2020 Maternal and Child Health (MCH) and 2020 Maternal, Infant and Early Childhood Home Visiting (MIECHV) Assessments

MCH and MIECHV Steering Committee Meeting #3

July 29, 2019

Wifi password: 10WBroad43215!!
Welcome and overview
Stakeholder engagement and project management

SHA/SHIP Steering Committee
Ohio Department of Health
MCH/MIECHV Steering Committee

Accenture (data analytics vendor)

Health Policy Institute of Ohio
Project management and committee facilitation

SHA/SHIP Advisory Committee

SHIP work teams
Mental health and addiction
Chronic disease
Maternal and infant health
Community conditions
Health behaviors
Access to care
Role of the **MCH/MIECHV Steering Committee**

Provide guidance to ODH and HPIO on:

- MCH priority areas and measures
- MIECHV findings for home visiting and substance use disorder services
- MCH/MIECHV and SHA/SHIP alignment
- Opportunities to collaborate
Steering Committee members
(as of 7/29/2019)

Dr. Mary Applegate, Ohio Department of Medicaid
Anita Armstrong, Ohio Department of Education
Tara Britton, The Center for Community Solutions
Erika Clark Jones, City of Columbus, CelebrateOne
LeeAnne Cornyn, Office of the Governor
Nathan DeDino, Ohio Department of Developmental Disabilities
Jody Demo-Hodgins, National Alliance on Mental Ill Ohio
Julie DiRossi-King, Ohio Association of Community Health Centers
Dr. Michelle Dritz, Cornerstone Pediatrics and Ohio Chapter, American Academy of Pediatrics
Tonya Fulwider, Mental Health America of Franklin County
Dr. Pat Gabbe, OSU College of Medicine
Fawn Gadel, Public Children Services Association of Ohio
Kim Hauck, Ohio Department of Developmental Disabilities
Shannon Jones, Groundwork Ohio
Grace Kolliesuah, Ohio Department of Mental Health and Addiction Services
Nick Lashutka, Ohio Children’s Hospital Association
Alicia Leatherman, City of Columbus, CelebrateOne
Brie Lusheck, Office of the Governor
Ilka Riddle, University of Cincinnati and Cincinnati Children’s Hospital
Ann Robinson, The Ohio State University
Donna Schwarber, Butler County Educational Service Center
Stephanie Siddens, Ohio Department of Education
Reina Sims, Ohio Commission on Minority Health
Molly Stone, Ohio Department of Mental Health & Addiction Services
Judith Van Ginkel, Every Child Succeeds
Josue Vicente, Ohio Hispanic Coalition
Angela Weaver, Ohio Association of Health Plans
Melissa Wervey Arnold, Ohio Chapter, American Academy of Pediatrics
Lindsay Williams, Ohio Children’s Trust Fund
Ashlee Young, Strive Partnership
### MCH/MIECHV and SHA/SHIP Timeline

<table>
<thead>
<tr>
<th>JAN</th>
<th>FEB</th>
<th>MAR</th>
<th>APR</th>
<th>MAY</th>
<th>JUNE</th>
<th>JULY</th>
<th>AUG</th>
<th>SEPT</th>
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</thead>
<tbody>
<tr>
<td>Steering committee meeting 1</td>
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<td><strong>MIECHV SUD report</strong></td>
<td>2020 5-year MCH Needs Assessment</td>
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<td></td>
<td><strong>2020 MIECHV Needs Assessment update</strong></td>
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<td></td>
<td><strong>Steering committee meeting 2</strong></td>
<td></td>
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<td></td>
<td><strong>SHIP completed</strong></td>
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</table>

**MCH:** Maternal and Child Health  
**MIECHV:** Maternal, Infant and Early Childhood Home Visiting Program  
**SUD:** Substance Use Disorder  
**SHA:** State Health Assessment  
**SHIP:** State Health Improvement Plan
Today’s agenda

- Welcome and overview
- State Health Improvement Plan update
- MCH priority areas and metric selection process
- MIECHV preliminary findings:
  - Home visiting
  - Substance use disorder treatment
- Next steps
Meeting objectives

Steering Committee members will be:
• Aware of progress on the SHIP
• Aware of MCH priority areas, metric selection process and SHIP alignment
• Familiar with preliminary findings from the MIECHV assessment
Ohio Department of Health and the Health Policy Institute of Ohio will have guidance from Steering Committee members on:

- MCH priority areas and metric selection
- MIECHV
  - home visiting findings and coordination of related federally required assessments
  - substance use disorder (SUD) preliminary findings and strategic approach to address gaps
State Health Improvement Plan (SHIP) update
## 2020-2022 SHIP development process (2019)

