

**Tennessee's
Maternal and Child Health Services
Title V Block Grant**

**2018 Application/2016 Report
Executive Summary**



**Tennessee Department of Health
Division of Family Health and Wellness**

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BACKGROUND

What is the Maternal and Child Health (MCH) Services Title V Block Grant?

Title V refers to the Title V section of the Social Security Act of 1935. This section of the legislation establishes a partnership between the federal and state governments to support the maternal and child population. Originally, seven categorical grants to states were developed based on the legislation. In 1981, the grants were consolidated into one block grant. States have always been required to match federal funds, but the ratio of the match has changed over time. In 1989, accountability measures, including numerous performance and outcome measures, were added. Since that time the measures have been updated periodically.

The grant is administered at the federal level by the Division of State and Community Health within the Maternal and Child Health Bureau. This bureau is part of the Health Resources and Services Administration, which is within the Department of Health and Human Services. At the state level, in Tennessee, it is managed by the Tennessee Department of Health's Division of Family Health and Wellness.

The legislation defines three populations as the focus for activities:

- 1) pregnant women, mothers, and infants up to age one
- 2) children
- 3) children with special health care needs

Requirements that guide spending of federal MCH Block Grant funds are as follows:

- At least 30% must be spent on primary and preventive care for children
- At least 30% must be spent on children and youth with special health care needs
- No more than 10% can be spent on administrative cost

The matching requirement mentioned previously is as follows: for every \$4 that Tennessee receives from the federal government, the state must match it with \$3. Another caveat is that the state must contribute at least what they were spending on maternal and child health programs in 1989. In the most recent year, the federal MCH Block Grant funding was \$11.7 million.

To obtain the federal funds each year, the Tennessee Department of Health prepares the MCH Block Grant Application/Report, which contains planned activities for the coming year and a report on the success and challenges of the previous year's activities. This application/report is reviewed and approved annually during an in-person meeting with both state and federal representatives.

How are MCH Block Grant funds used in Tennessee?

Funding is used in numerous ways to support the MCH population in Tennessee, as outlined in the table below.

Service Type	Examples
Direct Services	<ul style="list-style-type: none"> • Medical payments for CYSHCN (pharmacy, inpatient/outpatient, supplies, etc.) • Screening and diagnostic services for women (mammograms, diagnostic biopsies) • Lab tests in local health departments (blood lead, family planning)
Enabling Services	<ul style="list-style-type: none"> • Care coordination for: at-risk families and children with special health care needs (provided by local health department staff), women with breast or cervical cancer • Case management by local/regional health department staff for children with elevated blood lead levels • Salaries for local health department staff (nurses, advanced practice nurses, physicians) involved in provision of immunizations, well-child checkups, family planning services, breast and cervical cancer screening services • Clinic supplies for local health departments (for women’s health, oral health and child health services) • Tertiary follow-up for newborn screening program through contracts with various medical centers • Contracts with medical specialty camps for CYSHCN (Diabetes Camp, Asthma Camp, Sickle Cell Camp) • Contracts with community agencies for evidence-based home visiting • Contracts with a community non-profits for wrap-around and recovery support services for mothers of infants with neonatal abstinence syndrome (NAS)
Public Health Services and Systems	<ul style="list-style-type: none"> • Salaries for administrative staff in Central Office (contracts, invoices) • Salaries for program staff in Central Office (involved in the development of standards and guidelines, needs assessment, program planning, implementation, evaluation, policy development, quality assurance and improvement, workforce development, and population-based disease prevention and health promotion campaigns) • Central Office supplies and equipment • Travel funding for Advisory Committee members (Children’s Special Services, Genetics, and Perinatal Advisory Committees) • Training (internal staff training for MCH-related programs, external stakeholder training such as training for death scene investigators involved in child fatality review) • Promotional materials (safe sleep, newborn screening, etc.) • Contract for Tennessee Breastfeeding Hotline (partial funding) • Contact for statewide blood lead database (partial funding) • Newborn screening case management system

NEEDS ASSESSMENT

States are required to conduct a comprehensive needs assessment every five years to identify priority needs of the maternal and child health (MCH) population and to determine the capacity of the public health system to meet those needs. During the years between the comprehensive needs assessments, states are expected to conduct on-going needs assessments in order to identify any significant changes in needs and capacity.

The Tennessee Department of Health (TDH) conducted the Needs Assessment for the 2016-2020 cycle during 2014/15 in conjunction with over 70 MCH stakeholders. Key components of the Needs Assessment included:

- Broad community input through 26 focus groups and 5 community meetings across Tennessee. The groups consisted of key MCH populations, including: health department consumers, under-represented minorities, families with young children, families of children and youth with special health care needs, and healthcare providers.
- Quantitative analysis of more than 160 key indicators of the MCH population.
- Synthesis of input and priority-setting by MCH stakeholder group.

As a result of the Needs Assessment, TDH identified priority needs for the MCH population for the 2016-2020 Block Grant cycle. These priorities include:

- Improve utilization of preventive care for women of childbearing age.
- Reduce infant mortality.
- Increase the number of infants and children receiving a developmental screen.
- Reduce the number of children and adolescents who are overweight/obese.
- Reduce the burden of injury among children and adolescents.
- Reduce the number of children exposed to adverse childhood experiences.
- Increase the number of children (both with and without special health care needs) who have a medical home.
- Reduce exposure to tobacco among the MCH population (pregnancy smoking and secondhand smoke exposure for children).

During the Needs Assessment, stakeholders identified several “emerging issues” among MCH population groups. Work is being done to understand the landscape of these issues and identify the most effective ways to address them.

- Substance abuse among women of childbearing age: Tennessee has high rates of opioid prescribing, misuse and abuse as well as drug-related overdose. Opioid misuse and abuse among women of childbearing age has led to an epidemic of Neonatal Abstinence Syndrome (NAS). TDH is working to identify and implement primary prevention strategies related to NAS, namely to 1) prevent opioid misuse/abuse from ever occurring, and 2) prevent unintended pregnancies among women who are at high risk of opioid misuse/abuse.
- Electronic nicotine delivery systems: The use of electronic nicotine delivery systems (including e-cigarettes) among youth is on the rise. There are serious

concerns about youth e-cigarette use related to long-term tobacco use, as well as unintentional nicotine poisoning among young children.

- Autism spectrum disorders: With the rising incidence of autism spectrum disorders, there is growing recognition of the need for early screening as well as more rapid diagnosis and connection to treatment. Additionally, public health and health care systems need to identify ways to improve the system of care for children with autism and their families.

As a part of the ongoing needs assessment, the state hosts MCH stakeholder meetings twice a year. These meetings are open to anyone, and invitations are extended broadly throughout the state. During the meetings, participants are asked to consider the progress made on performance measures during the past year, and then based on that evaluation make recommendations for the next year's action plan.

Another part of the state's effort to assess needs is the public comment survey that is sent out with a copy of the grant application/report annually. This survey collects information on emerging health concerns, unmet health needs, health care system capacity, and general recommendations for the grant.

The Ongoing Needs Assessment has identified two more emerging issues that need to be monitored, evaluated and addressed:

- Zika Virus: Congenital Zika infection: With the spectrum of neurologic birth defects now being attributed to congenital Zika infection, states have been called upon to improve surveillance of birth defects, develop coordination systems to link families to services, and monitor outcomes.
- Maternal Mortality: Tennessee now joins over 26 states who have implemented a formal maternal mortality review team to provide prevention recommendations to prevent loss of life when mother and child are most vulnerable.

KEY PLANS AND ACCOMPLISHMENTS

The MCH population is broken down into subpopulation categories called health domains. There are six domains:

- Women's and Maternal Health
- Perinatal and Infant Health
- Child Health
- Adolescent Health
- Children with Special Health Care Needs
- Cross-cutting and Life Course

An overview of accomplishments during FY16 and plans for FY18 are provided below for each domain. More detailed information can be found in the full MCH Services Title Block Grant Report/Application.

Women's/Maternal Health

For this grant cycle (FY 2016-20), the priority for this domain is to increase preventive care for women of childbearing age. Tennessee's MCH/Title V Program is utilizing these strategies to address this priority during FY18:

- Increase general awareness of the importance of preventive health care visits for women of childbearing age.
- Engage primary care providers on the importance of promoting preventive health care for women of childbearing age.
- Continue to provide high-quality family planning services through local health departments in all 95 counties.
- Provide pregnancy-related services to women of childbearing age.

During FY16 significant progress was made on increasing the number of family planning clients in the local health departments. Health departments were provided quarterly reports that described how many women came to their department for a pregnancy test and were connected to the family planning program. Through these reports opportunities for improvement were identified and implemented. These changes resulted in the first increase in family planning clients in 10 years. Family planning is an important component of preventive care. However, increasing preventive care visits in the general population continues to be a challenge. In recent years, changes in well-woman clinical recommendations and uncertainty around the Affordable Care Act essential benefits package have created confusion and concerns about access to care. Likewise, women often see their roles as caregivers to others before themselves. Generating messages that are clear and engage the culture are a priority for this program.

