

Indiana

Maternal and Child Health Block Grant 2019

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. In FY2017, 86% of all pregnant women, 99% of infants, and 55% of children nationwide benefitted from a Title V-supported service. To learn more about Title V, visit www.amchp.org.

MCH Block Grant Funds to Indiana

FY 2016	FY 2017	FY 2018
\$12,206,297	\$12,140,583	\$12,280,810

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) program is supported by state funds. The program provides a comprehensive continuum of medical and support services to children with serious, chronic medical conditions, age 0-21 years who are both medically and financially eligible. Families and providers are supported through the CSHCS Care Coordination Section which is open to all children and youth with special health care needs (CYSHCN) in the state.

Baby and Me Tobacco Free™ — The Indiana State Department of Health sponsors this free program that offers incentives to pregnant women and their qualifying support person to quit smoking while pregnant and stay quit after their baby is born. Starting with eight pilot sites in October 2013, the program has grown to over 20 MCH funded sites.

Infant Mortality — Infant Mortality is a key priority at the Indiana State Department of Health (ISDH). The MCH Program supports reproductive health and wellness, prenatal care 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, an advisory board to the ISDH consisting of over 300 statewide professional partners who identify and implement best practices to reduce infant mortality and improve maternal and child health.

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 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.

Collaborative Improvement and Innovation Network (CollIN) for Children with Medical Complexity — Indiana is one of many states working in collaboration with the Boston University School of Social Work Center for Innovation in Social Work & Health (CISWH) on the HRSA funded *Health Care Delivery System Innovation for Children with Medical Complexity* project. Indiana is working to pilot place-based care coordination within the health care system that better provides comprehensive family-centered assessment, cross-communication, and integration of services into communities. This includes piloting an innovative payment model through Medicaid for care coordination reimbursement. Indiana's CollIN team is comprised of Title V, Medicaid, family members, primary care and specialty care providers, and other key state and local stakeholders that are relevant to the project's success.

Early Start — ISDH funds 7 organizations to provide prenatal care education and to serve as a conduit to getting pregnant women into prenatal care with a qualified provider in the first trimester.

Group Prenatal Care — MCH supports the funding for one group prenatal care program to improve outcomes for important maternal child health factors including preterm birth, low birth weight, small for gestational age, breastfeeding and immunization.

Nurse-Family Partnership — MCH supports this evidence-based home visiting program that focuses on improving health outcomes for mothers and children. NFP pairs first-time mothers with registered nurses to support mothers in having healthy pregnancies, becoming knowledgeable and responsible parents and giving their babies the best possible start in life.

Percentage Served by the Indiana MCH Program*

100.0%	Pregnant women
100.0%	Infants under one
15.0%	Children and adolescents
9.0%	Children with special health care needs
4.0%	Others

*2017 State/Jurisdiction Annual Reports Submitted to the Maternal and Child Health Bureau

Health Needs in Indiana

- Reduce infant mortality with a strong focus on reducing the black rate
- Reduce smoking among MCH populations
- Reduce obesity among MCH populations
- Improve early prenatal care rates
- Decrease rate of SUIDs
- Improve injury prevention
- Improve breastfeeding duration and exclusivity
- Reduce alcohol and drug use during pregnancy with a specific focus on Neonatal Abstinence Syndrome
- Improve access to comprehensive care coordination services among MCH populations including CYSHCN
- Improve access to developmental screening in medical and non-medical settings

State Selected National Performance Measures

- Low-risk Cesarean Delivery
- Risk Appropriate Perinatal Care
- Breastfeeding
- Injury Hospitalization
- Physical Activity
- Medical Home
- Transition
- Smoking

For more information, contact:

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Current Special Projects of Regional and National Significance (SPRANS)

State Systems Development Initiative (SSDI)
 INDIANA STATE DEPARTMENT OF HEALTH
 Indianapolis, IN

