



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

MISSISSIPPI

State Snapshot

FY 2020 Application / FY 2018 Annual Report

November 2019

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 FY 2020 Application / FY 2018 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

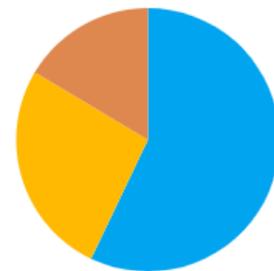
State Contacts

MCH Director	CSHCN Director	State Family or Youth Leader
Marilyn Johnson Title V Director marilyn.johnson@msdh.ms.gov (601) 579-8109	Augusta Bilbro CYSHCN Director Augusta.Bilbro@msdh.ms.gov (601) 576-7281	No Contact Information Provided

Funding by Source

Source	FY 2018 Expenditures
 Federal Allocation	\$9,978,020
 State MCH Funds	\$4,621,538
 Local MCH Funds	\$0
 Other Funds	\$0
 Program Income	\$2,870,533

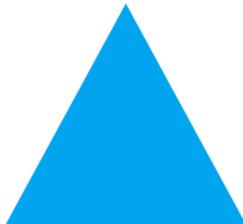
FY 2018 Expenditures



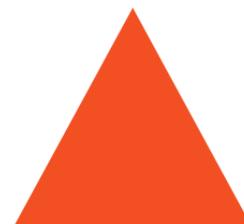
Funding by Service Level

Service Level	Federal	Non-Federal
 Direct Services	\$9,978,020	\$0
 Enabling Services	\$0	\$0
 Public Health Services and Systems	\$0	\$7,492,071

FY 2018 Expenditures
Federal



FY 2018 Expenditures
Non-Federal



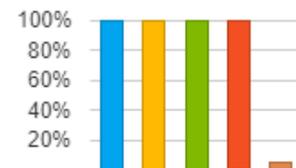
Percentage Served by Title V

Population Served	Percentage Served	FY 2018 Expenditures
■ Pregnant Women	100.0%	\$4,477,192
■ Infants < 1 Year	100.0%	\$0
■ Children 1 through 21 Years	100.0%	\$4,639,840
■ CSHCN (Subset of all Children)	100.0%	\$4,575,433
■ Others *	5.0%	\$0

FY 2018 Expenditures
Total: \$13,692,465



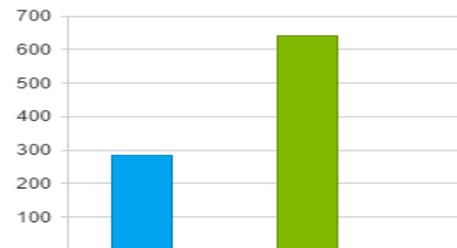
FY 2018 Percentage Served



*Others– Women and men, over age 21.

Communication Reach

Communication Method	Amount
■ State Title V Website Hits:	284
■ State Title V Social Media Hits:	0
■ State MCH Toll-Free Calls:	640
■ Other Toll-Free Calls:	0



Selected National Performance Measures

Measure #	Measure Short Name	Reporting Domain(s)
NPM 1	Well-Woman Visit	Women/Maternal Health
NPM 3	Risk-Appropriate Perinatal Care	Perinatal/Infant Health
NPM 4	Breastfeeding	Perinatal/Infant Health
NPM 5	Safe Sleep	Perinatal/Infant Health
NPM 6	Developmental Screening	Child Health
NPM 10	Adolescent Well-Visit	Adolescent Health
NPM 11	Medical Home	Children with Special Health Care Needs
NPM 13	Preventive Dental Visit	Women/Maternal Health, Child Health

Evidence-Based or –Informed Strategy Measures

NPM #	NPM Short Name	ESM #	ESM Title
NPM 1	Well-Woman Visit	ESM 1.2	Number of social media message months promoting women's preventive health services
NPM 1	Well-Woman Visit	ESM 1.3	Number of engaged users viewing social media messages delivered by MSDH social sites promoting women's preventive health services
NPM 1	Well-Woman Visit	ESM 1.4	Number of community group and activities program attends and partners with
NPM 1	Well-Woman Visit	ESM 1.5	Number of MOUs with referrals sources for the PHRM/ISS case management program
NPM 3	Risk-Appropriate Perinatal Care	ESM 3.1	Percentage of birth facilities with documented level of care using the LOCATe tool
NPM 4	Breastfeeding	ESM 4.1	Number of birthing hospitals designated as Baby Friendly.
NPM 5	Safe Sleep	ESM 5.1	Number of safe sleep educational books and resources distributed to families in all birthing hospitals.
NPM 6	Developmental Screening	ESM 6.2	The number of participants who received training about Bright Futures Guidelines for Infants, Children, and Adolescents.
NPM 10	Adolescent Well-Visit	ESM 10.1	Number of clinic sites engaged in youth-centered care quality improvement cycles.
NPM 11	Medical Home	ESM 11.1	Number of providers receiving education or technical assistance about the need and importance of medical home/family-centered care.
NPM 13.1	Preventive Dental Visit Pregnancy	ESM 13.1.1	Number of WIC sites where oral health education is given to program participants by ROHCs
NPM 13.1	Preventive Dental Visit Pregnancy	ESM 13.1.2	Number of expectant mothers and those post-partum who received oral health education
NPM 13.1	Preventive Dental Visit Pregnancy	ESM 13.1.3	Number of pregnant women who saw the dentist post referral
NPM 13.2	Preventive Dental Visit Child/Adolescent	ESM 13.2.1	Number of training completed by medical providers on use of fluoride varnish in primary care setting
NPM 13.2	Preventive Dental Visit Child/Adolescent	ESM 13.2.2	Number of referrals of children 0-3 years old from MSDH nurses
NPM 13.2	Preventive Dental Visit Child/Adolescent	ESM 13.2.3	Number of children 0-3 years old who actually went to referred dentist

