



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

VERMONT

State Snapshot

FY 2017 Application / FY 2015 Annual Report

November 2016

Title V Federal-State Partnership - Vermont

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>)

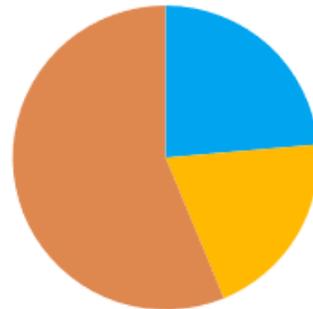
State Contacts

MCH Director	CSHCN Director	State Family or Youth Leader
Breana Holmes MCH Director Breana.Holmes@vermont.gov (802) 863-7347	Monica Ogelby Clinical Services Director Monica.Ogelby@vermont.gov (802) 865-1329	Lisa Maynes Director/Family Support-Health lisa.maynes@vtfn.org (800) 800-4005

Funding by Source

Source	FY 2015 Expenditures
Federal Allocation	\$1,609,140
State MCH Funds	\$1,373,948
Local MCH Funds	\$0
Other Funds	\$0
Program Income	\$3,830,946

FY 2015 Expenditures



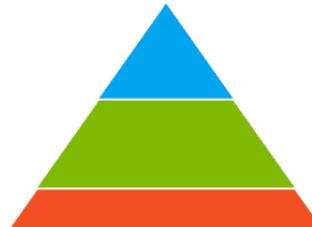
Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$0	\$591,196
Enabling Services	\$1,119,341	\$544,494
Public Health Services and Systems	\$489,799	\$238,258

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	7,147	\$42,309	1.4%
Infants < 1 Year	6,023	\$397,893	13.3%
Children 1-22 Years	123,977	\$1,860,474	62.4%
CSHCN	34,562	\$682,412	22.9%
Others *	108,834	\$0	0.0%
Total	280,543	\$2,983,088	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:	2,680
Other Toll-Free Calls:	425



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 6	Developmental Screening	Child Health
NPM 7	Injury Hospitalization	Child Health, Adolescent Health
NPM 10	Adolescent Well-Visit	Adolescent Health
NPM 11	Medical Home	Children with Special Health Care Needs
NPM 13	Preventive Dental Visit	Cross-Cutting/Life Course
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	% of primary care providers outreached to with materials and tools to improve well women visits/preconception health visits
NPM 4	Breastfeeding	ESM 4.1	% of 10 Step compliant or designated Baby-friendly hospitals
NPM 6	Developmental Screening	ESM 6.1	% of children participating in an evidence-based home visiting program who received age-appropriate developmental screening, according to Bright Futures guidelines
NPM 7	Injury Hospitalization	ESM 7.1	# of hospital emergency department clinicians and staff trained in the early identification and assessment of suicide risk
NPM 10	Adolescent Well-Visit	ESM 10.1	% of Vermont public schools will report they include Bright Futures recommendations of an annual well exam on their website or within a handbook
NPM 11	Medical Home	ESM 11.1	% of Vermont primary care practices that serve children with whom Children with Special Health Needs (CSHN) clinical staff have established a working relationship
NPM 13	Preventive Dental Visit	ESM 13.1	% pregnant women enrolled in WIC receiving preventive oral health care and education from a public health dental hygienist working in local health offices
NPM 13	Preventive Dental Visit	ESM 13.2	% of students participating in Vermont's Tooth Tutor Program receiving oral health services
NPM 14	Smoking	ESM 14.1	% of pregnant smokers who register with the QuitLine or QuitOnline

State Performance Measures

SPM #	SPM Title	Population Domain(s)
SPM 1	% of children 6 month to 5 years who meet all 4 flourishing items	Cross-Cutting/Life Course
SPM 2	% of women who discussed with a doctor, nurse, or other health care worker during a prenatal care visit about what to do if she feels depressed during her pregnancy or after her baby is born	Cross-Cutting/Life Course
SPM 3	% of adolescents that feel they matter to people in their community	Adolescent Health

