



**House Committee on Appropriations**  
**Subcommittee on Labor, Health & Human Services, Education, and Related Agencies**  
**Testimony Submitted by Susan Chacon, MSW, LISW**  
**President, Association of Maternal & Child Health Programs (AMCHP)**  
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Chairman Cole, Ranking Member DeLauro and distinguished Subcommittee Members –

My name is Susan Chacon and I am grateful for this opportunity to appear before you today on behalf of the Association of Maternal & Child Health Programs (AMCHP), our members, and the millions of women, children, children with special health care needs, and families that are served by the Title V Maternal and Child Health (MCH) Services Block Grant. I am currently serving as President of the Board of Directors of AMCHP and am also the Title V Children and Youth with Special Health Care Needs Director in New Mexico. I am asking the Subcommittee to support an increase of \$8.3 million in funding for the Title V MCH Services Block Grant, for a total of \$660 million in fiscal year 2019.

I would like to begin by expressing our sincere gratitude for the increase provided to the Title V Block Grant in the FY18 omnibus and for recognizing the role that Title V grantees play in improving the health of women, children, children with special health care needs, and their families. As you may know, the Title V MCH Block Grant is driven by evidence, flexibility, and results to 1) ensure access to quality maternal and child health services, 2) reduce infant mortality and preventable diseases and conditions, and 3) provide and promote family centered, community-based, coordinated care for children with special health care needs and facilitate the development of community-based systems of services for such children and their families.

I know you and your colleagues understand that the current level of funding does not allow us to address all the health needs of our nation's women, children, fathers, and families. We are certainly proud of recent progress in lowering our nation's infant mortality rate, reducing teen pregnancy, and decreasing the incidence of childhood injury. However, we are currently faced with many other maternal and child health challenges that require a sustained investment in public health approaches. The flexibility of the Title V MCH Block Grant allows states and jurisdictions to design and implement a wide range of maternal and child health programs that respond to locally defined needs. In addition to formula funding to states, Special Projects of Regional and National Significance, or "SPRANS," funding complements and helps ensure the success of state Title V by driving innovation, promoting evidence-based programming, and training young professionals interested in maternal and child health.

As you well know, our country is steeped in an opioid epidemic with implications for every sector of the population, including for newborns of mothers addicted to opioids. In some counties in West Virginia, for example, over 10 percent of newborn babies in 2017 were diagnosed with Neonatal Abstinence Syndrome (NAS); that number has grown to as much as 14 percent already this year. The Title V Block Grant is playing an important role to address the maternal and child health aspect of the crisis. In Tennessee, the Title V program is leading several efforts to address Neonatal Abstinence Syndrome such as conducting public health surveillance for NAS, utilizing local health educators to partner with correctional institutions to provide health prevention education on NAS for female inmates, and a pilot project in East Tennessee to provide support for women in recovery to prevent recurrent NAS. The Massachusetts Title V program played a role in developing an interactive web-based resource for pregnant and postpartum women in treatment or recovery for substance use disorders, or with

substance use issues or concerns, as well as a webinar series for obstetric providers caring for women with opioid use disorders.

Another issue that has gained a lot of attention recently is the rising maternal mortality rate in the United States. Once again, the Title V Block Grant is playing a critical role to assess and address the causes of this trend as well as efforts to reverse it. Through SPRANS, the Maternal and Child Health Bureau is implementing the Alliance for Innovation on Maternal Health or “AIM.” Working through state teams and health systems, this project is aligning national, state and hospital level quality improvement efforts to improve maternal health outcomes. Just recently, the Michigan Department of Health and Human Services announced that participation in the AIM effort is showing early signs of reducing pregnancy complications. Since participating in the AIM project, complications during labor and delivery among women who experience hemorrhage have decreased 17.9 percent. In Oklahoma, Title V funds are also being used to facilitate the state’s Maternal Mortality Review. As you likely know, maternal mortality review committees are the gold standard for understanding why women die during pregnancy, childbirth and the first year postpartum.

An important element to keep in mind as we confront the opioid epidemic and maternal mortality is that tackling these challenges requires us to look further upstream, to invest in prevention. When it comes to improving maternal and child health outcomes, we know a lot about low-tech ways to conduct prevention and improve health outcomes throughout the life course.

Ensuring women have access to preconception care is key to protecting maternal and infant health and that’s why nearly every state and jurisdiction has chosen a Title V National Performance Measure focused on increasing the number of women who have a preventive

medical visit. In Idaho, for example, the Title V program is collaborating with and providing training to the Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program and the Family Planning program to increase pre- and inter-conception education and referrals to prenatal care and well-woman care using One Key Question®.

Finally, I would like to discuss another primary focus area for state Title V programs, which is supporting systems of services for children and youth with special health care needs (CYSHCN). These systems serve a diverse group of children ranging from children with chronic conditions such as asthma or diabetes, to children with autism, to those with more medically complex health issues such as spina bifida, other congenital disorders, and children with behavioral or emotional conditions. Overall, CYSHCN are defined as children birth to age 21 who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional conditions and require health and related services of a type or amount beyond that required by children generally. Nearly 20 percent of children in the United States have a special health care need. Maybe you have child or know a family that has a child with special health care needs and thus understand the need for a coordinated system of care.

Care coordination is an essential component of delivering services to children and youth with special health care needs and can help to address the fragmentation that occurs in the health care system. State Title V programs improve care coordination by working collaboratively with parents, providers, and payers. New Mexico, where I serve as Director of the Title V Children and Youth with Special Health Care Needs Program, known as Children's Medical Services, utilizes licensed medical social workers to link families to needed health and social services. We also have a program that focuses on improving transition for youth with special health care needs as they move into adulthood. We begin with assessments at age 14 to address youth knowledge

of and ability to manage their medical condition, use of health care services, daily living activities, what areas they continue to need assistance with or anticipate needing assistance with, living arrangements, transportation, recreation and social relationships, and future planning for education, training, or employment. Our social workers work with the youth to identify adult providers that will assume care during the transition process and assist in addressing health care financing.

We also implemented a pilot program to address diabetes in children and adolescents. In 2015, American Indians in New Mexico had the highest rate of death due to diabetes, so we developed a project in Santa Fe with the local hospital's diabetes educator, the Children's Medical Services nutritionist, and social workers, along with a community farm, to provide education, cooking classes, support, and access to fruits and vegetables to children with diabetes. The program addressed multigenerational beliefs and barriers around healthy behaviors while honoring culture and traditions. While the pilot project showed positive outcomes, it had to be discontinued due to lack of funding, but there is a lot of renewed interest in reviving this program and we are hopeful that even a small increase for Title V will enable us to get this successful program up and running again.

Thank you again for your support. We hope to continue to build on recent successes and that you can support our request of \$660 million for the cost effective and accountable Title V MCH Block Grant.