TITLE V

A Snapshot of Maternal and Child Health 2000

U.S. Department of Health and Human Services
HRSA
Health Resources and Services Administration
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December 2000

Note to the Reader

The data in this publication were collected individually—as reported by each State or jurisdiction. Sources of data, data collection methods, and data reporting practices differ. Data reported in this publication may include actual counts, estimates, or blank cells if data were not available at the time of reporting.

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This 2000 Snapshot of Title V and Maternal and Child Health not only marks the millennium milestone, it also marks the 65th anniversary of the *Social Security Act* and the birth of Title V. Enactment of the Title V legislation in 1935 was the historical marker. The Congress of the United States began to recognize that it was important for each State to have an infrastructure which ensures access to appropriate health care, especially for those we have come to call the Maternal and Child Health population.

This 2000 Snapshot provides the most comprehensive picture to date of how the Title V Federal-State Partnership works and what is happening in each of the 59 States and jurisdictions. In addition to the Title V MCH Services Block Grant to States Program information, this edition also includes a listing of the Special Projects of Regional and National Significance (SPRANS) and other Federal MCH grants to each State and jurisdiction.

The numbers in this report reveal good news and progress in many areas. In Chapter I we note specific encouraging examples. The good news becomes especially apparent as we examine progress within specific individual States. For example, some States have already met or exceeded the *Healthy People 2010* expectations on certain specific health indicators.

The numbers also reveal that much remains to be done. For example, in this wealthy Nation with all of its advances in medicine, each year 1 million women deliver infants who did not receive adequate prenatal care. That means that *every 30 seconds, another baby is born who should have had a better chance for a truly healthy start!* We can and must do better.

Let us keep our eyes on the goal as, together, we work for a healthier new millennium for *all* who live in the United States and its jurisdictions.

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CHAPTER 1
The Status of Maternal and Child Health, 1998

This chapter presents a picture of maternal and child health in 1998 on three dimensions: First, four remarkable trends that illustrate the progress being made by the States in meeting maternal and child health needs; second, the socio-economic context for the 1998 Title V Information System data; and third, a rundown of National and State priority concerns and highlighted initiatives.

Numbers of Note

This section highlights the progress of the 50 States and Puerto Rico on four specific dimensions. The data indicators that support these assertions are taken from the State Title V Maternal and Child Health Block Grant Reports for 1998.

Two areas for discussion relate to the adolescent population; two other data segments concern mothers and infants:

- Teen pregnancy rates are dropping.
- Teen suicide rates are on the decline.
- More “Very Low Birth Weight” infants are born at risk-appropriate facilities.
- Breastfeeding is on the rise.

Greater detail on the data that provide this encouraging news is detailed below, but first a word of explanation about the Performance Measures from which these “numbers of note” are collected.

As a part of their annual Title V Maternal and Child Health Block Grant Reports, all States are required to report on a core set of *Performance Measures*. Performance Measures describe a specific maternal and child health need that, when successfully addressed, can lead to a better health outcome within a specific time frame. Most of the Performance Measures correspond to one of the National *Healthy People 2000* (and now *2010*)

Goals. States may also elect to set their own State targets. What follows is a discussion of each of four specific Performance Measures, which are alluded to above.

Performance Measure: The Rate of Births for Teenagers Aged 15 through 17 years

The U.S. Department of Health and Human Services has made the reduction of teen pregnancy a priority in its 1997 strategic plan. Teen pregnancy is deemed a major threat to healthy and productive lives. Teen parenting is associated with the lack of high school completion and with initiating a cycle of poverty for mothers.

The *Healthy People 2000* goal is to lower the rate of teen pregnancy to no more than 50 per 1,000 births; the *2010* goal is for a still lower rate, down to no more than 46 per 1,000 births to teenagers aged 15 through 17 years. In 1998, 47 of 51 States (92 percent) met the *Healthy People 2010* goal of no more than 46 per 1,000 births to teens ages 15 through 17. All except four States set their own State target for even fewer births for this age group than the *Healthy People 2010* goal. Sixty-seven percent (34 of 51) States met their own State-set goals, most of which were below (i.e., more ambitious) than the *Healthy People 2010* goal.

Performance Measure: The Rate of Suicide Deaths Among Youths Aged 15-19

Suicide is the third leading cause of death in the United States among youths aged 15-19. In many States, teen suicide ranks as the second leading cause of death for this population. The *Healthy People 2000* goal is to reduce the teen suicide rate to no more than 8.2 teen suicides per 100,000 teens ages 15-19. The more challenging *2010* goal strives to lower the rate to no more than 6 per 100,000.

In 1997, the United States reported 10.8 teen suicides for every 100,000 teens aged 15-19 in the population. In 1998, the Block Grant report showed that 28 States were below the 1997 United States rate of 10.8 per 100,000. Further, in 1998 five States were already below the *Healthy People 2010* goal of 6 per 100,000. A majority, 35 of 51 States (69 percent) met their own *2000* State-set targets in 1998.

Performance Measure: The Percentage of "Very Low Birth Weight" Infants Delivered at Facilities for High-Risk Deliveries and Neonates

"Very low birth weight" infants (less than 1,500 grams) are more likely to survive and thrive if they are born/cared for in an appropriately staffed and equipped facility with a high volume of high-risk admissions. This measure indicates the percentage of very low birth weight infants (less than 1,500 grams) who are born at risk-appropriate facilities.

The *Healthy People 2000* and *2010* goal is that at least 90 percent of all infants who weigh less than 1,500 grams at birth are born in an appropriately staffed and equipped facility. In 1997, the United States achieved a 73 percent value on this performance measure. In 1998, 28 of 51 States (55 percent) reported a better rate than the 73 percent achieved in 1997, and 4 of 51 States (8 percent) had *already met* the *Healthy People 2010* goal of at least 90 percent. In 1998, 42 percent of States (21 of 51) had met or were within 2 percent of meeting their State-set target for 2000.

Performance Measure: Percentage of Mothers Who Breastfeed Their Infants at Hospital Discharge

The advantages of breastfeeding are indisputable and include nutritional, immunological, and psychological benefits to both infant and mother. The *Healthy People 2000* and *2010* goal is to increase the percentage of mothers who are breastfeeding their infants at the time of hospital discharge to at least 75 percent.

The overall indicator for the United States in 1998 was 64 percent. In the 1998 Block Grant report, 21 of the 59 States and jurisdictions (36 percent) were above, i.e., they improved upon the 64 percent reported for the United States overall. In the 1998 Block Grant report, 10 of 51 (17 percent) States were already scoring better than the *Healthy People 2010* goal of 75 percent.

Socioeconomic Context for MCH Population (1998)

The statistics presented in this section provide a view of the environment and challenges faced by the maternal and child population and those who provide health services for them. These contextual data lend

perspective to the snapshot of maternal and child health provided in this report.

Population Data

In 1999, the 85 million children through the age of 21 in the United States represented 31.3 percent of the total population; adults aged 22–64 accounted for 56 percent; and persons aged 65 and over represented 12.7 percent of the total population. The median age in the United States for all races was 35.5.

Since 1990, the number of children under 5 years of age has increased by 0.5 percent. The number of children ages 5–19 years has increased by 11.7 percent. In the same period, the number of persons aged 65 and over has increased 10.6 percent.

Family Composition

In 1998, there were 70.9 million family and 31.6 million non-family households—69.1 and 30.9 percent of U.S. households. Of the family households, there was an average of 3.18 members per household. Approximately 68 percent of American children lived with two parents, a number down from 77 percent in 1980.

Single parents comprised 27.3 percent of the family households with their own children under 18. There were 2.1 million father-child and 9.8 million mother-child family groups—related and unrelated subfamilies as well as family households. Approximately 23 percent of all children lived with only their mothers, 5 percent with only their fathers, and 4 percent with neither of their parents. Since 1996, the percentage of children living with only one parent has not changed significantly.[1]

Children in Poverty

In 1998, there were 12.8 million related[2] children under 18 years of age living in families with income below the Federal poverty level of $16,660[3] for a family of four. This figure reflects a 4.3 percent decrease from 1997. This population comprised 18.3 percent of all related children living in families. The proportion of children living in poverty is declining, although a greater percentage of black and Hispanic children are poor compared to white children. One in seven white children is poor compared to one in three black and Hispanic children.

The number of children in poverty has fallen by approximately 577,000 since 1997, but this number still represents 1.7 million more children than were reported to be living in poverty in 1980. Over this period (1997–1980), the number of persons 65 years of age and over living in poverty decreased by almost 500,000.

Of the 12.8 million related children under 18 years of age living in poverty, 59.4 percent live in homes headed by a single mother; 35.4 percent live in homes headed by married parents; and 5.2 percent live in homes with other compositions.

Working Mothers

In 1998, 65 percent of mothers with preschool aged children (younger than 6 years) were in the labor force (either employed or looking for work), and 61 percent were employed. Of those mothers, 70 percent were employed full-time and 30 percent worked part-time.

Of women with children ages 6–17, 78 percent were in the labor force in 1998 and 74 percent were employed. Of employed mothers, 77 percent worked full-time and 23 percent worked part-time.

Child Care

In 1997, 41 percent of children under 5 years of age whose mothers worked were cared for by persons other than their parents for 35 or more hours per week. While 42 percent of children in families with higher incomes spent more than 35 hours a week in some form of child care, slightly less, or 40 percent of children in lower income families, were in care for the same number of hours. However, a smaller proportion of children from families with lower incomes (21 percent) were in part-time care compared to children in higher income families (27 percent). Children 3 and 4 years old were more often in multiple child care arrangements (44 percent), compared to younger children (34 percent).

School Dropouts

As of October 1998, approximately 479,000 youths ages 15–24 had dropped out of high school in the previous 12 months. Those who dropped out of high school during this period represented 4.8 percent of students enrolled in high school in 1997.

In 1998, Hispanic students were the most likely to drop out, and dropouts represented over one-fourth of

Hispanic young adults. The 1998 data represent a 16.6 percent increase from the 1997 Hispanic dropout rates. Both the white and black dropout rates increased slightly between 1997 and 1998.

Students most likely to drop out of school in 1998 were those living in the western States, boys, and students aged 19 and older. Also, students living in low-income families were four times more likely to drop out of high school than those in higher income families.

Uninsured Women and Children

Overall, the status of children's health care coverage did not change significantly from 1997 to 1998. In 1998, of the 44.3 million (16.3 percent of total population) uninsured persons in the United States, 11.1 million were children under 18 years of age and 21 million were females. For all children under 18 years of age, this comprised 15.4 percent of the 72 million children in the age category. Among poor children, 3.4 million were uninsured, making up 30.6 percent of all uninsured children in 1998, a number and percentage that are statistically unchanged from the previous year. By ethnicity, Hispanic children were far more likely to be uninsured (30.0 percent) than children in other racial or ethnic groups, and of the 11.1 million uninsured children, 19.7 percent were Black, 16.8 percent were Asian and Pacific Islander, and 10.6 percent were non-Hispanic White.[4]

Current Maternal and Child Health Challenges and Priorities

This section highlights some of the most current priorities for the Maternal and Child Health Bureau and for the Title V MCH Federal-State Partnership.

Special Projects of Regional and National Significance (SPRANS)

SPRANS is a discretionary grant program administered by MCHB. The SPRANS role is integral to the Bureau's national leadership in the field of maternal and child health. Funds for SPRANS complement Block Grant funds to the States to fulfill the mission and strategic goals of MCHB. (See Appendix C for the full text of these goals.).

SPRANS is a special set-aside of the MCH Block Grant under Title V. In 1981, when Congress reorganized existing MCH programs and amended Title V under the *Omnibus Reconciliation Act*, the Block Grant was created and several distinct discretionary set-aside programs were consolidated. Today this consolidated program is commonly known as SPRANS.

SPRANS funds, just as with other Title V funds, are directed toward the provision of core public health services, as represented in the four levels of the MCHB public health services pyramid (see Chapter III). While SPRANS funds may be directed at any one of the four levels, they are most frequently directed to activities that strengthen the maternal and child health/public health infrastructure, and thereby complement other uses of Title V funds.

Through grants and contracts, SPRANS provides projects of regional and national significance, research, training, activities related to genetic disease, and hemophilia grants. Each year Congress comments on the use of SPRANS funds and stipulates that the program should address certain areas (for example, Traumatic Brain Injury; fluoridation, newborn screening); and in some instances, Congress specifies the amount of funds that should be directed to specific activities or issue areas.

In addition to the important role of SPRANS in enhancing the work of State Title V Programs, SPRANS funds also facilitate the development and activities of a broad range of public and private sector partners (e.g., professional associations, schools of public health, other training programs, the research community, State and community-based agencies and organizations).

As with other programs/funds administered by MCHB, the Bureau holds itself and its grantees accountable for the use of SPRANS funds through the development of clearly articulate performance measures. These measures reflect MCHB's strategic goals and plan and complement performance measures for the States under the Block Grant.

SPRANS evaluations are carried out to improve program implementation, develop new approaches, and measure program impact/success. Evaluation is carried out on three levels: project, program, and portfolio. 1) Project evaluation is of individual grants, focusing on project-specific goals and objectives. 2) Program evaluation is of an initiative or specific grouping of grants; for example, evaluation of Healthy Futures/Healthy Tomorrows or of Healthy Start. 3) Portfolio evaluation is of the entire set of

SPRANS projects and programs to assess the extent to which the grant program as a whole (a) meets stated program goals and objectives, and (b) contributes to meeting broad MCHB goals.

SPRANS grants that were ongoing in Fiscal Year 1997—the reporting period for this report—are enumerated (by State, title, recipient, amount, and location) as part of the State pages in Appendix A.

Universal Newborn Hearing Screening

MCHB has been instrumental in providing the infrastructure that assures newborn screening for hearing impairment—before the newborn is discharged from the hospital.

In March 1993, a National Institutes of Health (NIH) Consensus Development Conference recommended that all babies be screened for hearing loss before discharge from the hospital. This recommendation is based on clear and compelling evidence that congenital permanent hearing loss can lead to educational deficits and behavioral problems. At that time, only two States—Hawaii and Rhode Island—had legislative mandates requiring newborn hearing screening for all babies born in the State. Now 30 other States (including most of the larger States) have passed laws requiring universal newborn hearing screening. At least eight other States are currently working on similar legislation.