Executive Summary

Vermont's Title V program, under the direction of the VT Department of Health's Division of Maternal & Child Health, provides leadership for clinical, community, and public health services and systems for Vermont's MCH population. Examples of key programs as administered out of the Division of MCH include Children with Special Health Needs, reproductive health, WIC, school health, EPSDT and child preventive Medicaid services, evidence-based home visiting, child injury prevention, quality improvement in clinical care and community programs, and early childhood developmental screening and support services (Help Me Grow). The data analyses from the 2015 Title V Needs Assessment resulted in the identification of MCH population needs and also areas where Vermont's MCH health data indicate areas of strength. Despite this, VT continues with longstanding significant disparities between the Medicaid and non-Medicaid population.

Vermont's employed a Lifecourse approach to the needs assessment process. Overall direction was provided by the MCH Leadership Team with representation from all programmatic areas. A parent representative from the VT Family Network (VFN) was also a member. This team provided input on the assessment process, including identification of stakeholders to participate in key informant interviews, review of data as well as the prioritization and action planning processes. Vermont's 2015 assessment consisted of a review and analysis of public health surveillance data; and qualitative data collected through a series of key informant interviews with MCH stakeholders representing MCH Coordinators, Parent Child Centers, public health professionals, School Liaisons, medical providers, human service providers, parent representatives, and state program administrators. A summary of the priorities and strategic response follows.

Women's/Maternal Health

1. Performance measure: % of women with a past year preventive medical visit
Priority area: Ensure optimal health prior to pregnancy

The percent of women with a past year preventive medical visit is 65%, compared to 66% nationally (BRFSS 2014). VT has a lower-than-national average rate of unintentional pregnancy at 48%. Yet, only 40% of women report talking to their health care provider about ways to prepare for a healthy pregnancy (BRFSS 2013). VT has put new energy into improving the utilization and quality of well-women care. Through the Women's Health Initiative, currently in development phase, women's health providers will provide enhanced health and psychosocial screening along with comprehensive family planning counseling and timely access to long acting reversible contraception. New staff, training, and payments will support effective follow-up to provider screenings through brief, in-office intervention and referral to services for mental health, substance abuse, trauma, partner violence, food and housing. VT also continues efforts to rollout One Key Question in primary care practices statewide.

Perinatal/Infant Health

2. Performance measure: a) % of infants who are ever breastfed
b) % of infants breastfed exclusively through 6 months
Priority area: Promote optimal infant health and development

VT has a strong breast feeding support system for its pregnant women and families. VT WIC is respected nationally for its strong clinical and peer counseling services, and MCH works with clinical and community providers to increase awareness and knowledge as to how to support breastfeeding women. While VT has high rates of initiation (90% in 2011, 81% in 2012 NIS), there is substantial room for improvement with regard to sustained breastfeeding (29.6% in 2011, 29.3% in 2012 NIS). Additionally, significant disparities with regard to education, marital status, age, and WIC participation persist. Key strategies for improving this work are to support birth hospitals to improve inpatient breastfeeding support (10 Steps project), improve workplace compliance, increase peer counseling, and organize physicians to participate in a certification process for breastfeeding knowledge and skills. VT has already made major inroads working with prenatal providers, hospitals, and the business community; and is, therefore, well-positioned to improve breastfeeding duration rates over the next 5 years. By 2020, Title V plans to increase the % of infants ever breastfed to 92% and those infants who are exclusively breastfed through six-month to 45%.

