



# HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

## MARYLAND

State Snapshot

FY 2020 Application / FY 2018 Annual Report

November 2019

### Title V Federal-State Partnership - Maryland

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 2020 Application / FY 2018 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
Maura Dwyer Acting Director, Maternal and Child Health Bureau Maura.dwyer@maryland.gov (410) 767-4585	Jed Miller, M.D. Director, Office of Genetics and People with Special Health Care Needs jed.miller1@maryland.gov (410) 767-5642	No Contact Information Provided

#### Funding by Source

Source	FY 2018 Expenditures
Federal Allocation	\$11,762,222
State MCH Funds	\$9,712,435
Local MCH Funds	\$0
Other Funds	\$0
Program Income	\$0

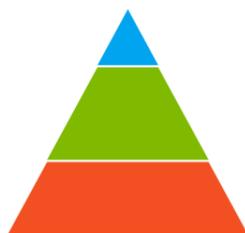
FY 2018 Expenditures



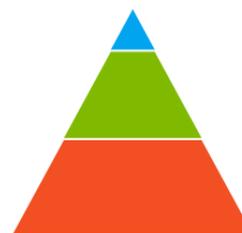
#### Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$2,968,560	\$1,766,172
Enabling Services	\$4,933,171	\$3,794,618
Public Health Services and Systems	\$3,860,491	\$4,151,645

FY 2018 Expenditures Federal



FY 2018 Expenditures Non-Federal



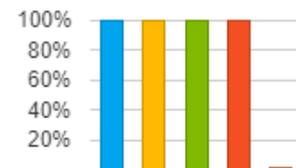
### Percentage Served by Title V

Population Served	Percentage Served	FY 2018 Expenditures
<span style="color: blue;">■</span> Pregnant Women	100.0%	\$3,417,027
<span style="color: orange;">■</span> Infants < 1 Year	100.0%	\$3,532,305
<span style="color: green;">■</span> Children 1 through 21 Years	100.0%	\$5,779,923
<span style="color: red;">■</span> CSHCN (Subset of all Children)	100.0%	\$6,374,581
<span style="color: brown;">■</span> Others *	1.0%	\$1,588,843

**FY 2018 Expenditures**  
Total: \$20,692,679



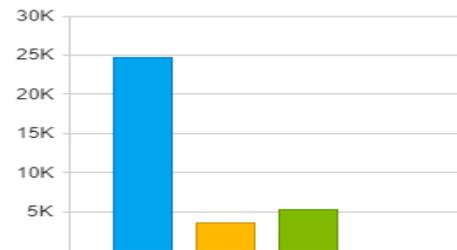
**FY 2018 Percentage Served**



\*Others– Women and men, over age 21.

### Communication Reach

Communication Method	Amount
<span style="color: blue;">■</span> State Title V Website Hits:	24,623
<span style="color: orange;">■</span> State Title V Social Media Hits:	3,587
<span style="color: green;">■</span> State MCH Toll-Free Calls:	5,300
<span style="color: red;">■</span> Other Toll-Free Calls:	0



### Selected National Performance Measures

Measure #	Measure Short Name	Reporting Domain(s)
NPM 2	Low-Risk Cesarean Delivery	Women/Maternal Health
NPM 5	Safe Sleep	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 12	Transition	Children with Special Health Care Needs
NPM 13	Preventive Dental Visit	Women/Maternal Health, Child Health, Adolescent Health
NPM 14	Smoking	Women/Maternal Health, Child Health, Adolescent Health

