



ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS

# State Profile

A SNAPSHOT OF HOW THE TITLE V MATERNAL AND CHILD HEALTH BLOCK GRANT WORKS IN YOUR STATE

## North Carolina

### Maternal and Child Health Block Grant 2016

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](http://www.amchp.org).

#### MCH Block Grant Funds to North Carolina

| FY 2013      | FY 2014      | FY 2015      |
|--------------|--------------|--------------|
| \$16,290,355 | \$17,130,221 | \$17,278,043 |

#### 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

**Child Health** – In partnership with a wide range of statewide partners, Title V children's services is in the process of completing a five year strategic plan to address social determinants of health, life course approach to services, family involvement in all areas of service, early childhood with a focus on family supports and interventions addressing toxic stress, adolescent health, improvement in the systems of care infrastructure and institutionalizing ongoing/continuous quality improvement cycles in the care system.

**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 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 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.

#### 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. Specific partnerships and collaborations that occur around CYSHCN include care management, the Helpline for CYSHCN, Innovative Approaches grants to improve local systems of care for CYSHCN, emergency preparedness, school nurses, the Governor's Commission on CSHCN, the Office on Disability and Health, home visiting programs, genetic counseling services and newborn screening programs.

**Infant Mortality Reduction** – In conjunction with numerous partners, Title V is developing a statewide Perinatal Health Strategic Plan to focus on improving birth outcomes, maternal health, maternal mortality, and the health of men and women of reproductive age. The NC General Assembly also recently appropriated \$2.5 million in additional state funds to address infant mortality, birth outcomes, and the health status of children 0 – 5. Title V also continues to participate in the Collaborative Improvement and Innovation Network (CoIIN) to improve infant mortality. The primary focus areas are perinatal regionalization, preconception/interconception health, and social determinants of health. NC also continues to implement its minority infant mortality reduction program – Healthy Beginnings. 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.

**Care Management for Pregnant and Postpartum Women** - The Women's and Children's Health Section (WCHS) works in partnership with DMA and CCNC and other community stakeholders including providers and local health departments 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 outcomes. 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.

## 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 services to the following individuals:

|                |   |
|----------------|---|
| 46,654         | pregnant women                          |
| 118,983        | infants under one                       |
| 56,624         | children and adolescents                |
| 53,449         | children with special health care needs |
| 43,625         | others                                  |
| <b>319,335</b> | <b>total served</b>                     |

\*2014 State/Jurisdiction Annual Reports Submitted to the Maternal and Child Health Bureau

## Health Needs in North Carolina

- Improve the health of women of childbearing age with a special focus on health equity.
- Reduce infant mortality with a special focus on social determinants of health.
- Increase the number of newborns screened for genetic and hearing disorders and prevent birth defects.
- Prevent child deaths.
- Improve the health of children with special needs.
- Provide timely and comprehensive early intervention services for children with special developmental needs and their families.
- Promote healthy schools and students who are ready to learn.
- Increase developmental screenings for children and adolescents.
- Increase access to care for women, children, and families, especially in uninsured populations and where disparities exist.
- Improve healthy behaviors in women and children and among families incorporating the life course approach.

## State Selected National Performance Measures

- Well Woman Visit
- Perinatal Regionalization
- Breastfeeding
- Developmental Screening
- Adolescent Well-Visit
- Medical Home
- Smoking
- Adequate Insurance Coverage



## For more information, contact:

### Maternal & Child Health

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### Children with Special Health Care Needs

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## Grants to North Carolina\*

### State Implementation Grants for Integrated Community Systems for CSHCN

WAKE FOREST UNIVERSITY  
Winston-Salem, NC  
\$86,495

### Healthy Tomorrows Partnership for Children Program

WAKE FOREST UNIVERSITY  
WINSTON SALEM, NC  
\$50,000

### STATE SYSTEMS DEVELOPMENT INITIATIVE (SSDI)

HEALTH & HUMAN SERVICES, NC DEPARTMENT OF  
Raleigh, NC  
\$125,000

### Epidemiological MCH/SPH Institute

UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL  
Chapel Hill, NC  
\$27,250

### Certificate in MCH Public Health

UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL  
Chapel Hill, NC  
\$353,268

### Leadership Training in Social Work

UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL  
Chapel Hill, NC  
\$33,672

### Maternal and Child Health Public Health Training Program

UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL  
Chapel Hill, NC  
\$355,180

\*These grants were awarded in FY 2013.