Currently, about 46 percent of all infants born in the United States are screened. Thirty-five percent of those screened are in States with enacted legislation; 11 percent in States without legislation that requires universal newborn hearing screening. States with enacted legislation account for nearly 75 percent of all births in the United States annually. The majority of these States require full implementation of screening by December 2002. By the end of 2001, the expectation is that 75 percent of all infants born in the United States will be screened at birth, and by the end of 2002, 85 percent of all infants will be screened. The bulk of the funding for this initiative is coming from the States and from third-party payers.

Figure I-1

Common Priority Need Areas

To determine the most commonly listed priority needs of the States and jurisdictions, the key word list of the Title V Information System was examined and variations of those terms were used for the key text search. The priority areas that appear to be the most common among the Title V programs are presented in descending order.

Priority Need Area	*Number and Percentage of States*	*Populations Served*
Quality Assurance of MCH Services	51 (86.4%)	All MCH populations
Birth/Pregnancy Outcomes, programs and activities to improve	44 (74.6%)	Women, pregnant women, infants
Oral Health	29 (49.1%)	Centering around chidren and adolescents
Substance Abuse, including alcohol, drugs, and tobacco. [Note: If this priority is combined with **improving healthy behaviors** (below) it would be the second most commonly cited priority area, at 48 and 81.4%.]	28 (47.5%)	Children, adolescents, pregnant women
Access to Health Care, improving it	27 (45.6%)	All MCH populations with some emphasis on CSHCN
Nutrition (coupled with 4 States citing obesity reduction in youths	26 (44.1%)	All MCH populations except CSHCN, which was not specifically cited
Mental Health, aspects of including the prevention of child abuse and neglect	23 (39.0%)	All MCH populations
Support Services, family	20 (33.1%)	Mostly families of CSHCN
Healthy Behaviors, improving them	20 (33.1%)	Mostly adolescents, with some programs for pregnant women
Information Systems, improvement, of generally centering around disease and injury prevention	20 (33.1%)	All MCH populations
Primary Care	18 (30.5%)	All MCH populations
Service Coordination	17 (28.8%)	All MCH populations

While universal newborn hearing screening programs are growing at a rapid pace, appropriate and timely diagnosis and intervention continue to be a major challenge. In some areas, as many as 60 percent of newborns receive no follow-up after diagnostic confirmation. Links between screening programs, the infant's medical home, family support, and early intervention programs are not yet well-established nationwide.

In April 2000, the Maternal and Child Health Bureau awarded grants to 22 States to assist with the planning, development, implementation, and refinement of early hearing detection and intervention programs. This initiative addresses critical gaps by supporting grants to the States to: (1) develop and expand statewide universal newborn hearing screening programs, (2) link screening programs to intervention within the community service system, (3) monitor the impact of early detection and intervention on child, family, and systems, and (4) provide technical assistance.

Other Newborn Screening

In its leadership role, MCHB helps States initiate and maintain newborn metabolic screening programs and statewide genetics programs. The Bureau also helps States develop statewide capacity for testing, counseling, education, and a system of referral.

In 1998, MCHB requested and funded the American Academy of Pediatrics to convene a Newborn Screening Task Force to provide scientific recommendations to strengthen newborn screening programs. The report, *Serving the Family From Birth to the Medical Home: A Report From the Newborn Screening Taskforce,* was published in *Pediatrics* as a supplement to the August 2000 issue (106:2:383-422). The report identifies the following key issues: the need for all State newborn screening systems to keep pace with new technology; the need for uniform screening systems across States; ethical concerns surrounding residual blood samples; privacy and consent issues and the need for public awareness. The specific recommendations will be implemented over the next 5 years.

Other projects include:

- The *National Newborn Screening and Genetic Resource Center.* MCHB established the Center to offer technical assistance to States in newborn screening, including an on-site comprehensive program review followed by a written report.
- *Enhancing the Implementation of Tandem Mass Spectrometry for Newborn Screening Programs*. The proceedings of this national working group meeting will be published in early 2001.
- *Consensus Development Conference on PKU*. MCHB co-sponsored a conference, entitled, *PhenylFetonuria: Screening and Management* and also sponsored the *Meta-Analysis of Early Treated PKU Treatment Outcome* as part of the study.
- *Development of Cystic Fibrosis Newborn Screening Strategies for Multiethnic Populations.* This MCHB project is to develop a protocol for obtaining genetic information and refining newborn genetic testing methods in heterogeneous populations using cystic fibrosis newborn screening as a model.
- *Multi-Ethnic Newborn Screening for the Hemoglobinopathies.* This MCHB project is to evaluate strategies for detecting the thalassemias in diverse screening populations.
- *Planning Grants*. In fiscal years 1999 and 2000, MCHB established planning grants to strengthen the development of statewide health information systems to integrate public health and health services data and to strengthen the involvement of newborn screening programs in public health infrastructure development.

Healthy Child Care America 2000

MCHB has provided support for 51 State Health Systems Development in Child Care (HSDCC), *Healthy Child Care America* (HCCA) grants, first awarded in FY1996. Each served as State focal points for health and safety in child care, and developed integrated health, child care, and social service systems in their respective States. Building upon MCHB's investment, and based upon State Title V and Child Care program suggestions, a Phase II has been implemented.

This initiative, *Healthy Child Care America 2000*, has the following three components: (1) *Quality Initiative*, which focuses on the development and implementation of State programs that address quality assurance (improved State health and safety in child care

standards); (2) *Infrastructure Building* (statewide networks of child care health consultants); and (3) *Access to Health Insurance* (related to Medicaid and the State Children's Health Insurance Program [SCHIP]) *and Medical Homes*.

The *quality assurance* component of *Healthy Child Care America 2000* must support the dissemination, adoption, and use of MCHB's *Caring For Our Children, Guidelines For Out-of-Home Child Care Programs* and *Stepping-Stones to Using Caring For Our Children*. Using a variety of approaches, including technical assistance and regulatory reform, applicants develop a statewide systems approach to improve the quality of health and safety for children in child care settings.

The *infrastructure building* component supports the identification, training, and deployment of health and child care professionals as health consultants to child care programs. Each applicant must establish a link with MCHB's National Training Institute for Child Care Health Consultants, currently located at the University of North Carolina's School of Public Health, for the purpose of developing and implementing the State-based child care health consultant system.

The *access to health services* (and health insurance) component plans, develops, implements, and monitors progress in using the child care environment as an appropriate access point for health insurance for enrolled children. This program component works in partnership with other State entities to assure that child health insurance programs such as Medicaid and SCHIP provide access to a medical home for children in child care programs.

All applications incorporate: a statewide systems approach; a broad definition of health, which includes public health, medical, dental, nutritional, mental health, substance abuse prevention, injury prevention, psychosocial, and fiscal services; community-level family and provider (including health and child care) involvement; inclusion of relevant disciplines; explicit plans for enhancing cultural competence among child care providers and planners; effective use of public and private, local, State, and national resources; and plans to sustain the proposed project after termination of the grant.

Healthy Start

Healthy Start is a community-based program, which was implemented in 1991 with 15 demonstrations to reduce infant mortality and low-birth-weight babies in areas with high infant mortality rates. The initial Healthy Start projects designed their own strategies based on local needs and resources. The demonstration program ended in 1997. Ninety-four communities currently participate in Healthy Start.

In late 2000, MCHB announced a new focus for the Healthy Start Initiative. Healthy Start communities are now required to build strong linkages with statewide maternal and child health programs and to offer a "core" set of proven interventions.

This fresh direction for Healthy Start is based on lessons learned from the 6-year evaluation of the first 15 Healthy Start projects and recommendations of the HHS Secretary's Advisory Committee on Infant Mortality. The new direction is also consistent with the *Children's Health Act of 2000*, which was passed by Congress and signed by the President on October 17, 2000.

Healthy Start communities have the flexibility to design programs based on local needs, but they must use model strategies that have proven track records. Each program must include outreach, case management, health education, and community consortiums. Services must be prioritized based on local maternal and child health needs assessment data. Programs must also build strong alliances with statewide MCH performance goals and data collection efforts to track progress and strengthen long-term sustainability. Special attention is required for substance abuse, domestic violence, mental health, and other critical services needed for women at high-risk and their families.

The lessons learned from the first 15 Healthy Start communities are detailed in the final report of the 6-year evaluation of the demonstration, *Reducing Infant Mortality: Lessons Learned from Healthy Start*. That report and two others, *The Effect of Healthy Start on Infant Mortality and Birth Outcomes* and *The Implementation of Healthy Start: Lessons for the Future*, can be found in the publications section of the MCHB web site: ***www.mchb.hrsa.gov***.

A number of the Healthy Start projects achieved impressive results for moms and babies who are at high risk, but many learned that reducing infant mortality in high-risk areas was more challenging than expected.

The early demonstrations included 13 urban and 2 rural Healthy Start sites. The urban sites included Baltimore, Birmingham, Boston, Chicago, Cleveland, Detroit, the District of Columbia, New Orleans, New York City, Northwest Indiana, Oakland, Philadelphia, and Pittsburgh. The rural sites were the Pee Dee Region of South Carolina and the Northern Plains (19 tribal communities in North and South Dakota, Nebraska, and Iowa).

Eight of the 15 projects increased prenatal care visits to health care professionals for pregnant women. Nine projects had lower infant mortality rates during the evaluation period, as did comparison sites and the nation. Two communities—Pittsburgh and New Orleans—had rates that could be attributed to Healthy Start interventions. These two sites cut infant mortality rates by 50 and 38 percent respectively—well ahead of the nation generally. Four sites—Birmingham, New Orleans, Oakland, and Philadelphia—had fewer preterm births. Three sites—Birmingham, Detroit, and the District of Columbia—had significant reductions in the number of very low birth weight babies. And Birmingham, Boston, and Pittsburgh had very-low-birth weight reductions. Some of these communities may have more up-to-date local evaluations that show greater improvements.

The new framework for Healthy Start is contained in the guidance for grantees, which is available at ***www.mchb.hrsa.gov***.

Poison Control Centers

The Maternal and Child Health Bureau received $3 million in fiscal year 2000 to assist the nation's Poison Control Centers. Congress appropriated these funds to

- continue the work begun by CDC and MCHB in the previous year to establish a national toll-free number for poison control services. The telephone access and related activities are carried out under a cooperative agreement with the American Association of Poison Control Centers. One-half of the MCHB appropriation has been expended for the implementation of the number and development of a national public education campaign. The toll-free number is expected to be operational by spring 2001.
- assist poison control centers in planning and stabilization efforts. MCHB is assisting a limited number of States in which access to poison control services is in jeopardy, because (1) a center is closing, (2) a center is having to drastically reduce service, (3) or services are totally unavailable to the majority of the State's population. MCHB provides crisis intervention for centers at very high risk, which is essential to stabilization of the national system. The States that received 1-year funding are Alaska, Hawaii, Michigan, New Mexico, South Carolina, Tennessee, and Washington.
- support related system enhancement such as the development of uniform patient management guidelines.

In February 2000, President Clinton signed PL 106-174, *The Poison Control Center Enhancement and Awareness Act*. The legislation provides funds primarily to stabilize the poison control centers and to make a variety of system improvements. The authorization for this legislation is set at approximately $26 million. MCHB expects funds to be appropriated in the Fiscal Year 2001 budget, for about $20 million. MCHB has established a Poison Control Stakeholders Group with representation from approximately 16 national organizations, including the American Academy of Pediatrics, to assist in development of the new program.

The National Survey of Children with Special Health Care Needs (CSHCN)

In October 2000 the Maternal and Child Health Bureau (MCHB), in partnership with the National Center for Health Statistics (NCHS), launched the first-ever national survey to establish State and national prevalence estimates for Children with Special Health Care Needs using a common definition and a uniform measure of identification. The survey provides State-specific and national information on access to, and adequacy of, health care for this population of children and families. The information obtained will be used for several purposes including: (1) establishing State-specific baseline data for the Title V Maternal and Child Health State Block Grant reporting requirements; (2) guiding State needs assessment and program planning activities; and (3) reporting on the *Healthy People 2010 National Health Objectives*.

In addition to the State and national data generated for CSHCN and their families, the survey provides limited data on the health insurance status of typically

developing children. For low-income, uninsured children, the survey collects information on families' knowledge of and access to Medicaid and the State Child Health Insurance Program (SCHIP).

The National Survey on CSHCN is administered through the State and Local Area Integrated Telephone Survey (SLAITS). This mechanism, developed by the National Center for Health Statistics (NCHS), uses the sampling frame for the National Immunization Survey (NIS). Approximately 5,000 telephone interviews per State will be conducted in order to identify the targeted 750 CSHCN per State. This is the number needed to provide a statistically significant sampling.

The interview format consists of a screener to identify all CSHCN in each household interviewed. This screener, the Living With Illness (LWI) measure, was developed by the Foundation for Accountability (FACCT) and provides a functional approach to identify CSHCN, which is consistent with the definition established by the MCHB and endorsed by the American Academy of Pediatrics (AAP). The LWI measure is currently used by several Federal programs and has recently received approval by the National Council on Quality Assurance (NCQA) for inclusion in HEDIS, as a quality assurance measure for health insurance plans.

In households where a child with a special health care need is identified using the LWI screener, the remainder of the CSHCN survey will be administered to obtain information related to insurance status; adequacy of insurance; access to care; care coordination; satisfaction with care; and the impact of the health care system on the health and well-being of the child and family. The additional components of the survey for typically developing children and low-income uninsured children will also be administered at this time.

The survey, launched in October 2000, will be in the field for one year, until October 2001. State-specific data will be available as early as spring 2002.

CompCare

Congress passed the State Children's Health Insurance Program (SCHIP) in 1997. At that time, the Department of Health and Human Services recognized that insurance coverage alone would not be enough to ensure that the targeted children would receive the care they need. The Department realized that an effort to develop quality systems of care in the community from which these children would receive care would be needed for SCHIP to succeed. HRSA and the Agency for Health Care Policy Research (AHCPR) were assigned the lead role, working with the Health Care Financing Administration (HCFA), to develop these systems of quality care in the community.

CompCare is a technical assistance program set up to work with MCHB/HRSA and HCFA in their joint effort to develop systems of care in support of the SCHIP Program.

The technical assistance provided through CompCare is long-term, based upon the outline of a development plan, not upon short-term discrete contacts. Some examples of technical assistance currently being provided are: the development of management systems to strengthen quality assurance/quality improvement efforts for children's health services; the development of protocols for improving the integration of child health efforts among key State agencies; the assessment of and strengthening of child and adolescent care provider capacity, and the enabling of States and their systems partners to identify their systems goals, the components of an ideal system, resources needed and available, and strategies to effectively address barriers impeding utilization of services.

Office of Women's Health

The field of women's health evolved over the last century from a limited focus on social and biomedical factors that influenced a woman's capacity to reproduce and care for her family, to an exploration of the broader factors that influence her capacity to function fully in all aspects of her life. The need for this evolution is further supported by the fact that women's life expectancy has increased. Through the exploration of these broader factors, public health policy and program administration has recognized the need for a more holistic approach to women's health that covers the life span. A life span approach does not fragment interventions by focusing on discrete segments of the woman's life (e.g., adolescence, prenatal period, middle age) but rather optimizes outcomes through prevention-oriented interventions that pro-actively touch all phases of her development. To achieve this, a comprehensive, culturally-appropriate system of medical and support services must be coordinated through the local, State, and Federal levels to ensure an effective and responsive approach to women's health needs.

Consistent with the evolution in women's health, MCHB's focus on reproductive and women's health has evolved over time from workforce-related issues that originated in the Department of Labor's Children's Bureau of 1912 to a focus on reproductive health services for poor and underserved women and medical and support services for their children with the authorization of the Title V Maternal and Child Health Services Block Grant. Since 1992, the MCHB has actively developed programs around women's health. In so doing, MCHB energized its commitment to actively explore broader aspects of women's health as provided by Federally-funded maternal and child health programs. The revitalization presented a more proactive opportunity to improve both birth outcomes and long-term women's health status through prevention-based interventions that expanded provider and consumer knowledge and practice in many areas of health promotion, including preconception health and primary care standards as well as reduction of risk and health disparities for women, children, and families.

Additionally, in July 2000, HRSA's Office of Women's Health (OWH) was administratively placed in MCHB. This move provided new opportunities for MCHB to more effectively collaborate and coordinate with all HRSA Bureaus to address the needs of all women throughout their life span and to act as liaison with programs outside of HRSA that are serving the same population. In support of HRSA's mission, the OWH coordinates women's health activities across more than 80 HRSA programs. This cross-cutting and unifying role strengthens the MCHB programmatic focus to eliminate gender disparities and to ensure that all women receive culturally competent, quality care. This linkage provides close ties with MCHB programs that serve more than 2.2 million women.

Office of Data and Information Management (ODIM)

To support the mission of the Maternal and Child Health Bureau (MCHB) with renewed emphasis in data, the Bureau created the Office of Data and Information Management (ODIM) in 1999. The ODIM is charged with three main functions: (1) to enhance data capacity at the regional, State, and local level; (2) to analyze data concerning the MCHB programs and strategic plan goals; and (3) to build capacity in the MCH epidemiology field. MCHB directs significant attention to advancing and strengthening essential public health functions and to assisting State and local MCH programs with enhancement of analytic capability in the assessment of needs, monitoring of efforts, and evaluating outcome performance.

Regarding data sources: **Unless otherwise noted, the data in this chapter are from the Title V Information System (TVIS) database (*www.mchdata.net*) or from *Child Health USA 2000*, Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services, September 2000.**

[1] Source: Census Bureau, Household and family characteristics, March 1998, October 1998.

[2] Related children in a family includes householder's own children and all other children in the household who are related to the householder by blood, marriage, or adoption.

[3] Based on the U.S. Census Bureau's poverty threshold, which is calculated using the Consumer Price Index from the previous calendar year.

[4] Source: U.S. Census Bureau, Current Population Survey, March 1999 and 2000.

CHAPTER 2
Title V 1998 National Summary Data

This chapter has four sections: 1) A reporting of the 1998 National Maternal and Child Health (MCH) Outcome Measures, 2) Selected 1998 National MCH Performance Measures, 3) a summary of Telephone Access to MCH Information, and 4) Who Title V Helps and How Much Was Spent.

1998 National MCH Outcome Measures

The maternal and child health outcome measures are primarily measures of mortality for a range of populations. Mortality rates are used nationally and throughout the world as sentinel indicators of a population's health. In the United States, progress has been made in reducing mortality rates for the MCH populations, but the rate of decline has slowed in the past decade.

A statement of the measure, the 1998 results, the *Healthy People 2000* goal, and commentary on the 1998 results is provided for each of the six outcome measures.

Infant Mortality Rate

Statement of Measure	National 1998 Results	HP 2000 Goal
Infant mortality rate (per 1,000 live births)	**7.2**	**7**

Title V's efforts to ensure the delivery of high-quality care to all pregnant women and infants continues to play an important role in the reduction of infant mortality rates in the United States. In 1998, the infant mortality rate was 7.2 deaths per 1,000 live births. This rate, which was unchanged from 1997, is the lowest ever recorded in the United States. However, this rate still ranks 26th among the industrialized nations of the world. The *Healthy People 2000* target for infant mortality is 7 deaths per 1,000 live births[1].

Ratio of Black to White Infant Mortality Rates

Statement of Measure	National 1998 Results	HP 2000 Goal
Ratio of black to white infant mortality (per 1,000 live births)	**2.4/1**	**No corresponding HP 2000 goal for this measure**

In 1998, the black infant mortality rate was 2.4 times that of whites. Between 1997 and 1998, the rate of death among white infants remained unchanged at 6.0, while the rate for blacks increased from 14.2 to 14.3. The *Healthy People 2000* goal for infant mortality among blacks is 11 per 1,000 live births.

Neonatal Mortality

Statement of Measure	National 1998 Results	HP 2000 Goal
Neonatal mortality rate (per 1,000 live births)	**4.8**	**4.5**

In 1998, 18,918 infants younger than 28 days died, which resulted in a neonatal mortality rate of 4.8 deaths per 1,000 live births. These deaths are largely due to internal causes such as disorders due to short gestation (preterm birth) and low birth weight and congenital anomalies (birth defects). The *Healthy People 2000* national goal for this indicator is 4.5 deaths per 1,000 live births.

Postneonatal Mortality

Statement of Measure	National 1998 Results	HP 2000 Goal
Postneonatal mortality rate (per 1,000 live births)	**2.4**	**2.5**

In 1998, 9,453 infants younger than 28 days to 11 months died. The postneonatal mortality rate was 239.8 deaths per 100,000 live births, which represents a 2.2 percent decline from 1997. The postneonatal mortality rate for blacks is at least two times that for whites for most of the leading causes of postneonatal mortality.

Postneonatal mortality includes deaths from 28 days to less than 1 year of age. These deaths are more likely to be from external causes and to reflect the environment and care a child receives. The leading causes of postneonatal mortality are Sudden Infant Death Syndrome (an event that is becoming less frequent as parents learn to put their infants to sleep on their backs), congenital anomalies, and injuries.

Perinatal Mortality

Statement of Measure	National 1998 Results	HP 2000 Goal
Perinatal mortality rate (per 1,000 live births and fetal deaths)	**7.2**	**No corresponding HP 2000 goal**

Perinatal mortality includes deaths in the late prenatal period (after 28 weeks' gestation) as well as the neonatal period (the first 6 days of life). This measure reflects the health of the pregnant woman, the pregnancy environment, and the care a woman and infant receive during pregnancy and birth. In 1998, the perinatal mortality rate was 7.2 deaths per 1,000 live births. There is no corresponding *Healthy People 2000* objective for this indicator.

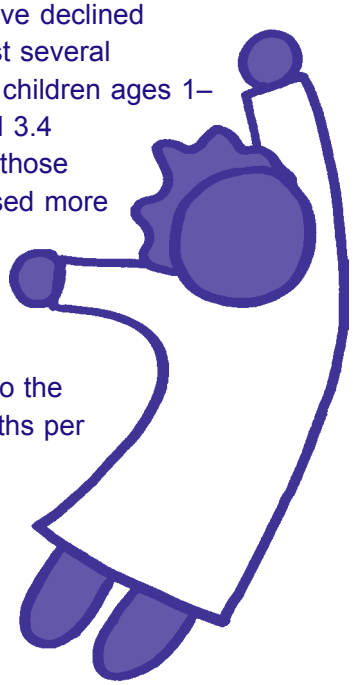
Child Mortality

Statement of Measure	National 1998 Results	HP 2000 Goal
Child death rate (per 100,000 children aged 1-14)	**24**	**28**

There were 13,042 deaths of children ages 1–14 in 1998. Injury, regardless of intent, was the primary cause of death in this age group. Among 1–4 year-old children, injuries accounted for 44 percent of all deaths, followed by deaths due to congenital anomalies (birth defects), homicide, malignant neoplasms (cancer), and diseases of the heart.

Injuries comprised 47.7 percent of all deaths among 5–14-year-old children, followed by malignant neoplasms, homicides, congenital anomalies, diseases of the heart, and suicide.

Childhood death rates have declined substantially over the past several decades. Death rates for children ages 1–4 years of age decreased 3.4 percent from 1997, while those aged 5–14 years decreased more than 4.3 percent. The 1998 overall child death rate of 24 per 100,000 children shows favorable change when compared to the 1997 rate of 25 child deaths per 100,000.



Selected 1998 National MCH Performance Measures

National performance measures describe specific maternal and child health needs that, when successfully addressed, can lead to a better health outcome within a specific time frame. States must set 5-year performance objective targets and report annually on their progress for each of the national and State measures.

Each measure has six major components: a goal, measure, definition, *Healthy People 2000* objective, data source, and a significance statement. These components are described in detail—for each of 18 core measures—on the Title V Internet site (**www.mchdata.net**). For some States, some measures represent a "work in progress," because the States are in various developmental stages of data collection. Therefore, the Internet site also contains footnotes that provide explanatory material to enhance understanding or highlight special conditions or concerns in specific States.

Of the 18 national performance measures, seven have been selected for this "Snapshot." Each of the seven are presented as follows:

Specialty Services for Children with Special Health Care Needs (CSHCN)

Statement of Measure	National 1998 Results	HP 2000 Goal
Number of specialty services for Children with Special Health Care Needs (CSHCN)	**8 of 9**	**8.5 of 9**

This measure rates the degree to which special services for CSHCN programs provide or pay for specialty and subspecialty services, including care coordination not otherwise accessible or affordable to its clients. Because CSHCN are more likely to incur catastrophic expenses, and because they have ongoing health and medical needs that extend beyond those of typically developing children, they are more likely to be uninsured or underinsured.

The *Omnibus Budget Reconciliation Act of 1989* authorized State Title V programs to provide rehabilitation services for disabled individuals under the age of 16 to the extent medical assistance is not provided by Medicaid, and to provide—and promote—family-centered, community-based coordinated care, including care coordination services.

For many CSHCN, Title V is the only source for services such as surgeries, durable medical equipment, care coordination, and assistive technology. Historically, Title V has played a strong role in assuring that this population of children and families receive the comprehensive services required to meet their unique needs. The services included in this measure are representative of those often required by CSHCN and provided by Title V CSHCN programs. For this measure, a degree rating of 9 out of 9 is a perfect score and would indicate that the measure's area of coverage has been fully met.

One point is awarded for each of the following service provisions:

- Medical and surgical subspecialty services;
- Occupational therapy and physical therapy services;
- Speech, hearing, and language services;
- Respiratory services;
- Durable medical equipment and supplies;
- Home health care;
- Nutrition services;
- Care coordination; and
- Early intervention services.

Children Immunized (Ages19-35 Months) Against 9 Diseases

Statement of Measure	National 1998 Results	HP 2000 Goal
Children immunized (ages 19-35 months) against 9 diseases	**79%**	**90%**

Infectious diseases remain important causes of preventable illness in the United States, despite significant reductions in incidence in the past 100 years. Vaccines are among the safest and most effective preventive measures.

This performance measure reports the percent of children through age 2 who have completed immunizations for measles, mumps, rubella, polio, diphtheria, tetanus, pertussis, haemophilus influenza, and hepatitis B.

Births to Teens Aged 15-17

Statement of Measure	National 1998 Results	HP 2000 Goal
Birth to Teens aged 15-17 years (per 1,000 teens aged 15-17)	**30.4**	**50**

Teen parenting may be associated with lower rates of school completion, initiating a cycle of poverty for mothers and their children. In addition, pregnant teens are less likely than women in their 20s and 30s to receive early and continuous prenatal care, and they are more likely to smoke and use alcohol during their pregnancies. The objective for *Healthy People 2000* is 50 pregnancies per 1,000 females aged 15–17. In 1998, the live birth rate per 1,000 adolescent females was 30.4 for ages 15–17, down from 32.1 in 1997.

There are several probable reasons for this encouraging trend, which has occurred during a period of intensive efforts by both public and private sectors to reduce teen pregnancy. Overall, our society has tried to send strong messages to adolescents regarding responsible sexual behavior, including abstinence, and for those teenagers who are sexually active, the use of effective contraceptive methods. Many communities have developed teen pregnancy prevention programs. Both male and female adolescents are now less likely to be sexually active, and sexually active adolescents are more likely to use contraception.

Deaths to Children Aged 1-14 (Caused by Motor Vehicle Crashes)

Statement of Measure	National 1998 Results	HP 2000 Goal
Deaths to children aged 1-14 caused by motor vehicle crashes (per 100,000 children)	**24**	**28**

In 1998, motor vehicle crashes were the leading cause of injury death among 5-to-14-year old children. Traffic-related injuries are a major cause of hospitalization and medical spending for children as well. The death rate for 1–4-year-olds is 4.1; for 5–14-year-olds is 4.6. The overall rate for deaths to children (1–14) caused by motor vehicle crashes is down to 4.43, which represents achievement of the *Healthy People 2000* goal.

