Mississippi
Maternal and Child Health Block Grant 2021

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 FY2019, 92.1% of all pregnant women, 98.0% of infants, and 59.6% 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 Mississippi

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<th>FY 2018</th>
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<th>FY 2020</th>
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<td>$9,170,542</td>
<td>$9,228,087</td>
<td>$9,235,413</td>
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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

Maternal Mortality Review (MMR) – The Mississippi Maternal Mortality Review Committee (MMRC) was established in July of 2017 following passage of House Bill 494, which required the formal review of maternal deaths in Mississippi and secured protections for the confidentiality of the process. The committee includes representation from a broad range of physicians and nurses from multiple specialties who extensively review maternal deaths in order to identify opportunities for prevention.

Child Death Review (CDR) – The Child Death Review Panel seeks to improve understanding of the risk factors and circumstances surrounding child deaths, ultimately improving child health, safety and protection through effective policy, education, and public awareness.

Fetal Infant Mortality Review (FIMR) – The overall goal of FIMR is to enhance the health and well-being of women, infants, and families by improving the community resources and service delivery systems available to them. The FIMR process brings together key members of the community to review information from individual cases of fetal and infant deaths in order to make recommendations for prevention.

Mississippi Perinatal Quality Collaborative (MSPQC) – The MSPQC is a statewide partnership that promotes evidence-based quality improvement initiatives at the hospital and community level to improve birth outcomes across Mississippi. MSPQC relies on collaborative data-driven projects to address specific drivers of maternal and neonatal morbidity and mortality. These projects are selected by participating collaborative members across the state, who work to develop, disseminate, and successfully implement best practices in all clinical settings caring for mothers and infants. While working collaboratively, the MSPQC has three divisions: Neonatal, Obstetric and Family Engagement & Public Health.

Perinatal/High Risk Management/Infant Services System (PHRM/ISS) – The PHRM/ISS program conducts activities to help decrease premature birth, low birthweight, and infant mortality; provide counseling on birth spacing; and promote healthy pregnancies and beginning of life outcomes. PHRM/ISS uses nurses, social workers, and nutritionists to provide targeted case management to medically high-risk pregnant women and infants. Such case management can improve the patient and families' access to available resources, provide early detection of risk factors, and allow for coordinated care. During FY19, the program serviced 2,026 maternity patients who received 8,378 professional visits and 1,484 infants and families who received 5,192 professional visits.

Pregnancy Assistance Fund Grant – MSDH was awarded a project grant from Office of Population Affairs to work with expectant and parenting teens and their families with the goals to 1) increase expectant and parenting teens access to youth-friendly, high quality medical, social, educational, and other services that they need to be physically and emotionally healthy; 2) increase provider capacity to deliver youth-friendly, high quality services to expectant and parenting teens; and 3) provide or link expectant and parenting teens to services that improve educational, health, and social outcomes. So far for FY20, 312 expectant teens, 171 parenting teens, and 54 dually enrolled teens ages 19 and under, and 226 infants born to teens, totaling 763 unduplicated participants, have been provided enhanced case management services statewide under the PHRM/ISS program. An additional 135 infants were born to teen participants and were followed until their
mothers’ services terminated at 60 days postpartum or before but were not enrolled in the program for continued services. Of the total number of participants (763), 26% (n=196) resided in one of the 15 grant-supported counties. Additionally, 92 participants were served by teen specialists covering other counties not specifically targeted under the grant, resulting in 38% (n=288) of all participants being served by a teen specialist.

**Children and Youth with Special Health Care Needs Program** – The Mississippi Children and Youth with Special Health Care Needs Program is striving to reach and serve a broader segment of the population. The multidisciplinary CYSHCN Leadership Team established an ancillary group, “Parent Consultants’ Advisory Council,” comprised of parents and caregivers of children with special needs and youths with special needs to focus on family education, engagement, and empowerment.

Through this collaboration, the CYSHCN Program continued to acclimate Cohort I to the care coordination learning collaborative entitled, “CYSHCN Cares 2” and recruited additional healthcare systems to form Cohort II. The combined totals for Cohorts I & II potential reach are approximately 50,885 children with and without special healthcare needs at 73 clinic sites in 21 of 82 countries in Mississippi. Of the 50,885 children with and without special health care needs, 27.5% (n=13,985) are insured by Medicaid.

- Healthcare systems in Cohorts I and II integrated parent consultants and care coordinators into their multi-disciplinary teams and workflow.
- Cohort I established transition policies for adolescents, developed templated to track children who are referred to dentists and have dental visits.
- Cohorts I and II are reporting select clinical data on their population of focus and linking families to resources.
- Parent consultants in Cohorts I and II were trained as Community Health Workers, Parent Consultants in Cohort are co-facilitating family engagement summits and establishing support groups.

