HRSA
Health Resources & Services Administration

Title V MCH Block Grant Program

MISSOURI

State Snapshot

FY 2020 Application / FY 2018 Annual Report

November 2019

Title V Federal-State Partnership - Missouri

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
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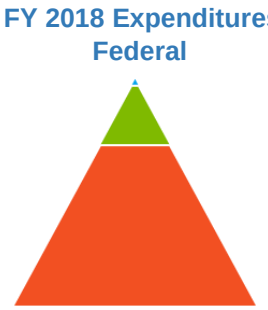
Funding by Source

Source	FY 2018 Expenditures
Federal Allocation	$11,741,549
State MCH Funds	$10,897,999
Local MCH Funds	$0
Other Funds	$0
Program Income	$0

Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	$278,521	$4,585,214
Enabling Services	$3,033,559	$475,022
Public Health Services and Systems	$8,429,469	$5,837,763



Percentage Served by Title V

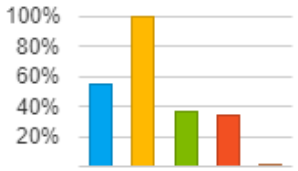
Population Served	Percentage Served	FY 2018 Expenditures
Pregnant Women	55.0%	$1,666,829
Infants < 1 Year	99.0%	$3,140,880
Children 1 through 21 Years	36.0%	$4,373,715
CSHCN (Subset of all Children)	34.0%	$8,162,183
Others *	1.0%	$4,404,181

*Others– Women and men, over age 21.

FY 2018 Expenditures

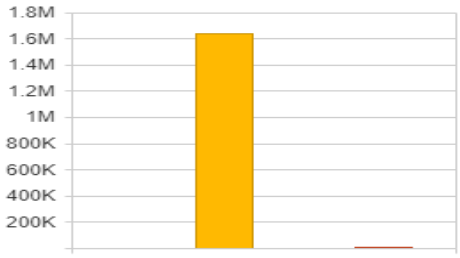
Total: $21,747,788

FY 2018 Percentage Served



Communication Reach

Communication Method	Amount
State Title V Website Hits:	1,188
State Title V Social Media Hits:	1,639,448
State MCH Toll-Free Calls:	1,840
Other Toll-Free Calls:	11,412



Selected National Performance Measures

Measure #	Measure Short Name	Reporting Domain(s)
NPM 1	Well-Woman Visit	Women/Maternal Health
NPM 2	Low-Risk Cesarean Delivery	Women/Maternal Health
NPM 3	Risk-Appropriate Perinatal Care	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 14	Smoking	Women/Maternal Health, Child Health
NPM 15	Adequate Insurance	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 infants born to pregnant women receiving prenatal care beginning in the first trimester.
NPM 1	Well-Woman Visit	ESM 1.2	The percent of women receiving postpartum follow-up health care services within the first four to six weeks after delivery.
NPM 2	Low-Risk Cesarean Delivery	ESM 2.1	Improve maternal/newborn health by increasing the number of hospitals that implement the Alliance for Innovation on Maternal Health (AIM) bundle “Safe Reduction of Primary Cesarean Births”.
NPM 3	Risk-Appropriate Perinatal Care	ESM 3.2	Ensure risk appropriate care for high risk infants by increasing the number of hospitals with a formal written plan for transport of complicated obstetric/maternal patients to reduce infant mortality/morbidity.
NPM 6	Developmental Screening	ESM 6.1	Increase the percentage of eligible enrolled children, ages 1 year through 3 years, receiving a developmental screening using a validated parent-completed screening tool through Missouri DHSS Home Visiting programs.
NPM 7.1	Injury Hospitalization Ages 0 through 9	ESM 7.1.2	Increase the number of certified Child Passenger Safety Technicians in the state.
NPM 7.2	Injury Hospitalization Ages 10 through 19	ESM 7.2.1	Number of schools that received training on evidence based suicide prevention programs
NPM 11	Medical Home	ESM 11.1	Increase the percentage of families of newly enrolled Special Health Care Needs (SHCN) program participants who are aware of the importance of a medical home for children with and without special health care needs.
NPM 14.1	Smoking Pregnancy	ESM 14.1.1	Annual number of callers to the Missouri Quitline that are women of child bearing age.
NPM 14.2	Smoking Household	ESM 14.2.1	The number of Missouri communities (cities, towns, etc.) with comprehensive smoke-free ordinances.
NPM 15	Adequate Insurance	ESM 15.1	Percent of primary caregivers and children with health insurance at one year post enrollment among Missouri DHSS Home Visiting program participants.

