



TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT PROGRAM

www.healthy.arkansas.gov/family-health

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Title V Overview

The Arkansas Department of Health (ADH) is responsible for the administration of programs carried out with allotments under Title V. The Title V Maternal and Child Health (MCH) Services Block Grant is administered by the Family Health Branch (FHB) within the Center for Health Advancement (CHA). The mission of the Branch is to “implement programs that promote and enhance good health for Arkansas women and children through partnerships with families and communities.” In addition to the MCH conceptual framework and public health essential services, the Title V program depends on many strengths—translated through core values and guiding principles—to promote a strong culture of continuous quality improvement, innovation and growth, and a sustained focus on what matters.

Core Values

- Prevention and Wellness
- Social Determinants of Health
- Life Course Perspective
- Health Equity

Guiding Principles

- Collaboration (community, state, and federal)
- Relationships
- Family & Consumer Engagement

Title V History

MCH started as part of the Social Security Act (SSA) in 1935 and is one of the largest federal block grant programs. It focuses on maternal, infant, child and adolescent health including children with special health care needs. SSA was the origin of the federal government's pledge of support to states in improving the health of mothers and children throughout the nation. Since the original act, MCH has been changed several times to reflect the growing national interest in maternal and child health and well-being. One of the first changes occurred when MCH became a block grant program in 1981, resulting in a merge of seven categorical programs into a single

block grant. Most recently MCH has asked states to prioritize their focus according to the needs of the state.

State Demographics

The U.S. Census Bureau estimates there were close three million residents living in the state. Children under the age of 18 make up 23.2% of the population and 6.24% are children under age five. Fifty-four of the 75 counties are considered rural. There are large health disparities between different populations. Overall, minority racial and ethnic populations, people with lower household income, people with less education, and people living outside of urban areas are less likely to report good to excellent health. African-Americans appear to have the poorest measures of health, highest death rates, and shortest life expectancy. Unfortunately, this continues in infant mortality, low birth weight, teen pregnancy, and several other issues pertaining to mothers and children in the state. Arkansas’s Title V Program is committed to recognizing, understanding, and eliminating health disparities, so everyone has equal opportunity to enjoy lifelong good health.

MCH Population - Total Individuals Served by Title V* (2019 Annual Report)

Pregnant Women	2,401
Infants < 1 Year	34,525
Children 1 through 21 Years	227,034
(Children with Special Health Care Needs)	1,351
Other (women 22+ Years)	150,897
Total**	414,857

**More details will be available on Block Grant Form 5a*

***Total Accounts for individuals who received Direct (preventative, primary, or specialty clinical) & Enabling (non-clinical) Services*

Assessing State Needs

Arkansas continuously evaluates the needs of MCH populations through an ongoing Needs Assessment. A Five-Year State Action Plan is developed to address priority needs and is reviewed annually to measure progress. With a goal to maximize the input of internal and external partners, the Title V Five Year Needs Assessment process utilizes a mixed methods approach relying on input from a diverse network of key informants, partners, and community members including families and consumers. The State Systems Development Initiative (SSDI) staff provide data capacity for informed decision making. This comprehensive process and broad approach assist with identifying key priorities used to develop an action plan that addresses and improves MCH in Arkansas, while leveraging resources and partnerships across the state.

Title V MCH Priorities (FFY 2021)

Arkansas identified eight priority needs with the Title V mission, purpose, legislation, and measurement framework in mind.

1. Improve preterm, low-birth weight, and pregnancy outcomes.
2. Promote breastfeeding to ensure better health for infants and children.
3. Promote safe and healthy infant sleep behaviors and environments, including improving support systems and the daily living conditions that make safe sleep practices and family functioning challenging.
4. Increase the percent of infants and children receiving a developmental screening.
5. Reduce the burden of injury among children.
6. Decrease the prevalence of childhood and adolescent obesity.
7. Improve access to health care for women, specifically women who face significant barriers to better health and to improve preconception health.
8. Increase the number of adolescents who successfully transition to adult health care.

Title V National Performance Measures (NPMs) (FFY 2021)

Arkansas selected ten NPMs that most closely align with the state priorities.

- NPM 1: Well-woman visit - (women 18 - 44 years)
- NPM 3: Low Birth Weight - (risk-appropriate care)
- NPM 4: Breastfeeding
- NPM 5: Safe sleep
- NPM 6: Developmental screening
- NPM 7: Child injury - (non-fatal/rate of hospitalization)
- NPM 8: Physical Activity - (ages 6 - 11 and ages 12 - 17)
- NPM 9: Bullying - (ages 13 - 17)
- NPM 12: Transition to Adulthood - (adolescents with and without special health care needs)
- NPM 13: Oral Health - (pregnant women)

Title V State Performance Measures (SPMs) (FFY 2021)

Arkansas identified four SPMs to monitor progress with priority needs not addressed by NPMs.

SPM1: Hearing Screening - (newborn)

SPM2: Nicotine Use - (ages 12 - 17)

SPM3: Well-Functioning Health System - (children with special healthcare needs)

SPM4: Cultural Competence - (unconscious & conscious bias)

Key Strategies – By Domain

To address the challenges, gaps and needs that were highlighted during the needs assessment, the Arkansas Title V Program developed strategies to guide actions for the next five years. A few key strategies are listed below. The complete strategy list is included in the 2021-2025 Title V Five-Year State Action Plan, which will be available on the [Arkansas Title V website](#) once finalized.