### Evidence-Based or –Informed Strategy Measures

NPM #	NPM Short Name	ESM #	ESM Title
NPM 2	Low-Risk Cesarean Delivery	ESM 2.1	Hospital Technical Assistance on Low-risk Cesarean Delivery Reduction
NPM 5	Safe Sleep	ESM 5.1	Safe Sleep Parental Interviews
NPM 6	Developmental Screening	ESM 6.1	Developmental Screening Education
NPM 10	Adolescent Well-Visit	ESM 10.1	Adolescent Health Measures
NPM 11	Medical Home	ESM 11.1	Care Coordination Services
NPM 12	Transition	ESM 12.1	Health Care Transition Services
NPM 13.1	Preventive Dental Visit Pregnancy	ESM 13.1.1	Oral Health Provider Training
NPM 13.2	Preventive Dental Visit Child/Adolescent	ESM 13.2.1	Oral Health Provider Training
NPM 14.1	Smoking Pregnancy	ESM 14.1.1	Smoking Cessation
NPM 14.2	Smoking Household	ESM 14.2.1	Smoking Cessation

### State Performance Measures

SPM #	SPM Title	Reporting Domain(s)
SPM 3	Receipt of Primary Care During Early Childhood	Child Health
SPM 4	Identification of Mental and Behavioral Health Needs in Adolescents	Adolescent Health
SPM 6	Hospital Policy Changes to Reduce Low-risk Cesarean Deliveries	Women/Maternal Health
SPM 7	Hospital Policy Changes to Improve Quality of Care for Infants with Neonatal Abstinence Syndrome	Perinatal/Infant Health
SPM 8	Barriers and Facilitators to Dental Care During Pregnancy	Women/Maternal Health

## Executive Summary

### Program Overview

The mission of the Maryland Title V Program is to protect, promote, and improve the health and well-being of women, infants, children, and adolescents, including those with special health care needs. The Title V Program seeks to strengthen the Maternal and Child Health (MCH) infrastructure and to ensure the availability, accessibility and quality of primary and specialty care services for women, infants, children and adolescents.

As Maryland's Title V Maternal and Child Health Block Grant Agency, the Maryland Department of Health's Maternal and Child Health Bureau (MCHB) provides leadership to improve the health and well-being of MCH populations. MCHB receives approximately \$11.6 million in federal Title V funding annually to address ongoing and emerging health care needs across the five MCH population domains: women, infants, children, adolescents and children with special health care needs. Title V implements strategies in support of eight selected national performance measures (NPMs). Maryland utilizes Title V funds to support MCH staff at the state and local levels and to support a broad range of services and activities directed toward the priority populations. This annual report and application provides an overview of Maryland's Title V activities and accomplishments across the five domains, as well as next steps to continue progress toward the NPMs.

**Women's Health:** Maryland has chosen low-risk cesarean delivery as its NPM in the women's health domain, based on findings of the 2015 needs assessment. According to Maryland Vital Statistics Administration (VSA) data, in 2017 more than one-third (33.8%) of Maryland births were delivered via cesarean section, down from a peak of 35.0% in 2013. MCHB continued work toward reducing this rate through the Title V program. The MCHB supported Maryland Perinatal Neonatal Quality Collaborative began an initiative to reduce low-risk cesarean deliveries in FY 17 that continued throughout FY 18. The Collaborative engaged 31 of the 32 delivery hospitals in the state in this initiative. The Collaborative provided education and technical assistance in the implementation of policies and practices to reduce low-risk cesarean births and quarterly monitoring of individual hospital cesarean birth data from VSA. Maryland was the first state to utilize the Alliance for Innovation on Maternal Health (AIM) patient safety bundle on [Safe Reduction of Primary Cesarean Birth](#). At the end of FY 18, the Collaborative found a 6% overall reduction in low-risk cesarean deliveries among participating hospitals in the State. Individual hospital data showed that 20 participating hospitals decreased their low-risk cesarean rate, with 8 hospitals achieving a 10-25% reduction and 3 hospitals with a >25% reduction.