State Performance Measures

SPM #	SPM Title	Reporting Domain(s)
SPM 1	Improve health outcomes for Missouri mothers and infants by increasing breastfeeding initiation and duration rates.	Perinatal/Infant Health
SPM 2	Percent of infants placed to sleep on their backs.	Perinatal/Infant Health
SPM 3	Percent of children, ages 1 to 17 years, who had a preventive dental visit in the last year.	Child Health
SPM 4	Percent of adolescents, ages 12 through 17 years, who are physically active at least 60 minutes per day.	Adolescent Health
SPM 5	Percent of women with a recent live birth who reported frequent postpartum depressive symptoms.	Women/Maternal Health
SPM 6	Percent of women who had a preventive dental visit during pregnancy	Women/Maternal Health
SPM 7	Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day	Child Health
SPM 8	Percent of children, ages 3-17 with problems requiring counseling who received mental health care	Adolescent Health

Executive Summary

Program Overview

The Title V Maternal and Child Health (MCH) Program in Missouri is located within the Department of Health and Senior Services (DHSS), Division of Community and Public Health (DCPH), Section for Women's Health (SWH). Martha J. Smith, MSN, RN, LNHA, is the Title V Maternal and Child Health (MCH) Director and Lisa Crandall, BSW, is the Title V Children with Special Health Care Needs (CSHCN) Director. The Title V MCH Application is submitted by DHSS as the designated state agency for the allocation and administration of the MCH Block Grant funds.

The state of Missouri is comprised of 115 jurisdictions (114 counties and one independent city, St. Louis) covering an area of 69,704 square miles and ranks 21st in size among all states in the nation. The state is centrally located in the heartland of the United States and shares borders with eight other states. There are large differences in population distribution across Missouri, with the majority located near either St. Louis or Kansas City. Over half of the state's population (55%) falls inside the Metropolitan Statistical Areas (MSA) of these two cities.

The 2017 U.S. Census population estimate for Missouri was 6,113,532 residents. This represents a population increase of 3.84% from 2007. Among over 6 million Missouri residents, 2.07 million, or 34%, live in rural areas. While the amount of growth varies among individual counties, population increases are occurring in both rural and urban areas. Overall, the population in rural areas increased by 0.7%, while urban areas increased by 5.5% during the past decade.

The DCPH is the lead entity in the DHSS entrusted with providing services through the Title V program to MCH populations across the state. This is done through a variety of programs and initiatives in collaboration with local public health agencies and other entities catering to the needs of MCH populations in the state. In 2017, Missouri's estimated MCH population including women of childbearing age (15-44), infants, children, and adolescents (1-19) was 2,711,281. This accounted for more than two-fifths (44%) of the state's entire population. This estimate represents 1,171,775 women of childbearing ages (15-44 years), 73,107 infants (under 1), and 1,469,002 children and adolescents (ages 1-19 years). There were 298,327 children between the ages of 0 and 17 that had special health care needs. Also in 2017, there were 73,017 Missouri resident live births, of which, 15.8% were African-American and 78.4% were White. Hispanic births in Missouri decreased by 11%, from 2007 to 2017 (4,665 and 4,152 respectively). Overall, Medicaid covered 45.0% of Missouri's children and paid for about 38.0% of all births in the state for 2018.

