Tennessee

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.

MCH Block Grant Funds to Tennessee

<table>
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<tr>
<th>FY 2013</th>
<th>FY 2014</th>
<th>FY 2015</th>
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<td>$11,106,017</td>
<td>$11,669,610</td>
<td>$11,680,662</td>
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Title V Administrative Agency:
Division of Family Health and Wellness, Tennessee Department of Health

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

Protecting and Improving the Health of Tennessee’s Families

Child Health Care — Well child exams are available in all 95 county health departments for children and adolescents, birth to 21; referrals are made for any suspected physical or developmental problem. Intensive home visiting services, provided through several programs, emphasize parent support, infant stimulation and periodic assessment to assure eligible children are healthy, free from child abuse and ready for school.

Help Us Grow Successfully (HUGS) — This program provides targeted case management services to pregnant and postpartum women and children, birth to 5, in order to decrease infant mortality and maximize child development. The program served 7,357 participants in FY14-15 in all 95 counties.

Children with Special Health Care Needs — Services for children with special health care needs are provided through two components of the Children’s Special Services Program. The first component is for medical services and provides reimbursement for medical care, supplies, pharmaceuticals and therapies for children up to age 21 years who meet medical and financial criteria. The second component, care coordination, provides case management services to the client and their families.

Newborn Screening Follow-Up Services — State law requires that every newborn be screened for a comprehensive panel of genetic, metabolic, and other congenital conditions. Newborn Screening Follow-Up staff review approximately 80,000 screens per year and provide time-sensitive case management to infants with presumed positive screens. A network of tertiary specialty care centers provides urgent consultative and management services for these infants, their families, and their community primary care providers.

Adolescent Pregnancy Prevention — Health education staff across the state work with community partners to provide tailored information on healthy relationships, adolescent health, and youth development.

Childhood Lead Poisoning Prevention — Primary care providers and health departments report all blood lead levels to the State Health Department. Nurse case managers follow up in cases of elevated blood lead levels to ensure appropriate follow-up testing and management. Regional and local health department staff also provide education on reducing the risk of lead exposure in the environment.

Child Fatality Review — Local teams have been established in the 31 judicial districts of Tennessee to review all deaths of children 17 years of age or younger. The state child fatality team reviews reports from the local teams, analyzes statistics of the incidences and causes of child deaths, and makes recommendations to the governor and General Assembly to promote the safety and well-being of children.
People Served by the Tennessee 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:

- 25,680 pregnant women
- 86,574 infants under one
- 221,478 children and adolescents
- 5,237 children with special health care needs
- 129,932 others
- 468,901 total served

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

Health Needs in Tennessee

- Improve utilization of preventive care for women of childbearing age.
- Reduce infant mortality.
- Increase the number of infants and children receiving a developmental screening.
- Reduce the number of children exposed to adverse childhood experiences.
- Reduce the number of children and adolescents who are overweight or obese.
- Reduce the burden of injury among children and adolescents.
- Increase the number of children (both with and without special health care needs) having a medical home.
- Reduce exposure to tobacco among the MCH population (pregnancy smoking and secondhand smoke exposure for children).

State Selected National Performance Measures

- Well Woman Visit
- Safe Sleep
- Developmental Screening
- Injury
- Physical Activity
- Medical Home
- Transition
- Smoking

For more information, contact:

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Grants to Tennessee*

**State Implementation Grants for Integrated Community Systems for CSHCN**
HEALTH, TENNESSEE DEPT OF
Nashville, TN
$288,000

**STATE SYSTEMS DEVELOPMENT INITIATIVE (SSDI)**
HEALTH, TENNESSEE DEPT OF
Nashville, TN
$122,279

**Leadership Training in Pediatric Nutrition**
UNIVERSITY OF TENNESSEE
Knoxville, TN
$176,679

**Sickle Cell Treatment Demonstration Program**
ST. JUDE CHILDREN'S RESEARCH HOSPITAL
Memphis, TN
$356,618

**Sickle Cell**
THE VANDERBILT UNIVERSITY
Nashville, TN
$343,202

*These grants were awarded in FY 2013.