

Mississippi

Maternal and Child Health Block Grant 2022

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 2019, 92% of all pregnant women, 98 % of infants, and 60% 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

FY 2019	FY 2020	FY 2021
\$9,170,542	\$9,235,413	\$9,228,087

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

Women's Health

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, 510 expectant teens have been provided enhanced case management services statewide under the *Healthy Moms, Healthy Babies* (formerly known as *Perinatal/High Risk Management/Infant Services System*) program and received services within MSDH clinics, home

visits, and/or telehealth. Despite COVID-19 impacts on the program, project leadership and program staff have adjusted accordingly to continue to implement technology where possible to offer remote services to participants to avoid interruptions in service, and to remain engaged to provide timely supervision and guidance.

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 to identify opportunities for prevention.

Infant Health

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.

Healthy Moms, Healthy Babies (formerly known as Perinatal/High Risk Management/Infant Services System)

- The *HM/HB program* conducts activities to (1) decrease premature birth, low birthweight, and infant mortality; (2) provide counseling on birth spacing; and (3) promote healthy pregnancies and beginning of life outcomes. HM/HB 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 FY20, the program serviced 2,190 maternity patients who received 15,395 professional visits and 1,454 infants and families who received 8,544 professional visits.

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 to make recommendations 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.

Child Health

Child & Adolescent Health Office - The Office of Child & Adolescent Health includes all child and adolescent health programs including Genetics (Newborn Screening), Early Periodic Screening Detection, and Treatment (EPSDT), Lead Poisoning Prevention and Healthy Homes, First Steps (Part C) Early Intervention System, Children and Youth with Special Health Care Needs, and Adolescent Health. The organizational structure of these programs fosters service integration, early identification and referral, care and service coordination, and timely follow-ups for children with special needs.

Newborn Screening (NBS) Program - The NBS Program ensures all newborns are screened for metabolic and congenital birth disorders and provides follow-up and referral to internal and external programs. The NBS system includes birthing hospitals, screening laboratories, public health staff, and tertiary care centers which provide screening, diagnosis, counseling, and follow-up for a range of genetic disorders. The primary goal of the NBS Program is to ensure infants with abnormal results are identified and referred for medical evaluation, confirmatory testing, and initiation of medical and/or nutritional treatment, as needed. Genetic coordinators across the state provide short term follow-up with parents and medical providers. This short-term follow-up process assists in the identification of serious or life-threatening conditions that may cause organ damage, developmental delay, or death, if left undiagnosed and untreated. In addition, the program collects data from medical providers for a statewide birth defects registry and includes the Early Hearing Detection and Intervention Program.

Birth Defects Registry (BDR) - Mississippi Code §41-21-205 established a Birth Defects Surveillance Registry at the Mississippi State Department of Health. The registry 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 report to the Mississippi BDR. Birth defects are captured by ICD -10 codes obtained through discharge summaries from hospitals. The BDR is a passive surveillance system without case confirmation. Data contained in the BDR are confidential. The BDR objectives are to monitor, regularly and systematically, the births of children with defects for changes in incidence or other unusual patterns suggesting preventable causes.

Early Hearing Detection and Intervention (EHDI) - The EHDI Program works with birth hospitals, audiological diagnostic centers, other medical providers, and the First Steps Early Intervention Program to identify all infants who are Deaf/Hard of Hearing (D/HH) and link them to early intervention services and family supports. The EHDI Program tracks infants who do not pass hearing screening and those who pass screening but are at risk of late onset hearing loss to ensure they receive confirmation of hearing status and those with confirmed hearing loss are referred to the First Steps (Part C) Early Intervention Program, Family-to-Family peer support, and provided access to D/HH Role Models. The EHDI Program follow-ups with infants and toddlers who are D/HH and at risk for late onset hearing loss up to three years of age.

Early, Periodic, Screening, Diagnosis, and Treatment (EPSDT) - Local Health Departments provide a variety of preventative health screenings according to Bright Futures for children eligible for Medicaid without a medical home (birth to 21 years of age) through the EPSDT program. Children identified with concerns are referred to internal and external programs for further evaluation and follow-up.

First Steps Early Intervention (Part C) Program - The First Steps Early Intervention Program implements Part C of the Individuals with Disabilities Act (IDEA) 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 conditions likely to lead to a developmental delay. Referred infants and toddlers are provided a comprehensive multidisciplinary evaluation to determine eligibility. Eligible infants and toddlers and their families are provided service coordination and linked to a variety of early intervention services according to their Individual Family Service Plan (IFSP) to improve child and family outcomes. By 36 months of age, enrolled children and families are provided transition to community and Preschool Special Education services through their local school district. During FY20, the First Steps Early Intervention Program served 3,161 infants and toddlers.

Lead Poisoning Prevention and Health Homes

(LPPHH) Program - The LPPHH 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 $\geq 15\mu\text{g/dL}$.

Children & Youth with Special Health Care Needs

The Mississippi Children and Youth with Special Health Care Needs Program provides care coordination for children and youth ages birth to 21 years of age who have special health care needs. To expand the reach of the CYSHCN program, a multi-disciplinary CYSHCN Leadership Team and ancillary Parent Consultants' Advisory Council, comprised of parents and caregivers of children with special needs and youths with special needs, to assist the program on family education, engagement, and empowerment.

The CYSHCN Program has implemented a care coordination learning collaborative, *CYSHCN Cares 2*, and has recruited public and private healthcare systems to implement a comprehensive system of care coordination and parent peer support. The participating systems in Cohorts I and II have a potential to reach approximately 50,885 children with and without special healthcare needs at 73 clinic sites in 21 of Mississippi's 82 Counties. 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 goals of the CYSHCN Cares 2 learning collaborative are to (1) transform clinical practice through models of care, improvement, and learning; (2) increase the engagement of CYSHCN parents and caregivers; (3) build strategic partnerships and improve health outcomes for

children from birth to 21 years of age with complex medical conditions.

Adolescent Health

The Adolescent Health Program promotes positive health outcomes for adolescents and young adults 10 to 24 years of age. The program 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 to encourage health equity and quality comprehensive health care. The Adolescent Health Program also provides health care literacy education to adolescents and young adults to promote the importance of annual preventative wellness visits, transitioning from youth to adult health care, and understanding health insurance options.

Preventive Health

The Mississippi State Department of Health MCH supported staff in regional health departments provide approximately 40% of all childhood 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.

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.



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

*2020 State/Jurisdiction Annual Reports Submitted to the Maternal and Child Health Bureau

Health Needs in Mississippi

- Infant mortality (and associated factors of preterm birth and low birth weight)
- Medical Home
- Access to Care (women, children, adolescents and families)
- Nutrition and Physical Activity
- Maternal Morbidity and Mortality
- Breastfeeding
- Implicit Bias/Discrimination/Racism
- Mental Health across MCH Populations
- Health Equity
- Oral Health of MCH Populations



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

For more information, contact:

Maternal & Child Health

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Children with Special Health Care Needs

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