The services coordinated through the Title V MCH Program in Missouri can be broadly grouped into the following three categories:

- Preventive/primary care services for all pregnant women, mothers and infants up to age one;
- Preventive and primary care services for all children; and
- Services for children and youth with special health care needs (CYSHCN)

In an effort to improve the health and wellbeing of MCH populations under these three broad categories, the Missouri Title V agency followed HRSA / MCHB guidelines to identify the needs and develop strategies / action plans to address those needs. Pursuant to the identification and prioritization of the needs through the five-year needs assessment process, resources are assigned and program activities are implemented to specifically address these priorities. The five-year needs assessment process in Missouri led to the identification of the following eight national and five state priority areas that will be targeted through 2020 by the Missouri Title V program:

National Priority Areas:

1. Ensure adequate health insurance coverage and improve health care access for the MCH population.
2. Improve pre-conception, prenatal and postpartum health care services for women of child bearing age.
3. Prevent and reduce smoking among women of childbearing age and pregnant women and reduce childhood exposure to secondhand smoke.
4. Ensure coordinated, comprehensive and ongoing health care services for children with and without special health care needs.
5. Ensure risk appropriate care for high-risk infants to reduce infant deaths.
6. Reduce intentional and unintentional injuries among children and adolescents.
7. Support adequate early childhood development and education.
8. Improve maternal/newborn health by reducing cesarean deliveries among low-risk first births.

State Priority Areas:

1. Enhance breastfeeding initiation and duration rates among Missouri mothers.
2. Promote safe sleep practices among newborns to reduce sleep-related infant deaths.
3. Enhance access to oral health care services for MCH populations.
4. Reduce obesity among women of childbearing age, children and adolescents.
5. Improve access to mental health care services for MCH populations.

The priority needs of the state's Title V Program related to the performance measures are discussed in the respective performance measure narrative. Progress is monitored by tracking each of these performance measures. Both budgeted dollars and expenditures are categorized and tracked across the three service levels in the MCH Pyramid: direct health care services, enabling services, and public health services and systems.

Because of the flexibility available with these funds, the role the Title V agency plays in each performance measure may be different. The Life Course perspective was used as a framework for developing the state's performance measures. Missouri's view

of the Life Course perspective is that it could not be encompassed in a specific priority or performance measure, but was the overarching theme used for the development of the state Needs Assessment.

In completing the 2020 application, Missouri reviewed our 2019 objectives and strategies in order to maintain alignment of our activities with the core needs of improving the health and wellbeing of the MCH population. During this process, objectives and strategies across all MCH population domains were identified for continuation, revision, or as completed. This process enables MO to establish how activities are correlating with the state established National Priority Measures (NPM), State Performance Measures (SPM) and Evidence-Based or -Informed Strategic Measures (ESM).

DHSS has developed a placemat, which is a tool to help focus the department on key strategies. The placemat consists of three sections: Aspiration, Themes, and Initiatives. Aspiration is the department's overarching goal. "We will protect health and keep people of Missouri safe." Everyone's division, program, section, unit, or bureau all exist to achieve this aspiration. Themes are the main areas of focus to achieve the department's aspiration, and include Reduce Opioid Misuse, Improve the health and safety of Missourians most in need, Enhance access to care, and Foster a sustainable, high-performing department. Initiatives are actionable items which will be measured. They contain specific targets and objectives to be achieved within the next 6 to 12 months.

The placemat was always intended to be a living document. Placemats help summarize and focus the department on priorities, and new initiatives were developed to help better tell the story of DHSS's priorities. While the placemat was updated in spring 2019, the initiatives will be updated every June and December. When goals are set and then performance is measured against that goal there is accountability for the resulting success or failure. Many of the new initiatives have a target date with the next step to create goals/objectives/targets for every initiative on the placemat. SMART goals will be created to track all initiatives.

