



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

MISSISSIPPI

State Snapshot

FY2026 Application / FY2024 Annual Report

December 2025

Title V Federal-State Partnership - Mississippi

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 FY2026 Application / FY2024 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

State Contacts

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SSDI Project Director	State Family Leader
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Funding by Source

Source	FY 2024 Expenditures
Federal Allocation	\$9,765,660
State MCH Funds	\$0
Local MCH Funds	\$2,504,193
Other Funds	\$4,820,052
Program Income	\$0

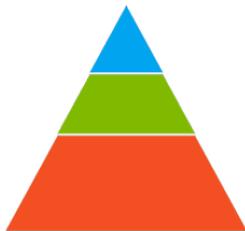
FY 2024 Expenditures



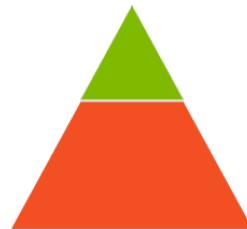
Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$2,950,178	\$0
Enabling Services	\$2,610,168	\$3,110,644
Public Health Services and Systems	\$4,205,314	\$4,213,601

FY 2024 Expenditures Federal



FY 2024 Expenditures Non-Federal



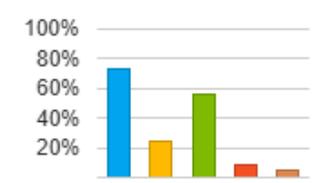
Percentage Served by Title V

Population Served	Percentage Served	FY 2024 Expenditures
Pregnant Women	72.8%	\$4,197,349
Infants < 1 Year	24.2%	\$4,329,693
Children 1 through 21 Years	55.9%	\$3,885,228
CSHCN (Subset of all infants and children)	8.0%	\$3,789,847
Others *	4.6%	\$0

FY 2024 Expenditures Total: \$16,202,117



FY 2024 Percentage Served



*Others– Women and men, over age 21.

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 2025 Needs Assessment reporting cycle. 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	Priority Need Type	Reporting Domain(s)
<p>Improve Maternal Health Outcomes</p> <p>NPMs</p> <ul style="list-style-type: none"> ● A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth B) Percent of women who attended a postpartum checkup and received recommended care components - PPV <ul style="list-style-type: none"> ○ ESM PPV.1: Percent of mothers enrolled in home visiting programs who received a postpartum visit with a healthcare providers within 84 days of delivery. ● Percent of women who were screened for depression or anxiety following a recent live birth - MHS <ul style="list-style-type: none"> ○ ESM MHS.1: Percent of pregnant and postpartum women screened positive for depression and are referred for appropriate follow-up care and support. ○ ESM MHS.2: Percent of pregnant and postpartum women screened for substance use disorder who receive appropriate follow-up care and support. ● Percent of women who are using a most or moderately effective contraceptive following a recent live birth - CU <ul style="list-style-type: none"> ○ ESM CU.1: Percent of females seen in the MSDH county health departments for family planning services who are screened for and accept the Family Planning Waiver. ● Percent of women who had a dental visit during pregnancy - PDV-Pregnancy <ul style="list-style-type: none"> ○ ESM PDV-Pregnancy.1: Number of pregnant and postpartum women who received oral health education through the collaborative with WIC 	New	Women/Maternal Health
<p>Reduce Infant Mortality</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of very low birth weight (VLBW) infants born in a hospital with a Level III + Neonatal Intensive Care Unit (NICU) - RAC <ul style="list-style-type: none"> ○ ESM RAC.1: Number of Child Death Review and Fetal Infant Mortality Review recommendations implemented annually (Risk Appropriate Perinatal Care) 	New	Perinatal/Infant Health