The overall objectives of the CYSHCN Cares 2 are to transform clinical practice through models of care, improvement, and learning; increase CYSHCN Parents/Caregivers’ engagement; build strategic partnerships and generate and document improved health outcomes for children from birth to 21 years of age with complex medical conditions.

- *Demographic data was reported by awarded healthcare systems and is currently being validated.*

- *One healthcare system in Cohort I rescinded the offer due to competing priorities.*

**Newborn Screening Program** – Newborn Screening (NBS) is a public health service completed prior to a newborn being discharged from the birthing facility. Sections 41-21-201 and 41-21-203 of the Mississippi Code, authorizes the State Department of Health to adopt rules and regulations to carry out the Newborn Screening and Follow-up Program in the Mississippi State Department of Health. The primary goal of the Newborn Screening Program is to screen every infant born in the state and refer infants with abnormal results to appropriate centers for medical evaluation, confirmatory testing, and initiation of medical and/or nutritional treatment if indicated. This short-term follow-up process assist in the identification of certain serious or life-threatening conditions that may cause organ damage, developmental delay, or death if left undiagnosed and untreated. The newborn screening system includes birthing hospitals, screening laboratory, public health staff, and tertiary care centers. Through collaboration with all stakeholders in the newborn screening system, almost all infants born in Mississippi are screened. Newborns may not have been screened due to transferring out of state for a higher level of care shortly after birth, home birth, death prior to specimen collection or parents of a newborn who object on grounds that screening conflicts with religious practices. During FY20, out of 35,659 births, 35,500 babies received a newborn screen (99.5%). There were 111 presumptive positive screens and 74 confirmed diagnoses with 100% of those confirmed cases being referred for treatment and follow-up.

**Child Health** – Local Health Departments are a provider of preventative health screenings for children without a medical home (birth to 21 years of age) through the 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.

**Birth Defects Registry** – The Birth Defects Surveillance Registry is housed in the Bureau of Genetic Services. Section 41-21-205 of the Mississippi Code established a Birth Defects Surveillance Registry in the Mississippi State Department of Health. The law authorizes the MSDH to adopt rules to govern the operations of the registry which focuses primarily on live births and stillbirths within the state. All hospitals, clinics, and other health facility personnel that serve patients from newborn to 21 years of age should report to the Mississippi Birth Defects Surveillance Registry. Birth defects are captured by ICD - 10 codes obtained through discharge summaries from hospitals (Passive case-finding without case confirmation). Data contained in this registry are confidential. The objectives are: To monitor, regularly, and systematically, the births of children with defects for changes in incidence
or other unusual patterns suggesting preventable causes; and to increase the number of providers reporting to the registry.

Adolescent Health – The Adolescent Health Program promotes positive health outcomes for adolescents and young adults ages 10 to 24. The program currently prioritizes health literacy, adolescent-friendly services, and family planning. Adolescent Health provides services, through partnerships, to adolescent—serving healthcare providers around the state. These services include training and technical assistance that encourages health equity and quality comprehensive health care. Also, the Adolescent Health Program provides health care literacy education to adolescents and young adults. This education promotes the importance of annual preventative wellness visits, transitioning from youth to adult health care and understanding health insurance options.

Lead Poisoning Prevention and Health Homes Program – The program takes a holistic 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. Using the Department of Housing and Urban Development funds, health and housing interventions are utilized in communities to improve health outcomes for children and families.

Other Preventative Health Services – MCH supported staff in regional 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

- Decrease infant mortality
- Increase access to health care/medical homes for children and youth with special health care needs (CYSHCN)
- Increase access to comprehensive health care for children
- Reduce teen pregnancy and teen birth rate
- Increase health insurance coverage
- Reduce low birth weight and premature birth
- Increase access to prenatal care
- Increase child nutrition and early childhood obesity prevention

Current Special Projects of Regional and National Significance (SPRANS)

State Systems Development Initiative (SSDI)
MISSISSIPPI STATE DEPARTMENT OF HEALTH
Jackson, MS

Early Childhood Health Promotion System for High Need Program
UNIVERSITY OF MISSISSIPPI MEDICAL CENTER
Jackson, MS

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Percentage Served by the Mississippi MCH Program*

100.0% Pregnant women
100.0% Infants under one
100.0% Children and adolescents
100.0% Children with special health care needs
5.0% Others

*2019 State/Jurisdiction Annual Reports Submitted to the Maternal and Child Health Bureau