Mississippi
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 Mississippi

<table>
<thead>
<tr>
<th>FY 2013</th>
<th>FY 2014</th>
<th>FY 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>$8,898,243</td>
<td>$8,908,656</td>
<td>TBD</td>
</tr>
</tbody>
</table>

Title V Administrative Agency:
Health Services, Mississippi State Department of Health

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

Protecting and Improving the Health of Mississippi’s Families

Infant Mortality - MS has joined other states and national maternal and infant health leaders in a nationwide effort to reduce infant mortality and improve birth outcomes. The MSDH is undertaking a diverse approach, working with healthcare providers and community leaders across the state to improve MS maternal and infant health. MSDH focuses on six evidence-based strategies (graphic below) to reduce infant mortality including:

1. Reducing non-medically indicated deliveries before 39 weeks
2. Reducing tobacco use during pregnancy
3. Improving maternal health before and in-between pregnancies
4. Improving safe sleep practices that reduce SIDS and sleep related deaths
5. Increasing rates of breastfeeding
6. Enhancing perinatal systems of care for high-risk mothers and infants

Teen Pregnancy Prevention - As a partner in the Healthy Teens for a Better Mississippi initiative, MSDH promotes abstinence-only and abstinence-plus education, youth development, coalition building, and media outreach to achieve healthier infants and decrease teenage births.

MS Perinatal Quality Collaborative - In November 2014, the MSDH convened the 1st annual meeting of the Mississippi Perinatal Quality Collaborative (MSPQC). Ensuring that each mother and infant receives the safest, risk-appropriate and evidence-based care is fundamental to improving birth outcomes in MS. The development of the state-based MSPQC will provide the infrastructure for clinicians and hospitals to implement proven practices to enhance care safety and quality. During the meeting, teams voted to select state project initiatives. The neonatal team will focus on optimizing high-risk neonatal resuscitation and the obstetric team will focus on reducing morbidity and mortality caused by severe maternal hypertension. There will be a statewide effort to increase breastfeeding rates and support hospitals to adopt practices to support breastfeeding through the Baby Friendly Hospital Initiative. MS currently has one of the lowest rates of breastfeeding in the US.

Mortality Surveillance - The Fetal-Infant Mortality Review (FIMR), Child Death Review Panel (CDRP), and Pregnancy-Associated Mortality Review (PAMR) processes involve case reviews of infant, child, adolescent, and maternal deaths. Professional Case Review teams make recommendations to Community-Level Action Teams to promote and implement changes at the systems level.

39 Weeks Initiative - The MS Hospital Association, MS Section of the American College of Obstetricians and Gynecologists, and MS delivery hospitals support the 39 weeks initiative. Thirty-seven MS delivery hospitals (80%) have joined the March of Dimes Banner Program, committing to reduce unnecessary early elective deliveries (before 39 weeks) to 5% or less of all births.

Children’s Medical Program (CMP) — The Children’s Medical Program (CMP) is Mississippi’s Title V program for Children and Youth with Special Health Care Needs (CYSHCN). CYSHCN are defined as “those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who require health and related services of a type or amount beyond that required by children generally.”
This definition includes children with a broad range of conditions or chronic illnesses such as cerebral palsy, cystic fibrosis, sickle cell anemia, metabolic disorders, mental and emotional disorders, or asthma, as well as children who develop significant medical problems expected to last at least 12 months.

The program provides care coordination, specialty clinics, respite services, transition services, pharmaceutical assistance, resources and information to children and youth with special health care needs (CYSHCN) and their families. Many children and youth with special health care needs require the care of sub-specialty providers often scheduled in close proximity of the other. Blake Clinic's coordinated provider care allows CYSHCN/parents to see several multi-specialty providers in one scheduled appointment. This allows for enhanced access to providers and a savings of resources to families that would otherwise make multiple visits to several different specialty providers.

Adolescent Health - These services offer information, consultation, technical assistance, training, and educational presentations to adolescent health service providers and to community partners. Other priorities are needs assessments and evaluations of health programs that serve adolescents and young adults.

Child Health- The local county health departments are a major provider of preventive health screenings for children (0 to 20 years of age) through the Medicaid Early, Periodic, Screening, Diagnosis, and Treatment (EPSDT) program. This set of services is for children who are eligible for Medicaid. The First Steps Early Intervention Program implements the Individuals with Disabilities Act (IDEA) Part C as directed by the Office of Special Education Programs (OSEP). This program identifies all infants and toddlers birth to three years of age who have development delays and/or medical conditions likely to lead to a developmental delay. Referred children are provided a comprehensive multidisciplinary evaluation to determine eligibility. The First Steps (Part C) Early Intervention System, Genetics (Newborn Screening), and the Children’s Medical Program are in the same Office. The organizational structure of these programs fosters service integration, early identification and referral, service coordination, and timely follow-ups for children with special needs.

Newborn Screening Program- The program provides screening, diagnosis, counseling, and follow-up for a range of genetic disorders. The goal of these services is to use preventive measures to minimize the effects of disorders through early detection, provide timely medical diagnosis, and treatment. Staff provides patient education to ensure that information is readily available to parents, hospitals, physicians and other healthcare providers. Staff in the bureau collects data from medical providers for the statewide Birth Defects Surveillance Registry (BDSR) which is used to monitor the births of children with defects for changes in incidence or other unusual patterns suggesting preventable causes.

Lead Poisoning Prevention and Healthy Homes Program- The program takes a comprehensive approach to address housing related issues linked to lead exposure and other environmental home hazards. Efforts are made to educate families on home safety, fires, falls, carbon monoxide, asthma education and SIDS/SUID risk reduction strategies. Home visits and environmental investigations are conducted for children with venous blood lead levels ≥15µg/dL.

Other Preventive Health Services — MCH supported staff in county health departments provide approximately 40% of the immunizations in the state. The percent of children 19-35 months who were immunized during the 2008-2009 year was 81.1 according to the National Immunization Survey which exceeded the national average and resulted in Mississippi achieving the rank of number one in the country. The Mississippi State Department of Health gives about 40 percent of all childhood vaccinations in the state.

Toll-Free Telephone Line — (1-800-721-7222) The MCH program maintains a toll-free telephone line in cooperation with WIC. The line provides assistance to clients seeking information about MCH services, family planning, Medicaid, WIC, and other services. This valuable tool encourages early entry into prenatal care and links clients to resources in the public and private sectors.

Health Needs in Mississippi

- Adolescent alcohol and drug use
- Adult immunization
- Teen pregnancy and teen birth rate
- Sexually transmitted disease
- Nutrition and physical activity
- Low birthweight and preterm birth, preconception care
People Served by the Mississippi MCH Program*

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
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<tbody>
<tr>
<td>pregnant women</td>
<td>14,760</td>
</tr>
<tr>
<td>infants under one</td>
<td>39,651</td>
</tr>
<tr>
<td>children and adolescents</td>
<td>19,416</td>
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<tr>
<td>children with special health care needs</td>
<td>3,009</td>
</tr>
<tr>
<td>others</td>
<td>102,145</td>
</tr>
<tr>
<td>total served</td>
<td>179,981</td>
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*2013 State/Jurisdiction Annual Reports Submitted to the Maternal and Child Health Bureau

For more information, contact:

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Grants to Mississippi*

**STATE SYSTEMS DEVELOPMENT INITIATIVE (SSDI)**
HEALTH, MISSISSIPPI STATE DEPARTMENT OF
Jackson, MS
$125,000
(State Systems Development Initiative)

*These grants were awarded in FY 2013. For a complete list of Title V Grantees: