



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

MICHIGAN

State Snapshot

FY 2020 Application / FY 2018 Annual Report

November 2019

Title V Federal-State Partnership - Michigan

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>)

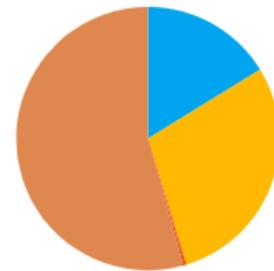
State Contacts

MCH Director	CSHCN Director	State Family or Youth Leader
Dawn Shanafelt Director, Division of Maternal and Infant Health ShanafeltD@michigan.gov (517) 373-4411	Lonnie Barnett Director, Children's Special Health Care Services Division BarnettL@michigan.gov (517) 241-7186	Candida Bush Director, Family Center for CYSHCN BushC9@michigan.gov (517) 241-7197

Funding by Source

Source	FY 2018 Expenditures
Federal Allocation	\$18,718,089
State MCH Funds	\$33,539,006
Local MCH Funds	\$0
Other Funds	\$394,249
Program Income	\$62,748,608

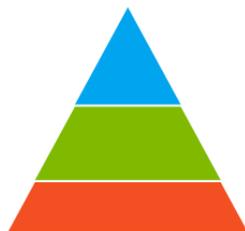
FY 2018 Expenditures



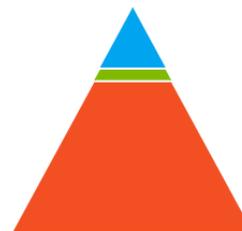
Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$8,230,493	\$26,298,175
Enabling Services	\$6,228,384	\$4,561,054
Public Health Services and Systems	\$4,259,212	\$65,822,635

FY 2018 Expenditures Federal



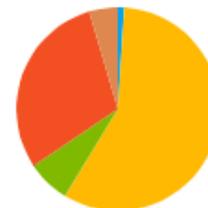
FY 2018 Expenditures Non-Federal



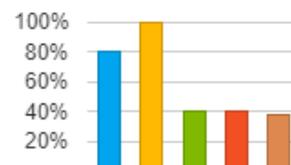
Percentage Served by Title V

Population Served	Percentage Served	FY 2018 Expenditures
Pregnant Women	80.0%	\$1,154,056
Infants < 1 Year	100.0%	\$66,264,368
Children 1 through 21 Years	40.0%	\$7,866,385
CSHCN (Subset of all Children)	40.0%	\$34,321,356
Others *	37.0%	\$5,233,796

FY 2018 Expenditures
Total: \$114,839,961



FY 2018 Percentage Served



*Others– Women and men, over age 21.

Communication Reach

Communication Method	Amount
State Title V Website Hits:	0
State Title V Social Media Hits:	0
State MCH Toll-Free Calls:	7,484
Other Toll-Free Calls:	12,895



Selected National Performance Measures

Measure #	Measure Short Name	Reporting Domain(s)
NPM 1	Well-Woman Visit	Women/Maternal Health
NPM 3	Risk-Appropriate Perinatal Care	Perinatal/Infant Health
NPM 4	Breastfeeding	Perinatal/Infant Health
NPM 5	Safe Sleep	Perinatal/Infant Health
NPM 10	Adolescent Well-Visit	Adolescent Health
NPM 12	Transition	Children with Special Health Care Needs
NPM 13	Preventive Dental Visit	Women/Maternal Health, Child Health