Another of Maryland's NPMs focuses on dental screening during pregnancy and for infants/children. Title V continued to work with the Office of Oral Health (OOH) to implement its Perinatal and Infant Oral Health Quality Improvement (PIOHQI) grant. In partnership with the University of Maryland, School of Public Health (UMD SPH), OOH conducted surveys, interviews, and focus groups to gather data from medical and dental providers and pregnant women about oral health knowledge, practices, and barriers/facilitators to care. OOH created *Oral Health Care During Pregnancy: Practice Guidance for Maryland's Prenatal and Dental Providers*. The guidance document provides up-to-date, evidence-based recommendations and resources to prenatal and dental providers throughout the state to increase utilization of oral health care services and improve oral health of pregnant women and infants in Maryland. OOH also partnered with two federally qualified health centers and the University of Maryland, Baltimore Women's Health Center to integrate oral health into prenatal care and develop dental referral systems from prenatal provider to dental provider.

Maryland is also partnering with the Center for Tobacco Prevention and Control (CTPC) on the NPM to reduce smoking during pregnancy. During FY 18, Title V continued to partner with CTPC to monitor smoking during pregnancy and to promote the Quitline to pregnant women. Title V continues to fund local health departments to provide family planning services to women of childbearing age, including screening and referral for tobacco use. Grantees have begun to report specific quarterly data to Title V on the number of women referred to tobacco cessation services.

**Infant/Perinatal Health:** Maryland's infant health domain NPM is the placement of infants on their back to sleep, as sleep-related infant deaths are the third leading cause of overall infant mortality and the leading cause of post-neonatal deaths in Maryland. Over the last fiscal year, Title V supported local Fetal and Infant Mortality Review (FIMR) and Child Fatality Review (CFR) activities to investigate causes of infant death. Title V also supported infant mortality reduction activities in local health departments across the state. These funds were utilized for home visiting strategies, paraprofessional case management services for high-risk women and infants, expansion of preconception care and family planning services, screening and referrals for mental health and substance use, and pre-conception/prenatal nutrition support. Specifically, safe sleep education was provided to families through home visiting, case management and certification of home births.

In FY 19, MCHB partnered with MDH's Office of Minority Health and Health Disparities to conduct focus groups across the state in order to better understand how safe sleep messaging is perceived and accepted. An Interagency Agreement (IA) has been developed with Morgan State University, a historical black college, to facilitate these focus groups over the next two years. Information gathered from these focus groups will allow MCHB to present safe sleep information to new parents and other caregivers in a more culturally sensitive manner. MCHB is also working with the Office of Minority Health and Health Disparities to include safe sleep training for community health workers and to reach out to the faith community for support in spreading safe sleep messages.

Maryland opted to revise its state performance measure (SPM) in the infant health domain during 2017 to reflect an emerging area of need related to the statewide opioid addiction crisis. As part of ongoing Title V needs assessment activities, MCHB monitors the number of infants born with Neonatal Abstinence Syndrome (NAS). According to the Maryland Health Services Cost Review Commission, the number of infants born with NAS increased annually from 2009 with 569 infants to a high of 954 in 2014. Since 2014, amidst the transition from ICD-9 to ICD-10 diagnosis code tracking of NAS, the number of infants born with NAS has

decreased and in 2018 there were 855 infants born with NAS. It is unclear if this is a true decrease in NAS or a result changes in coding practices.

In 2017, Title V developed a new SPM to measure its work on the number of hospitals that integrate service practices/policies to improve the quality of care for substance exposed infants. Title V supported the Maryland Perinatal Neonatal Quality Collaborative initiative to standardize the care of infants born with NAS. Support included access to the Vermont Oxford Network Neonatal Abstinence Syndrome Implementation Package for hospitals statewide, which includes evidence-based education modules and resources for improving outcomes and increasing the quality and safety of care provided to infants with NAS. Maryland participated as one of eight states in the second SAMHSA Policy Academy to improve outcomes for pregnant and postpartum women with opioid use disorder and their infants. The Policy Academy provided resources from national experts and previous state participants, as well as six months of technical assistance from SAMHSA facilitators. In FY18, Maryland was selected to continue in a two-year In-Depth Technical Assistance (IDTA) Program sponsored by the National Center on Substance Abuse and Child Welfare. The State team included child welfare, the state substance abuse agency, and maternal and child health. Through monthly facilitated team calls and annual site visits, the Maryland team developed parent education materials on the role of the Department of Social Services (DSS) when a substance exposed newborn (SEN) is identified; an algorithm for pediatric providers on referral of SENs to DSS; and guidance for utilizing an individualized Plan of Safe Care for each infant.

