and a web-based performance improvement initiative (www.BFConsortium.org) to promote and support exclusive breastfeeding.
- VDH and community partners will work with hospitals in Virginia to encourage them to apply for the 10-step program to become “breast feeding friendly”.
- VHHA, VDH, ACOG, and other partners will continue to implement a quality improvement program in hospitals intended to decrease early elective deliveries/low risk cesareans.
- The local health departments delivering prenatal care will provide education regarding the signs and symptoms of pre-term labor.
- VDH will continue to provide Text4Baby messages in English and Spanish to educate and support pregnant women to improve birth outcomes and refer to Virginia Resources.
- Local health departments will continue to offer pregnancy testing, counseling and referral for prenatal care.
- To reduce the risk of neural tube defects, local health departments will continue to promote the use of folate to women of reproductive age receiving services at health department clinics.
- VHHA, VDH, and other partners will work through a quality improvement program in the birthing hospitals throughout the Commonwealth to educate families about safe sleep practices. First steps include establishing a written protocol, data gathering tool, and safe sleep training to increase safe sleep programming and standardization within labor delivery units. A workgroup has been established for this effort.
- The Virginia Maternal Mortality Review Team, partially supported by Title V, will review maternal deaths to assess the community systems of care and identify system changes that may prevent future pregnancy-related deaths.

FY 2017 – Selected Planned Activities for Children

- Title V Block Grant funds will support local health department services to address the following state priorities: tobacco (utilization during pregnancy or children exposed to second-hand smoke), or safe sleep, physical activity, injury prevention, and unintended pregnancy. In addition, funding will be used to support local efforts to promote physical activity, prevent injury, and reduce unintended pregnancy.
- VDH will continue to collaborate with families, multiple state and local partners to help reduce rates of uninsured individuals by partnering with DMAS to increase enrollment. VDH will integrate outreach and referral activities into program efforts and continue to participate in the state mandated Children’s Health Insurance Program Advisory Committee (CHIPAC). The Title V Director currently serves on CHIPAC.
- Title V Block Grant funds will continue to support the Virginia Youth Survey and other surveillance activities that provide information that may be used to monitor changes in health status, and to measure progress toward goals of improving children’s health.
- Both the Maternal and the Child Fatality Review Teams will continue to examine the specific circumstances of each examined death and make recommendations for prevention of maternal and child preventable deaths in Virginia.

For further detailed information on the activities funded by the Title V block grant in Virginia, please contact the Title V director, Dr. Cornelia Deagle, at Cornelia.Deagle@vdh.virginia.gov.