North Carolina

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 North Carolina

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<tr>
<th>FY 2013</th>
<th>FY 2014</th>
<th>FY 2015</th>
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<td>$16,267,834</td>
<td>$16,290,355</td>
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Title V Administrative Agency:
Division of Public Health, NC Department of Health and Human Services

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

Protecting and Improving the Health of North Carolina’s Families

The most recent strategic plan for Title V children’s services in North Carolina identified the following strategies:

1. Support the quality of health services;
2. Support the quality of health providers;
3. Assure access to quality care;
4. Increase family support and resiliency; and
5. Increase and sustain parent/community/provider education and awareness.

Care Coordination for Children – The population care management service called Care Coordination for Children (CC4C) is a collaborative effort at the state level among Division of Public Health (DPH), Division of Medical Assistance (DMA), and the NC Community Care Networks. Pediatric care coordination is a patient and family centered, assessment driven, team-based activity designed to meet the needs of children and youth, while enhancing the care giving capabilities of families. Care coordination addresses interrelated medical, social, developmental, behavioral, education and financial needs in order to achieve optimal health and wellness outcomes. It is connected to, or provided within, a clinician-led, proactive health care team. The team fosters partnerships with families and creates opportunities for them to express their needs.

Care coordination is integrated within or strongly linked to a community-based primary care medical home setting. The CC4C target population is children birth to 5 years of age in each county who: 1) have special health care needs, 2) are exposed to highly stressful situations, 3) are in foster care and not linked to a Medical Home, 4) are transitioning out of a Neonatal Intensive Care Unit back to the community and a medical home; and 5) who are high cost/high users of services.

The service is based on patient need and prioritized according to risk stratification guidelines. The amount of contacts is determined by the patient’s individual needs and plan of care, in order to effectively meet desired outcomes. Contacts may occur in various settings including the health care provider office, community, or patient’s home, as well as by phone. The program goals are to maximize health outcomes while controlling costs in a managed care setting, which will be measured by monitoring nine specific data points.

Children and Youth with Special Health Care Needs — The Children & Youth Branch has lead responsibility for CYSHCN from birth to 21 years, and works closely with the Early Intervention Branch that provides services to the birth to three year old population of children with developmental disabilities. There is a strong Branch/Family Partnership with family linkages to all of the programs serving CYSHCN. A staff position that must be a parent of a child with special needs is employed to provide guidance and direction for family/provider interaction, leadership training, program collaboration and input for services. Specific partnerships and collaborations that occur around CYSHCN include care management, the CSHCN help line, Innovative Approaches grants to improve local systems of care CYSHCN, early mental health grant (LAUNCH), emergency preparedness, school nurses, the Governor’s Commission on CSHCN, the Office on Disability and Health, home visiting, genetic counseling services and newborn screening programs. The Branch, in partnership with private philanthropic organizations, the federal government and non-profit organizations fund nurse family partnership programs and Healthy Families.
programs in the State. Additional Branch funds focus on the Triple P program, an evidence-based population health initiative reaching large numbers of children with mild to severe behavioral health difficulties. The program is provided at multiple levels of intervention intensity using a variety of delivery formats. Goals are to (1) improve parenting in broad segments of the community; (2) alter prevalence rates, e.g., of child emotional and behavioral problems and child maltreatment; and (3) increase school readiness. The roll out of the program began in SFY11-2 in seven counties which has currently grown to serve over 33 counties. Current funding sources include Federal Title V funding with matching state appropriations, federal grant funding, and foundation funding, through the Early Challenge Grant.

**Infant Mortality Reduction** - The goal of the Healthy Beginnings Program is to address the two-fold disparity between white and minority infant mortality in North Carolina by working with communities with significant minority infant mortality. Grants are given to local health departments, community based organizations, and faith entities to support local community-based minority infant mortality reduction efforts. Funded agencies are expected to provide the following services to minority pregnant and postpartum women, and follow them and their child for two years interconceptionally:

- Care coordination services;
- Health education and support which includes education in the following areas: breastfeeding initiation and maintenance up to at least 6 weeks, eliminating use and exposure to tobacco, safe sleep practices, folic acid consumption, reproductive life planning, healthy weight and exercise, and self-sufficiency;
- Ensure compliance with prenatal care, and well child visits and proper immunizations for their babies;
- Community-wide education and outreach; and
- Work with their male partners when applicable.

