



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

MISSISSIPPI

State Snapshot

FY2025 Application / FY2023 Annual Report

November 2024

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 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>)

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Funding by Source

Source	FY 2023 Expenditures
Federal Allocation	\$9,738,802
State MCH Funds	\$0
Local MCH Funds	\$1,821,870
Other Funds	\$5,328,005
Program Income	\$154,227

FY 2023 Expenditures



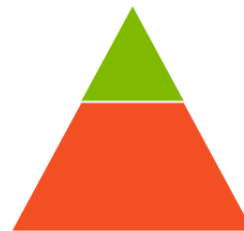
Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$2,578,322	\$0
Enabling Services	\$2,724,893	\$3,102,089
Public Health Services and Systems	\$4,435,587	\$4,202,013

FY 2023 Expenditures Federal



FY 2023 Expenditures Non-Federal



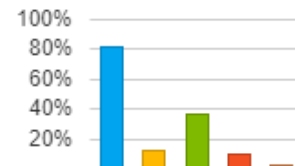
Percentage Served by Title V

Population Served	Percentage Served	FY 2023 Expenditures
Pregnant Women	81.2%	\$4,433,145
Infants < 1 Year	11.8%	\$4,317,786
Children 1 through 21 Years	36.0%	\$3,646,142
CSHCN (Subset of all infants and children)	10.0%	\$3,760,485
Others *	2.8%	\$0

FY 2023 Expenditures Total: \$16,157,558



FY 2023 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 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)
<p>Reduce Infant Mortality</p> <p>NPMs</p> <ul style="list-style-type: none"> ● A) Percent of infants placed to sleep on their backs (Safe Sleep, Formerly NPM 5A) B) Percent of infants placed to sleep on a separate approved sleep surface (Safe Sleep, Formerly NPM 5B) C) Percent of infants placed to sleep without soft objects or loose bedding (Safe Sleep, Formerly NPM 5C) D) Percent of infants room-sharing with an adult during sleep (Safe 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 	<p>Perinatal/Infant Health</p>
<p>Assure Medical Homes for Children and Youth With/Without Special Health Care Needs</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 (Medical Home, Formerly NPM 11) - 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 <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 18: Percent of children with and without special health care needs who received services necessary to make transitions to adult health care 	<p>Children with Special Health Care Needs</p>
<p>Improve Access to Care</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of women, ages 18 through 44, with a preventive medical visit in the past year (Well-Woman Visit, Formerly NPM 1) - WWV <ul style="list-style-type: none"> ○ ESM WWV.1: Number of community group and activities program attends and partners with ○ ESM WWV.2: Number of engaged users viewing social media messages delivered by MSDH social sites promoting women's preventive health services ○ ESM WWV.3: Number of social media message months promoting women's preventive health services ○ ESM WWV.4: Number of strategies or measures for racial equity related policy, practices and systems changes implemented at the program, division and department level. 	<p>Women/Maternal Health, Adolescent Health</p>

<ul style="list-style-type: none"> ○ ESM WWV.5: Promote the use of the Mississippi Quitline and Baby and Me Tobacco Free to assist women in quitting smoking during pregnancy ● Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year (Adolescent Well-Visit, Formerly NPM 10) - AWV <ul style="list-style-type: none"> ○ ESM AWV.1: Number of clinic sites engaged in youth-centered care quality improvement cycles. ○ ESM AWV.2: 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 	
<p>Reduce Maternal Morbidity and Mortality</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 (Postpartum Visit) B) Percent of women who attended a postpartum checkup and received recommended care components (Postpartum Visit) - PPV <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 10: Percent of severe maternal morbidity events related to hypertension ● SPM 16: Nulliparous, term singleton, vertex (NTSV) cesarean rate 	<p>Women/Maternal Health</p>
<p>Increase Breastfeeding, Healthy Nutrition and Healthy Weight</p> <p>NPMs</p> <ul style="list-style-type: none"> ● A) Percent of infants who are ever breastfed (Breastfeeding, Formerly NPM 4A) B) Percent of infants breastfed exclusively through 6 months (Breastfeeding, Formerly NPM 4B) - 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 ● 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 <ul style="list-style-type: none"> ○ ESM PA-Adolescent.1: Percent of junior high schools and high schools that complete the School Health Index (SHI) Self-Assessment and Planning Guide <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 11: Percent of children, ages 2-5 years, who have a BMI at or above the 85th percentile ● SPM 12: Percent of women who are enrolled in WIC and initiate breastfeeding 	<p>Perinatal/Infant Health, Child Health, Adolescent Health</p>

