North Carolina
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 benefited from a Title V-supported service. To learn more about Title V, visit www.amchp.org.

MCH Block Grant Funds to North Carolina

<table>
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<tr>
<th>FY 2017</th>
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<td>$17,222,472</td>
<td>$17,424,544</td>
<td>$17,406,891</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 priority needs:

1. Improve access to high quality integrated health care services
2. Increase pregnancy intendedness within reproductive justice framework
3. Prevent infant/fetal deaths and premature births
4. Promote safe, stable, and nurturing relationships
5. Improve immunization rates to prevent vaccine-preventable diseases
6. Improve access to mental/behavioral health services
7. Improve access to coordinated, comprehensive, ongoing medical care for CYSHCN
8. Increase health equity, eliminate disparities, and address social determinants of health

Care Management for At-Risk Children – The population care management service called Care Management for At-Risk Children (CMARC) is a collaborative effort at the state level among Division of Public Health (DPH), Division of Health Benefits (DHB), and Community Care of North Carolina (CCNC). Pediatric care coordination is a patient and family centered, assessment driven, team-based activity designed to meet the needs of children, birth to age five, while enhancing the caregiving capabilities of families.

Care coordination is integrated within or strongly linked to a community-based primary care medical home setting. The CMARC priority population is children who: 1) have special health care needs, 2) are exposed to toxic stress, and 3) who are admitted to the Neonatal Intensive Care Unit.

Children and Youth with Special Health Care Needs – The Children & Youth Branch has lead responsibility for CYSHCN from birth to 21 years, including those with a range of special and complex medical and psychosocial needs which include those exposed to adverse childhood experiences and those whose health are negatively affected by social determinants. The Branch works closely with the Early Intervention Branch that provides services to the birth to three-year-old population of children with developmental delays and disabilities. There is a strong Branch/Family Partnership with family linkages to all 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. Parents as Collaborative Leaders training, program collaboration, and input for services. Specific partnerships and collaborations that occur around CYSHCN include care management, the CYSHCN Help Line, CYSHCN webpage, Innovative Approaches grants to improve local systems of care, transition from pediatric to adult care, emergency preparedness, child care health consultants working with child care providers, school nurses, the Governor’s Commission on CSHCN, the Office on Disability and Health, home visiting, genetic counseling services, and newborn metabolic and critical congenital heart defects screening and Early Hearing Detection and Intervention programs. The Branch, in partnership with private philanthropic organizations, the federal government, and non-profit organizations fund Nurse-Family Partnership and Healthy Families America home visiting programs in the state. Additional funds support Triple P (Positive Parenting Program), an evidence-based population parenting support initiative available statewide reaching large numbers of children with mild to severe
behavioral health difficulties. Triple P is provided at multiple levels of intervention intensity using a variety of delivery formats. The goals are to 1) improve parenting in broad segments of the community; 2) alter prevalence rates of child emotional and behavioral problems and child maltreatment; and 3) increase school readiness. Triple P also offers a Stepping Stones program.

**Infant Mortality Reduction** – The Healthy Beginnings Program addresses 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 (LHDs), community-based organizations, and faith-based entities to support local, community-based minority infant mortality reduction efforts. Healthy Beginnings serves minority women and their families in the preconception, prenatal, and interconception periods, providing supportive services for up to two years after the birth of their child.

The Infant Mortality Reduction program distributes funding to LHDs across North Carolina to implement evidence-based strategies that are proven to lower the infant mortality rates in their communities. Funded LHDs must implement or expand upon at least one of the following evidence-based strategies: 17P (alpha hydroxyprogesterone); Centering Pregnancy; reproductive life planning/long-acting reversible contraception access; Nurse Family Partnership; infant safe sleep practices; tobacco cessation and prevention; and doula services.