Traffic-related injuries are the leading cause of death and a major cause of hospitalization and medical spending for children. Of these fatalities for children 14 and under, 23 percent are as motor vehicle occupants, 10 percent are as pedestrians, and 3 percent are as bicyclists. Riding unrestrained is the greatest risk factor for death and injury among child occupants of motor vehicles. Great progress has been made: In 1999, the National Highway Traffic Safety Administration reported that 91.7 percent of children ages 4 and under are riding with restraints; 8.7 percent of the children in this age group are still riding unrestrained.[2]

Score for Family Participation in Program & Policies of CSHCN Programs

Statement of Measure	National 1998 Results	HP 2000 Goal
Score for family participation in programs and policies of CSHCN Program	**9 of 18**	**10 of 18**

Legislation enacted in 1989 mandates that health programs supported by the MCH Bureau provide and promote family-centered, community-based, coordinated care. Title V programs have provided over a decade of national leadership in implementing these principles or major components of a family/professional partnership. One way in which these partnerships are realized is through strategies that include family members working as partners along with providers in Title V programs to develop, implement, and evaluate Title V programs. Each State was asked to assess family participation in their CSHCN program by ranking themselves on six program characteristics. Each characteristic is rated on a 4-point scale (0 = not met, 1 = partially met, 2 = mostly met, 3 = completely met) making possible a total score of 18 points.

The six services are as follows:

- Family members participate on advisory committees or task forces and are offered training, mentoring, and reimbursements, when appropriate.
- Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.
- Family members are involved in the Children with Special Health Care Needs' elements of the MCH Block Grant Application process.
- Family members are involved in in-service training of CSHCN staff and providers.

- Family members are hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).
- Family members of diverse cultures are involved in all of the above activities.

Very Low Birth Weight (VLBW) Births

Statement of Measure	National 1998 Results	HP 2000 Goal
Very low birth weight live births	1.5%	1%

Infants born weighing less than 1500 grams (about 3 pounds, 5 ounces) are at highest risk for poor health outcomes, including developmental delays, physical and visual impairments, cognitive difficulties, and account for up to half of infant deaths. While the VLBW rate for the population as a whole is low—only 1.5 percent of births in 1998—the rate in cities with populations over 100,000 was 1.7. The *Healthy People 2000* target for this indicator is 1 percent of all live births.

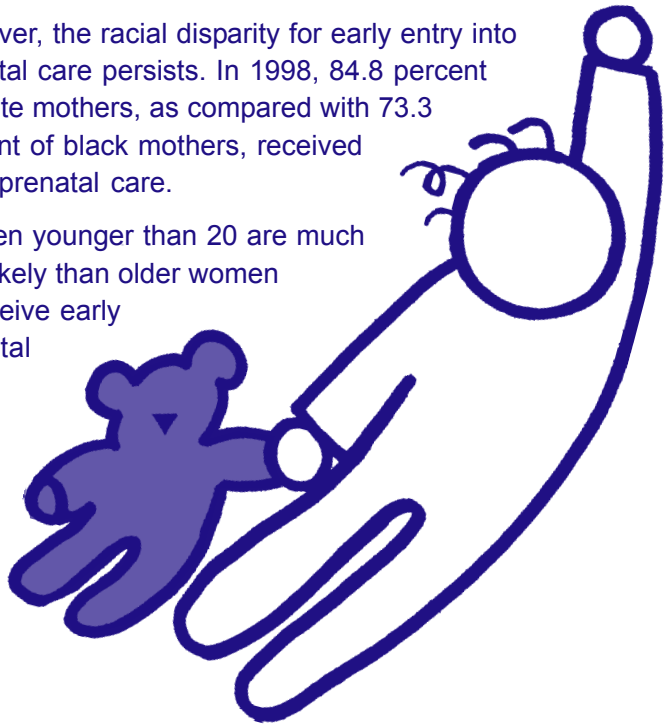
Infants Born to Women who Received First Trimester Prenatal Care

Statement of Measure	National 1998 Results	HP 2000 Goal
Infants born to women who received first trimester prenatal care	82.8%	90%

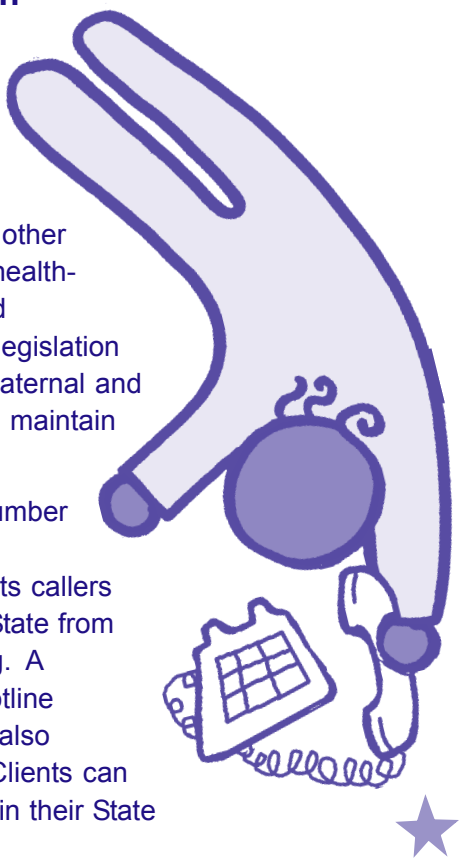
The proportion of mothers beginning prenatal care in the first trimester of pregnancy increased for the ninth consecutive year, rising from 82.5 percent in 1997 to 82.8 percent in 1998.

However, the racial disparity for early entry into prenatal care persists. In 1998, 84.8 percent of white mothers, as compared with 73.3 percent of black mothers, received early prenatal care.

Women younger than 20 are much less likely than older women to receive early prenatal care.



Telephone Access to MCH Information



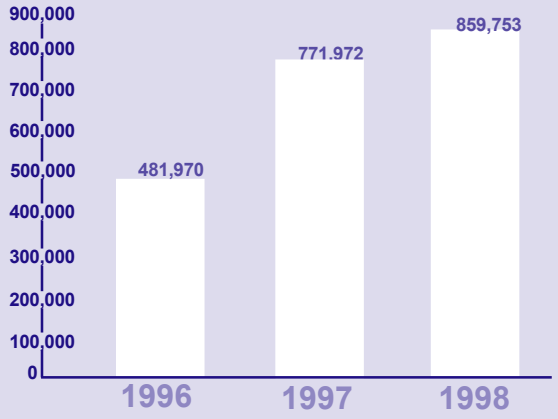
To aid families in obtaining information about the State Title V and Title XIX (Medicaid) programs and about other relevant health and health-related providers and practitioners, Title V legislation requires that State maternal and child health agencies maintain a toll-free hotline.

A national toll-free number (1-800-311-BABY) automatically connects callers to the hotline in the State from which they are calling. A Spanish language hotline (1-800-504-7081) is also provided nationally. Clients can also call the number in their State directly.

To promote further awareness, some States operate additional hotlines such as Florida's "Family Health Line," the "Oregon Health Safenet," or Puerto Rico's "Linea Interactiva."

The bar graph below shows the combined total of all calls to State MCH hotlines from 1996 to 1998. The difference between the number of calls in 1996 and the number in 1998 (377,783 calls) represents a 78 percent increase in the public's use of this service.

Figure II-1. Total Hotline Calls by Year



To help families learn about maternal and child health care.

Figure II-2. Title V—MCH Federal-State Block Grant Partnership: Number of Individuals Served and Population Group

Population Served	FY98 Number of Individuals Served	FY98 Percent of all Individuals Served	FY97 Number of Individuals Served	FY97 Percent of all Individuals Served
Pregnant Women	2,268,820	9%	1,963,797	8.2%
Infants (<1 year)	3,140,720	12%	2,907,840	12.1%
Children (1 to 22 years)	17,624,074	67%	16,456,435	68.5%
CSHCN	860,599	3%	875,648	3.7%
Others	2,267,911	9%	1,810,999	7.5%
Totals	**26,162,124**	**100%**	**24,014,719**	**100%**

Who Title V Helps and How Much was Spent

In 1998, the Title V MCH Federal-State Block Grant Partnership served more than 26 million pregnant women, infants, and children, including Children with Special Health Care Needs (CSHCN). This number shows that 2 million more individuals were served in 1998 than were served in 1997.

As shown in Figure II-2 above, "Title V—Number of Individuals Served," the MCH populations are classified as Pregnant Women, Infants (less than one year of age), Children (from 1 to 22 years of age), Children with Special Health Care Needs, and Others, which is constituted primarily of services to women.

As the data table shows, in both 1997 and 1998, children (1 to 22 years) compose the largest group within the populations served, followed by infants and pregnant women.

Figure II-3. Title V—MCH Federal-State Block Grant Partnership Expenditures by Population Served—FY98

Populations Served	Expenditures FY 1998	Percent of Total
Pregnant Women	$428,660,632	15.5%
Infants (<1 year)	306,727,242	11.1%
Children (1 to 22 years)	691,290,128	25.1%
CSHCN (Special Needs)	1,013,093,671	36.7%
Others	210,143,907	7.6%
Administration	109,731,870	4%
Totals	**$2,759,436,215**	**100%**

Of the nearly 3.8 million mothers who gave birth in the United States in 1998, Title V served nearly 58 percent of them, mostly by providing prenatal or postnatal care services. Of the nearly 3.9 million babies born, Title V ensured that almost all of them—over 99 percent — received newborn genetic screening services such as phenylketonuria (PKU) and hypothyroid screening, Title V also served nearly 100 percent of the infants born for either newborn screening or some other significant service during their first year of life. Of the 84 million children (through age 21) in the United States in 1998, Title V served more than 16 million or nearly 19 percent, for a range of services including immunization, lead screening, injury prevention, and other preventive health or oral health services.

Nearly one million children with special health care needs were served. CSHCN are children from

birth to age 22 who have or are at increased risk for chronic physical, developmental, behavioral, or emotional conditions, and who require health and related services of a type or amount beyond that required by children generally. At least 30 percent of Federal dollars allotted to each State are earmarked for services to CSHCN, a figure that is supplemented by State and other funds.

It is estimated that CSHCN constitute approximately 18 percent of all children, which suggests there are about 15 million children with conditions ranging from moderate health problems to severe disabilities. Because of limited funds, Title V was able to serve fewer than 1 million of these children.

Figure II-3 on the left shows the disbursement of the Title V MCH Federal-State Block Grant Partnership dollars into six categories—the five population groups described in the previous section, plus expenditures to administer the Title V program—a low 4 percent.

The highest percentage of Title V expenditures was for CSHCN—36.7 percent, or more than $1 billion. Those in the children (1 to 22 years) cohort ranked second in expenditures (25.1 percent) or more than $691 million. Pregnant women ranked third in expenditures at 15.5 percent or $428.6 million; infants (less than 1 year) fourth at 11.1 percent or $306.7 million.

CSHCN, with ongoing health and medical needs that extend beyond those of typically developing children and with the likelihood of being uninsured or under-insured, receive the most dollars from the Title V partnership. While they make up 3 percent of those served by Title V, they require 36.7 percent of the dollars.

Figure II-5. MCH FEDERAL-STATE PARTNERSHIP FUNDS—FY 98[2]

Title V Federal-State Block Grant: **$2,759,436,215**	Percent: **91.6%**
Other Title V Grant Programs: **$156,950,146**	**5.2%**
Other MCH Grant Programs: **$95,943,103**	**3.2%**
TOTAL MCH Partnership Funds **$3,012,329,464**	**100%**

Total MCH Expenditures

Figure II-5 above shows an even more complete picture of the MCH funding. The table includes both the Title V Block Grant and the monies expended for other Title V grants, which include the Title V Special Projects of Regional and National Significance (SPRANS), the Title V—Community Integrated Service Systems (CISS), the Title V Abstinence Education Program, and the Emergency Medical Services for Children (EMSC), Healthy Start, and Traumatic Brain Injury grant programs. (See Chapter III for descriptions of the grant programs.)

Title V—MCH Federal-State Block Grant Partnership Expenditures

Figure II-4 pie chart breaks out the FY98 MCH Partnership Block Grant Expenditures by *source* of funds.

