HRSA

Health Resources & Services Administration

Title V MCH Block Grant Program

PENNSYLVANIA

State Snapshot

FY 2020 Application / FY 2018 Annual Report

November 2019

Title V Federal-State Partnership - Pennsylvania

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

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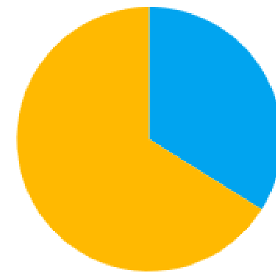
Funding by Source

Source	FY 2018 Expenditures
Federal Allocation	$23,748,778
State MCH Funds	$46,295,838
Local MCH Funds	$0
Other Funds	$0
Program Income	$0

FY 2018 Expenditures



Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	$3,838,313	$6,981,242
Enabling Services	$5,682,384	$3,910,734
Public Health Services and Systems	$14,228,081	$35,403,862

FY 2018 Expenditures Federal

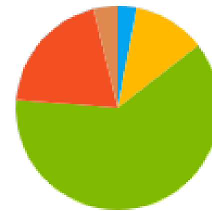
FY 2018 Expenditures Non-Federal

Percentage Served by Title V

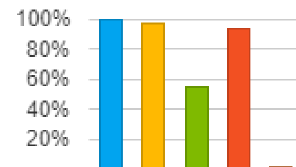
Population Served	Percentage Served	FY 2018 Expenditures
Pregnant Women	99.0%	$2,035,874
Infants < 1 Year	97.0%	$7,774,482
Children 1 through 21 Years	55.0%	$41,819,483
CSHCN (Subset of all Children)	93.0%	$13,447,196
Others *	1.0%	$2,592,705

*Others– Women and men, over age 21.

FY 2018 Expenditures
Total: $67,669,740

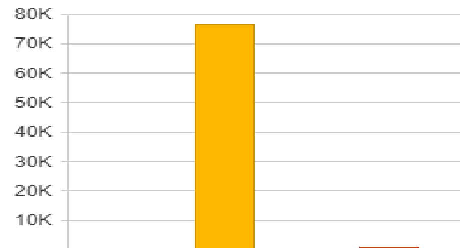


FY 2018 Percentage Served



Communication Reach

Communication Method	Amount
State Title V Website Hits:	251
State Title V Social Media Hits:	76,531
State MCH Toll-Free Calls:	249
Other Toll-Free Calls:	861



Selected National Performance Measures

Measure #	Measure Short Name	Reporting Domain(s)
NPM 1	Well-Woman Visit	Women/Maternal Health
NPM 4	Breastfeeding	Perinatal/Infant Health
NPM 5	Safe Sleep	Perinatal/Infant Health
NPM 7	Injury Hospitalization	Child Health
NPM 9	Bullying	Adolescent Health
NPM 10	Adolescent Well-Visit	Adolescent Health
NPM 11	Medical Home	Children with Special Health Care Needs
NPM 14	Smoking	Women/Maternal Health

Evidence-Based or –Informed Strategy Measures

NPM #	NPM Short Name	ESM #	ESM Title
NPM 1	Well-Woman Visit	ESM 1.1	Number of families served through Centering Pregnancy Programs.
NPM 1	Well-Woman Visit	ESM 1.2	Percent of adolescents and women engaged in family planning after delivery.
NPM 1	Well-Woman Visit	ESM 1.3	Percent of adolescents and women who talked with a health care professional about birth spacing and birth control methods.
NPM 1	Well-Woman Visit	ESM 1.5	Number of women served through evidence based or informed home visiting programs.
NPM 1	Well-Woman Visit	ESM 1.6	Percent of eligible women receiving 17-alpha-hydroxy progesterone caproate (17P) treatment compared to baseline data.
NPM 4	Breastfeeding	ESM 4.1	Percent of facilities designated as a Keystone 10 facility each fiscal year.
NPM 4	Breastfeeding	ESM 4.2	Percent of counties with breastfeeding rates at or above the 2016 statewide average of 81 percent each fiscal year.
NPM 4	Breastfeeding	ESM 4.3	Number of new collaborations developed (between breastfeeding program plus other program).
NPM 4	Breastfeeding	ESM 4.4	Number of media opportunities implemented promoting breastfeeding per fiscal year.
NPM 5	Safe Sleep	ESM 5.1	Number of hospitals recruited to implement the model safe sleep program.
NPM 5	Safe Sleep	ESM 5.2	Percentage of infants born whose parents were educated on safe sleep practices through the model program.
NPM 5	Safe Sleep	ESM 5.3	Percentage of hospitals with maternity units implementing the model program.
NPM 5	Safe Sleep	ESM 5.4	Number of social marketing messages disseminated.
NPM 7.1	Injury Hospitalization Ages 0 through 9	ESM 7.1.1	Number of comprehensive home assessments completed.
NPM 7.1	Injury Hospitalization Ages 0 through 9	ESM 7.1.2	Number of health and safety hazards identified through comprehensive home assessments.

