HRSA
Health Resources & Services Administration

Title V MCH Block Grant Program

INDIANA

State Snapshot

FY2025 Application / FY2023 Annual Report

November 2024

Title V Federal-State Partnership - Indiana

The Title V Maternal and Child Health Block Grant Program is a federal-state partnership with 59 states and jurisdictions to improve maternal and child health throughout the nation. This Title V Snapshot presents high-level data and the executive summary contained in the FY2025 Application / FY2023 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (https://mchb.tvisdata.hrsa.gov)

State Contacts

MCH Director	CSHCN Director
Eden Bezy Assistant Commissioner of Women, Children, & Families EBezy@health.in.gov (317) 233-1252	Kristi Linson CSHCS Director KLinson@health.in.gov (317) 233-7898

SSDI Project Director	State Family Leader
Mary Ellen Potts MCH Operations & Evaluations Manager mapotts@health.in.gov (463) 279-3559	Susan Elsworth CSHCS Family Delegate susan.elsworth@gmail.com (317) 234-8501

State Youth Leader
Amya Hilderbrand Youth Consultant ahilderbrand@health.in.gov (317) 232-3148

State Hotline: (844) 624-6667

Funding by Source

Source	FY 2023 Expenditures
Federal Allocation	$11,923,848
State MCH Funds	$25,004,910
Local MCH Funds	$0
Other Funds	$0
Program Income	$275,184

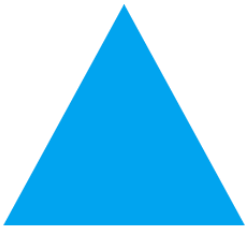
FY 2023 Expenditures

Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	$0	$13,014,450
Enabling Services	$7,154,309	$0
Public Health Services and Systems	$4,769,539	$0

FY 2023 Expenditures Federal

FY 2023 Expenditures Non-Federal



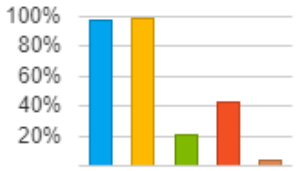
Percentage Served by Title V

Population Served	Percentage Served	FY 2023 Expenditures
Pregnant Women	98.0%	$7,647,427
Infants < 1 Year	99.0%	$9,415,214
Children 1 through 21 Years	20.3%	$2,650,653
CSHCN (Subset of all infants and children)	42.9%	$14,998,761
Others *	3.9%	$1,129,328

*Others– Women and men, over age 21.

FY 2023 Expenditures
Total: $35,841,383

FY 2023 Percentage Served



The Title V legislation directs States to conduct a comprehensive, statewide maternal and child Health (MCH) needs assessment every five years. Based on the findings of the needs assessment, states select seven to ten priority needs for programmatic focus over the five-year reporting cycle. The State Priorities and Associated Measures Table below lists the national and state measures the state chose in addressing its identified priorities for the 2020 Needs Assessment reporting cycle. Beginning with the FY 2025 Application, all states are also reporting on two Universal National Performance Measures, Postpartum Visit and Medical Home.

State Priorities and Associated Measures

Priority Needs and Associated Measures	Reporting Domain(s)

Reduce preventable deaths in the Maternal and Child Health population with a focus on reduction and elimination of inequities in mortality rates.
 	
NPMs
• Percent of very low birth weight (VLBW) infants born in a hospital with a Level III + Neonatal Intensive Care Unit (NICU) (Risk-Appropriate Perinatal Care, Formerly NPM 3) - RAC
  ○ ESM RAC.1: Percent of hospitals surveyed to determine Obstetric and Neonatal Level of Care.
• Rate of hospitalization for non-fatal injury per 100,000 children, ages 0 through 9 (Injury Hospitalization - Child, Formerly NPM 7.1) - IH-Child
  ○ ESM IH-Child.1: Percent of sites operating mobile fitting and car seat inspection stations to ensure car seats are properly installed.
  ○ ESM IH-Child.2: Percent of child deaths reviewed by Child Fatality Review teams.
  ○ ESM IH-Child.3: Percent of parents with children of car seat age reached through car seat distribution program in the past year.
• Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19 (Injury Hospitalization - Adolescent, Formerly NPM 7.2) - IH-Adolescent
  ○ ESM IH-Adolescent.1: Reduce count of suicide-related hospitalizations in adolescents, ages 10 - 19.
  ○ ESM IH-Adolescent.2: Reduce percent of suicide-related hospitalizations in adolescents, ages 10 - 19
 	
