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Maternal and Child Health Block Grant 2015

The Maternal and Child Health Services Block Grant, Title V of the Social Security Act, is the only federal program devoted to improving the health of all women, children and families. Title V provides funding to state maternal and child health (MCH) programs, which serve 42 million women and children in the U.S. To learn more about Title V, visit www.amchp.org.

MCH Block Grant Funds to Indiana

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<tr>
<th>FY 2013</th>
<th>FY 2014</th>
<th>FY 2015</th>
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<td>$11,592,730</td>
<td>$11,606,560</td>
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Title V Administrative Agency: Indiana State Department of Health Health and Human Services Commission

*States must provide a three dollar match for every four Federal dollars allocated.

Protecting and Improving the Health of Indiana’s Families

Children with Special Health Care Needs — Children’s Special Health Care Services (CSHCS) is supported by Title V and State funds. The program provides a comprehensive continuum of medical and support services to children zero to 21 years old who are both medically and financially eligible. The system of care is a statewide, integrated network of providers that includes local, regional and tertiary care facilities. The services include reimbursement to providers for primary, medical, oral health and specialty care. Providers and families are supported through the CSHCS Care Coordination management system which is open to all children and youth with special health care needs (CYSHCN) in the state.

CSHCS Family Advisory Council - The CSHCS Division recognizes that the parent perspective is an integral part of program development and quality improvement for the CYSHCN population. We have implemented a Family Advisory Council comprising of 15 parents of CYSHCN from around the state of Indiana. The council fosters a two-pronged approach for family participation. The first is to collaborate with the CSHCS Division to ensure the parent perspective is incorporated into program planning, quality improvement, and policy and procedures processes within the division. The second is to develop their personal leadership skills through training sessions in order to become comfortable and competent in discussing the needs of CYSHCN overall, not just for their own child/children, and with a goal of serving as a model of family leadership and advocacy statewide.

Indiana Crossroads Partnerships: Achieving Integrated Care with Children and Families - The CSHCS Division received a State Implementation Grant for Enhancing the System of Services for Children and Youth with Special Health Care Needs (CYSHCN) through Systems Integration from the Health Resources and Services Administration (HRSA). The grant period is September 1, 2014-August 31, 2017. The purpose of this initiative is to increase the number of CYSHCN who receive a patient/family-centered medical/health home approach to comprehensive, coordinated services and supports. We plan to achieve this through a developmental screening approach. Children in Indiana will receive early and continuous developmental screening; referral of those at risk for developmental delays and autism spectrum disorders; and for children diagnosed, family-centered comprehensive care coordination.

Newborn Screening/Genomics — The Newborn Screening Program ensures that all infants born in Indiana are screened for 47 designated disorders, including hearing loss and Critical Congenital Heart Disease (CCHD). The program also monitors and maintains a centralized program to ensure that children with positive newborn screens receive appropriate and timely confirmatory testing, follow-up services, family counseling, and support. In 2012, 99.98% of eligible infants received a newborn screen and 100% of infants with positive newborn screens received appropriate follow-up care. The mission of the Genomics Program includes assuring that all Indiana families have equal access to services and educating the public and health care providers about genetic disorders and available services. The goals of the Genomics Program are accomplished with the assistance of genetics services providers throughout the state. The Maternal and Child Health Block Grant partially supports the regional genetics centers. In 2013, a total of 6,821 new and returning families were served by the regional genetic centers.
Baby and Me Tobacco Free — The Indiana State Department of Health sponsors 8 sites to implement Baby and Me—Tobacco Free™. This free program incorporates relationship building, clinical guidelines for treating tobacco use, and incentives to help women stay quit after their child is born. This program began in October of 2013.

Infant Mortality — Infant Mortality is a key priority at the Indiana State Department of Health. The MCH Program supports reproductive health and wellness, prenatal care services health services throughout Indiana to improve access to care and reduce infant mortality and low birth weight. The MCH Program supports the Indiana Perinatal Quality Improvement Collaborative; a statewide leadership team formed to address infant mortality.

People Served by the Indiana MCH Program*

Title V population-based preventive and systems building services benefit all women and children in the state. In addition, the MCH Block Grant provided direct services to the following individuals:

- 6,138 pregnant women
- 84,743 infants under one
- 12,947 children and adolescents
- 4,893 children with special health care needs
- 37,153 others
- 145,874 total served

*2013 State/Jurisdiction Annual Reports Submitted to the Maternal and Child Health Bureau

For more information, contact:

Division of Maternal & Child Health
Bob Bowman, MS, MA, MS
Director, Maternal and Child Health
2 North Meridian Street
Indianapolis, IN 46204
Phone: 317-233-1252
Fax: 317-234-2995
Email: bobbowman@isdh.IN.gov

Children’s Special Health Care Services Division
Shirley Payne, MPH
Director, Children’s Special Health Care Services
2 North Meridian Street
Indianapolis, IN 46204
Phone: 317.233.7046
Fax: 317.233.1342
Email: spayne@isdh.in.gov

Health Needs in Indiana

- Decrease the rate of infant mortality.
- Decrease the percentage of cesarean deliveries among term, singleton, vertex, first births.
- Increase the percentage of very-low birth weight babies born in facilities with level III + NICUs.
- Increase the percentage of infants ever breastfed.
- Decrease the rate of suffocation deaths of infants.
- Decrease the percentage of smoking for pregnant women (14 through 44) on Medicaid.
- Increase the percentage of children ages 9-71 months receiving a developmental screening.
- Increase the percentage of adolescents aged 12-17 that received a well-visit in the past year.
- Increase the percentage of children with special health care needs that have a medical home.
- Increase the percentage of children with special health care needs who receive services necessary to make transitions to adult health care.
- Decrease the rate of injury-related hospitalizations among children 0-19.

Grants to Indiana

STATE SYSTEMS DEVELOPMENT INITIATIVE (SSDI)
INDIANA STATE DEPARTMENT OF HEALTH
Indianapolis, IN
$94,635
(State Systems Development Initiative)

Leadership Education in Adolescent Health
TRUSTEES OF INDIANA UNIVERSITY
Indianapolis, IN
$378,856
(Leadership Education in Adolescent Health)

Leadership Education in Neurodevelopmental and Related Disorders Training Program
TRUSTEES OF INDIANA UNIVERSITY
Indianapolis, IN
$507,144
(Leadership Education in Neurodevelopmental and Related Disorders Training Program)

*These grants were awarded in FY 2013. For a complete list of Title V Grantees: https://mchdata.hrsa.gov/tvisreports/Snapshot/SnapShotMenu.aspx