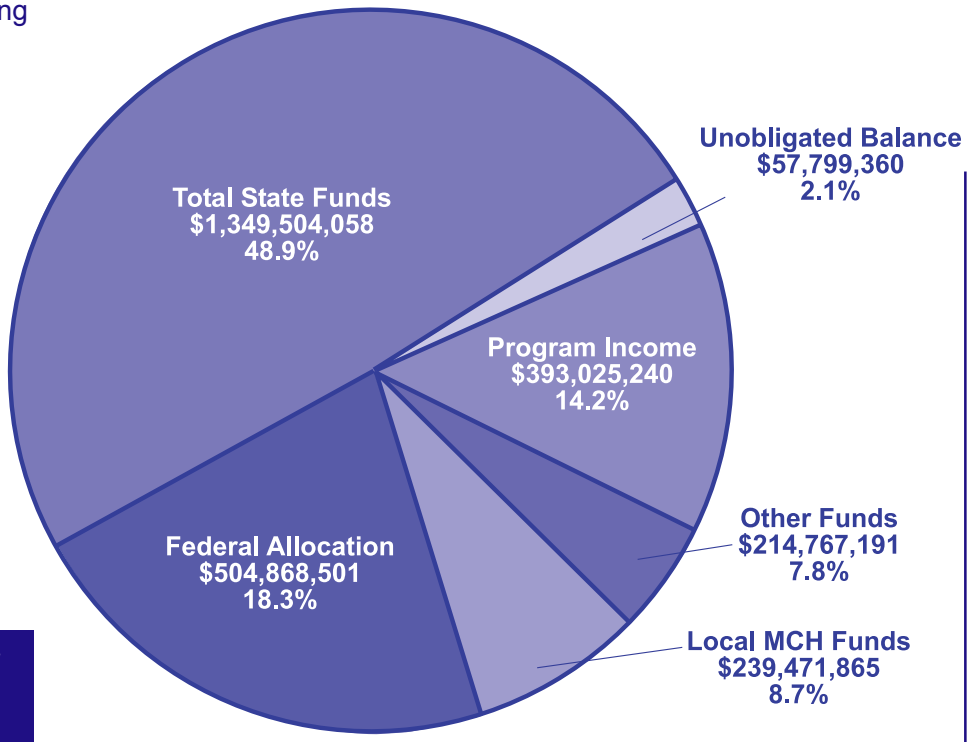


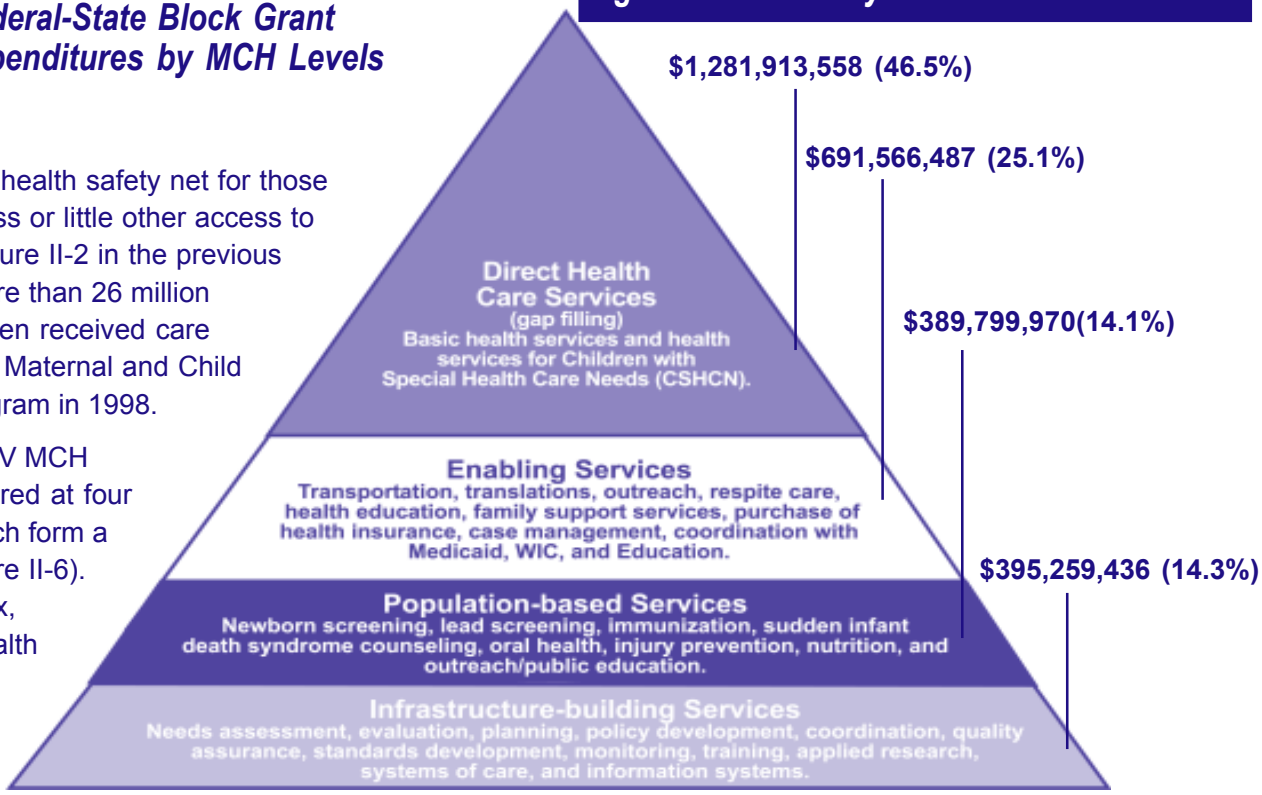
Figure II-4. Title V —MCH Federal-State Block Grant Partnership Expenditures by Source of Funds—FY98

Title V MCH Federal-State Block Grant Partnership Expenditures by MCH Levels of Services

Title V is often the health safety net for those who have no access or little other access to health care. As Figure II-2 in the previous section shows, more than 26 million mothers and children received care through the Title V Maternal and Child Health (MCH) Program in 1998.

Conceptually, Title V MCH services are delivered at four service levels, which form a pyramid (See Figure II-6). Starting at the apex, they are Direct Health Care Services, Enabling Services, Population-based Services, and Infrastructure Services. The 1998 expenditures and examples of services provided at each of these four levels are enumerated in the pyramid.

Figure II-6. MCH Pyramid of Health Services



***Total FY1998 MCH Federal-State Partnership Block Grant Expenditures* • $2,759,436,215 (100%)**

The Story of Gabriella

In 1998, the Title V MCH Block Grant Program served more than 26 million pregnant women, infants, and children, including Children with Special Health Care Needs (CSHCN). To give this enormous statistic a human face and to illustrate how Title V intervenes, the following story is presented. Although the central character, Gabriella, is fictional, her story is not; it is a composite of the daily, real-life stories heard around the country from Title V programs in action. Although the pyramid structure is invisible to Gabriella, she receives services from all four tiers of health services.

Gabriella is a single 18-year-old mother-to-be who is 4 months pregnant and has not been to a health care provider for prenatal care. She is unemployed, lives in run-down urban housing, and uses drugs and alcohol to escape her bleak reality.

The State's Department of Health Title V MCH program is very visible in Gabriella's community. It is the primary source of ***Direct Health Care Services*** for many families in this neighborhood.

(***Enabling Services)*** The local health department sends outreach workers to canvas the neighborhood looking for mothers and children in need of help. One of Gabriella's friends talks to an outreach worker about her pregnant friend and points to where Gabriella can be found. The bilingual outreach worker visits Gabriella at her apartment and spends some time talking to her about her pregnancy, her living situation, and the next steps she needs to take to give her unborn child a better chance of being healthy at birth. At first Gabriella was uncomfortable about the visit of a health department representative and offered very little information. The outreach worker did confirm that Gabriella has no health insurance and has not yet seen a health care provider during this pregnancy. Only able to speak a little English, Gabriella is unsure about going to a clinic and skeptical of government programs. On her second visit, the outreach worker convinces Gabriella of the importance of prenatal care and arranges an initial visit with a health care provider at a local clinic. Gabriella is reassured to learn that she will be able to communicate with the caregivers in her native Spanish language.

(Direct Health Care Services) Because clinic staff members are culturally sensitive and several of them speak Spanish, Gabriella attends all of her prenatal care appointments. At her first visit the health care provider took her medical history. She received a physical examination that included internal (pelvic) and breast exams; a check of her heart, lungs, eyes, ears, nose, and throat; and measurement of her weight and height. Blood and urine laboratory tests were performed, her blood pressure checked, and a pap smear was taken to check for possible problems that might affect the pregnancy. The health care provider talked with her about a plan of care—a schedule of visits, diet, exercise, and the importance of immediately adopting a "no use" of alcohol or other drugs (including tobacco) lifestyle so that her unborn child will have a healthy start in life. Further, the health care provider talked with Gabriella about substance use counseling services and set up an appointment for her. Gabriella accepts the help and makes major lifestyle changes—giving up alcohol and other drugs for the health of her unborn child.

(Enabling Services*.)* Now enrolled within the local system of care, Gabriella is overseen by a case manager who works with a team to introduce the pregnant woman to a host of other useful services, including food stamps and WIC enrollment, Medicaid eligibility, and numerous education programs about nutrition, pregnancy, parenting, and even employment.

The long-awaited day arrives. At the local community hospital, Gabriella gives birth to a healthy baby boy she names Roberto. Before she leaves the hospital, newborn blood work screenings are provided (to detect for several genetic disorders such as phenylketonuria (PKU), galactosemia, and congenital hypothyroidism). Also, a newborn hearing screening is provided to Roberto before hospital discharge. The goal of these blood and hearing tests is to identify health problems as soon as

possible in order to provide immediate treatment, prevent serious complications, and provide resources, if needed. The ***Population-based Services*** tier of the pyramid provides these newborn screening services to *all* newborns in the nation.

Although Gabriella and her newborn still have many milestones to achieve, she now faces her challenges with stronger hope, new knowledge, and determination—thanks to the existence of the Title V Federal-State Partnership and its strong foundation (***Infrastructure-building Services)***. Her local family resource center—a part of the local public health infrastructure—will always be there as a health safety net with a continuum of services from postnatal care to well-baby checks to breastfeeding support. It is important to the Title V program that every woman, infant, and child has a *medical home*—direct care provided by a well-trained provider who is known to the family, care that is accessible, continuous, comprehensive, family-centered, coordinated, and compassionate.

Happily, Gabriella now lives in well-kept public housing. She is receiving vocational training and working part-time in order to support her new family. While in the Title V system of care, Gabriella is introduced to health insurance coverage for her family, and Roberto is now enrolled in the State's Children's Health Insurance Program (SCHIP) and goes to a primary care clinic regularly for well-baby care check-ups.

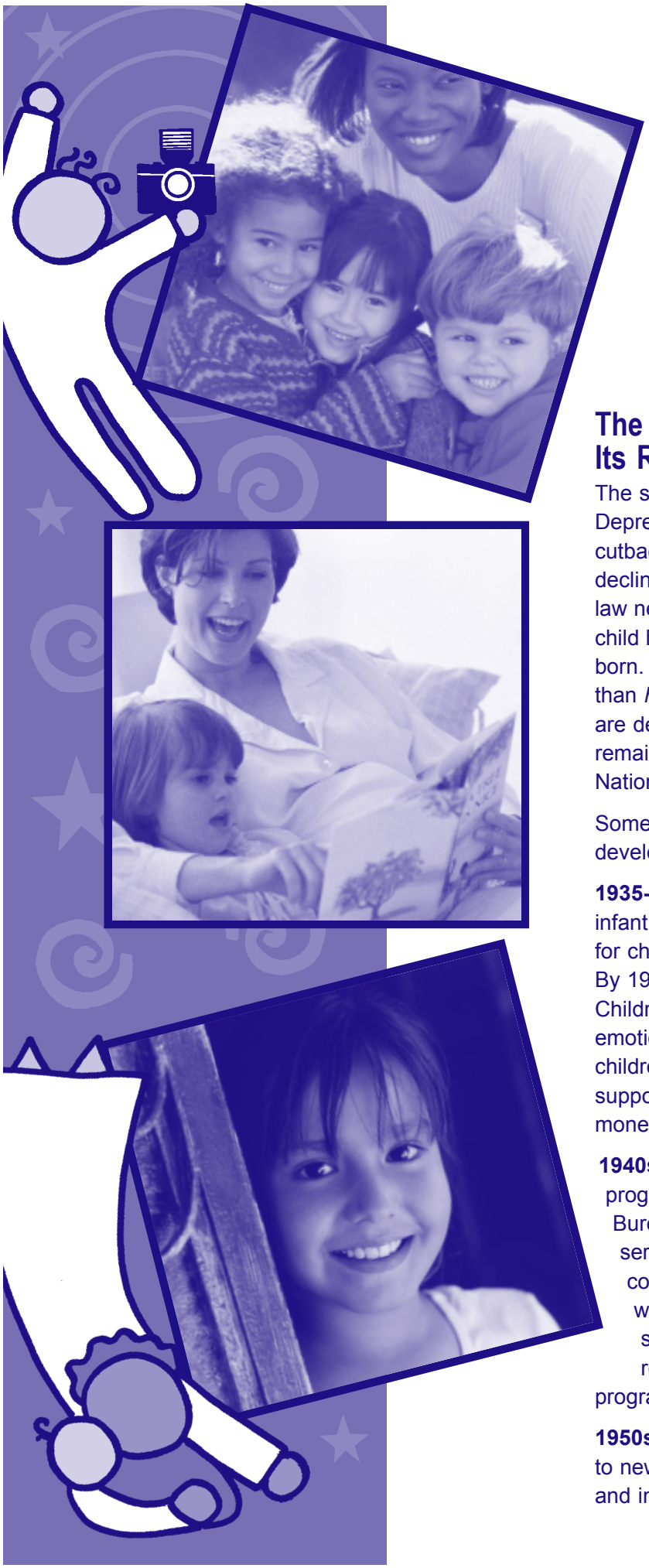
Not all stories have such a constructive ending. Some pregnant women continue to engage in unhealthy behaviors and deliver their babies prematurely, creating serious physical and developmental challenges—and frequently life-threatening situations—for themselves and their newborns. Many children in the United States have undetected physical and emotional problems that could be treated. Many others are victims of child abuse and neglect. Poor health of a parent may leave a family desolate. Living conditions may deteriorate into an unhealthy situation. Title V programs strive to keep the public health commitment by identifying the needs of the most vulnerable populations and responding with appropriate systems of care[3].

EndNotes

[1] ***Regarding data sources:*** **As in Chapter I, unless otherwise noted, the data in this chapter are from the Title V Information System (TVIS) database (www.mchdata.net) or from *Child Health USA 2000*, Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services, September 2000.**

[2] **Sources: National Vital Statistics Reports, Table 19, Vol. 48, No. 11, July 24, 2000. Traffic Safety Facts 1999—Children, Table 3, U.S. Department of Transportation, National Highway Traffic Safety Administration.**

[3] **For more examples from the States of the services offered in relation to the pyramid's four levels of service, go to www.mchdata.net and search the Summary Reports section for State Profiles.**



CHAPTER 3
Maternal and Child Health: An Overview & Brief History

The MCH Partnership: Its Roots and Milestones

The story begins in August 1935, in the midst of the Great Depression. Federal health programs are experiencing cutbacks and the health of mothers and children is in decline. President Franklin Delano Roosevelt signs into law new legislation to promote and improve maternal and child health nationwide. Title V of the *Social Security Act* is born. Title V was created as part of broad *social,* rather than *health,* legislation. The legacies of Title V programs are deep and widespread. Sixty-five years later, Title V remains the longest lasting public health legislation in our Nation's history.