SPMs
• SPM 2: Reduce Maternal Mortality Rates and Disparities by promoting best practices in clinical care.
• SPM 3: Reduce disparities in Infant Mortality.
	Women/Maternal Health,
	Perinatal/Infant Health,
	Child Health,
	Adolescent Health

Reduce health disparities and inequities in internal MCH programs, policies and practices to improve maternal and child health. SPMs • SPM 7: Reduce health disparities and inequities in internal programs, policies, and practices to improve maternal and child health.	Cross-Cutting/Systems Building
Prevent substance use including alcohol, tobacco and opioids among pregnant women and youth. SPMs • SPM 1: Prevent substance use - including alcohol, tobacco, and other drugs - among pregnant women.	Women/Maternal Health

Strengthen mental health and emotional well-being through partnerships and programs that build capacity and reduce stigma. SPMs • SPM 4: Number of youth served with a Positive Youth Development (PYD) curriculum, ages 10 - 18. • SPM 5: Promotion of optimal health development and well-being. • SPM 6: Strengthen mental, social and emotional health and well-being through partnerships and programs that build capacity and reduce stigma.	Adolescent Health, Children with Special Health Care Needs, Cross-Cutting/Systems Building

Promote physical activity through policy improvements and changes to the build environment.
 	
NPMs
• Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day (Physical Activity, Formerly NPM 8.1) - PA-Child
  ○ ESM PA-Child.1: Number of schools participating in an activity (training, professional development, policy development, technical assistance, PA in-school programming, PA before and after school programming) to improve physical activity among children, ages 6-11.
  ○ ESM PA-Child.2: Percent of children ages 6-11 impacted by improvements to the built environment.
• Percent of adolescents, ages 12 through 17 who are physically active at least 60 minutes per day (Physical Activity - Adolescent, Formerly NPM 8.2) - PA-Adolescent
  ○ ESM PA-Adolescent.1: Number of schools participating in an activity (training, professional development, policy development, technical assistance, PA in-school programming, PA before and after school programming) to improve physical activity among adolescents (12-17).
  ○ ESM PA-Adolescent.2: Percent of adolescents ages 12-17 impacted by improvements to the built environment.
	Child Health,
	Adolescent Health

Access to high-quality, family-centered, trusted care is available to all Hoosiers..
 	
NPMs
• Percent of women, ages 18 through 44, with a preventive medical visit in the past year (Well-Woman Visit, Formerly NPM 1) - WWV
  ○ ESM WWV.1: Number of women who responded to Pregnancy Risk Assessment Monitoring System (PRAMS).
  ○ ESM WWV.2: The percent of women receiving postpartum follow-up health care services within the first four to six weeks after delivery.
  ○ ESM WWV.3: Percentage of mothers enrolled in Home Visiting prenatally or within 30 days after delivery who received a postpartum visit with a healthcare provider within 8 weeks (56 days) of delivery.
• Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year (Adolescent Well-Visit, Formerly NPM 10) - AWV
	Women/Maternal Health,
	Adolescent Health,
	Children with Special Health Care Needs

○ ESM AWV.1: The percent of health care providers who report knowledge, behavior, and confidence change in adolescent health care after Adolescent Champion Model training. ● Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH ○ ESM MH.1: Percent of families who received effective care coordination. ○ ESM MH.2: Percent of children diagnosed with a condition identified through newborn screening who receive an annual assessment of services ● Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transition to adult health care (Transition, Formerly NPM 12) - TR ○ ESM TR.1: Number of participants in Center for Youth and Adults with Conditions of Childhood (CYACC) clinical services. ○ ESM TR.2: Number of adult and pediatric providers who have received training in transition services and caring for CYSHCN.	
Engage Families and Youth with diverse life experiences to inform and improve MCH services. SPMs ● SPM 8: Engage families and youth with diverse life experiences to improve MCH services.	Cross-Cutting/Systems Building
Ensure Frequent Surveillance, Assessment and Evaluation of data drives funding, programming, and system change. SPMs ● SPM 9: MCH Data are analyzed and disseminated and used to inform Title V programming and funding allocations.	Cross-Cutting/Systems Building