Children's Health: Title V efforts in Maryland continue to focus on children who receive a developmental screen as its child health NPM. Title V provided leadership and funding for child health activities including child fatality review, promoting access to well child visits for children and adolescents, lead case management, Infants and Toddlers Program support, and services such as immunizations and hearing/vision screening. Using Title V funding, local health departments provided education to families of young children about developmental screening through home visiting programs, case management of children with elevated blood lead levels, and case management for children in the Infants and Toddlers Program; all of these activities will continue in 2020.

Maryland maintains a SPM related to primary care and developmental screening for children. Since the NPM focuses on developmental screening using a parent-completed tool, Maryland developed an SPM around receipt of primary care as an additional point of access to developmental screening. Bright Futures recommendations indicate that developmental surveillance should be a part of each well visit, with developmental screening at 9 months. Maryland's new child health SPM measures the percent of Medicaid patients, age 15 months, who had 5 or more well child visits, as a gauge of both receipt of primary care and access to developmental screening. Local health departments will continue to use Title V funding to educate parents of young children about developmental screening, and to refer children to their health care providers for screening. MCHB and Title V continue to monitor data for potential disparities in populations related to developmental screening and/or well visits to target future efforts.

Adolescent Health: The Adolescent Health Program staff have expanded collaborative efforts within the state health department related to behavioral health, substance use, sexually transmitted infections and youth with special healthcare needs. FY18 efforts included meetings with the Behavioral Health Administration's Child and Adolescent Substance Use Unit. A work group was formed to identify opportunities for collaboration related to adolescent and young adult behavioral health with a special focus on underserved youth. Staff from the state health department's Infectious Disease Prevention and Health Services Bureau-Center for Sexually Transmitted Infection began meeting with the Adolescent Health Program to discuss intersecting goals as well as continued sharing of and dissemination of STI and HIV state data. Collaborative efforts center around plans to align programmatic efforts related to linkages to care as well as training. Additionally, the Adolescent Health Program also worked with the MDH Office of Genetics and People with Special Healthcare Needs along with community partners to address the reproductive health/sexuality needs of adolescents/young adults with special health care needs through curriculum trainings at the Maryland School For the Deaf.

Various professional development opportunities were made available to Teen Pregnancy Prevention (TPP) grantees and community partners including adolescents and substance use, sexuality education evidence based curricula, working with LGBT youth and human trafficking.

Children with Special Health Care Needs (CSHCN): The Maryland Title V Program has chosen to focus on NPMs around ensuring medical home access and transition support/services for children and youth with special health care needs (CYSHCN). The program provided care coordination through local health departments and other grantees for CYSHCN, support, education, and resources for families of CYSHCN, trainings for families and health care providers on family-professional partnership, support to health care institutions to enhance medical home efforts, early and continuous screening follow-up, trainings and education for health insurance plans, providers, and families around medical home and health care transition, as well as funds to support medical home and transition activities in various health care systems and community organizations.

During FY20, the program plans to continue implementation of a standardized Medical Home and Health Care Transition Framework, including expanding target areas, performance measures and outcome measures, which grantees will utilize to provide services to CYSHCN. Other focuses for FY 20 include continued family engagement efforts and strategic planning around workforce development.