<ul style="list-style-type: none"> ● A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months - BF <ul style="list-style-type: none"> ○ ESM BF.1: Number of hospitals certified as Baby Friendly to increase the percent of births occurring in Baby Friendly hospitals ○ ESM BF.2: Number of Child Death Review and Fetal Infant Mortality Review recommendations implemented annually (Breastfeeding) ● A) Percent of infants placed to sleep on their backs B) Percent of infants placed to sleep on a separate approved sleep surface C) Percent of infants placed to sleep without soft objects or loose bedding D) Percent of infants room-sharing with an adult during sleep - SS <ul style="list-style-type: none"> ○ ESM SS.1: Number of safe sleep educational books and resources distributed to families in all birthing hospitals ○ ESM SS.2: Number of cribs distributed to participants of MCH-serving programs 		
<p>Improve Adolescent Health</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year - AWW <ul style="list-style-type: none"> ○ ESM AWW.1: Number of MSDH county health departments who provide integrated health services, including family planning, HIV/STI services, cancer screening, and sexual health counseling to adolescents, ages 12-17 years ○ ESM AWW.2: Percentage of adolescents ages 13-17 who received all recommended doses of the human papillomavirus (HPV) vaccine ○ ESM AWW.3: Percent of adolescents, ages 12-17, with an EPSDT medical visit and screening in the MSDH county Health Departments ● Percent of adolescents, ages 12 through 17, who receive needed mental health treatment or counseling - MHT <ul style="list-style-type: none"> ○ ESM MHT.1: Number of presentations surrounding suicide awareness for youths ○ ESM MHT.2: Percent of community partners in a collaboration addressing youth mental health care and suicide prevention awareness. 	<p>New</p>	<p>Adolescent Health</p>
<p>Increase access to timely, health, developmental, behavioral health screenings</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of children, ages 1 through 17, who had a preventive dental visit in the past year - PDV-Child <ul style="list-style-type: none"> ○ ESM PDV-Child.1: Number of children 0-3 years who had a preventive dental visit with referred dentist 	<p>New</p>	<p>Child Health, Cross-Cutting/Systems Building</p>

- ESM PDV-Child.2: Number of referrals of children 0-3 years for a preventive dental visit by MSDH nurse
- ESM PDV-Child.3: Number of trainings completed by medical providers on use of fluoride varnish in the primary care setting
- ESM PDV-Child.4: Number of referrals for dental care among children 0-6 years of age who received an EPSDT screening involving Oral Health by MSDH nurses.
- Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - MH
 - ESM MH.1: Number of providers receiving education or technical assistance about the need and importance of a medical home and/or family-centered care
 - ESM MH.2: Percent of CYSHCN Parent Consultants and Care Coordinators who attend an educational opportunity regarding how to navigate a comprehensive system of care for medical and insurance access.
 - ESM MH.3: Percent of EPSDT screenings performed among children 0-36 months old in county health department clinics annually.

SPMs

- SPM 4: The total number of referrals for social conditions affecting the health of patients being served by the MSDH county health department clinics
- SPM 6: Percentage of individuals who have been identified as having sickle cell trait and/ or disease by the Genetic program who were referred to the Lead poisoning prevention program
- SPM 7: Percentage of First Step Early Intervention Program referrals who get an Individualized Family Service Plan
- SPM 8: Percentage of babies in the EHDI program who meet the 1-3-6 recommendations for screened (passed and not passed) before 6 months of age.
- SPM 9: Percentage of babies in the EHDI program who meet the 1-3-6 recommendations for diagnosis with permanent hearing loss: before 3 months of age.
- SPM 10: Percentage of babies in the EHDI program who meet the 1-3-6 recommendations for babies referred to Part C EI: before 6 months of age
- SPM 11: Percent of Mississippi newborns screened (Newborn Screening program)
- SPM 12: Percent of Mississippi newborns who received a newborn screening during 24-48 hours after birth. (Newborn Screening Program)
- SPM 13: Percent of Mississippi newborns who received a newborn screening during 24-48 hours after birth with an abnormal result. (Newborn Screening)

<p>Ensure a medial homes for CYSHCN</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - MH <ul style="list-style-type: none"> ○ ESM MH.1: Number of providers receiving education or technical assistance about the need and importance of a medical home and/or family-centered care ○ ESM MH.2: Percent of CYSHCN Parent Consultants and Care Coordinators who attend an educational opportunity regarding how to navigate a comprehensive system of care for medical and insurance access. ○ ESM MH.3: Percent of EPSDT screenings performed among children 0-36 months old in county health department clinics annually. ● 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 - TAHC <ul style="list-style-type: none"> ○ ESM TAHC.1: Percent of MSDH and external health care professionals/ providers who attend educational opportunities regarding health care transition for CYSHCN. 	<p>New</p>	<p>Children with Special Health Care Needs</p>
<p>Improve Access to and Utilization of MCH-serving programs and activities available through MSDH</p> <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 1: Percentage of referrals received by MSDH MCH-serving programs that are on the on-line Universal Referral Form. ● SPM 2: Number of community-based activities attended where MSDH staff focused on educating external partners and community members about the MSDH MCH program electronic Universal Referral Form ● SPM 3: Number of social media messages focused on MCH-serving programs per year 	<p>New</p>	<p>Cross-Cutting/Systems Building</p>
<p>Maintain and expand state MCH data capacity to include increasing data collaborations, ongoing needs assessment activities, and program evaluations</p> <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 5: Percentage of MSDH MCH-Serving programs that have administered a patient satisfaction survey in the past year to engage the community in program improvement 	<p>New</p>	<p>Cross-Cutting/Systems Building</p>