**Care Management for Pregnant and Postpartum Women** - The Women’s and Children’s Health Section (WCHS) works in partnership with the Division of Medical Assistance (DMA) and Community Care of North Carolina (CCNC) and other community stakeholders including providers and LHDs to administer an innovative statewide program that creates a system of care through a pregnancy medical home (PMH) model and the provision of pregnancy care management (OBCM) services to pregnant and postpartum Medicaid recipients with risk factors for poor birth outcome. The majority of the state’s public and private prenatal care providers participate as PMHs. In doing so, the providers: ensure that no elective deliveries are performed before 39 weeks of gestation; engage fully in the 17P project; endeavor to decrease the cesarean section rate among nulliparous women; and complete a risk screening on each pregnant Medicaid recipient in the program to make referrals of patients to the local pregnancy care manager (OBCM). Pregnancy care managers are social workers and nurses employed by the local health department and work as members of the prenatal care team, collaborating closely with prenatal care providers to support the patient in achieving an optimal pregnancy and birth outcome. Care managers coordinate patient care and needed services, to address the patient’s medical and psychosocial concerns during pregnancy and postpartum. WCHS also administers a limited amount of state appropriations, which categorically support the provision of pregnancy care management services for pregnant women who are ineligible for Medicaid. LHDs are free to allocate portions of the block granted federal and state funds they receive to provide OBCM or other support services to patients ineligible for Medicaid.

**Care Coordination for Interconception Women** — North Carolina provides care coordination services for interconceptional care women through its three federally funded Healthy Start sites – NC Baby Love Plus, University of North Carolina at Pembroke Healthy Start Corps and Robeson Health Care Corporation Healthy Start Program. The purpose of these programs is to reduce perinatal health disparities with a primary focus on African American and American Indian families within seven NC counties. Care coordination services are enhanced through the provision of outreach, health education, and local action networks and community action networks.

**People Served by the North Carolina 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:

- 71,490 pregnant women
- 115,216 infants under one
- 73,980 children and adolescents
- 45,900 children with special health care needs
- 154,827 others
- 461,413 total served

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

**For more information, contact:**

**Maternal & Child Health**

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Health Needs in North Carolina
- Improve the health of women of childbearing age
- Eliminate vaccine-preventable diseases
- Increase access to care for women, children, and families
- Improve the health of children with special needs
- Reduce infant mortality
- Prevent child deaths
- Increase the number of newborns screened for genetic and hearing disorders and prevent birth defects
- Improve healthy behaviors in women and children and among families
- Promote healthy schools and students who are ready to learn
- Provide timely and comprehensive early intervention services for children with special developmental needs and their families.

Grants to North Carolina*

State Implementation Grants for Integrated Community Systems for CSHCN
WAKE FOREST UNIVERSITY
Winston-Salem, NC
$86,495
(State Implementation Grants for Integrated Community Systems for CSHCN)

Healthy Tomorrows Partnership for Children Program
WAKE FOREST UNIVERSITY
WINSTON SALEM, NC
$50,000
(Healthy Tomorrows Partnership for Children Program)

STATE SYSTEMS DEVELOPMENT INITIATIVE (SSDI)
HEALTH & HUMAN SERVICES, NORTH CAROLINA
DEPARTMENT OF
Raleigh, NC
$125,000
(State Systems Development Initiative)

Epidemiological MCH/SPH Institute
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL
Chapel Hill, NC
$27,250
(Epidemiological MCH/SPH Institute)

Certificate in MCH Public Health
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL
Chapel Hill, NC
$353,268
(Certificate in MCH Public Health)

Leadership Training in Social Work
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL
Chapel Hill, NC
$33,672
(Leadership Training in Social Work)

Leadership Education in Neurodevelopmental and Related Disorders Training Program
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL
Chapel Hill, NC
$857,371
(Leadership Education in Neurodevelopmental and Related Disorders Training Program)

Maternal and Child Health Public Health Training Program
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL
Chapel Hill, NC
$355,180
(Maternal and Child Health Public Health 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