Population Domain	National Performance Measure	Strategy
Women/Maternal Health	NPM 1 - Percent of women, ages 18 through 44, with a preventive medical visit in the past year	Provide preconception counseling prior to pregnancy to women attending ADH family planning clinics
Perinatal/Infant Health	NPM 3 - Percent of very low birth weight (VLBW) infants born in a hospital with a Level III+ Neonatal Intensive Care Unit (NICU)	Encourage hospitals to voluntarily develop agreements for transfer of high risk patients to hospitals with the proper level of care to give birth
	NPM 5 - A) Percent of infants placed to sleep on their backs B) Percent of infants placed to sleep on a separate approved sleep surface C) Percent of infants placed to sleep without soft objects or loose bedding	Provide safe sleep education and support to WIC-enrolled mothers.
Child Health	NPM 6 - Percent of children, ages 9 through 35 months, who received a developmental screening using a parent completed screening tool in the past year	Increase awareness of the importance of developmental screening by implementing an education campaign promoting the use of the Learn the Signs Act Early application.
Adolescent Health	NPM 8.2 - Percent of adolescents, ages 12 through 17 who are physically active at least 60 minutes per day	Increase community collaborations statewide by providing professional development opportunities to schools statewide.
Children with Special Health Care Needs	NPM 12 - Percent of adolescents with and without special health care needs, ages 12 through 17, who received services necessary to make transitions to adult health care	Percent of key stakeholders and referral sources who participated in the Title V CSHCN Health Care Transition training with increased knowledge of Health Care Transition and Health Care Transition services provided by Title V CSHCN

Title V Activities & Program Highlights by Population Domain

The Title V plan coordinates MCH activities across funding sources, agencies, and local providers. It relies on partnerships, high quality shared measurement, and data to track the impact and effectiveness of services, activities, and strategies. Review the FY 2020 Application/FY 2018 Annual Report to learn more about these and other activities.

https://www.healthy.arkansas.gov/mch_applications

Women/Maternal Health

Maternal Mortality: Act 829 established the Maternal Mortality Review Committee (MMRC) to decrease the amount of maternal deaths in the state. The scope of cases for Arkansas's review is all pregnancy-associated deaths or any deaths of women with indication of pregnancy up to 365 days, regardless of cause (i.e. motor vehicle accidents during pregnancy, motor vehicle accidents postpartum, suicide and homicide). Leadership from the ADH FHB was instrumental in formulating the final legislation and the ADH was charged with establishing the committee. The MMRC is actively reviewing cases.

Perinatal/Infant Health

Maternal & Perinatal Outcomes: Act 1032 established the Maternal and Perinatal Outcomes Quality Review Committee (MPOQRC) to review data on births and to develop strategies to improve birth outcomes. The committee was renamed the Arkansas Maternal and Perinatal Outcomes Quality Review Committee (AMPOQRC). The AMPOQRC voted to adopt a new process to assess the hospitals perinatal levels of care using the Centers for Disease Control's (CDC) Levels of Care Assessment Tool (LOCATe). Although LOCATe is not intended to assign or verify levels of care, and does not replace the State's levels of care designation process, it will be a useful tool in assessing the state of perinatal care in Arkansas. LOCATe will guide efforts to improve the state's perinatal care system and help align the state's recommendations with the most recent national standards.

Child Health

Oral Health: The ADH Office of Oral Health developed the Paint a Smile program to increase access to preventive dental care and close gaps for children without regular access to comprehensive dental care. Access to care is inhibited because a high proportion of the state's 75 counties do not have dental practices. This program provides opportunities for medical personnel to receive training so they can complete risk assessments, apply fluoride varnish, and deliver education about the importance of routine dental care. During the project period, 92 local health units provided 8,288 risk assessments, oral screenings, and fluoride varnish applications to children between the ages of first tooth eruption through 18 years of age.

Adolescent Health

Mental Health: The School-Based Mental Health program works with schools to provide and promote access to mental health services, allowing for prevention and early intervention, while incorporating participation from all parties involved in student success. The program positively impacts the school climate and students' lives by making mental health a part of everyday conversations. Arkansas Advancing Wellness and Resiliency in Education (AWARE) leads statewide efforts to provide team-based care and services for students needing mental health services, increase mental health awareness, and the implementation of services and programs.

Children with Special Health Care Needs (CSHCN)

Partnership & Collaboration: Infrastructure development and strategic planning has improved access to care for families of CSHCN. Specifically, the Title V CSHCN Program developed strategies to form stronger working relationships with other programs and agencies serving youth with special needs such as the ADH's Infant Hearing Program; Early Hearing Detection and Intervention Program; Nurse-Family Partnership and Following Baby Back Home- Home visiting programs; First Connections/Individuals with Disabilities Education Act (IDEA) early intervention program; Arkansas Department of Education's Early Childhood Special Education program; and the Parent Training and Information Center. Improved collaboration with these programs will continue to increase referrals of CSHCN, improving these families access to care through the Title V's care coordination services.

Title V Block Grant Budget

The Federal-State Title V partnership budget totals \$27,232,662 for FY2021 (federal funds \$6,517,888; state funds \$20,714,774).

Please contact Angela Littrell, Title V Maternal and Child Health Director, at angela.littrell@arkansas.gov or (501) 661-2531 if you have any questions about the needs assessment process.