State Performance Measures

SPM #	SPM Title	Reporting Domain(s)
SPM 1	Percentage of women who smoke in the last three months of pregnancy.	Women/Maternal Health
SPM 2	Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.	Child Health

Executive Summary

Program Overview

The Title V Maternal and Child Health (MCH) Block Grant is a Federal-State partnership program geared toward improving the health of mothers and children, including children and youth with special health care needs. Led by the State Health Officer, the Mississippi State Department of Health, Office of Health Services has the responsibility of preparing and administering the state Title V plan and allocating Title V funds based on Mississippi's maternal, infant and child health priorities.

Mississippi's Title V Block Grant Funds

Title V MCH Block Grant funds are awarded to each state based on the needs of the state's MCH population. States are required to provide a three-dollar match for every four dollars in federal funding received. Mississippi's award for federal fiscal year 2020 (FY20) is approximately \$9M, with a \$6M of matching state funds. Per federal requirements, at least thirty percent of Title V funding should support services and programs for children and thirty percent for children and youth with special health care needs (CYSHCN). Mississippi Block Grant funds support state, regional and local programs, as well as staff. The funds are managed by the Mississippi State Department of Health, Office of Health Services.

Needs Assessment

Every five years an assessment of maternal and child health (MCH) needs, and needs for children and youth with special health care needs (CYSHCN), is conducted. Mississippi's MCH needs assessment is conducted to inform selection of priorities for the state Title V action plan at the beginning of each five year block grant cycle.

DOMAIN: Women/Maternal Health

Identified State MCH Priority Need: Increase access to prenatal care.

High rates of obesity, chronic health conditions, and infant mortality are serious concerns for the state's MCH population. These chronic health conditions, contribute to the high rates of maternal and infant morbidity and mortality among women of child-bearing age in MS. Of added concern, Zika is an emerging issue. To combat its prevalence, MSDH has received funding through Title X to improve clinic capacity and increase coastal area clinic staff, expand access to effective and affordable contraceptive methods, and raise awareness of family planning services.

MSDH is involved in several initiatives focused on increasing contraceptive access which include: Office of Population Affairs Contraceptive Access Learning Community regarding unintended pregnancies and contraceptive access; ASTHO Contraceptive Learning Community to develop and leverage partnerships and collaborative efforts to expand contraceptive access along with facilitating training in birthing hospitals and clinical settings; and the Infant Mortality COIIN which addresses birth spacing, preconception and inter-conception care.

DOMAIN: Perinatal/Infant Health

Identified State MCH Priority Need: Decrease infant mortality & reduce low birth weight and premature birth.

Mississippi has persistently had one of the highest infant mortality rates in the nation. Infant mortality is defined as the death of a child within the first year of life. The infant mortality rate (IMR) in 2017 was 8.72 per 1000 live births. This was not a statistically significant change from 2016. Significant disparities exist in infant mortality between racial groups in MS. The black infant mortality rate was 11.9 deaths per 1,000 live births compared to the white rate of 6.2 deaths per 1,000 live births. The white infant mortality rate declined from 6.7 deaths per 1,000 live births to 6.2 deaths per 1,000 live births while the black infant mortality rate increased from 11.4 deaths per 1,000 live births to 11.9 deaths per 1,000 live births. Racial disparities in infant mortality are strongly influenced by the differences in preterm birth rates between black and white infants, with 16% of black babies being born before 37 weeks compared to 11.3% of white infants.

When the multiple complications of prematurity are grouped together, preterm birth (delivery before 37 weeks of pregnancy) is the leading causes of infant mortality in Mississippi. Infants born preterm are at an increased risk of breathing complications, infections and brain injury. In 2017, 13.6% of infants were born preterm in Mississippi compared to 9.9% for the United States.

