



## MEMORANDUM

**TO:** Dr. Michael Lu, Associate Administrator  
Maternal and Child Health Bureau, Health Resources and Services Administration

**FROM:** AMCHP Board of Directors

**DATE:** February 14, 2014

**RE:** Final Recommendations for the MCH 3.0 Transformation

As our nation embarks on extending insurance coverage to more of our nation's mothers and children, the Association of Maternal and Child Health Programs (AMCHP) applauds and commends the Maternal and Child Health Bureau (MCHB), and your vision and leadership in particular, for transforming the Title V Maternal and Child Health (MCH) Services Block Grant. This transformation is essential for the program to continue to meet the unique health needs – needs that extend well beyond the receipt of an insurance card – of our nation's mothers and children, including those with special health care needs. This memo is the third in a series of recommendations from the AMCHP Board of Directors to the MCHB regarding the MCH 3.0 Transformation proposal. Its purpose is to underscore our key recommendations for transformation of the Title V Block Grant and to recommend a core set of national performance measures to assist states in continuing to improve accountability of federal and state Title V investments.

Federal and state investments in public health services, supports and infrastructure targeted to the unique needs of women and children, including children and youth with special health care needs (CYSHCN), and their families have helped to ensure important reductions in infant mortality, improvements in childhood immunization rates, and development of comprehensive systems of care for CYSHCN, among many other areas. Central to these critical investments is the nation's single and longest standing federal program for women and children – the Title V MCH Services Block Grant. Now more than ever, particularly in an era of health reform, the activities that are supported through this historic federal-state partnership are critical to protecting and promoting the health of America's women and children. While health insurance coverage is essential, alone it is not sufficient to improve the health of MCH populations. Indeed, the United States will not completely reduce health disparities or improve health outcomes unless there is a sustained effort to strengthen public health systems and services that address the root causes of disease and poor health in America.

## **AMCHP Supports the MCHB Triple Aims of the MCH 3.0 Transformation**

The triple aims of the MCH 3.0 Transformation – and many of the related changes proposed by the MCHB – are consistent with the core recommendations of AMCHP in making needed changes to the Title V Block Grant and its focus and approach within states. AMCHP has had one, clear goal for our recommended changes: to ensure that the Title V Block Grant continues to be a viable federal-state partnership and a locus of accountability in every state for our nation’s mothers, children and their families, particularly those who are the most underserved and vulnerable. As such, the AMCHP Board of Directors strongly supports the overall approach that the MCHB is taking to transform the Title V Block Grant, as outlined in the Town Hall Session held at the AMCHP 2014 Annual Conference.

AMCHP made three core recommendations to the MCHB that we believe have been addressed by the MCHB MCH 3.0 Transformation proposal:

1. A limited set of core focus areas – areas that are essential to all states and territories in assuring the health of women, children and youth, including those with special health care needs and their families – should drive and form the basis of direction and guidance for the state Title V program and its implementation and reporting.
1. The state Title V MCH Block Grant Guidance, Application and Annual Report Forms should be revised to align with the core focus areas and annual Title V reporting requirements should be reduced to minimize burden on states and place emphasis for the federal Title V investments on programming.
2. The Title V Pyramid and related efforts to describe and help ‘tell the Title V program story’ – activities such as the Title V Information System – should be updated to better depict the Title V role in improving overall health for MCH populations, how Title V program funds are invested overall, and the complementary role that Title V plays with the health care delivery system and the Affordable Care Act in particular.

## **AMCHP Recommends that the Title V Vision and Mission Statements Recognize Key MCH Populations**

In its recommendations to the MCHB (AMCHP memo dated September 11, 2013), AMCHP outlined a mission statement that was consistent with the current mission of the Title V Block Grant and included mention of the specific populations that the Title V Block Grant serves. While AMCHP is supportive of the overall focus of the vision and mission statements, we maintain and strongly recommend that these statements include specific mention of *children and youth, including those with special health care needs, and their families.*

This recommendation was further affirmed based upon feedback from our members during the AMCHP sponsored Listening Sessions and the Town Hall on the MCH 3.0 Transformation in January when many states noted the need for a specific focus on CYSHCN and adolescents.

Limiting the mission statement to ‘Improve the health of mothers, children and their families’ minimizes the statutory requirement of the Title V program for CYSHCN and misses an important opportunity to underscore the importance and uniqueness of Title V investments for this population of children – and youth, generally. We recommend that the MCHB mission and vision statements for the Title V Block Grant be revised to reflect the following:

- Mission: “Improve the health of America’s ~~mothers~~ women, children and youth including those with special health care needs, and their families.
- Vision: “We envision an America where all children and youth, including those with special health care needs, and their families are healthy and thriving.”

### **AMCHP Supports the Majority of Proposed MCHB Straw Person Measures with Some Notable Exceptions**

AMCHP underscores its support for efforts to ensure that the Title V MCH Block Grant Guidance and related reporting requirements better delineate the work and core functions of state Title V programs and be realistically achievable with the currently available resources. (Appendix A outlines the parameters that the AMCHP Future of Title V Work Group had identified in its selection and support of national Title V Block Grant performance measures.)

We support the overall process of performance measurement particularly given the additional clarity that was provided during the Listening Sessions and Town Hall discussion on how each type of measure (outcome, performance, and structural/process) fits into the accountability framework. As we understand, performance measures support progress on the national outcome measures (i.e., infant mortality, low birth weight births, maternal mortality, neonatal death, perinatal death, infants with FAS and drug dependency, lack of timely prenatal care, and appropriate vaccination of children at 24 months) and the state-selected structure and process measures will support progress on the national performance measures.

AMCHP supports the majority of the national performance measures proposed by the MCHB. We also support the general range of performance measure requirements of states (i.e., 7 – 10 priority needs, five state performance measures, eight national performance measures). There are five notable exceptions as follows and then further described, with alternative recommendations, below in bold.

1. Maintain a requirement that states measure and capture data on children and youth with special health care needs (CYSHCN) separate of performance measures for all children. States may choose to apply the national performance measures for all children (e.g., medical home, transitions); however, Title V Block Grant reporting requirements and related reporting forms should require states to report measures for CYSHCN specifically.
2. Enhance the developmental screening measure to include the social and emotional development of young children – and thereby include a focus on promoting children’s mental health – by encouraging use and related measurement of the Ages and Stages Questionnaire/Social and Emotional Development (ASQ/SE), or some other such

evidence-based screening tool, as part of developmental screening. We recognize that inclusion of the ASQ/SE or some other such tool may be best placed as a structure and process measure, rather than as part of the national performance measure, for reasons of data availability.

3. Reframe the School Readiness measure to focus on ‘Healthy and Ready to Learn.’
4. Replace the adolescent well visit measure with a measure focused on youth/adult connectedness. This measure is also recommended by the National Network of State Adolescent Health Coordinators.
5. Include a 15<sup>th</sup> measure on childhood injury prevention.

### **AMCHP Recommended National Title V Performance Measures**

1. Preconception care (MCHB proposed): Percent of women with well-woman visit in the past year.
2. Severe maternal morbidity (MCHB proposed): Severe maternal morbidity per 10,000 delivery hospitalizations.
3. Early elective delivery (MCHB proposed): Percent of early elective deliveries.
4. Perinatal regionalization (MCHB proposed): Percent of VLBW infants born in a hospital with a Level III+ NICU.
5. Safe sleep (MCHB proposed): Percent of infants put to sleep in a safe sleep environment.
6. Developmental screening (MCHB proposed plus inclusion of ASQ-SE or some other such evidence-based screening tool for social and emotional development): Percent of children receiving a developmental screening using a parent-completed screening tool.
  - AMCHP supports the need to track developmental screening for all children, and suggests there could be further emphasis on social emotional development, which would also address the Title V role in promoting children’s mental health. The Ages and Stages Questionnaire-Social Emotional (ASQ-SE) is one evidence-based and widely recognized tool to screen for appropriate social-emotional development. Again, inclusion of the ASQ/SE or some other such tool may be best placed as a structure and process measure, rather than as part of the national performance measure, for reasons of data availability.
7. Healthy and ready to learn (NEW Frame for Measure Recommendation): Percent of children meeting the criteria developed for school readiness.
  - AMCHP members have noted that the emphasis on school readiness does not appropriately highlight the role of the Title V Block Grant in preparing children for school. Instead, Title V Block Grant activities focus on ensuring that by age 5 children arrive to school healthy and ready to learn. AMCHP recommends that this measure be renamed ‘Healthy and Ready to Learn.’
8. Youth/adult connectedness (NEW Measure Recommendation): Percent of adolescents who have an adult in their lives with whom they can talk about serious problems.
  - Rationale and Measure: AMCHP members have disagreed with including ‘adolescent well visits’ as a national performance measure for the Title V Block Grant because there is very little potential to impact adolescent health with one

visit per year. Those working intensively in adolescent health have proposed a prevention related, protective factor measure: the connectedness of youth to an adult. The proposed measure, which can be sourced for a national estimate from the National Survey on Drug Use and Health, is preferred because it asks adolescents directly about their connection to an adult. This measure does not appear to be available by state, but to generate state estimates the question could be added to the Youth Risk Behavior Surveillance System. Many states already ask this question as part of their YRBS; however, it is not part of the core set of questions required of all states. AMCHP believes that this is an important opportunity to partner with the CDC and SAMHSA on obtaining state-by-state data on this important measure for adolescents.