Evidence-Based or –Informed Strategy Measures

NPM #	NPM Short Name	ESM #	ESM Title
NPM 1	Well-Woman Visit	ESM 1.1	Percent of women aged 18-44 who have ever discussed reproductive life planning during a visit with a doctor, nurse, or other health professional
NPM 3	Risk-Appropriate Perinatal Care	ESM 3.1	Number of CenteringPregnancy sites in Michigan
NPM 4	Breastfeeding	ESM 4.1	Percent of Baby-Friendly designated birthing hospitals in Michigan
NPM 5	Safe Sleep	ESM 5.1	Number of birthing hospitals trained on infant safe sleep
NPM 5	Safe Sleep	ESM 5.2	Number of Maternal Infant Health Program (MIHP) agencies that have staff trained to use motivational interviewing with safe sleep
NPM 10	Adolescent Well-Visit	ESM 10.1	Of the health care providers who complete the Motivational Interviewing web course and the Motivational Interviewing professional development training, the percent who report skills in effectively counseling youth on changing risky behaviors
NPM 12	Transition	ESM 12.2	Percent of CSHCS clients age 18 to 21 years in selected diagnosis groups that have transferred care from a pediatric to an adult provider
NPM 13.1	Preventive Dental Visit Pregnancy	ESM 13.1.1	Number of medical and dental professionals who receive perinatal oral health education through MDHHS
NPM 13.2	Preventive Dental Visit Child/Adolescent	ESM 13.2.1	Number of students who have received a preventive dental screening through the SEAL! Michigan program

State Performance Measures

SPM #	SPM Title	Reporting Domain(s)
SPM 1	Percent of children less than 72 months of age who receive a venous lead confirmation testing within 30 days of an initial positive capillary test	Child Health
SPM 4	Percent of children with special health care needs enrolled in CSHCS that receive timely medical care and treatment without difficulty	Children with Special Health Care Needs
SPM 5	Percent of children 19 to 36 months of age who have received a completed series of recommended vaccines (4313314 series)	Child Health
SPM 6	Percent of adolescents 13 to 18 years of age who have received a completed series Human Papilloma Virus vaccine	Adolescent Health

Executive Summary

Program Overview

Michigan's Title V Maternal and Child Health (MCH) program¹ supports a wide range of critical MCH programs and services across the state. Its overarching goal is to improve the health and well-being of the state's mothers, infants, children, and adolescents—including children with special health care needs (CSHCN). The Michigan Department of Health and Human Services (MDHHS) administers the Title V block grant through the Division of Maternal and Infant Health (DMIH) within the Public Health Administration. The Children's Special Health Care Services (CSHCS) Division, which is housed in the Bureau of Medicaid Care Management and Quality Assurance within the Medical Services Administration, serves as the Title V CSHCN program.

The DMIH and the CSHCS Division provide leadership on MCH programs and policies, including direct oversight of statewide multisystem collaborative initiatives that have been instrumental to achieving success. For example, in 2017 Michigan created a Maternal Infant Strategy Group (MISG) to provide leadership to align maternal and infant health goals and strategies across private and public stakeholders and to provide guidance on operationalizing a health equity lens in MCH programs. The multisystem members seated on the MISG set *zero preventable deaths and zero health disparities* as the vision for Michigan's Mother Infant Health and Equity Improvement Plan, known as the Improvement Plan. In 2018, input into the Improvement Plan was solicited from established partners (local public health, managed care plans, universities, Medicaid, Michigan Department of Education, and MDHHS program areas such as epidemiology, mental health and substance abuse, chronic disease, communicable disease, injury prevention, health disparities reduction and minority health) as well as families and partners from key social determinants of health sectors. Local communities are currently being engaged to identify strategies that best fit their needs and to set community-specific, measurable outcomes. The Improvement Plan aligns with several of Michigan's Title V priority areas.

Michigan's current state priorities were determined by the five-year needs assessment completed in 2015. Per Title V requirements, the assessment was used to identify needs for preventive and primary care services for women, mothers, infants, and children as well as services for CSHCN. Leaders with expertise in each of the Title V population domains were engaged in the planning and implementation processes. The goals of the assessment were to:

- Engage stakeholders to assess needs, strengths, and capacity;
- Utilize existing data and stakeholder expertise to identify strategic issues to improve health in each of the population domains; and
- Identify priority unmet needs in each population domain and strategies for addressing these needs.

Based on the needs assessment findings, the following state priority needs were identified:

- Reduce barriers, improve access, and increase the availability of health services for all populations
- Support coordination and linkage across the perinatal to pediatric continuum of care
- Invest in prevention and early intervention strategies
- Increase family and provider support and education for Children with Special Health Care Needs
- Increase access to and utilization of evidence-based oral health practices and services
- Foster safer homes, schools, and environments with a focus on prevention
- Promote social and emotional well-being through the provision of behavioral health services

National Performance Measures (NPMs) and State Performance Measures (SPMs) were chosen to align with the identified priority needs. State action plans were then developed which include Evidence-based or -informed Strategy Measures (ESMs). Performance monitoring and program planning for NPMs and SPMs occurs on an ongoing basis. For example, MCH program staff review program results, client and family feedback, best practices, and emerging evidence to identify improvements to programs and policies. In 2018, program staff created logic models that identified goals, barriers, resources, evidence-based strategies, outputs, and outcomes to inform the Title V state action plans.

Based on the new Title V Guidance issued December 31, 2017, and in conjunction with ongoing needs assessment activities, Michigan reevaluated its original NPMs and SPMs and made adjustments to better align with current program and funding priorities. Detailed state action plans (which include program objectives, strategies, and performance data) are included in Section III.E. A brief summary by population domain is below.

Women/Maternal Health

¹ For the purposes of this application, the Title V MCH Program includes 1) programs and services supported by the Title V block grant; 2) programs and services included in the total state match; and/or 3) programs and services under the direction of the Title V MCH director or CSHCN director.

The first goal in this population domain is to increase the percent of women with a past year preventive medical visit. Although 67.0% of women between the ages of 18 and 44 years received a preventive medical visit in Michigan during 2013, significant disparities exist, with only 47.3% of women who were uninsured receiving a preventive medical visit². Thus, a key role for MDHHS is to help women access insurance and connect with primary care providers. The Title V plan focuses on ensuring women have the reproductive and health care services they need to achieve optimal health, including planning for pregnancy. Key objectives are to maintain a high percentage of women who use a most effective or moderately effective contraceptive method and to increase the percentage of women who discuss reproductive life planning with a health professional.

The second goal in this domain is to increase the percent of women with a preventive dental visit during pregnancy. The needs assessment found that only 44.5% of women had their teeth cleaned during their most recent pregnancy³. Michigan has seen improvement on this measure, with the most recent data indicating that 53.6% of women received a preventive dental visit.⁴ Strategies to address this issue include increasing access to the WIC oral health module; training medical and dental providers who treat pregnant women; and participating in pilot programs to provide oral health services in OB units of FQHCs.

Perinatal/Infant Health

The first perinatal/infant health goal is to increase the percent of very low birth weight infants born in a hospital with a Level III+ NICU. While Michigan has seen improvements over time—from 78.0% in 2008 to 90% in 2017⁵—the needs assessment revealed challenges in Michigan's perinatal to pediatric continuum of care, such as racial disparities in first trimester prenatal care, preterm births, and infant mortality. Regional perinatal care systems are a key strategy to assure the most vulnerable infants and mothers receive appropriate services. Therefore, Michigan is supporting and expanding regional perinatal care systems; promoting the use of evidence-based programs such as home visiting and CenteringPregnancy; and expanding quality improvement efforts to prevent and respond to perinatal substance use.

The second goal is to increase the percent of infants who are ever breastfed and the percent of infants breastfed exclusively through six months. While breastfeeding rates have increased in Michigan over the past several years, they are still short of the Healthy People 2020 objectives (81.9% of infants ever breastfed and 25.5% of infants exclusively breastfed through six months). In Michigan, 75.9% of infants are ever breastfed and 22.6% are exclusively breastfed through six months⁶. To impact breastfeeding rates, MDHHS is implementing strategies to increase the number of Baby-Friendly[®] hospitals and to reduce the gap in breastfeeding rates between non-Hispanic white and non-Hispanic black women.

A third goal is to increase the percent of infants placed to sleep in safe sleep environments. This goal includes infants being placed to sleep on their backs, alone, without objects in their crib, bassinet, or pack and play. In 2017, 123 infants in Michigan died of sleep-related causes⁷. For several years, sleep-related death has been the leading cause of death for infants 28 days to one year old and is considered the most preventable. In Michigan, three out of four sleep-related infant deaths occurred in an unsafe sleep location. While Michigan has seen a steady increase in the percent of infants placed to sleep on their backs, progress in sleeping without soft objects and in their own sleep space has remained challenging. MDHHS strategies to impact safe sleep include training home visitors to have effective conversations about safe sleep; training staff at birthing hospitals on safe sleep; and supporting the use of SOPHE SCRIPT and other smoking cessation activities. Additionally, a key goal is to reduce the gap between non-Hispanic white women and non-Hispanic black women who implement safe sleep guidelines.