Executive Summary

Program Overview

I.E. Application/Annual Report Executive Summary

III.A.1. Program Overview

Indiana's Title V program continuously evolves and improves the state's approach to improving the health and well-being of mothers, infants, children, children with special healthcare needs, adolescents, fathers, and families. With regular community engagement, IDOH continues to identify and address the needs and health concerns of our priority populations through our state action plan.

The Indiana Department of Health's (IDOH) Maternal and Child Health Division (MCH) and Children's Special Healthcare Services Division (CSHCS) are collectively responsible for implementing Title V. To assist in the work, we partner closely with other divisions at IDOH including Nutrition and Physical Activity, Family Health Data and Fatality Prevention (previously known as Fatality Review and Prevention), and Trauma and Injury Prevention. A significant portion of Title V funding is granted to community organizations around the state to ensure all levels of the MCH pyramid are being addressed.

Major accomplishments/changes in the last year include:

1. The launch of Health First Indiana – a historic investment in public health for the State of Indiana – increased local funding from approximately seven million dollars per year to 225 million over the next two years to local health departments. As of June 2024, every LHD opted into the funding and will now be responsible for core MCH services. As of June 2024, three MCH specialists joined the team to bridge LHDs with IDOH.
2. The creation of a new commission led by our Title V Director, Eden Bezy, that brings together five teams working with families and youth. MCH is in the hiring process for a new Director.
3. For a second consecutive cycle, Indiana received weighted 2023 YRBS data.
4. The inaugural Indiana Youth Advisory Board will complete its two-year term in June 2024. The next board will be selected from over 500 applicants statewide.
5. IDOH received the AIM Data Capacity grant, allowing Indiana to continue assisting delivery hospitals to improve birth outcomes.
6. After success in MCH, the agency has replicated and expanded Innovation Teams – a space for cross-agency collaboration and problem solving to tackle emerging and complex public health challenges.
7. The 2025 Needs Assessment survey engaged over 9,000 households in eight weeks.
8. Over 275 healthcare providers and social service providers have completed the Perinatal Mood Training by Postpartum Support Internation in an effort to build and expand the capacity for maternal mental health support.
9. PRAMS survey operations moved back into IDOH and has successfully brought together multiple teams to launch the Phase 9 questionnaire.

The Title V leadership team continues to build and expand key relationships to implement our State Action Plan. It is also our priority to offer continuous support to Title V grantees: we host regular all-grantee meetings, hold one-on-one quarterly meetings, improve data collection through new quarterly reports templates, and host an annual in-person all grantee meeting. MCH and CSHCS have started the 2025 needs assessment and work to explore new NPMs. Indiana's State Action Plan remains relevant. Below, we have highlighted our work by population domain.

Women/Maternal Health
Most notably, the newly formed Women, Children, and Families Commission will allow MCH to partner with the WIC and the Data & Fatality Prevention divisions in new ways. We hope to better coordinate care and ensure all women have access to well-woman care, prenatal care, postpartum care, and any other needs for their families. The team consistently works to better understand data from across the commission; improve coordinated care between hospitals, local health departments, and community-based organizations; and provide resources to families statewide through our Moms Helpline. We are investing in the expansion of family planning services and will be implementing a new parent support program throughout the next year – providing one-time economic supports to families.

Learning from the annual maternal mortality review, Indiana continues to support a demonstrable need to better support women with mental health challenges and substance use. IDOH has worked to increase capacity and knowledge for providers through Perinatal Mood Disorder training and certification, has a live provider-to-provider line for help with complex mental health challenges (CHAMP). Delivery hospitals are implementing two new AIM patient safety bundles for substance use and post-partum discharge to ensure hospitals and community-based programs are offering holistic care to moms and we are expanding options to help women quit smoking.

Indiana's Perinatal Quality Improvement Collaborative (IPQIC) brings together medical professionals statewide to tackle improvements in women's healthcare as well. This year, they have created a series of trauma-informed care videos to ensure medical providers are offering the best care to each patient. In addition, they are working with IDOH staff to implement the new state breastfeeding plan.

Lastly, we are working on retiring the numerous 'brands' MCH has collected over the last decade. Programs such as the Liv app, My Healthy Baby, Moms Helpline, Help Me Grow, and Labor of Love will be reimagined into one, unifying 'front door' that welcomes families, regardless of their needs. This new front door (yet to be named or branded) will be developed during the 2024 – 2025 grant year.

Perinatal/Infant Health

Indiana focused on reducing preventable infant deaths through risk-appropriate perinatal care and addressing infant mortality disparities. The MCH clinical team worked to maintain a cohesive partnership with the 75 delivering hospitals throughout the state. We continued our close partnership with the Indiana Hospital Association and IPQIC.

The team is tracking the closures of the state's labor and delivery departments. The MCH Clinical team has met with the facilities to support the closure of the birthing units. They offered neonatal resuscitation and S.T.A.B.L.E. training and guided the emergency department on steps to provide maternal and neonatal stabilization for transfer to a higher level of care. The MCH Clinical team also continues to partner with IPQIC to meet with subject matter experts. They discuss ways to improve maternal and neonatal care in non-delivering freestanding emergency departments and critical access hospitals. They also continue to seek support from local health departments and public health nurses in integrating clinical practice into the community setting by speaking at conferences to share strategies. We are also considering the expansion of community health workers, doulas, and mobile-integrated health to help expand the workforce in areas without delivery facilities.

MCH works directly with local jurisdictions whose infant mortality rates and birth outcomes were disproportionately poor. The team has crucial conversations with local health departments and continues to invest time and funds to reduce disparities in infant mortality rates. Local Community Action Teams are a key in uniting communities to prevent infant mortality and ensure all babies are thriving.

Child Health

IDOH promotes physical activity by continuing programming in schools and after school programs as well as investments in the built environment. IDOH also continued to provide support to fatality review and community action teams dedicated to reducing preventable child deaths by helping local teams improve death scene investigations, conduct effective reviews, improving data collection, creating effective recommendations, and moving data to action. As a result of CFR findings, MCH and DFP are participating in the Child Safety Learning Collaborative on suicide prevention strategies. They will work to better train coroners on suicide investigation and coding in the coming year. IDOH continued to support local car seat programs, as well, and work to build car seat fitting stations into trauma centers statewide.

In addition, IDOH will serve on two new teams related to children's health in the upcoming year. Working alongside The Children's Commission, the Department of Education, the Division of Mental Health and Addiction, and our Youth Advisory Board, we will work with the Forum for Youth Investment of reducing school absenteeism and the impact it has on health and wellbeing. IDOH will also work with the Indiana Housing and Community Development Authority on a project related to youth homelessness and assess the current need across the state and develop an action plan.

Adolescent Health

We continue to support fatality review and community action teams dedicated to reducing preventable adolescent deaths. Based on data and CFR findings, partners and Title V subgrantees continue to prioritize youth mental health – trends that are worsening according to our 2023 YRBS data. From suicide prevention toolkits to Mental Health First Aid and QPR training to Teen Cafes, it is critical to address youth mental health needs. IDOH also continues to promote physical health and physical activity by continuing to support programming in during and after school settings and make changes to the built environment improvements across the state.

The team continued to hear youth voices through the Indiana Youth Advisory Board (IYAB) and integrate them into our processes. They have presented at national conferences and statewide summits on mental health, helped write and submit a grant application, created social medisa toolkits, and more.

Also of note, MCH partnered with the Division of Mental Health and Addiction not only for the IYAB, but also to create a new state youth suicide action plan that will go into place in 2024. They invited IDOH to join a Black Youth Suicide Policy Summit to reduce disparities in youth suicide attempts. MCH partnered with the Department of Corrections as they seek to overhaul their Youth Justice Initiatives. The Youth Justice Oversight Committee (YJOC) completed the Final Report and submitted it to the General Assembly and Commission on Improving the Status of Children (CISC) at the end of June 2023. This work is still ongoing as we implement approved changes. The team continues to be involved with the Commission on Improving the Status of Children and its work on reducing sexual victimization, homelessness, and more that impacts Indiana youth and young adults. A new task force on suicide and bullying will be created in late 2024.