Some of the highlights of Maternal and Child Health development across the decades are described below:

1935-1940. Title V provides programs for maternity, infant, and child care, and a full range of medical services for children, including children with congenital disabilities. By 1938, every State except one has a Crippled Children's (CC) program aimed at the social and emotional, as well as the physical, needs of these children. They represent the first medical care programs supported on a continual basis with Federal grants-in-aid money.

1940s. The Emergency Maternity Infant Care (EMIC) program, administered by the Maternal and Child Health Bureau and the State Title V agencies, establishes a service delivery system that provides free and complete maternity and infant health care for the wives and infants of the four lowest grades of servicemen. At the time of its implementation, EMIC represents the most extensive public medical care program in U.S. history.

1950s. New program initiatives are developed to respond to new information about infant mortality rates and risks and information that points to the movement of health

care providers away from the cities and rural areas toward suburban areas. In addition, this decade sees the beginning of special funding for projects targeting "mentally retarded" children, later referred to as MR funds.

1960s-1970s. The Maternal and Infant Care Programs (MIC) and Children and Youth Programs (C&Y) provide comprehensive child and reproductive health care services to millions of low-income women and children. The services developed by the programs for prenatal care, well-baby care, and family planning become models for the country.

1970s. The Improved Pregnancy Outcomes Program (IPO) promotes greater access to appropriate levels of care for pregnant women and infants in chosen geographic regions. The 34 States that participate in this program—including 13 that have very high rates of infant mortality—experience greater rates of decline in infant mortality than does the rest of the country.

1980s. The Maternal and Child Health Services Block Grant is created in 1981, consolidating under Title V seven former categorical child health programs into a single program of formula grants to States supported by a Federal special projects authority. States adopt injury prevention as a public health issue. The Emergency Medical Services for Children (EMSC) program is created in recognition of the fact that children have special needs when they are critically ill or injured. The program provides training and education in pediatric emergency health care and influences the development of pediatric emergency equipment and standards.

1990s. The Maternal and Child Health Bureau and its partners remain dedicated to improving the health of all the Nation's women and children. Significant amendments to Title V in 1989 and adoption of the Government Performance Results Act (GPRA) of 1993 usher in an era of greater sophistication in assessing unmet service needs and improved accountability in measuring program performance and strengthening an already close Federal-State partnership. State data on health status and services are collected electronically and made available nationally via the Title V Information System web site at **www.mchdata.net.** Major new child health legislative initiatives—Healthy Start in 1991 and the State Child Health Insurance Program (SCHIP) in 1997—target long-standing national concerns over infant mortality and uninsured children, drawing heavily on MCH professional expertise and organizational support. Abstinence Education is added to Title V in 1996 as a categorical program, separate from the Block Grant.

2000. The Maternal and Child Health Bureau assumes responsibility for new legislative programs to support Newborn Hearing Screening and Poison Control Centers. Major new funding for community-based abstinence education is added.

The Title V MCH Federal-State Partnership—How It Works Today

The *Government Performance and Results Act* (GPRA) of 1993 required the establishment of measurable goals that can be reported as part of the budgetary process, linking funding decisions with both State-identified Maternal and Child Health (MCH) needs and solutions as

The Maternal and Child Health Timeline

1909
First White House Conference on the Care of Dependent Children

1912
Children's Bureau created by Congress, placed in Department of Labor

1913
Prenatal Care published by Children's Bureau, first-ever pamphlet on topic

1914
Infant Care published by Children's Bureau (continues in 1999, in its current edition to be a bestseller)

1915
Establishment of a Birth Registration Area (10 States and the District of Columbia)

1921
Sheppard-Towner Act established national policy that the people, through their Federal, State, and local governments, share responsibility for helping to provide community services that children need for a good start in life

well as performance. (The mechanics of the block grant application and reporting process are described in Appendix B.)

GPRA also requires that each Federal agency develop comprehensive strategic plans, annual performance plans with measurable goals and objectives, and annual reports on actual performance compared to performance goals. MCHB has implemented a *Strategic Plan (1998-2003),* which focuses—through leadership, performance, and accountability—on accomplishment of three over-arching goals: 1) to eliminate health disparities in health status outcomes, through the removal of economic, social, and cultural barriers to receiving comprehensive, timely, and appropriate health care; 2) to ensure the highest quality of care through the development of practice guidance, data monitoring, and evaluation tools; the utilization of evidence-based research; and the availability of a well-trained, culturally diverse workforce; and 3) to facilitate access to care through the development and improvement of the MCH health infrastructure and systems of care to enhance the provision of the necessary coordinated, quality health care. (The full text of the *MCHB Strategic Plan* is provided as Appendix C.)

The MCH Pyramid Framework

The MCH Partnership—at both the Federal and State levels—uses a four-level construct, a pyramid, in planning and reviewing each State's MCH services, budgets, and gaps. (See pyramid inset, Exhibit III-1.) This conceptual framework is used in the annual Title V application and reporting process. Specific service examples for each of the levels are enumerated below:

Level I: Direct Health Care Services

At the pinnacle of the pyramid are direct services for individuals in the MCH population. Usually these services are delivered on a one-on-one basis, between a health professional and a patient, in an office, clinic, or emergency room. Direct services "fill gaps" in both the public and private sector; i.e., MCH funds expended at this level represent the last health care option available for these children and their families. When all children and families have access to appropriate and affordable health care, the funds required at the pinnacle level will be the smallest percentage of the four levels.

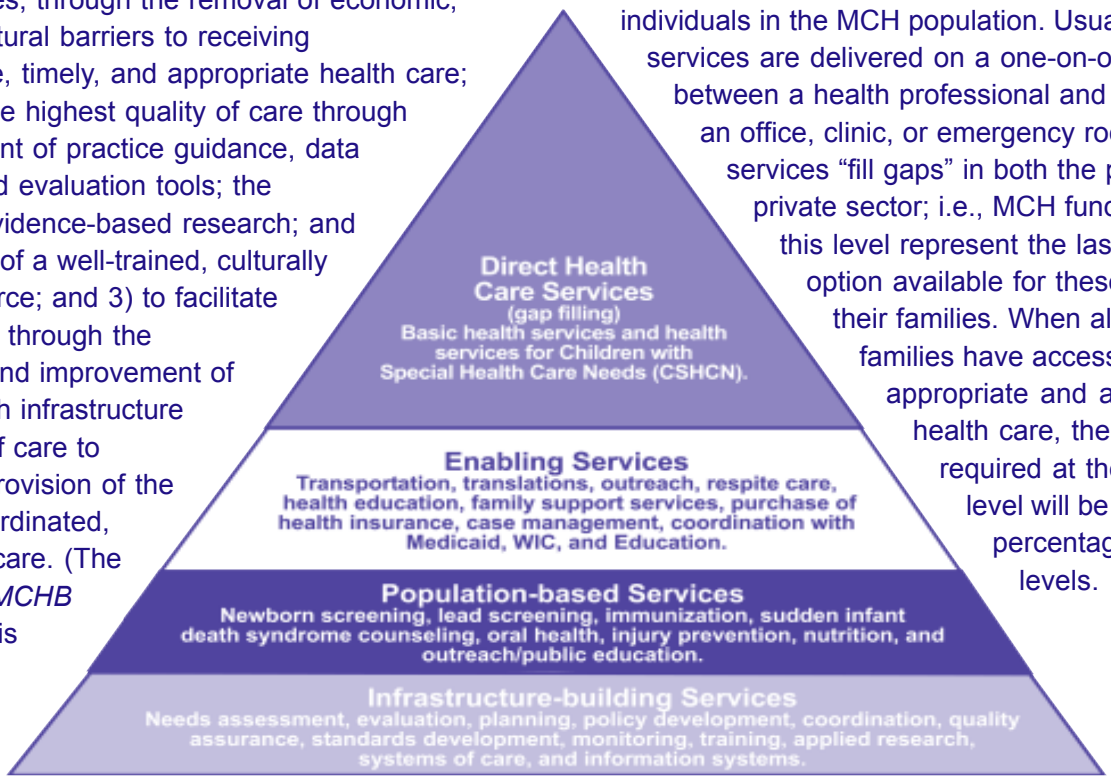


Figure III-1. The MCH Pyramid of Health Services

1929

Sheppard-Towner Act lapses due to significant opposition from the Catholic Church, the Public Health Service, and the American Medical Association

1930

Dissident group of pediatricians resign from AMA in protest and form the American Academy of Pediatrics

1930

White House Conference produces "Children's Charter"

1934

Department of Labor's Annual Report recommends 3 major programs: (1) aid to dependent children, (2) welfare services for children needing special care, and (3) maternal and child health services including services for crippled children

1935

Recommendations 2 & 3 (Department of Labor Report) were enacted into law as Title V of the *Social Security Act*, administered by Children's Bureau, Department of Labor

Level II: Enabling Services

Enabling services enhance the opportunity for some families in the MCH population to gain access to, and maximum benefit from, the basic service array. These may include transportation to services, translation services for those who do not speak English, respite care for family caregivers, health education, purchase of health insurance, case management, coordination with Medicaid, WIC, and education. For many who are disadvantaged, geographically or culturally isolated, or who have special and complicated health needs, enabling services are essential to accessing care.

Level III: Population-Based Services

While the first two levels of the pyramid provide services for individuals or families, population-based services are available for the entire MCH population. These services include disease prevention, health promotion, and outreach.

Familiar population-based services include immunization campaigns, injury prevention initiatives, abstinence education, and lead poisoning prevention and screening. Less familiar are services such as newborn metabolic screening, newborn hearing screening, and counseling for families whose infant has died from Sudden Infant Death Syndrome (SIDS).

Population-based services must always be available, must be offered statewide, and must be of uniform quality. They must be available whether the mother or child receives care in the private or public system, in a rural clinic or an HMO, and whether insured or not insured. These services often require special expertise in systems analysis, counseling, or epidemiology.

All State MCH programs provide population-based services and develop and maintain the population-based service systems. They sometimes share responsibility with another public health organization such as a university's school of medicine.

Level IV: Infrastructure Building Services

Investments at this, the foundation level of the pyramid, ensure a quality health care system today and tomorrow. All State MCH programs provide these core public health functions, which are vital to maintaining the general health of the MCH population. The combination of Level III population-based services and Level IV infrastructure-building services is the foundation for the comprehensive system of health care delivery upon which the top level of the pyramid—direct personal health care—is dependent.

Infrastructure-building activities, which are often less visible to the public, include needs assessment, planning, policy development, evaluation, coordination, quality assurance, standards development, monitoring, training, and research. Without these essential services, the other levels of the pyramid could not operate effectively. Investments at this level of the pyramid ensure the continued improvement of access to Maternal and Child Health and a reduction of the high proportion of resources required for "gap filling" at the Direct Health Care Services level.

Legislative Funding and Program

Today, the Maternal and Child Health Bureau administers six major programs funded largely by the

The Maternal and Child Health Timeline

1943
Emergency Maternity and Infant Care enacted (PL78-156)

1946
Children's Bureau transferred to the Federal Security Agency, Social Security Administration

1953
Federal Security Agency becomes the Department of Health, Education, and Welfare

1954
Mental retardation becomes a Title V program priority

1963
Children's Bureau transferred to the Welfare Administration, Department of Health, Education, and Welfare

1963
Maternal and Child and Mental Retardation Planning Amendments (MR Programs, MIC Projects, Research Program)

U.S. Congress. In FY2000, these programs have a total Federal budget of $877.4 million, as follows:

- **The Maternal and Child Health Services Block Grant** (Title V, *Social Security Act*), $709 million
- **The Healthy Start Initiative** (*Section 301, Public Health Service Act*), $90 million.
- **Emergency Medical Services for Children Program** (Section 1910, *Public Health Service Act*), $17 million
- **The Abstinence Education Program** (Section 510, Title V, *Social Security Act*), $50 million
- **Traumatic Brain Injury** (*Section 1252, Public Health Service Act*), $5 million
- **Universal Newborn Hearing Screening** (*Section 301, Public Health Service Act; Title VI of Labor-HHS-Education Appropriations Act for FY 2000, PL 106-113*) $3.4 million
- **Poison Control Centers Program** (*Poison Control Center Enhancement and Awareness Act*), $3 million

MCHB Organization

To administer the programs above, the Bureau is organized into Offices, Divisions, and Branches as depicted in Figure III-2 on the next page. Programmatic responsibilities of the major subdivisions are enumerated:

Office of the Director

The Office of the Director provides leadership and policy direction for all program activities of the Bureau. Through a national public affairs program, the ***Communications staff*** educate the media, legislators, other Federal officials, health professionals, and consumers about the value and contributions of Title V programs. The ***Office of Operations and Management***, through its three branches—Financial Management, Grants Management, and Management Policy and Services—manages the Bureau's budget and financial activities, administers the Bureau's grant programs, and provides Bureau-wide advice, guidance, and services pertaining to management policy and administrative support services. The ***Office of Program Development*** manages the Bureau's policy planning, legislative, and evaluation activities. Major cross-cutting areas of responsibility include strategic planning, *Government Performance and Results Act* (GPRA), quality assurance, managed care, the State Child Health Insurance Program (SCHIP), Medicaid demonstrations and waivers, and Office of Management and Budget (OMB) clearances and regulatory activities.