<table>
<thead>
<tr>
<th>June</th>
<th>July</th>
<th>August</th>
<th>September</th>
<th>October and beyond</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work team meetings: Outcome objectives</td>
<td>Work team meetings: Target setting and priority populations</td>
<td>Draft SHIP due to ODH Aug. 15</td>
<td></td>
<td>Dissemination</td>
</tr>
<tr>
<td>Work team meetings: Strategy selection</td>
<td></td>
<td>Final SHIP due to ODH Sept. 30</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**MCH/MIECHV alignment**
SHA/SHIP stakeholder engagement groups

SHA/SHIP Steering Committee
Ohio Department of Health
MCH/MIECHV Steering Committee

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SHIP work teams
- Mental health and addiction
- Chronic disease
- Maternal and infant health
- Community conditions
- Health behaviors
- Access to care
Vision
Ohio is a model of health, well-being and economic vitality.

Mission
Improve the health of Ohioans by implementing a strategic set of evidence-informed population health activities at the scale needed to measurably improve population health outcomes and achieve health equity.
State-level partners

SHA/SHIP vision
Ohio is a model of health, well-being and economic vitality
Local SHA/SHIP partners

SHA/SHIP vision
Ohio is a model of health, well-being and economic vitality
Tracking performance over time

- Improving
- Little or no change
- Getting worse
All Ohioans achieve their full health potential
2020-2022 State Health Improvement Plan (SHIP) framework

What shapes our health?
Many factors, including these SHIP priorities:

- Community conditions
  - Housing affordability and quality
  - Poverty
  - K-12 student success
  - Adverse childhood experiences
- Health behaviors
  - Tobacco/nicotine use
  - Nutrition
  - Physical activity
- Access to care
  - Health insurance coverage
  - Local access to healthcare providers
  - Unmet need for mental health care

What are Ohio's top health priorities?
The SHIP identifies the following health priorities:

- Mental health and addiction
- Chronic disease
- Maternal and infant health

How will we know if health is improving in Ohio?
The SHIP tracks the following outcomes:

- Depression
- Suicide
- Youth drug use
- Drug overdose deaths
- Heart disease
- Diabetes
- Childhood conditions (asthma, lead)
- Preterm births
- Infant mortality
- Maternal morbidity

Equity: The SHIP identifies strategies and tracks outcomes that shape the health of Ohioans at all stages of life and reduce inequities so that all Ohioans achieve their full health potential.

Achieving the SHIP vision will lead to improvement in the factors that shape health.

Vision
Ohio is a model of health, well-being, and economic vitality.

Improved health status
Reduced premature death
All Ohioans achieve their full health potential
SHA SHIP

State Health Assessment and State Health Improvement Plan
MCH priority areas and metric selection
MCH Block Grant (Title V)

1. Conduct five-year needs assessment
2. Identify priority areas and performance measures
3. Develop five-year state action plan
MCH Block Grant 5-Year Action Plan

Top MCH priority needs

Performance objectives and measures
- National outcome measures (NOMs)
- National performance measures (NPMs)
- State performance measures (SPMs)
- State outcome measures (SOMs)

Program strategies
Evidence-informed strategy measures (ESMs)
Process for identifying MCH priority areas

2018

Oct  
MCH/MIECHV regional forum and online survey participant feedback

Nov

Dec

2019

JAN  
ODH Bureau Staff feedback

FEB

MCH/MIECHV Steering Committee feedback

MAR

Review of secondary data

APR

MCH/MIECHV Steering Committee feedback

MAY

JUNE

JULY

ODH Bureau Staff feedback
Identification of priority areas

Regional forums
✓ Five locations around the state
✓ Stakeholder input to identify strengths, challenges, equity issues and top needs for MCH priority populations

Online survey
✓ Stakeholder input to identify top needs for MCH priority populations
Identification of top priority areas

Review of secondary data

✓ Data provided by the Health Resource Services Administration on a set of national outcome measures (NOMs) and national performance measures (NPMs)
✓ Data from metrics compiled by ODH in the Online SHA
Identification of top priority areas

Incorporating ODH Division Staff and MCH/MIECHV Steering Committee feedback

Additions/revisions incorporated when there was:

✓ Small group consensus of the ODH Division Staff and/or MCH/MIECHV Steering Committee members
✓ Multiple mentions by ODH Division Staff and/or MCH/MIECHV Steering Committee members
Top 10 MCH priority areas
(based on data and stakeholder feedback as of July 29, 2019)