Executive Summary

Program Overview

Introduction of the Mississippi Title V Program

As the leading public health agency in the state, the Mississippi State Department of Health (MSDH) provides the core public health functions and essential services for more than 2.9 million citizens. MSDH's mission is to protect and advance the health, well-being, and safety of everyone in Mississippi. The Title V/Maternal and Child Health (MCH) Block Grant aligns with the MSDH mission to provide services and programs that promote and improve the health and well-being of Mississippi's women, infants, adolescents, children, and youth with and without special health care needs (CYSHCN), and their families.

MSDH's public health system includes policy guidance from the State Board of Health, the State Health Officer, and programmatic/administrative personnel distributed across the following divisions: Health Administration; Community Health and Clinical Services (including Health Services); Epidemiology and Communicable Diseases; Public Health Pharmacy; Public Health Laboratory; and EMS and Acute Care Systems. MSDH provides an extensive list of services, such as communicable disease surveillance, comprehensive reproductive health, preventive health, health protection, immunizations, vital records, environmental health, nutrition support and supplemental food services, health communications, health policy and planning, public health laboratory, health facilities, licensure/certification, and social services.

Health Services Division is responsible for the administration of programs under the Title V/MCH Block Grant which focus on improving the health and well-being of women, infants, children, adolescents, children and CYSHCN across the state of Mississippi. Health Services oversees the provision of services and programs spanning the life course through various offices and programs: (a) Women's Health, including the Maternal & Infant Health Bureau, Healthy Moms/Healthy Babies, Healthy Start, Breast and Cervical Cancer Program, Time4Mom Postpartum Home Visiting Program, and Family Planning/Comprehensive Reproductive Health; (b) Child and Adolescent Health, including Genetics/Newborn Screening, Early Hearing Detection and Intervention, Early Periodic Screening, Diagnosis, and Treatment, Lead Poisoning Prevention and Healthy Homes, Maternal, Infant, and Early Childhood Home Visiting, Adolescent Health, and Children and Youth with Special Health Care Needs programs; (c) First Steps Early Intervention Program; (d) MCH Engagement and Coordination; and (e) Financial Management and Operations.

Health Services Division partners with the Office of Health Data and Research which assists the MCH Programs in data management, surveillance, data analysis, reporting, and program evaluation on MCH populations. The Health Services Division also partners with other Offices throughout the MSDH to support women, infants, adolescents, children and youth with and without special health care needs, and their families, such as the Office of Preventive Health, the Public Health Pharmacy, Oral Health, the Special Supplemental Nutrition Program for Women, Infants and Children's, and the Office of Vital Records and Public Health Statistics.

Needs Assessment, Program Planning, and Performance Reporting

The MCH Block grant supports health within a life course framework across the MCH population domains: Women/Maternal Health, Perinatal/Infant Health, Child Health, Adolescent Health, Children with Special Health Care Needs (CSHCN), and Cross-cutting/Systems Building. Information gathered through the comprehensive needs assessment process was used by the MCH programs and stakeholders to identify priorities for specific MCH populations and those across all MCH populations. MCH programs, with national technical assistance and input from stakeholders, advisors, and other partners, identified evidence-based/informed strategies and designed activities to improve outcomes for the identified priorities for MCH populations. Program personnel and epidemiologists identify key performance and outcome measures and track implementation of evidence-based/informed strategies.

Needs Assessment: 2026 Five-Year Needs Assessment

In 2024-2025, MSDH conducted a comprehensive needs assessment for the 2026-2030 cycle using an independent contractor and internal staff. Key components of the needs assessment process involved: (a) qualitative and quantitative data collection and analysis of surveys, focus groups, listening sessions, and town hall meetings; (b) a community and provider survey; (c) a structured process for choosing priorities based on compiled data; and (d) an assessment of current and potential programming capacity for each identified priority. To ensure broad stakeholder engagement, MSDH collaborated with various internal and external partners in the needs assessment surveys. MSDH worked with internal stakeholders to bring together MSDH staff and community members to participate in the focus groups, listening sessions, and town hall meetings.