Child Health

3. Performance measure: % of children, ages 10 through 71 months, receiving a developmental screening using a parent-completed screening tool
Priority area: Achieve a comprehensive, coordinated, and integrated state and community system of services for children

Data from the National Survey of Children's Health indicate that 32% of VT children have been screened for development. Furthermore, data from Vermont's Improvement Partnership: VT Child Health Improvement Program (VCHIP) chart audits indicate that only half of children get 1 of 3 recommended developmental screens, calling attention to system gaps, and the opportunity for continued work and improvement. VT MCH, with key partners, has led a substantial amount of work in addressing developmental screening. Through a partnership with VCHIP, we have trained a large number of primary care practices in using validated tools, and have begun to train early care and education providers. Developmental screening is also a standard for all home visiting programs. Developmental screening is a key priority of Help Me Grow VT and an ACO measure, bringing synergy across multiple initiatives. Title V, working with its many partners, is confident we will achieve the goal of increasing the % of children receiving

developmental screening to 75% by 2020.

4. Performance measure: Rate of hospitalization for non-fatal injury per 100,000 children ages 0 through 9 and adolescents ages 10-19

Priority area: Children live in safe and supported communities

Vermont's MCH program has long been committed to addressing injury prevention in the MCH population; however, several years ago, VT lost dedicated injury funding and it has been challenging to prioritize this work. New efforts around suicide prevention, farm health, child maltreatment, and infant safe sleep have enabled a renewed commitment to this work; the selection of childhood injury as one of Vermont's Title V performance measure further solidifies this. Title V's actions are intended to reduce the rate of hospitalizations for injuries to children from a current rate of 206 (in 2011) to 185/100,000 by 2021 (187 in 2020).

Children with Special Health Care Needs

5. Performance measure: % of children with and without special health care needs having a medical home

Priority area: Achieve a comprehensive, coordinated, and integrated state and community system of services for children

VT has an already very high percentage of children with medical homes: (69% overall, 54% CSHCN, 73% not, 2011-12 NSCH). VT has long promoted the concept of medical home in pediatric care for all children, especially those with special health care needs. Still much work is to be done regarding access and quality of care. To this end, VT Title V has worked to establish strong relationships with a myriad of organizations, including professional groups, hospitals, community-based organizations, home health agencies, schools, and so on. Current strategies to strengthen the medical home include the Pediatric Learning Collaborative, CSHN Social Workers partnering with medical homes, the MCHB D70 State Implementation Grant, EPSDT outreach, and statewide efforts around health reform. In addition, targeted work under Title V such as addressing transitions from pediatric to adult care, will assist VT to achieve our 2020 goal of 56%.

Adolescent Health

6. Performance measure: % of adolescents, ages 12 through 17, with a preventive medical visit in the past year

Priority area: Youth choose healthy behaviors and thrive

While VT appears to do well on this measure on national surveys (90% 2011-12 NSCH), state specific data from practice improvement chart audits and provider experiences suggest that this is still an area of concern. A specific strategy this coming year will be the participation in the Adolescent and Young Adult Collaborative Improvement & Innovation Network (CoIIN) and this performance measure dovetails with efforts of the CoIIN. This year, MCH plans to identify and develop communication materials and social media strategies for providers, parents/ caretakers, and adolescents, to be used in tandem with EPSDT outreach and informing letters, school nurse materials, and patient handouts. Title V efforts will be applied to increase to 95% the numbers of adolescents who receive preventive medical care by 2020.

7. Performance measure: [State] % of adolescents that feel they matter to people in their community

Priority area: Youth choose healthy behaviors and thrive

Although it is a difficult measure to move the needle on (50% 2015 YRBS), VT aims to promote healthy behaviors among youth through an empowerment model. To this end, VT MCH has joined with other organizations in highly innovative and effective programming. We partner with UP for Learning who leads teams of school personnel and youth in the Getting to 'Y' program. Getting to 'Y' is an opportunity for students to take a lead in bringing meaning to data and taking steps to strengthen their school and community based on their findings by addressing risks and promoting strengths. Additionally, VT will formalize a VT Youth Advisory Council, with the goal to actively engage adolescents and young adults in goals and strategies to create more youth friendly services in the demonstration sites, which will also inform future work statewide.