Life Course:

A life course activity conducted and ongoing in Maryland is a comprehensive analysis to better identify risk factors and determinants of infant mortality using Perinatal Periods of Risk (PPOR) Analyses. Using data from 2010-2016, MCHB Epidemiologists conducted Phase 1 and 2 PPOR analyses in FY 18 to examine excess fetal-infant mortality rates and factors associated with racial disparities in adverse pregnancy outcomes, respectively. The findings suggested that half (49%) of excess fetal-infant mortality rates in Maryland were attributable to the preconception and maternal health of black non-Hispanic (NH) women; an additional 9% was attributable to maternal care of black NH women. Using birth certificate data linked to US Census American Community Survey on social determinants of health at the census tract level, it was found maternal and preconception health factors that contribute most

to disparities in adverse pregnancy outcomes between black and white NH women include unmarried with no paternal involvement, low maternal education, residential socioeconomic disadvantage, hypertension, and pre-pregnancy overweight and obesity. MCHB has used this study to inform Title V's Babies Born Healthy program; to inform the infant mortality legislative workgroup (HB 716) in their advisory efforts to identify methods and innovative programs that can reduce the infant mortality rate in African American and rural populations through the use of pregnancy navigators and community health workers and to examine cost-effective approaches for caring for low birth weight infants; and as a presentation at the CityMatCH conference in Portland, OR in September 2018.

## How Federal Title V Funds Support State MCH Efforts

Maryland's Department of Health has a long standing history of supporting maternal and child health initiatives. Through the Title V Maternal and Child Health Services Block Grant program, Maryland is able to provide core public health funding to all 24 jurisdictions in the state to advance vital maternal and child health services and initiatives that are specific to the needs of each community. Funding is used for direct and enabling services for maternal health and children/youth with special health care needs. Additionally, funds are used for population-based services through community education of emerging public health issues and through the continued development and advancement of public health infrastructure to ensure the health and well-being of Title V eligible populations. These services highlight the mission and vision of the Department of Health's Prevention and Health Promotion Administration, which has oversight of the Maryland Title V program.

Without critical Title V funding, the State would be unable to maintain the level of support necessary to continue to successfully improve the health outcomes of the State's women, infants, children, adolescents and children/youth with special health care needs. On a daily basis, Title V funding supports the efforts of local health departments to advance Title V priorities through evidence based and evidence informed programs and activities.

## MCH Success Story

### III.A.3. MCH Success Story

Title V funds are used to support a variety of child health services through the local health departments. The following success story from a local health department's early intervention program exemplifies the important services provided by Title V funds.

Our local Infant and Toddlers program experienced a successful care coordination case that involved obtaining in-home nursing services for a family with a child who had a birth injury. The local care coordinator was able to assess the needs of the family as it pertained to the care of the child. The care coordinator was able, with the family's consent, to speak to the child's primary care doctor to arrange for in-home nursing services to assist with the child's daily care. Working collaboratively, the primary care doctor and care coordinator were able to identify a local in-home nursing service that could provide 40 hours of overnight care per week. Once the nurses were established in home, the care coordinator adjourned a meeting with the family, the nurses and Infants and Toddlers providers to develop a care plan. An adaptive stroller, a medical bed, a bath seat were needed items that were successfully provided to the family by the care coordinator. The well-being of the child and family has improved greatly as a result of collaboration between the various health care providers involved in the case.

## Maternal and Child Health Bureau (MCHB) Discretionary Investments - Maryland

The largest funding component (approximately 85%) of the MCH Block Grant is awarded to state health agencies based on a legislative formula. The remaining two funding components support discretionary and competitive project grants, which complement state efforts to improve the health of mothers, infants, children, including children with special needs, and their families. In addition, MCHB supports a range of other discretionary grants to help ensure that quality health care is available to the MCH population nationwide.

Provided below is a link to a document that lists the MCHB discretionary grant programs that are located in this state/jurisdiction for Fiscal Year 2018.

### [List of MCHB Discretionary Grants](#)

Please note: If you would like to view a list of more recently awarded MCHB discretionary investments, please refer to the [Find Grants](#) page that displays all HRSA awarded grants where you may filter by Maternal and Child Health.