1. Infant mortality and birth outcomes (infant mortality, preterm birth, maternal morbidity)
2. Mental health and suicide (including social emotional health/resiliency and bullying)
3. Healthy weight status/obesity (physical activity and nutrition)
4. Adverse childhood experiences and trauma (including strategies focused on at-risk youth and children/youth in foster care)
5. Tobacco use
6. Drug dependency and abuse
7. Violence (including child abuse/maltreatment, intimate partner violence)
8. Access to health services (including coverage, lead screening, physical, mental and dental care access)
9. Transitions in care
10. Care coordination
# MCH Priority Areas (as of July 29, 2019)

## Cross-cutting Health Factor

**Access to Care** (coverage, transitions in care, care coordination)

**Tobacco Use**

**Community and Family Conditions** (adverse childhood experiences/trauma and violence with focus on at-risk youth and foster children)

## Health Outcomes

<table>
<thead>
<tr>
<th>Health Outcome</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal and Infant Health</td>
<td>Infant mortality, maternal morbidity and birth outcomes</td>
</tr>
<tr>
<td>Mental Health and Addiction</td>
<td>Drug dependency and use, suicide, depression</td>
</tr>
<tr>
<td>Chronic Disease</td>
<td>Healthy weight, physical activity, nutrition, lead</td>
</tr>
</tbody>
</table>

## Title V Vision

All mothers, infants, children aged 1 through 21 years, including children and youth with special healthcare needs, and their families are healthy and thriving.
What shapes our health?
Many factors, including these SHIP priorities:

- Community conditions
  - Housing affordability and quality
  - Poverty
  - K-12 student success
  - Adverse childhood experiences
- Health behaviors
  - Tobacco/nicotine use
  - Nutrition
  - Physical activity
- Access to care
  - Health insurance coverage
  - Local access to healthcare providers
  - Unmet need for mental health care

What are Ohio's top health priorities?
The SHIP identifies the following health priorities:

- Mental health and addiction
- Chronic disease
- Maternal and infant health

How will we know if health is improving in Ohio?
The SHIP tracks the following outcomes:

- 10 priority health outcomes
  - Depression
  - Suicide
  - Youth drug use
  - Drug overdose deaths
  - Heart disease
  - Diabetes
  - Childhood conditions (asthma, lead)
  - Preterm births
  - Infant mortality
  - Maternal morbidity

- Two overall health outcomes
  - Improved health status
  - Reduced premature death

Vision
Ohio is a model of health, well-being and economic vitality

Equity: The SHIP identifies strategies and tracks outcomes that shape the health of Ohioans at all stages of life and reduce inequities so that all Ohioans achieve their full health potential.

Achieving the SHIP vision will lead to improvement in the factors that shape health
2020-2022 State Health Improvement Plan (SHIP) framework

What shapes our health?
Many factors, including these SHIP priorities:
- Community conditions
  - Housing affordability and quality
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  - Tobacco/nicotine use
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10 priority health outcomes

Three health priority topics

Two overall health outcomes

Improved health status
- Reduced premature death

All Ohioans achieve their full health potential

Equity: The SHIP identifies strategies and tracks outcomes that shape the health of Ohioans at all stages of life and reduce inequities so that all Ohioans achieve their full health potential.

Vision
Ohio is a model of health, well-being and economic vitality

Achieving the SHIP vision will lead to improvement in the factors that shape health
MCH Block Grant 5-Year Action Plan

Top MCH priority needs

Performance objectives and measures
- National outcome measures (NOMs)
- National performance measures (NPMs)
- State performance measures (SPMs)
- State outcome measures (SOMs)

Program strategies
Evidence-informed strategy measures (ESMs)
Prioritization criteria for measures

- Aligns with a top MCH priority
- Aligns with a health outcome or health factor metric in the 2020-2022 SHIP
- Identified as a national outcome (NOM) or national performance measure (NPM)
- NPMs selected have an evidence linkage to a NOM selected
- Minimum of five NPMs selected, one per MCH population domain
Prioritization criteria for measures

✓ Aligns with a top MCH priority

1. **Infant mortality and birth outcomes** (infant mortality, preterm birth, maternal morbidity)
2. **Mental health and suicide** (including social emotional health/resiliency and bullying)
3. **Healthy weight status/obesity** (physical activity and nutrition)
4. **Adverse childhood experiences and trauma** (including strategies focused on at-risk youth and children/youth in foster care)
5. **Tobacco use**
6. **Drug dependency and abuse**
7. **Violence** (including child abuse/maltreatment, intimate partner violence)
8. **Access to health services** (including coverage, physical, mental and dental care access)
9. **Transitions in care**
10. **Care coordination**
**Prioritization criteria for measures**

✅ Aligns with a priority health outcome or health factor outcome in the 2020-2022 SHIP

<table>
<thead>
<tr>
<th>Community conditions</th>
<th>Health behaviors</th>
<th>Access to care</th>
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</thead>
<tbody>
<tr>
<td>Housing affordability and quality</td>
<td>Tobacco/nicotine use</td>
<td>Health insurance coverage</td>
</tr>
<tr>
<td>Poverty</td>
<td>Nutrition</td>
<td>Local access to healthcare providers</td>
</tr>
<tr>
<td>K-12 student success</td>
<td>Physical activity</td>
<td>Unmet need for mental health care</td>
</tr>
<tr>
<td>Adverse childhood experiences</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>10 health factor outcomes</th>
<th>10 priority health outcomes</th>
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<tbody>
<tr>
<td>• Depression</td>
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</tr>
<tr>
<td>• Suicide</td>
<td>• Suicide</td>
</tr>
<tr>
<td>• Youth drug use</td>
<td>• Youth drug use</td>
</tr>
<tr>
<td>• Drug overdose deaths</td>
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<tr>
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<td>• Heart disease</td>
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<tr>
<td></td>
<td>• Diabetes</td>
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<tr>
<td></td>
<td>• Childhood conditions</td>
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<tr>
<td></td>
<td>(asthma, lead)</td>
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<tr>
<td></td>
<td>• Preterm births</td>
</tr>
<tr>
<td></td>
<td>• Infant mortality</td>
</tr>
<tr>
<td></td>
<td>• Maternal morbidity</td>
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</tbody>
</table>

*SHIP: Strategic Health Improvement Plan*
Prioritization criteria for measures

- Identified as a national outcome (NOM) or national performance measure (NPM)

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<table>
<thead>
<tr>
<th>No.</th>
<th>Title V MCH Services Block Grant - National Outcome Measures</th>
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<tbody>
<tr>
<td>1</td>
<td>Percent of pregnant women who receive prenatal care beginning in the first trimester</td>
</tr>
<tr>
<td>2</td>
<td>Rate of severe maternal mortality per 10,000 delivery hospitalizations</td>
</tr>
<tr>
<td>3</td>
<td>Maternal mortality rate per 100,000 live births</td>
</tr>
<tr>
<td>4</td>
<td>Percent of low birth weight deliveries (&lt;=2,500 grams)</td>
</tr>
<tr>
<td>5</td>
<td>Percent of preterm births (&lt;37 weeks gestation)</td>
</tr>
<tr>
<td>6</td>
<td>Percent of early term births (37-38 weeks gestation)</td>
</tr>
<tr>
<td>7</td>
<td>Percent of non-medically indicated early elective deliveries</td>
</tr>
<tr>
<td>8</td>
<td>Perinatal mortality rate per 1,000 live births plus fetal deaths</td>
</tr>
<tr>
<td>9.1</td>
<td>Infant mortality rate per 1,000 live births</td>
</tr>
<tr>
<td>9.2</td>
<td>Neonatal mortality rate per 1,000 live births</td>
</tr>
<tr>
<td>9.3</td>
<td>Postneonatal mortality rate per 1,000 live births</td>
</tr>
<tr>
<td>9.4</td>
<td>Preterm-related mortality rate per 100,000 live births</td>
</tr>
<tr>
<td>9.5</td>
<td>per 100,000 live births</td>
</tr>
<tr>
<td>9.6</td>
<td>Stillbirths: Sudden Unexplained Infant Death (SUID) rate per 100,000 live births</td>
</tr>
<tr>
<td>9.7</td>
<td>Percent of infants born with fetal alcohol exposure in the last 3 months of pregnancy</td>
</tr>
<tr>
<td>10</td>
<td>The rate of infants born with neonatal abstinence syndrome per 1,000 birth hospitalizations</td>
</tr>
<tr>
<td>11</td>
<td>Percent of eligible newborns screened for heritable disorders with on-time physician notification for out-of-range screens who are followed up in a timely manner. (DEVELOPMENTAL)</td>
</tr>
<tr>
<td>12</td>
<td>Percent of children meeting the criteria developed for school readiness (DEVELOPMENTAL)</td>
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<tr>
<td>13</td>
<td>Percent of children, ages 0 through 3, who have decayed teeth or cavities in the past year</td>
</tr>
<tr>
<td>14</td>
<td>Percent of children, ages 0 through 3, who have decayed teeth or cavities in the past year</td>
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<tr>
<td>15</td>
<td>Child mortality rate, ages 0 through 4, per 100,000</td>
</tr>
<tr>
<td>16.1</td>
<td>Adolescent mortality rate, ages 10 through 19, per 100,000</td>
</tr>
<tr>
<td>16.2</td>
<td>Adolescent motor vehicle mortality rate, ages 10 through 19, per 100,000</td>
</tr>
<tr>
<td>16.3</td>
<td>Adolescent suicide rate, ages 10 through 19, per 100,000</td>
</tr>
<tr>
<td>17.1</td>
<td>Percent of children with special health care needs (CSHCN), ages 0 through 17</td>
</tr>
<tr>
<td>17.2</td>
<td>Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system</td>
</tr>
<tr>
<td>17.3</td>
<td>Percent of children, ages 3 through 17, diagnosed with an autism spectrum disorder</td>
</tr>
<tr>
<td>17.4</td>
<td>Percent of children, ages 3 through 17, diagnosed with Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD)</td>
</tr>
<tr>
<td>18</td>
<td>Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling</td>
</tr>
<tr>
<td>19</td>
<td>Percent of children, ages 0 through 17, in excellent or very good health</td>
</tr>
<tr>
<td>20</td>
<td>Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile)</td>
</tr>
<tr>
<td>21</td>
<td>Percent of children, ages 5 through 17, without health insurance</td>
</tr>
<tr>
<td>22.1</td>
<td>Percent of children, ages 19 through 35 months, who have completed the combined 7-vaccine series (4-3-1-3-1-1)</td>
</tr>
<tr>
<td>22.2</td>
<td>Percent of children, 6 months through 17 years, who are vaccinated annually against seasonal influenza</td>
</tr>
<tr>
<td>22.3</td>
<td>Percent of children, ages 13 through 17, who have received at least one dose of the HPV vaccine</td>
</tr>
<tr>
<td>22.4</td>
<td>Percent of children, ages 13 through 17, who have received at least one dose of the 13-valent vaccine</td>
</tr>
<tr>
<td>22.5</td>
<td>Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine</td>
</tr>
<tr>
<td>23</td>
<td>Teen birth rate, ages 15 through 19, per 1,000 females</td>
</tr>
<tr>
<td>24</td>
<td>Percent of women who experience postpartum depressive symptoms following a recent live birth</td>
</tr>
<tr>
<td>25</td>
<td>Percent of children, ages 0 through 17, who were not able to obtain needed health care in the last year</td>
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</tbody>
</table>
Prioritization criteria for measures