**Care Management for Pregnant and Postpartum Women** – The Women’s and Children’s Health Section (WCHS) works in partnership with DHB, 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 (Care Management for High Risk Pregnancies - CMHRP) services to pregnant and postpartum Medicaid recipients with risk factors for poor birth outcomes. 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; use 17P to prevent recurrent preterm birth where indicated; aim 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 for CMHRP services. Care Managers are social workers and nurses employed by the LHD 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 Coordination for Interconception Women** – North Carolina provides care coordination services for interconception care to women through its three federally funded Healthy Start sites – NC Baby Love Plus, University of North Carolina at Pembroke Healthy Start Corps and Piedmont Health Services and Sickle Cell Agency’s Triad Baby Love Plus 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.

**Perinatal Health Strategic Plan** – The Women’s Health Branch and its partners continue work on implementing the Perinatal Health Strategic Plan 2016-2020 which is designed to address infant mortality, maternal health, maternal morbidity, and the health of men and women of childbearing age, with a focus on health equity. The Plan is organizationally implemented through four Workgroups – Community & Consumer Engagement, Data & Evaluation, Communications, and Policy. A data brief has been developed based on work from 2016-2020. Efforts to update and release a 2021-2025 Plan by Spring 2021 have continued.

**Perinatal Neonatal/Outreach Coordination (PNOC) Program** – This program has expanded its focus to include Perinatal Nurse Champion efforts in the state. Currently there are six funded sites covering each of the six Perinatal Care Regions. The six funded sites are focused on administering the CDC Level of Care Assessment Tool (LOCATE) for maternal and neonatal care as well as strengthening the overall perinatal systems of care through provision of outreach and education to healthcare providers.

**Perinatal System of Care Task Force** – In response to a study bill passed by the NC General Assembly, the NC WCHS partnered with the NC Institute of Medicine to convene a task force to study the degree to which NC women receive risk appropriate maternal and neonatal care and make actionable recommendations to improve the state’s perinatal system of care. Recommendations were released in April 2020.
Percentage Served by the North Carolina MCH Program*

- 90.0% Pregnant women
- 99.0% Infants under one
- 13.0% Children and adolescents
- 14.0% Children with special health care needs
- 1.0% Others

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

Health Needs in North Carolina

- Improve access to high quality integrated health care services
- Increase pregnancy intendedness within reproductive justice framework
- Prevent infant/fetal deaths and premature births
- Promote safe, stable, and nurturing relationships
- Improve immunization rates to prevent vaccine-preventable diseases
- Improve access to mental/behavioral health services
- Improve access to coordinated, comprehensive, ongoing medical care for CYSHCN
- Increase health equity, eliminate disparities, and address social determinants of health

Current Special Projects of Regional and National Significance (SPRANS)

State System Development Initiative (SSDI)
NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
Raleigh, NC

Access to Telehealth and Distance Care Services for Maternal Health
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL
Chapel Hill, NC

Maternal and Child Health Field-Initiated Research Program
WAKE FOREST UNIVERSITY HEALTH SCIENCES
Winston Salem, NC

Training Program in Maternal and Child Health
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL
Chapel Hill, NC

State Maternal Health Innovation Program
NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
Raleigh, NC

State Maternal Health Innovation Support and Implementation Program
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL
Chapel Hill, NC

MCH Workforce Centers
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL
Chapel Hill, NC

For more information, contact:

Maternal & Child Health
Kelly Kimple
Women's and Children's Health Section Chief / Title V MCH Director
1928 Mail Service Center
5601 Six Forks Road
Raleigh, NC 27699
Phone: (919) 614-9301
E-mail: kelly.kimple@dhhs.nc.gov

Children with Special Health Care Needs
Gerri Mattson, MD, FAAP, MSPH
Interim CSHCN Director
1928 Mail Service Center
5601 Six Forks Road
Raleigh, NC 27699
Phone: (919) 707-5622
E-mail: gerri.mattson@dhhs.nc.gov

State Family or Youth Leader
Holly Shoun
Family Liaison Specialist
1928 Mail Service Center
5601 Six Forks Road
Raleigh, NC 27699
Phone: (919) 274-0414
E-mail: holly.shoun@dhhs.nc.gov