The Mississippi Perinatal Quality Collaborative (MSPQC) and Infant Health programs lead initiatives to promote quality improvement and evidence-based activities at the hospital and community level to improve birth outcomes across Mississippi. Activities include the "Golden Hour" project which focuses on improving resuscitation practices for very preterm and very low birth weight infants; in addition to multiple safe-sleep initiatives. One of these initiatives involves the Mississippi Sisters United Project graduate sorority chapters. The Mississippi Sisters United Project receives training on safe sleep environments, breastfeeding, folic acid intake and women health in order to provide this information to communities through outreach activities.

DOMAIN: Child Health

Identified State MCH Priority Need: Increase access to comprehensive health care

According to the 2017 National Survey of Children' Health (NSCH), MS parents report that 90% of children are in excellent or very good health and 78.9% report excellent or very good oral health. More than 1/3 (41%) aged 10-17 years were reported to be overweight or obese (85th percentile or above). Nearly all (97.4%) of participants reported current health insurance coverage at the time of the interview. However, 96% were consistently insured throughout past year and 4% reported uninsured or periods without coverage. About 82% of MS children reported with a preventive medical visit in the previous year. In addition, 79.9% of MS children reported a preventive dental visit in the previous year (US 80.2%).

The Mississippi First Steps Early Intervention Program is responsible for coordinating a state-wide comprehensive interagency system of early intervention supports and services (EISS) for infants and toddlers under three years of age with a developmental delay or condition likely to lead to a developmental delay and their families. MS First Steps coordinates with providers and families across the state to ensure children receive developmental screening and/or monitoring for appropriate referrals. The Mississippi First Steps Early Intervention Program in collaboration with intra-agency programs including Perinatal High Risk Management (PHRM), Early Intervention, and Early Hearing, is working on developing joint procedures for developmental screenings and referrals. The program has also held quarterly meeting with Medicaid to discuss early intervention referrals and service coordination roles and responsibilities that better enable coordination of services provided to child and families.

DOMAIN: Adolescent Health

Identified State MCH Priority Need: Decrease teen pregnancy and teen birth rate

The U.S. Department of Health & Human Services reports that MS had the second highest teen birth rate in 2016 at 32.6 live births per 1,000 girls age 15-19 (20.3 births per 1,000 females ages 15-19 in the U.S.). Strategies aimed to decrease teenage pregnancies and improve the overall health of MS's adolescents include sexual health education for teens and young adults, contraceptive counseling, and uptake of annual adolescent and young adult preventive health visits. The MS Adolescent Health Program was able to aid a local school-based health center in applying a rapid cycle quality improvement process to convert the majority of sports physicals into comprehensive well visits. The program also piloted a learning seminar for high school seniors related to transitioning into adulthood that included topics such as Healthcare Insurance Coverage, Healthy Relationships, Preventive Health, and Adult Life 101. Eighty-six percent of participating students reported that they would be able to apply information learned in the next few months as they transition out of high school.

DOMAIN: Children with Special Health Care Needs

Identified State MCH Priority Need: Increase access to health care and medical homes

The 2017 National Survey of Children's Health estimates that MS has approximately 169,815 (23.5%) CYSHCN. Nearly 27.5% of MS CYSHCN live below 200% of the Federal Poverty Level, more than the US 20.5%). The National Survey indicated that 14.2% of MS CSHCN have conditions that consistently affect their activities, often a great deal. MS's CYSHCN Program has provided quality care coordination to meet client needs and preferences in the delivery of high-value, high-quality care. The care coordinators work within many settings to assist families and connect them to a medical home. These include primary care, specialty care (often more than one specialty), inpatient care, mental health services, long-term care, and home care settings. It also includes community resources, pharmacies, client and family education, and informal caregivers. The CYSHCN staff is working with two clinical practices, UMMC Children's Complex Medical Clinic and UMMC Adolescent Health Clinic to serve as a model for CYSHCN as a medical home, utilizer of shared plans of care, and documentation of care coordination activities.

Key Mississippi Characteristics

The following represents a snapshot of key Mississippi characteristics and health indicators.

- Number of Live Births: 37,370^a
- Infant mortality rates: 8.7 per 1,000 live births^a
- Number of children <18 years old: 24% (713,567)^b
- % of children <18 years old with special health care needs: 23.5%^c
- % of births covered by Medicaid: 64%
- % of children <18 years old without health insurance: 2.6%