- Identified as a national outcome (NOM) or national performance measure (NPM)

<table>
<thead>
<tr>
<th>No.</th>
<th>National Performance Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Percent of women, ages 18 through 44, with a preventive medical visit in the past year</td>
</tr>
<tr>
<td>2</td>
<td>Percent of cesarean deliveries among low-risk first births</td>
</tr>
<tr>
<td>3</td>
<td>Percent of very low birth weight (VLBW) infants born in a hospital with a Level III+ Neonatal Intensive Care Unit (NICU)</td>
</tr>
<tr>
<td>4</td>
<td>A) Percent of infants who are ever breastfed and B) Percent of infants breastfed exclusively through 6 months</td>
</tr>
<tr>
<td>5</td>
<td>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</td>
</tr>
<tr>
<td>6</td>
<td>Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year</td>
</tr>
<tr>
<td>7</td>
<td>7.1 Rate of hospitalization for non-fatal injury per 100,000 children, ages 0 through 9; and 7.2 Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19</td>
</tr>
<tr>
<td>8</td>
<td>8.1 Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day; and 8.2 Percent of adolescents, ages 12 through 17, who are physically active at least 60 minutes per day</td>
</tr>
<tr>
<td>9</td>
<td>Percent of adolescents, ages 12 through 17, who are bullied or who bully others</td>
</tr>
<tr>
<td>10</td>
<td>Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year</td>
</tr>
<tr>
<td>11</td>
<td>Percent of children with and without special health care needs, ages 0 through 17, who have a medical home</td>
</tr>
<tr>
<td>12</td>
<td>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</td>
</tr>
<tr>
<td>13</td>
<td>13.1 Percent of women who had a dental visit during pregnancy; and 13.2 Percent of children, ages 1 through 17, who had a preventive dental visit in the past year</td>
</tr>
<tr>
<td>14</td>
<td>14.1 Percent of women who smoke during pregnancy; and 14.2 Percent of children, ages 0 through 17, who live in households where someone smokes</td>
</tr>
<tr>
<td>15</td>
<td>Percent of children, ages 0 through 17, who are continuously and adequately insured</td>
</tr>
</tbody>
</table>
Prioritization criteria for measures

- NPMs selected have an evidence linkage to a NOM selected
Prioritization criteria for measures

✓ Minimum of five NPMs selected, one per MCH population domain
Minimum of five NPMs selected, one per MCH population domain