After collecting initial information, a stakeholder meeting was held with MSDH staff and partner organizations to examine each MCH domain to assist with selecting potential priorities and determining the importance, feasibility and workforce capacity. Recommendations were made to continue, improve, and/or adapt priorities based on the progress on performance measures made during the reporting periods. To support the selection of priorities, ensuring they align with the MSDH Mission and Vision, Health Service programs and capacity, Health Service team worked with the University of North Carolina, MCH Workforce Development Center to determine the 2025-2030 priorities, along with the NPMs, NOMs, and ESM for the 2025-2030 State Action Plan.

Identified Priorities and Performance Measures

As a result of the Five-Year Needs Assessment process, the MCH Programs and stakeholders, including community organizations, providers, supporters, and families, identified critical priorities for each of the key MCH populations as well as additional Cross-cutting/Systems Building needs. These priority needs are listed below along with the associated national and state performance measures (NPM/SPM).

Domain: Women / Maternal Health

Priority: *Improve Maternal Health Outcomes*

- *NPM: % of women using a most or moderately effective contraceptive following a live birth*
- *NPM: % of women who have a postpartum visit within 12 weeks after birth; % of women who attended a postpartum checkup and received recommended care components.*
- *NPM: % of women screened for depression or anxiety following a recent live birth*
- *NPM: % of women who had a preventive dental visit during pregnancy.*

Domain: Perinatal / Infant health

Priority: *Reduce Infant Mortality*

- *NPM: % of very low birth weight (VLBW) infants born in a hospital with a Level III+ Neonatal Intensive Care Unit (NICU)*
- *NPM: % of infants who are ever breastfed; % of children, ages 6 months through 2 years, who were breastfed exclusively for 6 months*
- *NPM: % of infants placed to sleep on their backs; % of infants placed to sleep on separate approved sleep surface; % of infants placed to sleep without soft objects or loose bedding; % of infants room-sharing with an adult*

Domain: Child Health

Priority: *Increase access to timely, health, developmental, behavioral health screenings*

- *NPM: % of children with and without special health care needs, 0 through 17, who have a medical home.*
- *NPM: % of children, ages 1-17, who had a preventive dental visit in the past year.*
- *SPM: % of babies who meet 1-3-6 recommendations for screened (passed and not passed) before 6 months of age; % of babies who meet 1-3-6 recommendations for diagnosis with permanent hearing loss: before 3 months of age; % of babies who meet 1-3-6 recommendations babies referred to Part C EI: before 6 months of age.*
- *SPM: % of First Step Early Intervention Program referrals who get an Individualized Family Service Plan*
- *SPM: Percentage of individuals who have been identified as having sickle cell trait and/ or disease by the Genetic program who were referred to the Lead poisoning prevention program*
- *SPM: % of Mississippi newborns screened; % of Mississippi newborns who received a newborn screenings during 24-48 hours after birth; of Mississippi newborns who received a newborn screening during 24-48 hours after birth with an abnormal result. (Newborn Screening program)*

Domain: Adolescent Health

Priority: *Improve Adolescent Health*

- *NPM: % of adolescents, ages 12-17, with preventive medical visit in the past year*
- *NPM: % of adolescents, ages 12-17, who received needed mental health treatment and counseling*

Domain: Children and Youth with Special Health Care Needs

Priority: *Ensure medial homes for CYSHCN*

- *NPM: % of children with and without special health care needs, ages 0 through 17, who receive needed care coordination*
- *NPM: % of adolescents with and without special health care needs ages 12-17, who received services to prepare for the transition to adult health care.*
- *NPM: % of children with and without special health care needs, ages 0 through 17, who have a medical home*

Domain: Cross Cutting

Priority: *Improve Access to and Utilization of MCH-serving programs and activities available through MSDH*

- *SPM: # of social media messages focused on MCH-serving programs per year.*
- *SPM: # of community-based activities attended where MSDH staff focused on educating external partners and community members about the MSDH MCH program electronic Universal Referral Form.*
- *SPM: % of referrals by MSDH MCH-serving programs that are on the on-line Universal Referral Form.*