Women/Maternal Health

MO continues efforts to address the state's high maternal mortality rate. In 2017, MO's maternal mortality rate was higher than the national average, ranked at 42 for highest in the country - in 2017, there were 32.6 maternal deaths (within 42 days of pregnancy or childbirth) per 100,000 live births. This rate fell to 15.0 deaths per 100,000 live births (within 42 days of pregnancy or childbirth) in 2018 (provisional data). This drastic decrease can be partially attributed to improved monitoring of the pregnancy checkbox on the death certificate for likely false-positives, and intensive follow-up with certifiers to cross-check the decedent's pregnancy status. Maternal mortality, and associated underlying health conditions, continue to be one of DHSS's strategic priorities for 2018. The MO Pregnancy-Associated Mortality Review (PAMR) uses expanded criteria to identify cases: 71 mortality cases were identified for board review from 2018 death certificates, down slightly from 86 cases in 2016. The PAMR board meets 6 times each year, reviewing 15-20 cases per meeting. The MO legislature also passed HB447, which is waiting to receive the Governor's signature. This legislation includes a provision statutorily establishing a PAMR board, including a requirement to issue a yearly report, and instructing record-holding parties (e.g., hospitals, coroners) to provide data and documentation to the PAMR board as requested for case review and abstraction.

Perinatal/Infant Health

Similar to national trends, infant mortality rates (IMR) in MO have experienced a steady decline over the past two decades. Despite these significant declines, the racial disparities associated with IMR have remained steady and disproportionately affect African-Americans. The 2018 MO IMR was 6.3 per 1,000 live births (provisional data), still above the 2017 national IMR of 5.8 per 1,000 live births. The non-Hispanic African-American rate in MO (10.3 per 1,000 live births) continues to be more than twice the non-Hispanic White rate (5.4 per 1,000 live births). While IMR have decreased across all racial/ethnic groups, the racial disparity associated with them has effectively remained unchanged for the past 50 years – African American infants are twice more likely to die than White infants within the first year.

Approximately 50% of infant deaths occur among preterm and very low birthweight (VLBW) infants, and transferring these babies in a timely manner to level appropriate care facilities has been shown to significantly reduce the risk of infant death among these high risk infants. As of January 1, 2019, any hospital with a birthing facility and any such hospital operated by a state university shall report to DHSS its appropriate level of maternal care and neonatal care designations. This information is collected through the Centers for Disease Control and Prevention (CDC) Levels of Care Assessment Tool (LOCATe). Discussions continue between DHSS epidemiology staff and the CDC in regards to LOCATe and how to best support MO facilities during completion of the survey.

Child Health

In FY18, 94.3% (279/296) of eligible enrolled children ages 1 year through 3 years, received a developmental screening using Ages and Stages Questionnaire (ASQ-3), a validated screening tool through Maternal, Infant and Early Childhood Home Visiting (MIECHV), Building Blocks (BB), and Healthy Families MO Home Visiting (HFMoHV) programs. Out of 296 eligible enrolled children in MIECHV, BB, and HFMoHV, 279 received an ASQ-3 developmental screening either at 9, 18, or 30 months. ASQ-3 developmental screening tool consists of 21 questionnaires. It is used to screen children ages 2 months to 60 months; each questionnaire contains 30 developmental items including communication, gross motor, fine motor, problem-solving and personal/social development subscales. Parents or caregivers try activities with the child and check the box that best describes what the child can do (yes, sometime, or not yet)." The DHSS home visiting program has kept this measure at a high level by sending bi-monthly reminders to each agency about which clients have a screening due in the next 60 days.

Adolescent Health

Among MO adolescents 10 to 19 years old, non-fatal injury hospitalizations were 275.3 per 100,000 in 2017 compared to 274.9 per 100,000 in 2016. In 2017, the main causes of injury deaths among 10-19 year olds were motor vehicle accidents, homicide by firearms and suicide by discharge of firearms. The leading causes of unintentional injury deaths in this age group were motor vehicle accidents, accidental poisoning, and drowning. Suicide is a persistent and increasing public health issue in MO. In 2017, the rate of suicide in MO was 24% higher than the national rate. According to 2018 MO Vital Statistics provisional data, suicide remains the

tenth leading cause of death for all ages among MO residents and the second leading cause of death among adolescents 10-19 years old.