Prioritization criteria for measures

<table>
<thead>
<tr>
<th>NPM #</th>
<th>Women/Maternal Health</th>
<th>Perinatal/Infant Health</th>
<th>Child Health</th>
<th>Adolescent Health</th>
<th>Children with Special Health Care Needs</th>
<th>Cross-cutting/Systems Building Domain Optional</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Well-woman visit</td>
<td></td>
<td></td>
<td></td>
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<td>States have the option to develop a state performance measure (SPM) that is Cross-cutting/Systems Building. Examples of measure topic areas include but are not limited to: • Family partnership activities that cross all population health domains; • Social determinants of health; • Workforce development; and • Enhanced data infrastructure</td>
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<tr>
<td>2</td>
<td>Low-risk cesarean delivery</td>
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<td>3</td>
<td>Risk-appropriate perinatal care</td>
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<td>4</td>
<td>Breastfeeding++</td>
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<td>5</td>
<td>Safe sleep</td>
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<td>6</td>
<td>Developmental screening</td>
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<td>7</td>
<td>Injury hospitalization*</td>
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<td>8</td>
<td>Physical activity*</td>
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<td>9</td>
<td>Bullying</td>
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<td>10</td>
<td>Adolescent well-visit</td>
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<tr>
<td>11</td>
<td>Medical home*</td>
<td></td>
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<tr>
<td>12</td>
<td>Transition*</td>
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<tr>
<td>13</td>
<td>Preventive dental visit+++</td>
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<tr>
<td>14</td>
<td>Smoking **+</td>
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<tr>
<td>15</td>
<td>Adequate insurance*</td>
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</tbody>
</table>

* NPM with multiple domains (Note: States may choose to target children and adolescents without special health care needs, in addition to children and adolescents with special health care needs for NPM #11 and NPM #12.)

++ NPMs that are compound measures (i.e. have an “A” and “B” component to the measure)
Prioritization criteria for measures

- Aligns with a top MCH priority
- Aligns with a health outcome or health factor metric in the 2020-2022 SHIP
- Identified as a national outcome (NOM) or national performance measure (NPM)
- NPMs selected have an evidence linkage to a NOM selected
- Minimum of five NPMs selected, one per MCH population domain
Discussion question

What other criteria should we be considering when selecting metrics?
MIECHV home visiting preliminary findings and discussion
Overview

- Inventory of home visiting programs
- Opportunities for coordination of related federal assessments
- At-risk county analysis
Home visiting programs in Ohio

- Help Me Grow Home Visiting (including MIECHV)
- Moms and Babies First
- Early Head Start
- Healthy Start (five Ohio awardees in 2019)
- Home visiting programs funded through the Ohio Department of Medicaid
- Home visiting programs funded through the Ohio Children’s Trust Fund
- Pathways Community HUBs
- Home visiting funded through Medicaid managed care plans and private insurers
- SPARK
- Early Intervention (Help Me Grow Part C)*

* Early Intervention (EI) involves services provided to parents of children under age 3 with disabilities or developmental delays. EI services are available in all 88 counties, and there are no income restrictions.
Discussion question

What are the home visiting-related programs missing from this list that we should include?
Coordination with other federally mandated needs assessments

- Title V MCH Block Grant
- Head Start Act
- Child Abuse Prevention and Treatment Act (CAPTA)
- Preschool Development Birth Through Five (PDG B-5) Grant
MIECHV Needs Assessment requirements

Identify communities with concentrated risk
✓ Examine key indicators related to infant mortality and child health including poverty, crime, unemployment and child maltreatment

Assess quality and capacity of early childhood home visiting services
✓ Number and types of programs and individuals/families served
✓ Gaps in early childhood home visitation
✓ Extent to which programs are meeting needs of eligible families

Assess state’s capacity to provide substance abuse treatment and counseling services

Identify opportunities for coordination and collaboration with federal requirements
Community-wide strategic planning and needs assessment conducted in accordance with section 640(g)(1) of the Head Start Act

Anita Armstrong
Head Start Collaboration Director
Inventory of unmet needs and current community-based, prevention-focused programs operating under section 205(3) of Title II of the Child Abuse Prevention and Treatment Act (CAPTA)

Lindsay Williams
Executive Director, Ohio Children’s Trust Fund
Discussion question

What other needs assessments should we include in our review?
Opportunities to coordinate

• Sharing data to avoid duplication of efforts
• Collaborating on primary data collection
• Convening a single group to work together on some or all of these assessments
• Communicating the results with other state agencies
Discussion question

What are other opportunities to coordinate that we should explore?
At-risk counties for home visiting
Identification of at-risk counties

Simplified method developed by Health Resources Services Administration (HRSA)
Identification of at-risk counties

• Compares county-level data across 13 indicators separated into five domains that reflect need for home visiting:
  • **Socioeconomic status** – poverty, unemployment, high school completion/attendance and income inequality
  • **Adverse perinatal outcomes** – including preterm birth and low birth weight
  • **Substance use disorder** – including alcohol, marijuana, illicit drugs and pain relievers
  • **Crime** – including crime reports and juvenile arrests
  • **Child maltreatment** – rate of child maltreatment
Socioeconomic status
(16 counties at risk) (2017)

Adverse perinatal outcomes

Source: HPIO analysis of data provided by the Health Resources and Services Administration.
**Substance use disorder***
(26 counties at risk) (2014-2016)

**Crime**
(21 counties at risk) (2016)

*This map was developed using additional substance use disorder metrics. Data for the additional substance use disorder metrics is more recent (pooled years 2014-2016) than data provided in the draft Supplemental Information Request (SIR) (pooled year 2012-2014).