NPM 7.1	Injury Hospitalization Ages 0 through 9	ESM 7.1.3	Number of health and safety interventions performed as a result of health and safety hazards identified through comprehensive home assessments.
NPM 9	Bullying	ESM 9.1	The percent of adolescent health vendors receiving lesbian, gay, bisexual, transgender and questioning (LGBTQ) cultural competency training.
NPM 9	Bullying	ESM 9.5	Number of evidence-based mentoring programs implemented in high risk areas of PA.
NPM 9	Bullying	ESM 9.6	The number of organizations certified as a safe space provider.
NPM 9	Bullying	ESM 9.7	Number of LGBTQ youth receiving evidence-informed suicide prevention programming.
NPM 9	Bullying	ESM 9.8	Number of trainers trained in the Olweus Bullying Prevention Program.
NPM 9	Bullying	ESM 9.9	Number of youth participating in evidence-based or evidence-informed mentoring, counseling, or adult supervision programs.
NPM 10	Adolescent Well-Visit	ESM 10.1	The number of counties with a Health Resource Center (HRC) available to youth ages 12-17.
NPM 10	Adolescent Well-Visit	ESM 10.2	Number of youth receiving services at a Health Resource Center (HRC).
NPM 10	Adolescent Well-Visit	ESM 10.3	In schools with a Health Resource Center (HRC), the percent of youth within that school utilizing HRC services.
NPM 10	Adolescent Well-Visit	ESM 10.4	Number of youth receiving services at a drop-in site funded by the Bureau of Family Health (BFH).
NPM 10	Adolescent Well-Visit	ESM 10.5	Number of youth receiving health education and counseling services from a reproductive health provider.
NPM 11	Medical Home	ESM 11.1	Number of families who receive services through the evidence based or evidence informed strategies of the Community to Home (C2H) program.
NPM 11	Medical Home	ESM 11.2	Number of formal collaboration developed between systems of care serving CSHCN.

NPM 11	Medical Home	ESM 11.3	Number of providers participating in a learning collaborative, education and/or statewide technical assistance.
NPM 11	Medical Home	ESM 11.4	Number of youth/young adults and parents/caregivers involved in aspects of medical home activities.
NPM 11	Medical Home	ESM 11.5	Number of new formal collaborations developed with oral and behavioral health entities that serve pediatric populations.
NPM 11	Medical Home	ESM 11.6	Number of families receiving Respite Care Program services.
NPM 14.1	Smoking Pregnancy	ESM 14.1.1	Number of Title V funded women who are screened for behavioral health.
NPM 14.1	Smoking Pregnancy	ESM 14.1.2	Percent of women who talk with a home visitor about Intimate Partner Violence (IPV).
NPM 14.1	Smoking Pregnancy	ESM 14.1.3	Percent of women who report smoking after confirmation of pregnancy.
NPM 14.1	Smoking Pregnancy	ESM 14.1.4	Percent of Grantees who implement evidence informed tobacco free programs.

State Performance Measures

SPM #	SPM Title	Reporting Domain(s)
SPM 1	Percent of Title V grantees that develop and disseminate basic health information that is accurate and clearly understandable.	Cross-Cutting/Systems Building
SPM 3	Percent of newborn screening dried blood spot filter papers received at the contracted lab within 48 hours after collection.	Perinatal/Infant Health
SPM 4	Percent of Title V staff who analyze and use data to steer programmatic decision-making.	Cross-Cutting/Systems Building
SPM 5	Percent of youth ages 8-18 participating in evidence-based or evidence-informed programs who increased or maintained protective factors or decreased risk factors.	Adolescent Health, Children with Special Health Care Needs

Executive Summary

Program Overview

The Bureau of Family Health (BFH) as the Title V administrator in Pennsylvania (PA) served an estimated 2.6 million individuals of the maternal and child health (MCH) population in 2018 using over $76 million of Title V grant, state match and other federal funding to support programming, state-level program management, and public health systems development. In partnership with over 50 grantee and key MCH stakeholder groups, the BFH applies a life-course approach to the delivery of programming across the six Title V population domains. An intentional effort is now being made to apply a lens of health equity, not only to improve the health and well-being of the most vulnerable, but to expand the scope of work and the story of Title V in PA to include an examination of a range of social determinants of health, most importantly those systems and policies reinforcing discrimination and increasing the allostatic load of all vulnerable populations.