<p>Improve Access to Mental Health Services Across MCH Populations</p> <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 19: Adolescent suicide rate 	<p>Cross-Cutting/Systems Building</p>
<p>Ensure Health Equity by Addressing Implicit Bias, Discrimination, and Racism</p> <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 20: Number of MCH programs that have developed a written plan to address health equity 	<p>Cross-Cutting/Systems Building</p>
<p>Improve Oral Health</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of women who had a dental visit during pregnancy (Preventive Dental Visit - Pregnancy, Formerly NPM 13.1) - PDV-Pregnancy <ul style="list-style-type: none"> ○ ESM PDV-Pregnancy.1: Number of pregnant and postpartum women who received oral health education ○ ESM PDV-Pregnancy.2: Number of WIC sites where oral health education is given to program participants by ROHCs ○ ESM PDV-Pregnancy.3: Number of pregnant women who saw the dentist post referral ● Percent of children, ages 1 through 17, who had a preventive dental visit in the past year (Preventive Dental Visit - Child, Formerly NPM 13.2) - 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 ○ ESM PDV-Child.2: Number of referrals of children 0-3 years for a preventive dental visit by MSDH nurses ○ ESM PDV-Child.3: Number of trainings completed by medical providers on use of fluoride varnish in the primary care setting 	<p>Women/Maternal Health, Child Health</p>
<p>Increase Access to Timely, Appropriate, and Consistent Health and Developmental Screenings</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year (Developmental Screening, Formerly NPM 6) - DS <ul style="list-style-type: none"> ○ ESM DS.1: The number of participants who received training about Bright Futures Guidelines for Infants, Children, and Adolescents. ○ ESM DS.2: Number of health professionals and parents / families who receive training on developmental screening and/or monitoring 	<p>Child Health</p>

<p>SPMs</p> <ul style="list-style-type: none">● SPM 3: Percent of children on Medicaid who receive a blood lead screening test at age 12 and 24 months of age● SPM 13: Percent of infants with a hearing loss who received confirmation of hearing status by 3 months of age● SPM 14: Number of children ages 9-35 months of age who receive developmental screening using a parent completed tool during an EPSDT visit● SPM 15: Percent of newborns and infants diagnosed with a genetic or metabolic condition who were screened and referred for diagnosis timely	
<p>Improve Access to Family-Centered Care</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 (Medical Home, Formerly NPM 11) - 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 <p>SPMs</p> <ul style="list-style-type: none">● SPM 17: Percent of women, ages 18 through 44, on Medicaid with a preventive medical visit in the past year● SPM 21: Percent of children with and without special healthcare needs who have a medical home	<p>Perinatal/Infant Health, Child Health</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 in the state. 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 mothers, children and youth with and without special health care needs, 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. The 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 equity, health communications, health policy and planning, public health laboratory, health facilities, licensure/certification, and social services.

The 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, and adolescents across the state of Mississippi. Health Services oversees the provision of services and programs spanning the life course: (a) Women's Health, including the Maternal & Infant Health Bureau, Healthy Moms/Healthy Babies (HM/HB), Healthy Start, Breast and Cervical Cancer Program (BCCP), and Family Planning/Comprehensive Reproductive Health; (b) Child and Adolescent Health, including Genetics/Newborn Screening (NBS), Early Hearing Detection and Intervention (EHDI), Early Periodic Screening, Diagnosis, and Treatment (EPSDT), Lead Poisoning Prevention and Healthy Homes (LPPHH), Maternal, Infant, and Early Childhood Home Visiting (MIECHV), Adolescent Health, and Children and Youth with Special Health Care Needs (CYSHCN) programs; (c) Early Intervention (EI); (d) Oral Health; (e) the Women, Infants and Children's Nutrition Program (WIC); (f) MCH Engagement and Coordination; and (g) Financial Management and Operations.

The Health Services Division partners with the Office of Health Data and Research (OHDR) 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, children, and adolescents, such as the Office of Preventive Health (OPE), the Public Health Pharmacy, 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 and Youth with Special Health Care Needs (CYSHCN), 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: 2020 Five-Year Needs Assessment

In 2019-2020, MSDH conducted comprehensive needs assessment for the 2021-2025 cycle in partnership with the University of Alabama at Birmingham (UAB), School of Public Health's Department of Health Care Organization and Policy, Applied Evaluation and Assessment Collaborative (AEAC). Key components of the needs assessment process involved: (a) quantitative analysis of key indicators; (b) qualitative data collection and analysis via surveys, focus groups, and key informant interviews; (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.

The AEAC collaborated with three Mississippi community organizations to assist with outreach to ensure broad stakeholder engagement in the needs assessment: the University of Southern Mississippi Institute for Disability Studies, Mississippi Community Education Center, and the Family Resource Center of North Mississippi. These organizations worked with the AEAC to raise awareness of surveys, recruit focus group participants, handle logistics, and provide locations to host focus groups.

After collecting initial information via surveys and focus groups, formal stakeholder meetings were held with MSDH staff, partner organizations, and the public to examine each MCH domain to assist with selecting priorities and determining the importance and feasibility of various efforts. During these open meetings, recommendations were made to continue, improve, and/or adapt strategies to improve outcomes for MCH populations based on the progress on performance measures made during the reporting period.