Source: HPIIO analysis of data provided by the Health Resources and Services Administration.
Child maltreatment
(12 counties at risk)(2016)

Source: HPIO analysis of data provided by the Health Resources and Services Administration.
At-risk counties*
(27 counties at risk)

Source: HPIO analysis of data provided by the Health Resources and Services Administration.

*Counties with outcomes that are at least one standard deviation worse than the mean for all Ohio counties for at least 50% of indicators in a domain are considered at-risk for that domain. Counties deemed at-risk in 2 or more domains are considered at-risk using the simplified method as outlined in the draft SIR.
Home visiting needs analysis
Estimate of families in need of home visiting (FY 2017)

HRSA estimate based on following criteria:

- Number of families with children under the age of 6 living below 100% of the poverty line + pregnant women proxy

AND

Belong to one or more of the following at-risk sub-populations:
- Mothers with low education (high school diploma or less)
- Young mothers under the age of 21
- Families with an infant (child under the age of 1)
Families served (SFY 2018)

Data is from the Ohio Department of Health and includes families served through:

- Help Me Grow
- Moms and Babies First
- MIECHV-funded home visiting programs
- Families receiving HV services even if not found eligible for MIECHV
- Does not include families served by other HV services (e.g. SPARK, Healthy Start)
Estimated percentage of families in need of home visiting (FY 2017 estimate) who were served (SFY2018)

- **8.65%**
  - (11,682) families identified as needing home visiting were served through MIECHV, Help Me Grow or Moms and Babies First programs

**Source:** Estimate of families in need of home visiting services derived from 2017 American Community Survey data provided by the Health Resources Services Administration; Number of families served data is from the Ohio Department of Health and includes any individual receiving home visiting services even if they were not found eligible for MIECHV

**Preliminary HIP analysis**
Estimated percentage of families in need of home visiting (FY 2017 estimate) who were served (SFY2018) by county

<table>
<thead>
<tr>
<th>County</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Preble</td>
<td>0%</td>
</tr>
<tr>
<td>Delaware</td>
<td>24.2% to 41.8%</td>
</tr>
<tr>
<td>Preble</td>
<td>31.9% to 58.7%</td>
</tr>
<tr>
<td>Preble</td>
<td>58.7% to 78%</td>
</tr>
<tr>
<td>Harrison</td>
<td>310%</td>
</tr>
</tbody>
</table>

Key
- 0%
- 0.8% to 24.1%
- 24.2% to 41.8%
- 31.9% to 58.7%
- 58.7% to 78%
- 310%

Source: Estimate of families in need of home visiting services derived from 2017 American Community Survey data provided by the Health Resources Services Administration; Number of families served data is from the Ohio Department of Health and includes any individual receiving home visiting services even if they were not found eligible for MIECHV.
At-risk counties

Source: Estimate of families in need of home visiting services derived from 2017 American Community Survey data provided by the Health Resources Services Administration; Number of families served data is from the Ohio Department of Health and includes any individual receiving home visiting services even if they were not found eligible for MIECHV.
Counties receiving MIECHV funding in SFY 2018

Source: Estimate of families in need of home visiting services derived from 2017 American Community Survey data provided by the Health Resources Services Administration; Number of families served data is from the Ohio Department of Health and includes any individual receiving home visiting services even if they were not found eligible for MIECHV

Key
- 0%
- 0.8% to 24.1%
- 24.2% to 41.8%
- 31.9% to 58.7%
- 58.7% to 78%
- 310%

Current MIECHV county

Preliminary HPIO analysis
MIECHV counties and at-risk counties

Source: Estimate of families in need of home visiting services derived from 2017 American Community Survey data provided by the Health Resources Services Administration; Number of families served data is from the Ohio Department of Health and includes any individual receiving home visiting services even if they were not found eligible for MIECHV

Key
- 0%
- 0.8% to 24.1%
- 24.2% to 41.8%
- 31.9% to 58.7%
- 58.7% to 78%
- 310%

At-risk county
Current MIECHV county
Preliminary HPIO analysis
MIECHV counties and at-risk counties