- i. Data source: National Survey on Drug Use and Health / Revised Youth Risk Behavior Surveillance System
  - ii. Numerator: Adolescents aged 12 – 17 who have an adult in their lives with whom they can talk about serious problems
  - iii. Denominator: Adolescents aged 12 -17
9. Medical home (MCHB proposed): Percent of children having a medical home, subset analyses for CYSHCN.
10. Insurance coverage (MCHB proposed): Percent of the MCH populations that is uninsured and underinsured; subset analyses for CYSHCN.
11. Immunization (MCHB proposed): Percent of children and adolescents who have completed recommended vaccinations.
12. Nutrition & physical activities (MCHB proposed): Percent of women, children and adolescents who meet recommended amounts of nutrition and physical activities.
13. Oral health (MCHB proposed):
  - Percent of women who had their teeth cleaned during their last pregnancy.
  - Percent of children under age 6 who had a cavity or toothache in the last 6 months
14. Transition (MCHB proposed): The percent of children receiving a transition to adult health care plan.
15. **Childhood Injury Prevention (NEW Measure Recommendation)**: Percent of children and adolescents who are hospitalized due to an unintentional injury.
  - Rationale and Measure: As one of the leading causes of death for children, unintentional injury has been a core area of prevention for Title V programs. This measure is a current Title V performance measure (Health Status Indicator 4A).
    - i. New Proposed measure Unintentional Injury Morbidity: The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.
    - ii. Data Source: State E-Coded hospital discharge data (or State Inpatient Databases from HCUP)
    - iii. Numerator: Number of children aged 14 years and younger who have a hospital discharge for nonfatal injuries
    - iv. Denominator: Number of children aged 14 years and younger in the state for the reporting period

## **Structure and Process Measures**

The Town Hall Session at the AMCHP Annual Meeting provided some further information on the role of structure and process measures in the MCH 3.0 Transformation. However, additional information about the role of structure and process measures vis-à-vis the national performance measures and the specific expectation of states is needed. These areas include but are not limited to:

- How many structure and process measures will states be expected to identify for each selected national performance measure?
- Will states also be expected to identify structure and process measures for state performance measures?
- Will guidance be provided to states on what qualifies as an appropriate structure and process measure for a given outcome area or will this be fully state determined?
- What new guidance will be provided to states regarding the state Title V five-year needs assessment? How will states be encouraged to use the findings of the needs assessment to select their performance measures, structure and process measures, and outcome areas?
- How will the measures be aligned with the outcome areas required by the Title V statute and what will be the related state expectations, particularly for those areas that appear to not be captured by the current set of proposed national performance measures – areas such as the proportion of infants born with FAS and drug dependency?

Finally, as you know AMCHP, with support from the Lucile Packard Foundation for Children's Health and guidance from a national work group, has developed a set of National Standards for Systems of Care for Children and Youth with Special Health Care Needs. We strongly recommend that the MCHB encourage states to use these standards as a resource for identifying structure and process measures as it relates to improving systems of care for CYSHCN.

## **Family Engagement in Title V**

AMCHP supports efforts to strengthen family engagement in Title V Block Grant investments and in other important federal programs that serve children and their families (e.g., WIC, Early Intervention Part C, Medicaid, CHIP, Insurance Marketplaces). Among child-serving federal programs, the Title V Block Grant has been a leader in engaging families, particularly families of CYSHCN, in programming and policy making decisions. We strongly support MCHB efforts to include structure and process measures that address family engagement and leadership (e.g., Family Representative on MCH Council, Family Representative on Block Grant Review) and to improve measurement overall in this important area through revisions to the Title V Block Grant Form 13. We look forward to working with you over the coming months to identify specific recommendations and strategies for continuing to improve family engagement and leadership in state Title V programs as well as related ways to best measure family engagement.

## **AMCHP Recommends Strongly Encouraging States to Focus on Health Reform**

Finally, future Title V program guidance should include clear expectations that state Title V programs have a complementary role in advancing and implementing health reform, including the Patient Protection and Affordable Care Act (ACA), and that each state may include support for health reform-related activities in their annual applications and reports, based on the findings of their needs assessment and as capacity and resources allow. Without clarifying expectations in this area, there will likely be continued confusion among the states and inability to tell a national story about how Title V is supporting health system improvements. Furthermore, states should incorporate considerations for health reform and the ACA in their five-year needs assessment.

### **Conclusion**

Again, we want to commend and thank you for your leadership in transforming the Title V MCH Services Block Grant and for your active engagement of state Title V programs in the process. We look forward to our continued partnership and work with you in the coming months as the MCH 3.0 Transformation is finalized and implemented in partnership with the states.

## **APPENDIX A: AMCHP Board of Directors Parameters for Development of Title V Performance Measures**

Members of the AMCHP Future of Title V Work Group and additional members of the AMCHP Board of Directors extensively reviewed and provided input to the straw person measures that were presented at the November 2013 AMCHP Board of Directors meeting. The following criteria were used to assess of each proposed straw person measure and drive discussion of a new or modified measure:

1. Is the focus of the measure an area where state Title V programs play or should play a core role in advancing and/or investing resources and effort?
2. Do state Title V programs have consistent access to timely data for reporting on the specific measure?
3. Is the 'needle movable' for the proposed measure (i.e., are states able to demonstrate impact as a result of Title V funded interventions in the area of the measure)?
4. Are there evidence-based interventions that would allow state Title V MCH programs to 'move the needle'?
5. Is there potential for demonstrating a return on investment in the specific area of the measure?
6. Can the measure be stratified for children and children and youth with special health care needs?
7. Does the measure reflect an outcomes and impact focus?
8. Is the measure able to be pre-populated by the MCHB to ease reporting burden on the states?