As part of its systems-building work, the BFH is implementing new infrastructure and processes to maintain a continuous cycle of feedback through interim needs assessment surveys, focus groups, and client satisfaction and client engagement initiatives to ensure all MCH voices, including those of the most vulnerable, are heard. Moreover, the BFH is committed to strengthening its workforce around data usage and the necessity of data driven decision-making and creating a baseline knowledge of public health concepts, including health equity and the social determinants of health, to more effectively implement programs and evaluate program impact.

A family engagement workplan was created in 2018 and is set for implementation in 2019. The BFH will support and provide family engagement training opportunities and technical assistance for staff and vendors. The family engagement framework includes four phases: communication, system, unification and adaption. The plan involves the expansion of awareness, as well as guidance and assistance on meaningful family engagement principles.

The following paragraphs highlight the BFH's successes and challenges of implementing PA's state action plan in 2018. Many of the programs within the purview of the BFH are meeting or exceeding their 2018 goals.

The BFH focuses on two priorities within the women/maternal domain: adolescents and women of childbearing age have access to and participate in preconception and interconception health care and support; and women receiving prenatal care or home visiting are screened for behavioral health and referred for assessment if warranted. The access to preconception and interconception care priority is linked to National Performance Measure (NPM) 1: percent of women with a past year preventive medical visit. The BFH has defined two objectives and four Evidence-based Strategy Measures (ESMs) for this priority. In 2018, over 1,700 women were served through the county/municipal health departments' (CMHDs) home visiting programs which exceeded the 2018 goal of serving 1,600 women. The BFH served over 323 families with a continued emphasis on improving birth outcomes and reducing disparities among at risk populations through a Centering Pregnancy Program (CPP). Surpassing the 2018 goal were the 84 percent of adolescents and women being served through the CMHDs' home visiting program and CPP are engaged in family planning after delivery with over 90 percent having talked to a health care professional about birth spacing/birth control methods.

Within the behavioral screening priority there are three objectives and five ESMs, some of which are linked to NPM 14.1: Percent of women who smoke during pregnancy. In 2018, 6 percent of women participating in a CMHD home visiting program reported smoking after confirmation of pregnancy far exceeding the goal of 28 percent. In 2018, 76 percent of women enrolled in Title V home visiting programs talked to a home visitor about intimate partner violence nearly achieving the goal of 80 percent. In 2018, 1,005 women enrolled in the CMHD home visiting programs were screened for behavioral health issues not quite meeting the goal of 1,400 women.

The perinatal/infant domain encompasses work on three priorities: families are equipped with the education and resources they need to initiate and continue breastfeeding their infants; safe sleep practices are consistently implemented for all infants; and appropriate health and health related services, screenings and information are available to the MCH population.

The breastfeeding priority is linked to NPM 4: percent of infants who are ever breastfed and percent of infants breastfed exclusively through 6 months. The approach to increasing breastfeeding rates is multifaceted with four distinct objectives defined for this work, each with an ESM. In 2018, 87 of PA's 94 birthing facilities participated in the Keystone 10 initiative which is based on the Baby-Friendly® Hospital Initiative. The program's goal for 17 percent of K-10 facilities to be designated as completing the K-10 initiative by the end of 2018 was met.

The safe sleep priority is linked to NPM 5: percent of infants placed to sleep on their backs; percent of infants placed to sleep on a separate surface; and percent of infants placed to sleep without soft objects or loose bedding. There are two objectives identified for this priority aimed at changing sleep behaviors. A new hospital-based model program with a social marketing component has begun and four ESMs have been defined to track progress on model implementation and provision of education to parents. In 2018, two hospitals fully implemented the hospital-based model. A third hospital is well into implementation. Over 11,000 infants or over eight percent of the births in 2018 had parents who received safe sleep education through the model program. The ESM goal of eight percent was achieved.