Child Health

Michigan continues to focus on increasing the percent of children who have a preventive dental visit. In 2012, fewer children had preventive dental visits as compared to 2007⁸. To address this issue, Michigan is working to expand the SEAL! Michigan program; to increase the number of children who receive dental sealants through schools; and to collaborate with school nurses and other school professionals on oral health issues and education.

A second goal is to increase the percent of children less than 72 months of age who receive a venous lead confirmation testing within 30 days of an initial positive capillary test. Between 1998 and 2016 Michigan made progress reducing lead poisoning in the state, with the percentage of birth to six-year-old children in Michigan with blood lead levels ≥ 5 ug/dL decreasing from 44.1% to

² Michigan Behavioral Risk Factor Surveillance System

³ Michigan PRAMS

⁴ Michigan PRAMS

⁵ Linked birth certificate and hospital data on NICU levels from American Academy of Pediatrics

⁶ National Immunization Survey 2017 Breastfeeding Report Card

⁷ Centers for Disease Control and Prevention (CDC) SUID Case Registry – 2010 to 2017, Michigan Public Health Institute, 2019

⁸ National Survey of Children's Health (NSCH), 2011/2012

3.6%⁹. However, some communities still experience higher rates of lead poisoning. Many primary care providers and WIC clinics use point-of-care capillary testing machines to test blood lead levels, which are prone to false positives. Therefore, elevated capillary results need to be confirmed with a venous test to facilitate clinical and environmental follow-up. Progress has been made, with MDHHS data indicating a rise in venous confirmation testing within 30 days of an initial elevated capillary test from 16.1% in 2013 to 43.35% in 2018. MDHHS leads efforts related to surveillance data, nurse case management, and home abatement for children under the age of six, with a focus on children enrolled in Medicaid Health Plans.

MDHHS is working to increase the percentage of children who are up-to-date with all recommended vaccines, with a focus on children 19-35 months of age. Within some populations, Michigan has experienced declining immunization rates and has not met Healthy People 2020 goals. For example, the estimated percent of 19 to 35-month-olds in Michigan who received a full schedule of age-appropriate immunizations was 69.9% in 2017¹⁰. Michigan continues to experience challenges keeping children on schedule, including increased parental hesitancy toward vaccines. As of January 2019, only 55.3% of Michigan 7-month-olds were up-to-date with all age-appropriate recommended vaccines¹¹. Strategies to address these challenges include a statewide “I Vaccinate” media campaign and working with private providers and local health departments to examine vaccination rates and to identify effective, targeted vaccination practices.

Adolescent Health

A goal in the adolescent health population domain is to increase the percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year. High-quality preventive care can help to address adolescent health issues (such as healthy lifestyles and access to care) and build on Michigan’s success in other areas, such as the declining teen pregnancy rate. Among youth ages 12-17 years, 81% had one or more preventive visits in the previous 12 months¹². However, from 2013-2016, only 52.45% of youth ages 12-17 years with Medicaid received a comprehensive well-care visit within the previous 12 months¹³. MDHHS is working to target this disparity by increasing the percent of adolescents enrolled in Medicaid with a preventive medical visit; training health care providers on motivational interviewing; and increasing the percent of clients in Child and Adolescent Health Centers who have documented follow-up after a positive depression screen.

A second goal in this population domain is to increase the percent of adolescents who have received a completed HPV vaccine series. As of December 31, 2018, 73.5% of adolescents 13 through 17 years of age are up-to-date with immunizations, but that percentage drops to 39.1% when HPV series completion is included¹⁴. While the other adolescent vaccine coverage rates are well into the 70th percentile, HPV completion remains extremely low. To boost HPV completion rates and protect more adolescents from HPV-related cancers and diseases, MDHHS generated letters to parents of adolescents with overdue HPV immunizations. MDHHS continues to work with local health departments, providers and health systems to implement quality improvement measures to improve HPV vaccination rates. The Division of Immunization is also strengthening partnerships with internal and external stakeholders, including the American Cancer Society and the MDHHS Cancer Program, to conduct targeted outreach to increase awareness of HPV vaccination and prevention of HPV-related cancers and diseases.