Priority: *Maintain and expand state MCH data capacity to include increasing data collaborations, ongoing needs assessment activities, and program evaluations*

- *SPM: % of MSDH MCH-serving programs that have administered a patient satisfaction survey in past year to engage community in program improvement.*

Priority: *Increase access to timely, health, developmental, behavioral health screenings*

- *SPM: Total number of referrals for social conditions affecting the health of patients being served by MSDH county health department clinics.*

Assuring Comprehensive, Coordinated, Family-Centered Services

The MCH Program assures comprehensive and coordinated services in several ways. MSDH core services (care coordination, community outreach, family planning, and health promotion) are offered in 85 county/local health departments. Title V funded MCH staff work at multiple levels: Central Office, four public health regions. (see Attachment: Regional, County, and Program Maps) to ensure MCH/Title V and other state and federal funds are comprehensively administered to counties across the state and program fidelity is maintained via direct management or contract. To ensure multi-directional sharing of information and ideas, regular in person and virtual meetings occur. Similarly, to ensure comprehensive coordinated family-centered services for women, infants, adolescents, and CYSHCN, and their families as they seek information, the MCH program works with families by providing education around the importance of receiving services in a patient-centered medical home and how to partner with providers in the decision-making process. To further assure comprehensive care, MSDH has expanded its network of support services to assistance with applications for Marketplace Insurance and the Family Planning Medicaid Waiver, offering reduced-rate services, transportation support, and telehealth options.

Lived Experiences of Individuals, Communities, Families, and Caregivers

A strength of the Mississippi's MCH/Title V Program lies in its partnerships with individuals, communities, families, and caregivers. The MS MCH/Title V Program has pursued partnerships of all types, including the intentional engagement of families and customers, to employ a collective impact framework. These partnerships are the foundation for implementing approaches to advance just and fair conditions in Mississippi. Examples of MSDH's MCH partners and partnering practices are described below in the Community Partner section.

Community Partners

Mississippi's MCH/Title V Program further expands its partnerships through grant-funded activities and partnerships that align with state priorities, such as providing support and training for family leaders and creating guidance/training for delivering teen-friendly services.

Entities include, but are not limited to:

- Federally Qualified Health Centers and Community and School Health Centers
- Parent Advocacy Centers (*Families as Allies*, *Family Voices*, *MS Coalition for Citizens with Disabilities*, the IDEA Parent Training & Information Center)
- Community organizations (*Mom.ME.*, *Six Dimensions*, *MS Public Health Institute*, *Teen Health Mississippi*, *Institute for the Advancement of Minority Health*)
- Mississippi Perinatal Quality Collaborative
- Professional associations (*MS Public Health Association*, *MS Chapter of the American Academy of Pediatrics*, *MS Speech & Hearing Association*, *MS Hospital Association*, and *MS Head Start Association*)
- Professional Organizations (*St. Jude Research Hospital and Revvity Omics*)

State Agencies and Public Institutions

The Mississippi MCH/Title V Program collaborates with state agencies to improve outcomes for MCH populations, including the Mississippi Department of Human Services, Mississippi Department of Child Protection Services, Mississippi Division of Medicaid, and Mississippi Department of Education. Title V also partners with institutions of higher education and the state University Medical Center on care coordination and workforce development.

Program Evaluation, Accomplishments, and Ongoing Challenges

Together, epidemiologists and program staff examine data to evaluate programs. With the support of the Title V State Systems Development Initiative epidemiologists facilitate the tracking and visualization of all measures among the MCH programs to enable MCH personnel and stakeholders to view progress made among all priorities. MCH Block Grant Leadership team assists with the planning, development and implementation of the State Action Plan, addressing integrated objectives, strategies, and activities. The 2026 application continues the implementation of broad objectives, strategies, and activities across multiple programs with a unified approach to improving health outcomes for MCH populations. Both are organized according to priorities and have been collectively developed by MCH program personnel and epidemiologists from the Office of Health Data and Research.

Despite progress on critical health performance measures and outcomes, the Mississippi Title V/MCH Program continues to address the ongoing challenges associated with professional shortages, hospital closures, high poverty, aging infrastructure, and frequent natural disasters.