Key Women, Maternal and Infant Health Indicators

Indicators	2012	2013	2014	2015	2016	2017	HP 2020
<i>Increase access to prenatal care</i>							
Percent of pregnant women receiving prenatal care in the first trimester. (MS Vital Statistics)	84.7	74.3	75.5	76.2	76.0	77	77.9
Percent of very low birth weight (VLBW) infants born in a hospital with a Level III+ NICU. (MS Vital Statistics)	65	64	74.4	79.3	79.3	---	83.7
<i>Reduce preterm births, low birth weight, and infant mortality.</i>							
Percent of women with a past year preventive medical visit. (MS BRFSS)	67.2	67.8	71.4	72.7	78.4	71.8	-
Percent of preterm births (less than 37 weeks of gestation). (MS Vital Statistics)	16.9	13.1	12.9	13.0	13.6	13.6	11.4
Percent of low birth weight deliveries (less than 2,500 grams). (MS Vital Statistics)	11.6	11.5	11.3	11.5	11.5	11.6	7.8
Percent of Non-Medically Indicated (NMI) early term deliveries. (MS Vital Statistics)	17.6	12.9	11.5	11.4	11.9	11.7	-
<i>Increase initiation, duration and exclusivity of breastfeeding.</i>							
Percent of mothers who exclusively breastfed their infants at 6 months of age. (Breastfeeding Report Card)	10	9.3	11.1	13	-	-	25.5

HP2020: Healthy People 2020 Goal

KIDS COUNT Key Indicators Compared to other states,

Mississippi's overall child well-being rank for 2017 was 50

Indicators	Mississippi	United States
<i>Economic Well-Being</i>		
Percent of children in poverty (2016)	27	18
Percent of children whose parents lack secure employment (2016)	34	27
Percent of children living in households with a high housing cost burden (2016)	26	31
Percent of teens (ages 16-19) not attending school and not working (2016)	8	7
<i>Education Indicators</i>		
Percent of children (ages 3-4) not attending preschool (2014-16)	47	52
Percent of fourth graders in public school not proficient in reading (2015)	73	65
Percent of eighth graders in public school not proficient in math (2015)	78	67
Percent of high school students not graduating on time (2015-16)	17	15
<i>Health Indicators</i>		
Percent low birth weight babies (2016)	11.6	8.3
Percent of children without health insurance (2016)	5	5
Child and teen death rate (per 100,000 children ages 1-19) (2016)	40	26
Percent of teens (ages 12-17) who abuse alcohol or drugs (2015-16)	3	4

Family and Community Indicators

Percent of children in single-parent families (2016)	44.2	35
Percent of children in families where the household head lacks a high school diploma (2016)	13	13
Percent of children living in high-poverty areas (2012-16)	24	12
Teen birth rate (per 1,000 females ages 15-19) (2016)	31	19

Source: Annie E. Casey Foundation, 2017 KIDS COUNT, <https://datacenter.kidscount.org/topics>

Sources:

^a Vital Statistics Mississippi, 2017

^b Mississippi KIDS COUNT Data Book, The Annie E. Casey Foundation, 2017

^c National Survey of Children with Special Health Care Needs.

^d Kaiser Family Foundation estimates based on the Census Bureau's American Community Survey, 2008-2017

How Federal Title V Funds Support State MCH Efforts

Together with state MCH funds and other federal funds, Title V funding provides a critical source of funding for MCH priority needs in Mississippi. 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 ongoing needs assessment, PRAMS, training, and Title V staff are also supported by Title V funds. Each of Mississippi's three public health regions is appropriated Block Grant funding to serve the Title V populations. This helps to align work with MCH priorities and health improvement plans, increasing consistency of efforts across the state. Contract expectations include implementing care coordination and medical home approaches for CYSHCN and focusing a portion of funds (30 percent in FY 2017) on other MCH priorities. In the future MS plans to evaluate the current funding formula and adopt a revised population and poverty-based funding formula. This would allow a majority of the resources to be focused on priority areas and objectives within the highest populated areas.

MCH Success Story

III.A.3. MCH Success Story

The CYSHCN Cares 2 Learning Collaborative (CC2LC) provides the means to address the challenges of providing coordinated care to the CYSHCN population. Its objectives are to increase the proportion of CYSHCN who have access to a medical/dental home; transform clinical practice through models of care, improvement, and learning; develop infrastructure, expertise and multi-disciplinary leadership; transition youths with special needs to an adult provider; and build strategic partnerships to increase family engagement.

Four (18%) of Mississippi's Federally Qualified Health Centers and one (1) rural clinic were awarded grants to allow them to participate in the CC2LC and family engagement activities. According to self-reported data from the healthcare systems' grant applications, the potential reach is approximately 56,818 children with and without special healthcare needs at 58 clinic sites in 15 of 82 counties in Mississippi. Of the 56,818 children served by the awarded systems, approximately 30% (n= 17,206) are insured by Medicaid. Efforts are currently being made to capture the percentage of CYSHCN within those systems.

Without this partnership, local families would not have established caregiver support groups and coordination of additional Family Engagement Summits with other CC2LC healthcare systems.

Please see full report in appendix.

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 document that lists the MCHB discretionary grant programs that are located in this state/jurisdiction for Fiscal Year 2018.

[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.