Perinatal/Infant Health

For this grant cycle (FY 2016-20), the priority for this domain is to reduce infant mortality. This priority is a continuation from the previous five-year cycle, as Tennessee's infant mortality rate still exceeds the national average. The MCH/TitleV Program is utilizing these strategies to address this priority during FY18:

- Educate parents and caregivers on safe sleep.
- Review infant deaths through multidisciplinary teams to enhance data collection.
- Support quality improvement and regionalization efforts to improve perinatal outcomes.
- Provide follow-up for abnormal newborn screening results.
- Reduce unintended pregnancies.

FY16 saw much success around the strategy of perinatal regionalization. During this year 84% of very low birth weight infants were born at a level III or IV birthing facility, which exceeded the goal of 80%. All other measures were also met or exceeded for this domain. One area that was challenging was increasing utilization of the WIC safe sleep and breastfeeding module. This module is specific to Tennessee and therefore not on the national WIC website. This causes participants to have to access another platform if they want to take the module. To remedy this issue Tennessee has been working with WIC at a national level to add it to their website for all states to utilize. This

process should be completed during CY2017. TDH staff are also working to engage disproportionately affected communities in focus groups on safe sleep, improve access to 17-OHP and birth spacing to prevent premature delivery, and promoting a new Tennessee BEST for Babies initiative to hospitals that demonstrate excellence in breastfeeding, avoiding early elective delivery, and safe sleep education.

Child Health

For this grant cycle (FY 2016-20), Tennessee is focusing on these four priority areas: 1) increase the number of infants and children receiving a developmental screen; 2) reduce the number of children who are overweight/obese; 3) reduce the burden of injury among children; and 4) reduce the number of children exposed to adverse childhood experiences. The MCH/Title V Program is utilizing these strategies to address these priorities during FY18:

- Increase general awareness among parents and caregivers of the need for developmental screening.
- Encourage and support providers to integrate developmental screening as a part of routine care.
- Explore opportunities for incorporating developmental screening into settings outside of primary care.
- Increase general awareness of adverse childhood experiences (ACEs) in the community.
- Collect Tennessee-specific data on ACEs and utilize that data to inform program and policy decisions.
- Continue the Gold Sneaker voluntary recognition program for licensed child care centers.
- Increase support for breastfeeding initiation and duration.
- Support the Office of Coordinated School Health in school-based efforts to promote physical activity and good nutrition.
- Promote the use of child safety seats.
- Promote safe storage of medications.
- Provide injury prevention education to parents and caregivers.

In FY16 training on the Ages and Stages Questionnaire was provided to TDH central office staff through partnerships with the Tennessee Chapter of the American Academy of Pediatrics and the Tennessee Early Intervention System. During the next phase central office staff will train health department staff and home visitors, so that they can administer the survey and discuss results with families. TDH also advocated having developmental screening added to the Star Quality Rating program, within the Department of Human Resources, which recognizes licensed child care facilities who meet higher quality standards. Ultimately this criterion was not added, but TDH will continue to search for opportunities to partner with the department to improve child health.

Adolescent Health

For this grant cycle (FY 2016-20), Tennessee is focusing on these two priority areas related to improving adolescent health: 1) reduce the number of adolescents who are overweight/obese and 2) reduce the burden of injury among adolescents. The MCH/Title V Program is utilizing these strategies to address these priorities during FY18:

- Support the Office of Coordinated School Health in school-based efforts to promote physical activity and good nutrition.
- Collaborate with Chronic Disease Prevention and Health Promotion staff to engage communities in enhancing physical activity opportunities for youth.
- Increase implementation of evidence based or evidence informed activities related to motor vehicle safety in schools.
- Increase awareness of proper storage and disposal of medications.
- Increase general awareness of the causes of adolescent hospitalizations due to falls.
- Increase awareness of the signs and risk factors of suicide attempts.

During FY16 TDH helped to facilitate the granting of funds to a local drug coalition that will allow the Count It, Lock It, Drop It program, which provides safe drug disposal bins, to be expanded to all counties in Tennessee. However the transition from ICD-9 to ICD-10 has created data challenges. The change affected how injuries are coded and therefore how rates are calculated. Based on these changes objectives will need be revised to more accurately reflect the new coding system.