At-risk counties that do not receive MIECHV funding:
- Athens
- Butler
- Guernsey
- Highland
- Jackson
- Lawrence
- Morgan
- Muskingum

Key
- 0%
- 0.8% to 24.1%
- 24.2% to 41.8%
- 31.9% to 58.7%
- 58.7% to 78%
- 310%

Source: Estimate of families in need of home visiting services derived from 2017 American Community Survey data provided by the Health Resources Services Administration; Number of families served data is from the Ohio Department of Health and includes any individual receiving home visiting services even if they were not found eligible for MIECHV.
MIECHV counties and at-risk counties

Counties not at-risk that receive MIECHV funding:
- Crawford
- Clinton
- Stark
- Ashtabula
- Trumbull
- Columbiana
- Harrison
- Jefferson

Source: Estimate of families in need of home visiting services derived from 2017 American Community Survey data provided by the Health Resources Services Administration; Number of families served data is from the Ohio Department of Health and includes any individual receiving home visiting services even if they were not found eligible for MIECHV
Discussion question

What is most important to highlight/consider when looking at this data?
MIECHV SUD preliminary findings and discussion
Overview

• Preliminary key findings
• Opportunities for improvement
• Discussion: Strategic approach
MIECHV SUD report components

- Scope of the challenge
- Current status of services and programs
- Key-informant interviews
- Strategic approach for improvement
MIECHV SUD report

Components

- **Scope of the challenge**
  - Limited data on prevalence, system capacity and effectiveness of current services and programs

- **Current status of services and programs**

- **Key-informant interviews**

- **Strategic approach for improvement**
Key findings

Scope of the challenge

- **Troubling trends** in NAS and pregnant women with SUD
- **Not just opioids** - marijuana, alcohol and tobacco use during pregnancy are also significant concerns
- **Child maltreatment** driven by parent drug use
Number of women in Ohio drug abuse or dependence at time of delivery, 2006-2017

Note: Individual may be diagnosed with more than one substance use disorder condition
Source: Ohio Department of Health and the Ohio Hospital Association
Key findings

Current status of services

- **On paper**, access to addiction treatment for pregnant women is good
- **Gaps in wrap-around services** such as child care
- **Ohio START, MOMs Project, SAPT Women’s Set-Aside** helpful but not reaching all counties
State-funded treatment programs for pregnant women and parents of young children, as of June 2019

State-funded treatment programs:
- Ohio Sobriety, Treatment, and Reducing Trauma (Ohio START)
- Maternal Opiate Medical Supports (MOMS) Program
- Substance Abuse Prevention and Treatment (SAPT) Block Grant Women’s Set-Aside

Source: Ohio START counties are listed on the Public Children Services Association of Ohio website. MOMS and SAPT Women’s Set-Aside counties were provided to HPIO by OhioMHAS.
Key findings

Key informants

- Perception that treatment capacity is adequate—particularly for pregnant women and urban/suburban communities
- Perception that wrap-around supports are not adequate, with focus on recovery housing
- Relationships between SUD treatment providers and home visitors are not strong
Key informant quotes

“Services for pregnant women are going to be much more available in urban/suburban than rural/Appalachia.”
– State agency representative

“Yes, some providers have the capacity, but not all are willing to provide [quality, evidence-based, individualized] care.”
– Recovery advocate

“We have capacity for the women we are serving. Maybe we don’t have capacity for the women we should be serving.”
– Local addiction treatment provider
Opportunities for improvement

- Lead comprehensive approach, including opioids, marijuana, alcohol and tobacco, and multiple forms of treatment
- Extend reach of programs
- Expand wrap-around services, including recovery housing for families
Opportunities for improvement (cont)

- **Strengthen partnerships** between SUD treatment providers and:
  - Children services
  - Home visiting programs
- **Build data collection, data sharing and evaluation infrastructure**
Discussion questions

1. Are there any questions or comments about the key findings?

2. What additional opportunities for improvement, if any, should be included?
Discussion questions (cont.)

3. Which of the opportunities for improvement need the most urgent action? Why?

4. Which state entity/entities should be charged with leading a strategic approach to act on these opportunities for improvement?
ODH
OMHAS
ODJFS
ODM

Attorney General’s Office
Recovery Ohio
Governor’s Office of Children’s Initiatives
Ohio Children’s Trust Fund & Family & Children First Council and other state entities
5. Which agencies and other partners should be at the table to act on these opportunities for improvement?

6. What systems or policy changes would support a strategic approach?
Next steps

- Draft MIECHV SUD report: July 31
- Final MIECHV SUD report: Aug. 30
- Final MIECHV needs assessment: Sept. 20