The appropriate health and health related services priority is linked to a State Performance Measure (SPM): percent of newborn screening dried blood spot (DBS) filter papers received at the contracted lab within 48 hours after collection. While the SPM is specifically designed to track progress on the timeliness objective, a second objective focuses on implementing a system change to ensure all newborns are screened for all conditions on the Recommended Uniform Screening Panel (RUSP). There has been

steady improvement seen on this SPM with 57 percent of samples received at the lab within 48 hours of collection, surpassing the 2018 goal of 54 percent.

There is one priority for the child health domain: MCH populations reside in a safe and healthy environment. This priority is linked to NPM 7: percent of hospitalization for non-fatal injury per 100,000 children ages 0 through 9. One objective for this domain is to increase the number of home assessments and safety interventions. Three ESMs track progress on service provision, hazard identification, and interventions performed. In 2018, Safe and Healthy Homes Program (SHHP) grantees completed 858 assessments, identified 6,234 hazards and performed 4,334 health and safety interventions.

The children with special health care needs (CSHCN) domain is linked to two priorities: appropriate health and health related services, screenings and information are available to the MCH population; and MCH populations are able to obtain, process, and understand basic health information needed to make health decisions (health literacy). A portion of the work is independent from a NPM, however, three objectives, each with a respective ESM focused on medical home growth, are linked with NPM 11: percent of children with and without special health care needs having a medical home. The Medical Home Initiative (MHI) had 2,189 encounters with medical home primary care providers (PCPs) and PCPs considering a medical home approach. This unduplicated count exceeded the 2018 goal of having 520 PCP encounters related to medical home concepts and tools.

Services provided to CSHCN and their families by the Special Kids Network (SKN) also has two dedicated objectives and ESMs within the appropriate health and health related services priority. The SKN served 1,020 families in 2018, not meeting the goal of 1,525 families served. However, the SKN reached over 27,088 people through presentations, home visits and meetings with organizations and providers. The BFH conducted research on ways to improve the SKN program. The BFH decided to pursue a home visiting program utilizing Community Health Workers in an evidence-based model. Therefore, as of July 1, 2018 the BFH began the transition to new programming by assuming the responsibility of the toll-free helpline. A new program titled Community to Home is anticipated to begin in October of 2019 and will include the Community Health Worker model.

Work within this domain addressing the health literacy priority is focused on increasing the reach of the BrainSTEPS program. With 524 referrals, the BFH met the 2018 goal of 500 new referrals to BrainSTEPS program. Moreover, the BrainSTEPS model was included in a Centers for Disease Control and Prevention (CDC) evaluation of best practices and has also been adopted for implementation by Colorado. One goal of BrainSTEPS is to expand the number of Concussion Management Teams based within school districts across Pennsylvania. There are now over 2,400 Concussion Management Teams providing support for the student and family, an increase of 190 from the prior year.

The adolescent health domain includes two priorities: protective factors are established for adolescents and young adults prior to and during critical life stages; and adolescents and women of child-bearing age have access to and participate in preconception and interconception health care and support.

The protective factors priority is linked to NPM 9: percent of adolescents, ages 12 through 17, who are bullied or who bully others. The protective factors priority encompasses a total of six objectives and ESMs across a variety of work not all related to NPM 9. In 2018, 71 percent of adolescent health vendors received LGBTQ cultural competency training which did not meet the goal of 90 percent. This was due to several Title V Abstinence Education Programs ending and mentoring programs beginning halfway through the year.

A SPM has been developed to track the progress of the BFH's new mentoring programming: percent of youth ages 8-18 participating in evidence-based or evidence-informed programs who increased or maintained protective factors or decreased risk factors. The revised SPM includes only data that mentoring grantees can accurately collect and report. The BFH awarded three grants to implement youth mentoring programming that align with this SPM. In the first six months of implementation, a total of 15,418 youth mentees received evidence-based mentoring from 730 mentors. This exceeded the goal of 15,270 youth.

Beginning on April 1, 2018, the Healthy Eating and Active Living (HEAL) program provides youth participants with healthy eating and active living activities on a weekly basis that are guided by adults. The HEAL program served 148 youth from April 1 to December 31, 2018.

The preconception and interconception care priority is linked to NPM 10: percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year. The Health Resource Centers (HRCs) provided services to 3,425 youth, below the 2018 goal of 4,000 youth. To increase visibility and youth-friendliness of the HRCs, the expansion sites were given additional funding to form Youth Advisory Boards to design health awareness campaigns, and promote, inform and ensure services are teen-friendly. Drop-in medical services were provided to 3,848 youth in 2018 nearly reaching the goal of 4,000 youth. In 2018, the BFH provided 10,692 youth with reproductive health counseling services, not meeting the goal of 15,275; however, 93 more clients were reached this year than last.