Children and Youth with Special Health Care Needs

Health needs and challenges identified for children with special healthcare needs (CSHCN) included mental health, social/emotional development, cognitive development, language development, and physical development. Common barriers to health that parents identified for their child included long provider waitlists, a lack of coordination among providers, and not having specialized providers in their local area. Parents shared that they did not have enough income to meet their health needs, experienced challenges accessing educational resources, and their older children faced barriers in school responsibilities and use of electronic devices.

CYSHCN staff attended cross-agency meetings including multi-generational, early childhood, and transition. We served on the following boards: First Steps (Part C), Indiana Governor's Council for People with Disabilities, and the Department of Education Special Education. The CSHCS director had a leadership role on the advisory board for the state care coordination expansion project, which will expand to 26 practices over the next three years for complex medical needs. CYSCHN and Newborn Screening collaborated with the Early Evaluation Hubs across the state. The Neurodevelopmental Behavioral System of Care is a statewide effort in Indiana to improve early detection and intervention for children ages 1-4 years old with autism or developmental delay.

The CYSCHN division has strong partnerships with Indiana Family to Family to involve collaboration on daily operations for the supplemental coverage program. The collaboration strengthened information sharing, community empowerment, and health equity across all Title V and state-funded activities. CSHCS staff promoted how to best utilize supplemental coverage via presentations in Federally Qualified Health Centers, health fairs, Part C statewide meetings, and other conferences. The program is transitioning to an online system to make the application process easier for caregivers.

Cross-Cutting/Systems Building
Indiana led the charge as a collaborator and convener in cross-cutting measures related to mental health, substance use, and social and emotional health. The groundwork has been laid over the past years; however, special emphasis was placed on maternal depression, adolescent suicide prevention, child abuse and neglect, and other work not traditionally in the purview of IDOH. Department of Health staff will work to 'give the data back' to communities and request feedback on how we are doing.

MCH took a deliberate approach to address inequities pervasive in MCH outcomes data. This includes our MCH Health Equity Innovation team, Maternal Health Equity Specialist, continued equitable grant process, prevention and upstream work through the Preventing Maternal Deaths Due to Violence, and work in youth suicide and teen pregnancy prevention. Indiana's Title V program continued to do things differently. We listened carefully to our community, engaged and developed new partnerships, evaluated work, and fund programming and services meant to meet all Hoosiers where they are.

How Federal Title V Funds Complement State-Supported MCH Efforts

III.A.2. How Title V Funds Support State MCH Efforts

Title V planning and programming guides major state initiatives that impact all MCH populations. Indiana receives funding from the state budget to broaden the work of the Title V program. More details on state funds serving the MCH population can be found below:

- **Safety PIN**: *The legislature recently doubled these funds, investing over $11 million per year to fund innovative, local programs that work to reduce infant mortality and reduce disparities in communities statewide. Safety PIN requires grantees to demonstrate an improvement in birth outcomes within a defined region within two years to be granted additional funds for two more years.*
- **Nurse Family Partnership:** *Beginning in 2022, the Indiana legislature allocated a state fund of $15 million per fiscal year to support the statewide expansion of NFP in Indiana. In 2024, NFP services are available in all 92 counties through four local implementing agencies with state, federal, and private funds.*
- **My Healthy Baby:** *Indiana's legislature allocates $3.3 million per year to manage a warm-handoff referral system connecting pregnant women to local home visiting providers. This is operationalized for all 92 Indiana counties.*
- ***Newborn Screening and Indiana Birth Defects and Problems Registry:*** *MCH has dedicated state funds for newborn screening and the birth defects and problems registry. The annual allocations for the newborn screening state fund and the birth defects and problems registry fund are approximately $2.7 million and $72,000, respectively.*
- **Tobacco Prenatal Substance Use & Prevention:** *This funding supports policy and systems change to help pregnant women quit tobacco use. Funds are used to increase Trained Tobacco Specialists (TTS) throughout the state. Indiana is adapting the model for CEASE – a cessation program from the American Academy of Pediatrics which caters to the whole family - for OB/GYN providers.*
- **CSHCS, Sickle Cell & Visual Impairment:** *Indiana allocates $15 million for supplemental medical coverage for children with special healthcare needs and $1 million for sickle cell. The Children's Program has dedicated state funding for children who are visually impaired.*
- **MCH Supplement:** *Indiana state legislature appropriates dollars to supplement life course related work in MCH. In FY23 this appropriation was increased to $8,235,000 with the intent to support ongoing work with Indiana's perinatal centers and Title X clinics.*
- ***Special Session appropriations:*** *In August of 2022, as a result of the Supreme Court's decision related to Roe v. Wade, the Indiana state legislature passed additional measures to restrict access to abortion care. The legislature also appropriated over $45 million of one-time funding to improve access to contraceptive care, childcare, Title X clinics, child abuse preventions, healthcare, and more. These funds were divided among multiple state agencies.*