Lifecourse/Cross-cutting

8. Performance measure: a) % of women who had a dental visit during pregnancy

b) % of children, ages 1 through 17, who had a preventive dental visit in the past year

Priority area: Reduce the risk of chronic disease across the lifespan

In Vermont, just over half of women had a dental visit during pregnancy (59.2% PRAMS 2013) and only 67.1% for children 1-5 years of age compared to 96.5% for children 6-11 years of age (NSCH 2011-12). While VT has fairly good coverage rates, including no cap in benefits for pregnant women, access to dental providers is limited, particularly for the Medicaid population. The Title V Needs Assessment also revealed that there are significant gaps in knowledge among medical and dental providers regarding oral health guidance and safety for pregnant women and very young children, beginning at age 1. VT has a strong oral health program, oral health coalition (including a subcommittee on MCH), and key strategies are increasing support for public health dental hygienists and midlevel dental therapists (recently passed in the VT state legislature). By 2020, Title V plans to increase the percent of women receiving a dental visit during pregnancy to 70% and to increase the percent of children who receive a preventive dental visit within the past year to 95%; we are already well on our way.

9. Performance measure: a) % of women who smoke during pregnancy
b) % of children who live in households where someone smokes
Priority area: Reduce the risk of chronic disease across the lifespan

VT has one of the highest rates of smoking during pregnancy in the country: 16.8% in VT (NVSS 2014) compared to the U.S. at 8.4%. This data is even more striking, when stratified by WIC participation: 30.8% of WIC participants smoked during pregnancy compared to only 12.6%. Yet, VT has good cessation benefits for pregnant women through Medicaid and the 802Quits Network, including a moderate financial incentive. Historically, the VDH tobacco control program (TCP) has not been able to prioritize this population, but through improved partnerships between MCH and TCP, as well as joint participation in the infant mortality CoIIN, Title V has renewed action on this issue. Upcoming strategies include: evidence-based training for professionals that work with the MCH population, exploration into increasing the incentive payment for cessation, partnerships with Ob/Gyns, and digital promotion to pregnant women and their circles of support. While VT does not differ greatly from rest of the country in children who live in households where someone smokes (21.6% compared to 24.1%, respectively), we have identified promising approaches to reduce this to 10% by 2020. Also, Title V will work to reduce the % of women who smoke during pregnancy to 8.5% by 2020.

10. Performance measure: [State] % of children 6 month to 5 years who meet all 4 flourishing items
Priority area: Promote protective factors and resiliency among Vermont's families

This year, VT is undertaking activities under a new priority area: Promote protective factors and resiliency among Vermont's families. While we have been engaged in this work for many years, this represents a recommitment to this work and the first time we have included it under the auspices of Title V. We will begin by incorporating the Strengthening Families Framework into all relevant work, with an emphasis on preventing and mitigating the impact of toxic stress and with special attention to the inclusion of Strengthening Families into the upcoming release of Bright Futures 4th edition. We plan to promote and expand Help Me Grow VT in order to promote optimal child development by enhancing protective factors. We will continue our systemic work to prevent domestic and sexual violence prevention and we will continue to educate providers and community partners on the impact of Adverse Childhood Experiences and mitigating strategies.

11. Performance measure: [State] % of women who discussed with a doctor, nurse, or other health care worker during a prenatal care visit about what to do if she feels depressed during her pregnancy or after her baby is born
Priority area: Achieve a coordinated mental health system for children, youth, and pregnant women

VT seeks to achieve a coordinated mental health system for children, youth, and pregnant women. Although this does not represent entirely new work, it is an approach to provide greater organization and leadership in this arena, frequently overlooked in public health. We seek to achieve this goal with strategies that include the following: providing leadership at the state and local level to Vermont's Integrated Family Services, an innovative cross-department initiative which seeks to create a seamless integrated continuum of health services for all children and their families; implement a multi-tiered approach to systemically address maternal depression; and work with primary care providers serving children and adolescents to assess current practice and encourage the routine screening for depression using evidence-based tools/ strategies.