Children and Youth with Special Healthcare Needs (CYSHCN)

For this grant cycle (FY 2016-20), Tennessee is focusing on these two priority areas related to improving the health of CYSHCN: 1) increase the number of children (both with and without special health care needs) who have a medical home and 2) increase the number of children (both with and without special health care needs) who receive services necessary to make transitions to adult health care. The MCH/Title V Program is utilizing these strategies to address these priorities during FY18:

- Support primary care providers in implementing a medical home approach to care.
- Increase general awareness of the importance of a medical home approach to care.
- Link families to medical homes through Children's Special Services, Tennessee's Title V CYSHCN program.
- Identify adult medical home practices to provide care for youth and young adults with special health care needs.
- Incorporate health care transition planning into written plans of care for children with special health care needs.
- Support youth participation in the transition process.

In FY16 the TDH partnered with Family Voices and the Vanderbilt Leadership Education in Neurodevelopmental Disabilities (LEND) program to create a Youth Advisory Board consisting of CYSHCN. This group of youth will provide input on what resources are

needed to make transition to adult care a smooth process. One challenge with this group is that the leaders are LEND trainees. Because of the trainee's schedules there tends to be gaps of time when the group does not meet. TDH is working with Family Voices and LEND to address this issue and make meetings more consistent.

Cross-Cutting/Life Course Issues

For this grant cycle (FY 2016-20), the priority for this domain is to reduce exposure to tobacco among the MCH population, with a focus on reducing pregnancy smoking and secondhand smoke exposure for children. The MCH/Title V Program is utilizing these strategies to address this priority during FY18:

- Continue the Gold Sneaker voluntary recognition program for licensed child care centers (one of the policy areas is promotion of tobacco-free child care campuses).
- Collaborate with Tobacco Prevention and Control staff to promote the Tennessee Tobacco QuitLine.
- Refer participants in Title V programs to smoking cessation services where appropriate.

From 2015 to 2016 there was a 5% decrease in pregnancy smoking. This is an encouraging trend; however continued effort is needed to drive the overall rate of 14.3% down even further. TDH is working with the Tennessee Quitline vendor to collect information on pregnancy status for all callers. This information would help identify opportunities for improvement.

PLAN FOR MEASURING PROGRESS

MCH stakeholders identified one national performance measure (NPM) or created a state performance measure (SPM) for each priority. Evidence-based or -informed strategy measures (ESM) were also developed for each strategy within the priorities. The NPMs and SPMs are listed below. To review the ESMs, please see the full MCH Services Title Block Grant Report/Application. Tennessee’s MCH/Title V program reports on these measures each year.

Health Domain	Tennessee Priority	Related National or State Performance Measure
Women’s/ Maternal	Improve utilization of preventive care for women	Percent of women with a past year preventive medical visit.
Perinatal/ Infant	Reduce infant mortality	Percent of infants placed to sleep on their backs.
Child	Increase developmental screening	Percent of children, ages 10-71 months, receiving a developmental screening using a parent-completed screening tool.
Child	Reduce adverse childhood experiences (ACEs)	Percentage of children ages 0-17 experiencing two or more ACEs.
Child/ Adolescent	Reduce overweight/obesity	Percent of children ages 6-11 and adolescents 12-17 who are physical active at least 60 minutes per day.
Child/ Adolescent	Reduce injuries	Rate of hospitalization for non-fatal injury per 100,000 children ages 0-9 and adolescents 10-19.
CYSHCN	Increase utilization of medical homes	Percent of children with and without special health care needs having a medical home.
CYSHCN	Increase services for transition to adult care	Percent of adolescents with and without special health care needs who received services necessary to make transitions to adult health care.
Cross-cutting/ Life Course	Reduce tobacco use	Percent of women who smoke during pregnancy. Percent of children who live in households where someone smokes.

FOR MORE INFORMATION

Would you like to read the current draft of the FY2018/FY2017 MCH Block Grant Application/Report?

- Visit: <http://tn.gov/health/article/mch-block-grant-public-comment-public-input>

Would you like to share comments on the MCH Block Grant draft or MCH Block Grant programs/activities?

- Visit <http://www.surveygizmo.com/s3/3572581/MCHBlockGrant2017> and share your comments by June 23, 2017.

Do you have other questions or would you like to contact a member of Tennessee's Title V Leadership Team?

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