Office of Data and Information Management (ODIM)

ODIM was created in 1999. The Office provides national leadership in building data capacity to improve the use of information for the health of mothers and children at local, regional, national, and international levels. These activities strengthen the application of data for needs assessment, policy development, program planning, evaluation, and resource allocation. Illustrative data

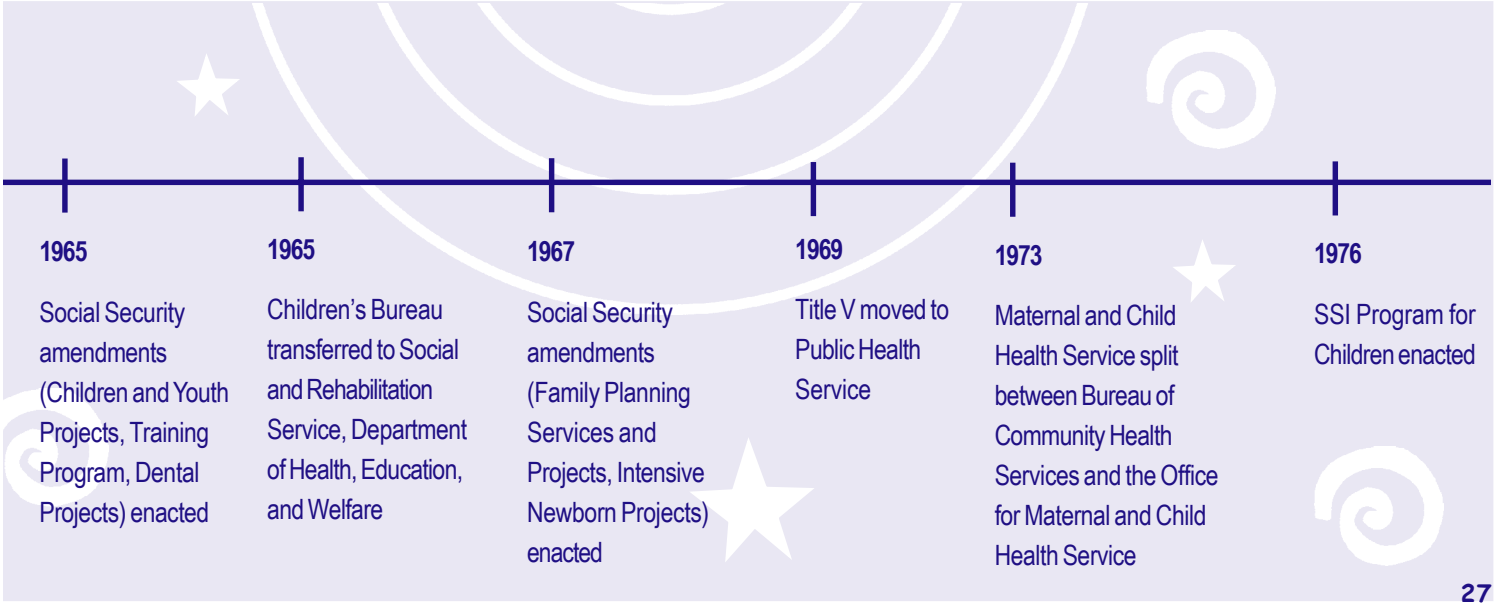
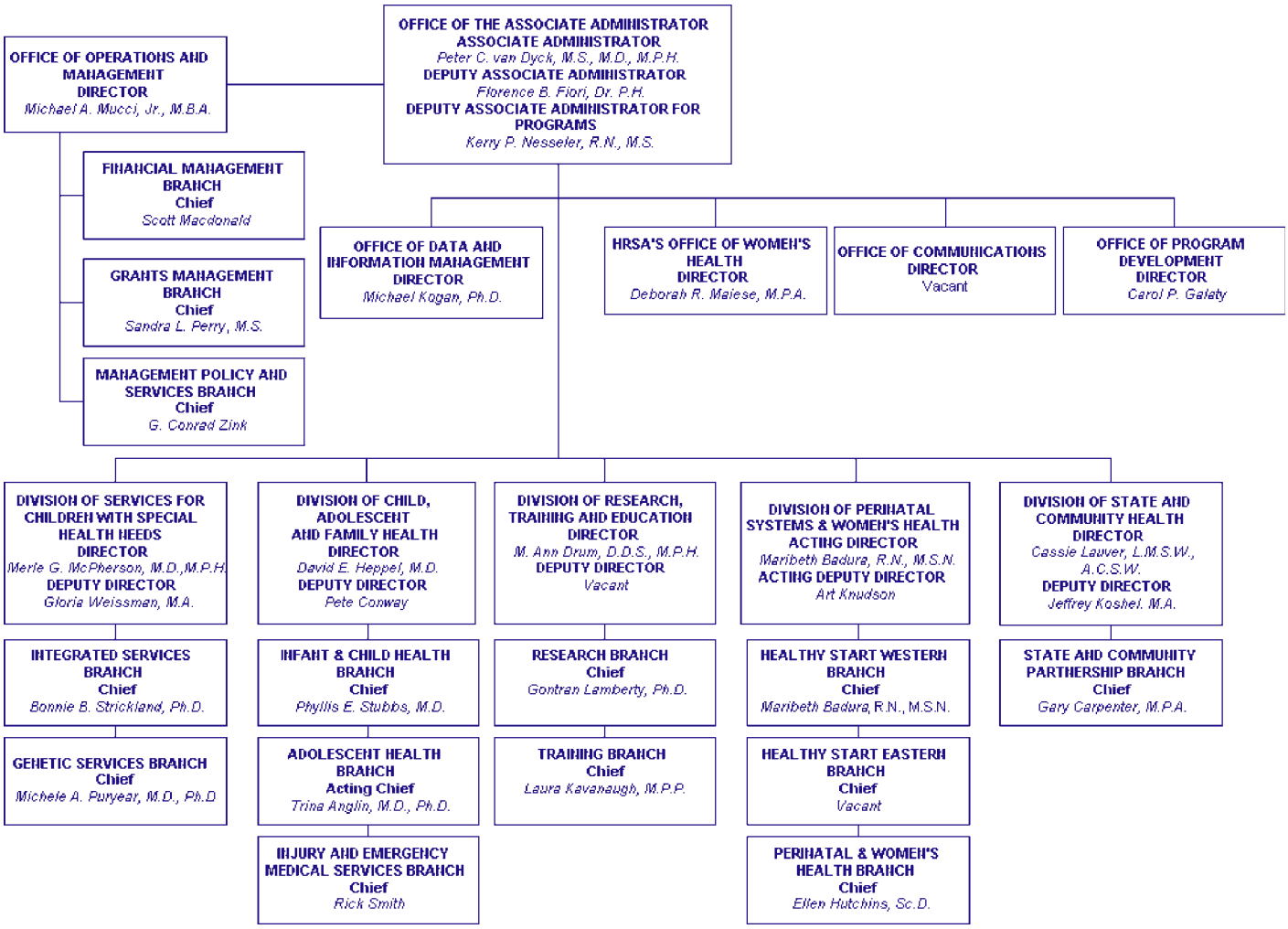


Figure III-2.

MATERNAL AND CHILD HEALTH BUREAU



analysis activities include the preparation of Child Health USA (published annually) and Healthy People 2000/2010 (as co-lead for the maternal and infant health section). The Capacity Enhancement activities includes the Graduate Student Internship Program, the MCH Epidemiology Doctoral Support Supplements, and the MCH DataSpeak Conferences.

The Maternal and Child Health Timeline

1980
Department of Health, Education and Welfare split into Department of Health and Human Services & Department of Education

1981
OBRA '81, FMCH programs consolidated into single Title V Block Grant to States

1984
Emergency Medical Services for Children enacted

1988
Pediatric AIDS projects developed in Title V set-aside

1989
SSA amendments—accountability of State Programs increased

1990
MCHB established, within HRSA, to administer Title V

1991
Healthy Start enacted

Office of Women's Health

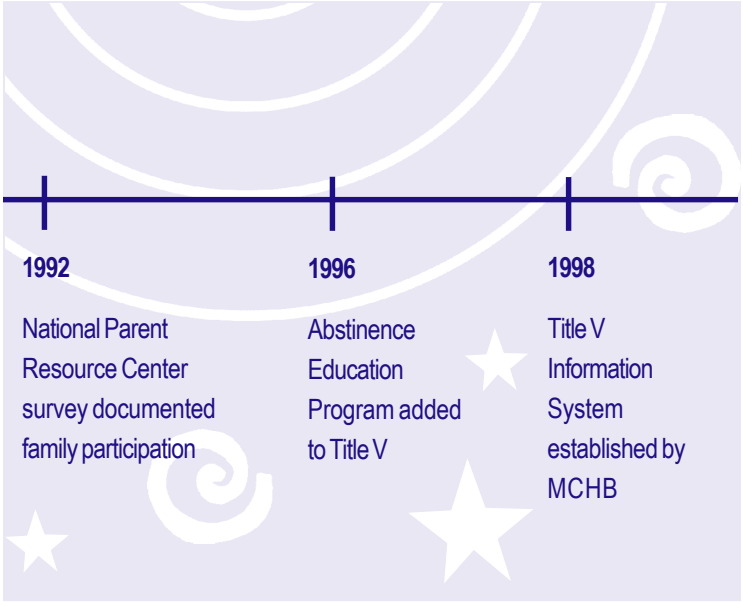
This office provides leadership and guidance in developing policy and in establishing goals and priorities to affirm the Health Resources and Services Administration's (HRSA) response to women's health issues across the life span. The Director of the Office serves as the chair of the HRSA Women's Health Coordinating Committee, whose members help coordinate women's health issues across bureau, center, and office program activities, respectively. In addition, the Office works with other Federal and State Government agencies, educational and professional entities, and public and private organizations to promote opportunities for partnership, to eliminate barriers to care, and to support a culturally competent health professions workforce that improves the health status of all women, their families, and their communities.

Division of State and Community Health (DSCH)

DSCH provides national leadership, direction, and administrative oversight for the Title V Maternal and Child Health Services Block Grant Program, the State Systems Developments Initiative, and the Abstinence Education programs. The Division is the Federal Government's primary liaison with each of the 59 State and Jurisdiction Maternal and Child Health programs.

Division of Child, Adolescent, and Family Health (DCAFH)

DCAFH is the national focal point for improving health care for America's children and adolescents. Its preventive and primary care programs raise national awareness of such issues as the need for safe and healthy out-of-home childcare and the special emergency medical needs of children. Strategies include promoting national campaigns on safety and violence prevention that have proven effective in reducing illness, injury, and death among children and adolescents. The Division takes a lead role in encouraging comprehensive, community-based health care that combines public and private resources and promotes environments where healthy behaviors can develop. DCAFH's ***Infant and Child Health Branch*** programs include Health and Safety in Child Care Settings; the Public-Private Partnership for Health of Children in Out-of-Home Care; and the Sudden Infant Death Syndrome/ Infant Death (SIDS/ID) Programs. ***The Adolescent Health Branch/Office of Adolescent Health*** supports Comprehensive Approaches to Adolescent Health at the national, State, and community levels and school-based health initiatives such as the national Center for School-based Health Care, two training and technical assistance Centers for Mental Health in Schools, and a National Coordinating Committee on School Health. Programs of the ***Injury and Emergency Medical Services Branch*** include the Injury and Violence Prevention Program, the Poison Control Centers Support Program, the Emergency Medical Services for Children (EMSC) Program, the Traumatic Brain Injury (TBI) State Demonstration Grant Program, and the Community Integrated Services Systems (CISS) Program.



Division of Perinatal Systems and Women's Health (DPSWH)

The Division develops and implements initiatives that promote healthy pregnancies and births and assures quality health care for all women. Major programs and initiatives include: the ***Healthy Start Initiative***; three ***demonstration programs***—*Improving Screening for Alcohol Use During Pregnancy Among Providers*, *Improving Systems of Care for Pregnant Women Experiencing Domestic Violence*, and *Innovative Approaches to Promoting Positive Health Behaviors in Women;* the ***MCH Providers Partnership Cooperative Agreements***, which address health promotion/risk reduction behaviors to improve the general health of women of reproductive age as well as their perinatal health; and the ***Perinatal Substance Abuse Prevention Program***, in which technical assistance is provided to Healthy Start sites around screening and prevention of perinatal substance abuse. The ***Mortality/ Morbidity Review Programs*** encompass three

initiatives—a State Fetal and Infant Mortality Review (FIMR) Support Program, a State Mortality/Morbidity Review Program, and a FIMR National Resource Center. A university-based, MCHB-funded ***Perinatal and Women's Health Policy Center*** identifies, develops, and analyzes information that assists policy makers at the national, State, and local levels in their efforts to enhance the health status of women of reproductive age.

Division of Services for Children with Special Health Needs (DSCSHN)

The DSCSHN plays a national leadership role in the development and implementation of comprehensive, community-based, family-centered, culturally competent, coordinated systems of care for Children with Special Health Care Needs (CSHCN) and their families. The ***Integrated Services Branch*** promotes leadership and support for the development and implementation of innovative, replicable models of community-based care for CSHCN in six program areas: Medical Home; Financing/Managed Care; Family Professional Partnership/Cultural Competence; Healthy and Ready to Work; Community Integrated Services; and Universal Newborn Hearing Screening. The ***Genetic Services Branch*** facilitates the early identification of children with genetic conditions and works to increase public and professional knowledge of how genetic diseases affect health in order to create more responsive systems of care. It administers programs in five areas: Newborn Screening; Emerging Issues in Genetics; Improving Genetic Literacy; Health Professions Training; and Hemophilia and Other Chronic Diseases.

Division of Research, Training, and Education (DRTE)

DRTE provides leadership in improving the quality of health by supporting applied research to advance and improve the operation and effectiveness of maternal and child health (MCH) services; by investing in interdisciplinary, long-term MCH professions training and continuing education programs; and by promoting access to care through community-based health care demonstration programs. The ***Research Branch*** oversees a multi-year research agenda, which consists of 11 broad program areas and 15 priority issues/questions linked to the MCHB Strategic Plan. Sixty projects are in the active portfolio. Through the ***Training Branch,*** Title V funds 14 categories of training that are focused primarily on long-term training at the graduate and postgraduate levels, with the goal of developing high levels of skill, competence, and leadership in maternal and child health. In addition, continuing education-development grants are awarded for short-term, non-degree training in maternal and child health. In FY2000, 140 grants for professional training have been awarded. *Interdisciplinary Training* programs have faculty from several professional disciplines who function as a team. These programs include: Leadership Education in Adolescent Health (LEAH), Maternal and Child Health Leadership Education in Neurodevelopmental Disabilities (LEND), Pediatric Pulmonary Centers, and Schools of Pubic Health.

Examples of *Discipline-Specific Training* include: Behavioral Pediatrics, Graduate Medical Education in Historically Black Colleges and Universities, a MCH Mentorship Program for high school and undergraduate college students (particularly inner-city youth), Nutrition, and Pediatric Dentistry. Through its *Continuing Education and Development* activities, the Division offers short-term programs by institutions of higher learning to facilitate timely transfer and application of new information, research findings, and technology related to MCH and to update and improve the new knowledge and skills of professionals in programs serving mothers and children. Other Division programs include *Healthy Tomorrow Partnership for Children Program* and the *Bright Futures Project*.