The BFH has work across several priorities within the cross-cutting domain for the current reporting cycle: health literacy; Title V staff and grantees identify, collect and use relevant data to inform decision-making and evaluate population and programmatic needs; and appropriate health and health related services, screenings and information are available to the MCH population.

A SPM was created to track work on the health literacy priority: percentage of Title V grantees that develop and disseminate basic health information that is accurate and clearly understandable. In 2018, one grantee developed and disseminated clear messaging as part of the infant safe sleep initiative. Brochures, palm cards, and posters with simple and consistent messaging for the hospital, bus and subway were developed.

The BFH is making a conscious effort to bring discussion around health disparities and health equity to the forefront both internally, through workforce development initiatives, and externally, through the integration of health disparities language into grant agreements as part of work on the appropriate health and health related services priority. The BFH has begun and will continue to develop technical assistance documents and guidance for grantees not only on the development of localized health disparities plans, but also on the use of evidence-based practices targeted to those populations most at risk of poor health outcomes. In December 2018, a Health Disparities Committee was formed to drive the work of BFH around addressing health disparities.

The data priority has a defined SPM: percent of Title V staff who analyze and use data to steer program decision-making. Objectives under this SPM were updated to be more specific and measurable. The Data Application and Interpretation in Public Health training was deployed to BFH staff in 2018. A total of 44 BFH staff, 86% participated. A survey of Title V staff to determine the extent to which their programs were using data to steer decision making was conducted. Approximately 60 percent of staff were determined to be actively using data to direct programmatic decision-making. This was an increase from the 2017 baseline of 18 percent.

While spotlight issues rightly shape the public health agenda of the PA Department of Health (DOH), the BFH must continue to lead the work of Title V to look and listen for those bearing an unequitable burden of disease, injury, or mortality as their needs do not dissipate in the face of emergent issues. The inherent flexibility of the Title V funding allows the BFH to adapt to spotlight issues and DOH priorities while still having the ability to address and innovate around on-going MCH population needs over the long-term, thus giving those most vulnerable populations the best chance at achieving a higher quality of life through improved health and well-being.

How Federal Title V Funds Support State MCH Efforts

The Pennsylvania Department of Health and the Bureau of Family Health (BFH) expends federal and state maternal and child health (MCH) funds in accordance with Title V and other federal and state guidelines with the goal of protecting and promoting the health and wellbeing of women, children, and families. In FFY18, $23,748,778 federal Title V dollars were expended, $10,367,403 on preventive and primary care for children, $9,048,909 on children with special health care needs, and $2,374,877 on Title V administrative costs. Pennsylvania bases maintenance of effort match funds on all non-federal funds that exclusively serve MCH populations. Total state and federal Title V expenditures for FFY18 were $70,044,616. Additionally, the BFH expended $6,230,399 in other federal funds implementing MCH programming. Over time, Pennsylvania has increased its capacity to serve a greater proportion of the MCH population by shifting reimbursable direct service expenditures to the appropriate payors and utilizing federal and non-federal Title V funds for population health programs, such as school health services and newborn screening.

MCH Success Story

In 2018, the Bureau of Family Health (BFH) finalized a technical assistance document for county and municipal health departments (CMHD) entitled "Supporting Breastfeeding within African-American Communities: Evidence-Based and Research-Informed Practices." Starting with data derived from PA PRAMS and vital records, the BFH identified those at highest risk for poor breastfeeding outcomes; performed intensive literature review around why there are disparities in the decision to breastfeed between African-American mothers and other mothers; and researched strategies for mitigating barriers specific to this population. The CMHDs shared the document with local breastfeeding partners and the Philadelphia Department of Public Health (PDPH) used it to inform the development of a breastfeeding awareness campaign launched in 2018: https://phillylovesbreastfeeding.org/. PDPH emphasized the need for family support and chose a basic message normalizing breastfeeding while not diminishing those parents who are not able to breastfeed. This document exemplifies the BFH's effort to strengthen partnerships and use data-driven decision-making and evidence-based practices to improve disparate health outcomes within the maternal and child health population. As indicated by Priority 8, the BFH will continue to use data to identify and evaluate program and population needs to strengthen MCH programs in Pennsylvania.

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

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.