How Federal Title V Funds Complement State-Supported MCH Efforts

How Federal Title V Funds Complement State-Supported MCH Efforts

Title V and state funding provide critical resources to address Mississippi's MCH priority needs and ensure the health and well-being of the MCH population. As per federal requirements, a minimum of 30% of Title V funding supports services for children and youth with special health care needs (CYSHCN) and a minimum of 30% of funding supports preventive and primary care services for children. Administrative activities such as 5-year and ongoing needs assessment, professional development, skills training, and other MCH personnel are supported by Title V funds. Four public health (PH) regions are appropriated MCH Block Grant funding to align work with MCH priorities and health improvement plans and increase consistency of efforts across the state. Contract expectations include supporting care coordination and medical home approaches for CYSHCN and focusing a portion of funds on other MCH priorities such as infant, perinatal, and maternal health across populations.

Aligning Title V funds within the Divisions of Health Services and Preventive Health allows for planning across programs and divisions to address population health priorities by leveraging both federal and state funds for all priority areas. Title V state and federal funds have been used to support data collection and dissemination, workforce training, and facilitation of multiple partnership meetings across the state. Assuring supportive infrastructure for families is essential in preventing adverse childhood experiences (ACEs) and intimate partner violence and decreasing tobacco use. The Health Service Divisions has an active role via Early Intervention (IDEA funds and Medicaid reimbursement), and investment in the built environment such as workforce development and other infrastructure support.

Title V funds support state and local funds dedicated to MSDH health department infrastructure clinic staffing. Core public Health services are delivery through a network of county health departments (CHD) and staff, (clerical/administrative, social workers, nurses, nutritionists, and clinicians). Staff supported by state funding provide services to patients accessing programs supported or related to MCH, including clinical, perinatal/infant case management, EPSDT, childhood immunizations, and family planning. The programs are also supported by Title V funds for gap filling services.

In the ongoing effort to improve access to care, MSDH is actively transforming how services are delivered throughout CHDs. This transformation involves implementing a statewide, tiered Public Health Service Delivery System designed to provide effective and efficient care based on each clinic's size, available funding, staffing levels, and patient volume.

MCH Success Story

Major Investment in Promoting Mental Health

Throughout the 2023-2024 program years, MCH programs in Health Services providing care coordination, service coordination, and/or case management for infants, toddlers, and their families, including Children and Youth with Special Health Care Needs, Genetic Services Bureau, Early Intervention Services, Healthy Moms/Healthy Babies, and Lead Poisoning Prevention and Healthy Homes, continued participation to earn a national infant mental health credential in partnership with the Alliance for the Advancement of Infant Mental Health and the Mississippi Association for Infant Mental Health. Participants were provided 10 four-hour sessions of IMH-informed trainings and 12 two- and a half-hour sessions of reflective supervision in small groups each month across a year. At the completion of the training, successful participants earned the National Infant Family Specialist credential. To build capacity, four MCH staff members, including Early Intervention Service Coordinator Coaches and experienced Master Level Social Workers, completed a train-the-trainer process to ensure MSDH will be able to provide ongoing training and reflective supervision for new MCH personnel who will be subsequently onboarded.

Grant Enhanced Current Prenatal Vitamin Program

Prenatal vitamins are essential in supporting healthy pregnancies by supporting both the development of the baby and the well-being of the mother. Women, who want to become pregnant or are pregnant and receiving services within county health departments, are provided counseling and education on preconception health, including the importance of prenatal vitamins. Women are offered prenatal vitamins to bridge the gap between the pregnancy testing at the CHD and appointment with medical provider. Access to these supplements encourages women to engage with healthcare services early in their reproductive journey, facilitating informed decisions about family planning. This proactive approach supports healthier pregnancies and contributes to reducing maternal and infant mortality rates.

In June 2024, the Office of Women's Health was honored to receive the Vitamin Angels Grant, a public health nonprofit, to distribute prenatal vitamins to disadvantaged future and current expecting mothers. With the generous support of Vitamin Angels, we have been able to strengthen and expand our current efforts to support maternal and infant health within our communities and programs. These free bottles of prenatal vitamins support women who face financial and/or access issues related to obtaining vitamin supplements during pregnancy. One HM/HB participant shared she could not afford the over-the-counter prenatal vitamins. Through this program, she was provided a 6-month supply free and counseled on the importance of daily supplementation during pregnancy. For the reporting period, a total of 2,027 orders for prenatal vitamins were written for MSDH patients, most of them at the point of care pregnancy test.

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

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 2024.

[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.