Needs Assessment: Ongoing Needs Assessment

Mississippi's Title V MCH program conducts ongoing needs assessment by engaging diverse stakeholders in monitoring the progress achieved on priorities through the review of quantitative, qualitative, and program capacity data. This ongoing monitoring

process helps the MCH program identify effective and ineffective approaches. Based on stakeholder input, the MCH program updates planned objectives, strategies, and activities to increase program effectiveness to achieve desired health outcomes and to respond to changing health needs. This iterative process of needs assessment and plan refinement is vital to the success of the MCH program and population health.

Identified Priorities and Performance Measures

As a result of the Five-Year Needs Assessment process, the MCH Programs and stakeholders, including community organizations, providers, advocates, 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). Priority needs identified for more than one MCH population are indicated with an "*" symbol.

Women/Maternal Health

- **Reduce maternal morbidity and mortality** (SPM 10: % of severe maternal morbidity events related to hypertension; SPM 16: Nulliparous, term singleton, vertex (NTSV) cesarean rate)
- **Improve access to care*** (NPM 1: % of women, ages 18-44, with a preventive medical visit in the past year)
- **Improve oral health*** (NPM 13.1: % of women who had a preventive dental visit during pregnancy)

Perinatal and Infant Health

- **Reduce infant mortality** (NPM 5: % of infants placed to sleep A. on their backs B. on a separate approved sleep surface C. without soft objects or loose bedding)
- **Improve access to family-centered care*** (SPM 17: % of women, ages 18-44, on Medicaid with a preventive medical visit in the past year)
- **Increase breastfeeding, healthy nutrition, and healthy weight*** (NPM 4: A. % of infants who are ever breastfed B. % of infants breastfed exclusively through 6 months; SPM 12: % of women who are enrolled in WIC and initiate breastfeeding)

Child Health

- **Increase access to timely, appropriate, and consistent health and developmental screenings** (NPM 6: % of children, ages 9-35 months, who received a developmental screening using a parent-completed screening tool in the past year; SPM 3: % of children on Medicaid who receive a blood lead screening test at age 12 and 24 months of age; SPM 13: % of infants with a hearing loss who received confirmation of hearing status by 3 months of age; SPM 14: # of children ages 9-35 months of age who receive developmental screening using a parent completed tool during an EPSDT visit; SPM 15: % of newborns and infants diagnosed with a genetic or metabolic condition who were screened and referred for diagnosis timely)
- **Improve access to family-centered care*** (SPM 21: % of children with and without special healthcare needs who have a medical home)
- **Increase breastfeeding, healthy nutrition, and healthy weight*** (SPM 11: % of children, ages 2-5 years, who have a BMI at or above the 85th percentile)
- **Improve oral health*** (NPM 13.2: % of children, ages 1-17, who had a preventive dental visit in the past year)

Adolescent Health

- **Improve access to care*** (NPM 10: % of adolescents, ages 12-17, with a preventive medical visit in the past year)
- **Increase breastfeeding, healthy nutrition, and healthy weight*** (NPM 8.2: % of adolescents, ages 12-17 who are physically active at least 60 minutes per day)

Children with Special Health Care Needs (CYSHCN)

- **Assure medical homes for CYSHCN** (NPM 11: % of children with and without SHCN, ages 0-17, who have a medical home; SPM 18: % of children with and without SHCN who received services necessary to transition to adult health care)

Cross-cutting/Systems Building

- **Ensure health equity by addressing implicit bias, discrimination, and racism*** (SPM 20: # of MCH programs with a written plan to address health equity)
- **Improve access to mental health services across MCH populations*** (SPM 19: Adolescent suicide rate)

Assuring Comprehensive, Coordinated, Family-Centered Services

The MCH Program assures comprehensive and coordinated services in several ways. MSDH core services such as WIC, family planning, care coordination services, community outreach and health promotion are offered in county health departments. Title V funded MCH staff work at multiple levels: Central Office, three public health regions, and throughout 86 local health departments (see Attachment 1: Regional, County, and Program Maps). This organizational structure ensures 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, 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. MCH personnel serve as advocates for children and their families as they seek information, services, and resources to improve their quality of life.

Eliminate Health Inequities, Advance Just and Fair Conditions, and Center the Lived Experiences of Individuals, Communities, Families, and Caregivers

A great strength of the Mississippi's MCH/Title V Program lies in its partnerships with individuals, communities, families, and caregivers. The Mississippi 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 eliminate health inequities and advance just and fair conditions in Mississippi. Examples of MSDH's MCH partners and partnering practices are described below.