Children with Special Health Care Needs

A goal in Michigan is to increase the percent of adolescents with special health care needs who receive services necessary to make transitions to adult health care. The needs assessment found that the percentage of CSHCN receiving the services needed for transition to adult health care was below the Healthy People 2020 target. To improve transitions to adult care, Michigan is expanding the use of transition planning; increasing youth, family, and provider awareness of the transition process; and increasing the percent of CSHCS clients aged 18 to 21 who transfer from a pediatric to an adult provider.

Lastly, a key goal is to increase the percent of CSHCN enrolled in CSHCS who receive timely medical care and treatment without difficulty. While access to public and private health insurance has improved under the Affordable Care Act, CSHCN require and use more health care services than other children. These health care costs can pose significant challenges and burdens for families, even if they have access to private insurance. CSHCS helps to cover the costs of medical services and treatment including prescription and pharmacy services, medical supplies and equipment, and disease treatment and management. In FY2018, 46,816 clients were served in the CSHCS program. Strategies to provide high-quality services include covering specialty care and treatment costs for qualifying conditions; expanding the use of telemedicine; and partnering with CSHCN and their families to identify gaps and needs.

⁹ [2015 Data Report on Childhood Lead Testing and Elevated Blood Lead Levels: Michigan](#)

¹⁰ National Immunization Survey

¹¹ Michigan Care Improvement Registry (MCIR)

¹² NSCH, 2016

¹³ Michigan Medicaid Data Warehouse, 2016

¹⁴ MCIR

How Federal Title V Funds Support State MCH Efforts

The Title V block grant provides a critical source of funding for MCH priority needs in Michigan, along with state MCH funds and other federal funds. As per federal requirements, a minimum of 30% of Title V funding supports services for children with special health care needs (CSHCN) and a minimum of 30% of funding supports preventive and primary care services for children. In Michigan, Title V funding is used to support medical care and treatment for CSHCN as well as a variety of services for children and adolescents including immunizations, oral health and dental sealants, lead poisoning prevention, fetal alcohol spectrum disorder, and pregnancy prevention. Services for women and infants are supported by Title V funding, including regional perinatal care systems, infant safe sleep, and maternal and infant mortality surveillance. Approximately 3% of Title V funding is used for administrative costs of the block grant. Title V funding also supports the MCH work of 45 local health departments (LHDs), which collectively receive approximately one-third of Michigan's Title V dollars. LHDs serve as Michigan's local public health "arm" and focus on Michigan's identified NPMs and SPMs, as well as locally identified MCH priority needs.

MCH Success Story

The MDHHS Children and Youth with Epilepsy Project, a three-year HRSA-funded grant, has developed a strong network of providers that are working collaboratively to strengthen the system of care for children with epilepsy. Currently, more than 4,300 children are enrolled in MDHHS Children's Special Health Care Services (CSHCS) program with a qualifying diagnosis of epilepsy. Of these, approximately 20% live in rural Michigan counties, where access to pediatric epilepsy specialists and other resources are extremely limited or non-existent.

One significant achievement has been the project's ability to bring together providers from competing health systems to systemically address issues of care for children and youth with epilepsy. The collaboration consists of four pediatric epilepsy centers representing Michigan's prominent children's hospitals/medical centers, six primary care clinics and parent representatives. The team is successfully applying a continuous quality improvement framework to tackle issues related to:

- Seizure Action Plans;
- Care coordination within the patient-centered medical home;
- Transition infrastructure; and
- Telemedicine/access to specialty care.

The project facilitates changes within clinics to improve outcomes for children with epilepsy. This project demonstrates the unique role of the Title V CSHCN program to maximize funding resources and convene key partners to improve health and well-being for patients with significant special health care needs.

Maternal and Child Health Bureau (MCHB) Discretionary Investments - Michigan

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.