MCH Success Story

III.A.3. MCH Success Story

While Title V supports many programs throughout the state, Eclectic Soul VOICES' Power and Promise has made a massive impact. Through culturally sustaining education, healing-centered engagement, and workforce development, VOICES provides relationships, resources, and opportunities for youth to heal, grow, and further their path towards economic self-sufficiency and civically engaged lives. VOICES students live in neighborhoods in which 100 – 200 out of every 1,000 residents engage in criminal behavior, meaning their students have fundamentally different access to resources, opportunities, and relationships than youth living in less violent communities. When VOICES students enter their program, the cumulative effects of violence, trauma, cyclical poverty, and lack of high-quality educational opportunities stifle their ability and desire to be the best versions of themselves. VOICES programs and services are grounded by Four Pillars of Wellness:

- Healed: Systemic oppression forces us to acknowledge that healing must be core for communities to transform and thrive.
- Educated: Equitable educational opportunities are essential for economically stable and thriving communities.
- Creative: A collective and neutral platform for trauma and social justice issues to be explored without judgement is essential.
- Disciplined: Communities need tools to create new personal habits and pathways for self-sufficiency.

Over 600 students from over fourteen sites – including the Marion County Jail and the Logansport Correctional Facility – have graduated from our Power and Promise Youth Leadership Development Program. Eighty-seven percent of all students in 2023 reported having a stronger sense of self and 73% of all students reported that they are better equipped to handle conflict without verbal or physical violence. In comparison to all participants, 100% of corrections–impacted youth (currently detained) reported higher feelings of accountability post-training, which is 12% higher than the average. In addition, 100% of corrections–impacted youth reported feeling hopeful about their future, which is 7.5% higher than the average.

Power and Promise supports youth ages 12 – 24 in paid training programs that prepares students to lead youth councils, become consultants, advise, and change policy, mobilize communities and professional consultants. Power and Promise shifts power back to those most impacted by systems and provides platforms for advocacy in a way that is culturally relevant and provides restoration of identity. This Healing–Centered Engagement approach has led participants to make recommendations for statewide juvenile justice reform through House Bill 1359, be included in youth–centered housing initiatives with Housing and Urban Development (HUD), and assist in creating the youth media division of VOICES (Real Talk Indy) in partnership with WISH TV and City of Indianapolis to change the narratives told about their communities.

Maternal and Child Health Bureau (MCHB) Discretionary Investments - Indiana

The largest funding component (approximately 85%) of the MCH Block Grant is awarded to state health agencies based on a legislative formula. The remaining two funding components support discretionary and competitive project grants, which complement state efforts to improve the health of mothers, infants, children, including children with special needs, and their families. In addition, MCHB supports a range of other discretionary grants to help ensure that quality health care is available to the MCH population nationwide.

Provided below is a link to a web page that lists the MCHB discretionary grant programs that are located in this state/jurisdiction for Fiscal Year 2023.

List of MCHB Discretionary Grants

Please note: If you would like to view a list of more recently awarded MCHB discretionary investments, please refer to the Find Grants page that displays all HRSA awarded grants where you may filter by Maternal and Child Health.