MCH Advisory Board

In 2021, an MCH Advisory Board was developed to provide vital feedback to improve MSDH programs and services and to expand opportunities for family/youth/consumer engagement and leadership within all MCH programs. The MCH Advisory Board consists of youth, family members, MCH professionals, and stakeholders and provides guidance by reviewing proposed program policies and materials, advising on strategies and activities to address needs at the local and state levels, identifying consumers' and service providers' concerns and gaps in services, and assisting in the dissemination of information on MCH services and activities.

Community Partners

Mississippi's MCH/Title V Program further diversifies its partnerships through grant-funded activities that align with state priorities, such as providing support and training for family leaders, creating guidance/training for delivering teen-friendly services, and creating program- and office-level diversity and equity plans. Funded entities include, but are not limited to:

- Federally Qualified Health Centers and Community and School Health Centers
- Parent Advocacy Centers, including *Families As Allies*, the Family Voices recipient, and *Mississippi Coalition for Citizens with Disabilities*, the IDEA Parent Training and Information Center
- Community organizations, including *Mom.ME.*, *Six Dimensions*, *MS Public Health Institute*, *Teen Health Mississippi*, *Institute for the Advancement of Minority Health*
- Mississippi Perinatal Quality Collaborative
- Professional associations, including the *Mississippi Public Health Association*, *MS Chapter of the American Academy of Pediatrics*, *Mississippi Speech and Hearing Association*, and *Mississippi Head Start Association*

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 (DHS), Mississippi Division of Medicaid (DOM), Mississippi Department of Education (DOE), Mississippi Employment Security Commission (MESCC), and Mississippi Community Development. 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 (SSDI) 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.

In 2022, a new MCH Block Grant leadership team was formed to guide planning, development, and implementation of the state action plan (SAP) with the goal of increasing collaboration and breaking down siloed practices and activities. This 2023 annual report is the first to fully reflect the transition from program-specific activities to addressing integrated objectives, strategies, and activities. The 2025 application will continue the implementation of broad objectives, strategies, and activities across multiple programs with a unified approach to improving health outcomes for women, children, and families. Both are organized according to priorities and have been collectively developed by MCH program personnel and epidemiologists from the OHDR.

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, significant health disparities, high poverty, aging infrastructure, and frequent natural disasters.

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 also supported by Title V funds. Mississippi's three public health regions are appropriated Block Grant funding to serve their MCH populations. This helps 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 health, perinatal and maternal health, and health equity across populations.

Aligning Title V funds within the Divisions of Health Services and Preventive Health and Health Equity 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. Further, the Office of Health Services has an active

role via WIC (food security), 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. These staff include clerical/administrative, social workers, nurses, and clinicians. Staff supported by state funding provide services to patients accessing programs supported or related to maternal child health, including perinatal case management, EPSDT, childhood immunizations, and family planning are also supported by Title V funds for gap filling services.

MCH Success Story

Major Investment in Promoting Mental Health

Throughout the 2022-2023 program year, all 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, Early Intervention, Health Moms/Healthy Babies, Newborn Screening, Early Hearing Detection and Intervention, and Lead Poisoning Prevention and Healthy Homes, participated in three cohorts 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.

As Mississippi was new to the Alliance, the MSDH partnered with the National Alliance for the Advancement of Infant Mental Health (AIMH) who arranged for out-of-state trainers and reflective supervisors and to support personnel through the certification process. This project also supported the newly formed Mississippi Association for Infant Mental Health, which is now able to launch the Endorsement (IMH-E®) credential for residents of Mississippi for the first time. To build capacity, MCH staff members, including Early Intervention Service Coordinator Coaches and experienced 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.

Response to Rolling Fork Impacted by Tornado

In March 2023, a high-end EF4 tornado with windspeeds estimated at 195 miles per hour struck the communities of Rolling Fork and Silver City, Mississippi, as part of a deadly outbreak of damaging storms and tornadoes across the South. As a result, 17 people were killed, at least 165 were injured, and most of the buildings in Rolling Fork were damaged or destroyed. Over 78% of Rolling Fork and 96% of Silver City sustained damage; at least 300 homes in Rolling Fork sustained damage. In April, approximately 1/3 of the town or 500 people remained displaced and 200 remained displaced in August. The Mississippi Emergency Management Agency (MEMA) in partnership with the Red Cross provided meals and lodging for up to six months due to the large numbers of families who were displaced.

The MSDH, in collaboration with the Mississippi Emergency Management Agency (MEMA), provided public health services and established a mobile unit to assist impacted families in accessing their health records. MCH personnel assisted with connecting families to emergency clothing, water, and food. Home visiting programs, including Healthy Moms/Healthy Babies and Early Intervention, ensured displaced families could continue home visiting services either virtually or in-person at their temporary housing location. Families of CYSHCN were also provided additional resources and connected to community-based support services to address their critical and urgent health needs, including access to specialty clinics and refills of medications.

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 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.