Children with Special Health Care Needs (SHCN)
In State Fiscal Year 2018, 98% of SHCN participants enrolled in the Children and Youth with Special Health Care Needs Program, Healthy Children and Youth Program, and Medically Fragile Adult Waiver Program reported having a medical home. For participants/families who did not report having a medical home in the assessment process, Service Coordinators provided educational materials to help children with SHCN obtain coordinated, ongoing, comprehensive care. The SHCN Family Partners conducted research of medical home resources to expand their knowledge of the medical home concept, and then utilized this information to finalize materials for dissemination to families to raise awareness of the importance of a medical home for all children. The Family Partners shared a draft version of the medical home brochure with families who attended the Family Partnership Parent and Caregiver Retreat to obtain substantial input from families prior to finalizing the document for distribution.

Inclusion Services are provided to assist families of children with special needs in locating and or maintaining appropriate child care services. Additionally, they offer onsite coaching and consultation and provide referrals to available resources. This is done in a variety of ways including on-site, child-specific technical assistance to support successful inclusion, remote technical assistance, and training child care staff so they are able to provide appropriate inclusive care. Inclusion services provide evidence-based practices to support the development and education of children with special needs and provide parents with resources necessary to maintain employment. Child care providers are enabled to provide appropriate and effective early care and education which has shown to improve the early care experiences of children with and without disabilities and will improve the future of children at risk for school failure and delinquency. This is currently the only comprehensive statewide effort to support families and their children with actual or perceived special needs in MO.

How Federal Title V Funds Support State MCH Efforts

Federal Title V funds provide much of the backbone funding for key staff positions of Missouri's Title V Program. This includes staff of programs serving children and youth with special health care needs, such as the Family Partnership; epidemiological staff who analyze data to identify priority health needs of the maternal/child population; and staff who focus on school health, dental health, or provide technical assistance to community partners, such as the Local Public Health Agencies (LPHA). Contract funding is provided to the LPHAs and comprises about one-third of state Title V funds. The purpose of these funds is to help build community-based systems and expand the resources those systems can use to respond to priority maternal child health issues; provide and assure mothers and children (in particular those with low income or with limited availability of health services) access to quality MCH services; reduce health disparities for women, infants, and children, including those with special health care needs; promote the health of mothers and infants by assuring prenatal, delivery, and postpartum care for low income, at-risk pregnant women; and promote the health of children by providing preventive and primary care services for low income children. Title V funds allow the LPHAs to fill gaps in funding for MCH services and leverage funding received from county property taxes, local general revenue, and/or other sources such as grants from community foundations.

MCH Success Story

Missouri is 1 of 10 states participating in the Maternal Child Environmental Health (MCEH) Collaborative Improvement & Innovation Network (CoIIN) to support and improve coordinated systems of care to address the needs of maternal, infant, and child populations that are at risk for or experience exposure to lead. State Team leads include staff from the Title V Program and Childhood Lead Poisoning Prevention Program (CLPPP) as well as a Family Partner. Title V funds do not support the CLPPP, however, information gathered during the CoIIN identified new ways for collaboration. For example, CLPPP Lead Risk Assessors work with families of children with elevated blood lead levels to educate them on ways to reduce further exposure to lead. One of the easiest and quickest ways to do this is to clean the environment in which the child lives. Risk Assessors demonstrate proper cleaning methods using sample cleaning supplies, however, they discovered that many families are unable to afford such items. Recognizing this as a health equity issue, Title V funds were used to purchase cleaning kits, which contain items such as a sweep and mop starter kit with washable refill pad. Now when the Risk Assessors meet with a family, they can provide both education as well as resources to prevent further lead exposure. Involvement in the CoIIN has resulted in a stronger partnership between Missouri's Title V Program and CLPPP.

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

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.