For more information on the Offices, Divisions, and programs of the Maternal and Child Health Bureau, contact the MCHB Communi-cations staff at (301) 443-0205 or go to *www.mchb.hrsa.gov*.

Appendix A

Title V: Snapshots of the States and Jurisdictions

This "appendix" contains a comprehensive picture of the Title V Maternal and Child Health Federal-State Partnership in each State and jurisdiction. In addition to details of the Block Grant expenditures and populations served, a complete listing of all Federal MCH grants active in FY98 is provided. The States and jurisdictions are sequenced alphabetically.

The first two pages for each State include a narrative description of the State's Maternal and Child Health program (reproduced from the State's "Maternal and Child Health Block Grant to States Program 1998 Annual Report"), Maternal and Child Health Federal-State Partnership Expenditures by populations served, source of funds, and by category of service; numbers of individuals served; and an array of National and State MCH Performance and Outcome Measures.

The subsequent 1 to 4 pages for each State enumerate all Federal MCH grants that were active in the State during FY98. Grant programs include the Title V Special Projects of Regional and National Significance (SPRANS), the Title V Community Integrated Service Systems (CISS), the Title V Abstinence Education Program, and the Emergency Medical Services for Children (EMSC), Healthy Start, and Traumatic Brain Injury grant programs. MCH grants and contracts to universities and non-government organizations such as professional associations are listed within the State where the organization resides.

The last page for each State provides a bar graph of the State's Hotline Call activity and Title V contact information for the State (as reported in the Title V 1998 Annual Report).

For easy reference while reading the State pages, you may fold out the Endnotes flap on the back inside cover. The Glossary (Appendix E) is also a useful reference.

ALABAMA

The MCH Federal-State Partnership

The Title V Program is administratively located within the Bureau of Family Health Services (BFHS), a major unit within the Alabama Department of Public Health (ADPH). Through BFHS, ADPH administers all aspects of the Title V Program except services for children with special health care needs (CSHCN). Children's Rehabilitation Service (CRS), administered by the Alabama Department of Rehabilitation Services (ADRS), is the lead agency for services to CSHCN. This arrangement requires close collaboration between ADPH and CRS. In addition to the Title V Program, BFHS administers the Title X Family Planning Grant, the Special Supplemental Nutrition Program for Women, Infants and Children, and the State Dental Program. In addition to administering CRS, ADRS administers the Alabama Hemophilia Program.

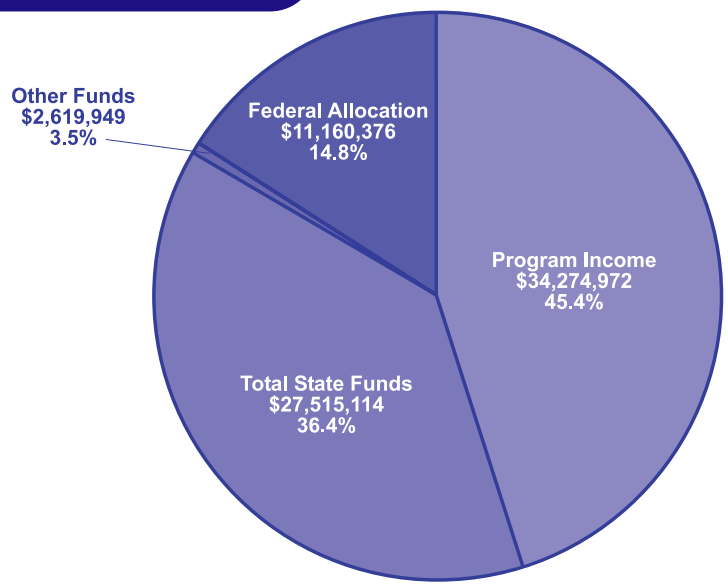
Title V Federal-State Block Grant Expenditures by Number of Individuals Served and Population Group[4]

Populations Served	Number of Individuals Served	Expenditures FY '98
Pregnant Women	26,850	$31,359,507
Infants (<1 year)	58,668	$4,888,808
Children (1 to 22 yrs)	61,772	$16,388,170
CSHCN (Special Needs)	22,300	$16,908,720
Others[3]	89,553	$0
Administration		$6,025,206
TOTALS	259,143	$75,570,411

State Population[5]
4,351,999

Live Births[5]
62,074

Title V Federal-State Block Grant Expenditures[4] by Source of Funds



MCH PARTNERSHIP FUNDS—FY 98[2]

Title V Federal-State Block Grant:
$75,570,411

Other Title V Grant Programs:
$3,321,354

Other MCH Grant Programs:
$3,086,736

TOTAL MCH Partnership Funds
$81,978,501

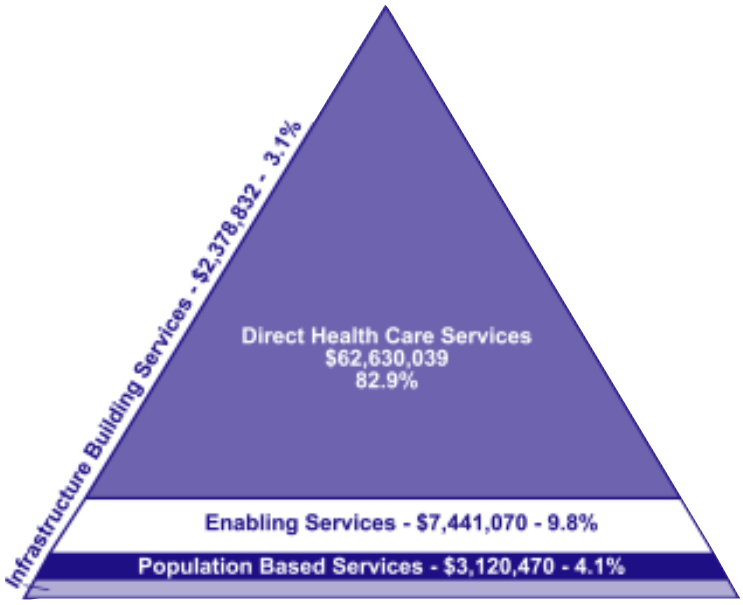
ALABAMA

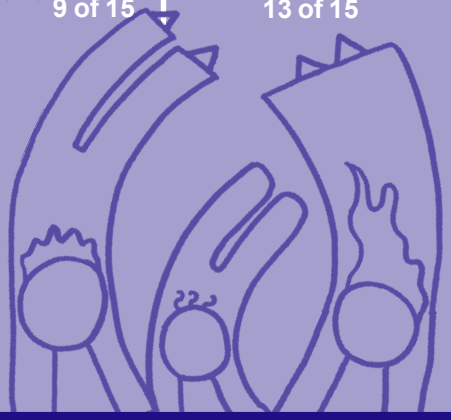
Title V - Selected National MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Number of specialty services for Children with Special Health Care Needs (CSHCN)	9 of 9	9 of 9
Percent of newborns screened for 4 major genetic disorders	100.3%	99.95%
Percent of children immunized (ages 19-35 months) against 9 diseases	87%	90%
Rate of births to teens aged 15-17 years (per 1,000 teens aged 15-17 years)	43.2	41.3
Rate of deaths to children aged 1-14 caused by motor vehicle crashes (per 100,000 children)	8.8	6.7
Percent of mothers who breast fed their infants at time of hospital discharge	42.3%	66.2%
Percent of newborns screened for hearing impairment before hospital discharge	53.3%	70%
State assurance of family participation in CSHCN programs & policies	17 of 18	16 of 18
Percent of very low birth weight live births	2%	1.9%
Percent of infants born to women who received first trimester prenatal care	82.4%	86.6%

Title V - National MCH Outcome Measures[7]	State 1998 Results	State Year 2000 Goal
Infant mortality rate (per 1,000 live births)	10.1	8.6
Ratio of black to white infant mortality	2	1.71
Neonatal mortality rate (per 1,000 live births)	6.6	5.6
Postneonatal mortality rate (per 1,000 live births)	3.5	3.1
Perinatal mortality rate (per 1,000 live births)	15.5	12.1
Child death rate (per 100,000 children aged 1-14)	34.1	33.7

Title V - Selected State-Determined MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
The gonorrhea case rate per 100,000 youths aged 15-19	1288.2	1125.9
Public high school students who smoked cigarettes in past 30 days	36%[97]	36%
State score on development and use of MCH databases	2 of 18	4 of 18
State score on quality assurance system for services provided to CSHCN	9 of 15	13 of 15

Title V Federal-State Block Grant Expenditures[4] by Category of Service[6]





State Assurance of Family Participation in CSHCN Program and Policy	
SCALE: 0 = not met; 3 = completely met	
Participated on task forces and offered training.	3
Financial support offered for parent groups.	3
Involved in Block Grant Application process.	3
Involved in inservice training of staff.	3
Hired for expertise as family member.	2
Members of diverse cultures involved.	3
Total Possible: 18 — FY 98 Total:	17

ALABAMA
Other FY 98 MCH Grant Programs

Title V—Special Projects of Regional and National Significance

- Advances in Pediatric Pulmonary Care: Interdisciplinary Approaches to Asthma and Home Care of Technology-Dependent Children, University of Alabama at Birmingham, Birmingham, $27,000 (SPRANS-Training-Continuing Education)
- DeKalb/Cherokee Perinatal System Improvement Project, DeKalb Baptist Medical Center, Fort Payne, $55,017 (SPRANS-MCHIP)
- Education for Maternal and Child Health Leadership at the University of Alabama in Birmingham, University of Alabama at Birmingham, Birmingham, $391,433 (SPRANS-Training-School of Public Health)
- Interdisciplinary Leadership Education in Neurodevelopmental and Related Disabilities, University of Alabama at Birmingham, Birmingham, $632,682 (SPRANS-Training-LEND/Leadership Ed Neuro Dev)
- Maternal and Child Health Skills Training Institute, University of Alabama, Birmingham, Birmingham, $272,250 (SPRANS-Training-Continuing Ed/Policy Center)
- Monitoring Child Health in Medicaid Primary Care Case Management Systems in the State of Alabama, University of Alabama at Birmingham, Birmingham, $67,500 (SPRANS-MCHIP)
- Pediatric/Adolescent Nutrition Training Program, University of Alabama at Birmingham, Birmingham, $76,415 (SPRANS-Training-Nutrition)
- Pediatric Pulmonary Center, University of Alabama at Birmingham, Birmingham, $299,893 (SPRANS-Training-Pediatric Pulmonary Center)
- Prenatal Abstract Database, Mobile County Health Department, Mobile, $45,000 (SPRANS-MCHIP)
- State Systems Development for Children, Alabama Department of Public Health, Montgomery, $100,000 (SPRANS-MCHIP-SSDI)
- TEEN (Teens Empowered through Education and Nurturing), Family Oriented Primary Health Care Clinic, Mobile, $50,000 (SPRANS-MCHIP-Healthy Tomorrows)
- Toward an Effective Approach for the Prevention of Preterm Birth, University of Alabama at Birmingham, Birmingham, $5,000 (SPRANS-Training-Continuing Education)

Selected FY 98 Title V and Other MCH Grant Annotations

Title V—SPECIAL PROJECTS OF REGIONAL AND NATIONAL SIGNIFICANCE (SPRANS)

Development of a Regionalized Pediatric Care System for Hemoglobinopathies in Alabama—A Rural State, University of Alabama at Birmingham, Birmingham, $118,106 (SPRANS-Genetics)

This project strives to develop a regionalized, comprehensive system of care for children with hemoglobinopathies in Alabama. Goals and objectives of the program include establishment of a comprehensive care network to include one central and six regional clinics about 2 hours' drive from the central clinic in Birmingham, identification of community physicians interested in caring for sickle cell patients, and the development of an educational arm of the regional network, and outcome analysis of the network's impact. Local physicians are identified through direct mailings, phone contact, and attendance at organizational and educational meetings. The educational efforts will be implemented by formal lecture series with CME credit as well as informal discussions with patients, families, nurses, physicians, and sickle cell counselors at the regional clinics as well as a quarterly educational newsletter for physicians and patients.

Title V—COMMUNITY INTEGRATED SERVICE SYSTEMS (CISS-Title V)

Rural Alabama Perinatal and Pediatric Program, West Alabama Health Services, Inc., Eutaw, $50,000 (CISS-CISS-COG)

This project, the Rural Alabama Perinatal and Pediatric Program (RAPPP), proposes to develop and implement an innovative perinatal and pediatric health care model that brings together health and human services and places such services in one physical setting: A structural "one-stop-shopping" integrated health and human services program. This model is patterned after the successful Rural Alabama Integrated Perinatal and Pediatric Health Improvement Program (RAIPPHIP), a CISS project implemented in the west rural Alabama counties of Greene and Hale by West Alabama Health Services in 1993. This model includes a community-based home visitation program utilizing indigenous lay persons as an integral part. RAPPP will address the barriers imposed by fragmented health and human services by increasing access and utilization of these services by pregnant women and their children ages 0 to 1 residing in the rural county of Sumter through the integration of services. This process will be facilitated by the formation of a Coordinating Council that will bring together all agencies, organizations, and individuals that are involved with maternal and child health and human services within the project county and State to implement and design the community specific project.

Title V—ABSTINENCE EDUCATION PROGRAM

Alabama Abstinence Education Program, Alabama Department of Public Health, Montgomery, $1,081,058 (Abstinence Ed)

Include community-based grants and a media campaign. Through a competitive grant process, organizations throughout the State can apply for funding to implement community-based abstinence education programs. The media campaign will include traditional media efforts such as TV public service announcements, news releases, billboards, and radio public service announcements. The greatest share of the funding for media will be used to underwrite the cost of four satellite conferences designed for at-risk teens.

EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)

Alabama EMSC State Partnership Grant, Alabama Department of Public Health, Montgomery, $75,000 (EMSC-PRTNER)

The goals and objectives of this project coincide with the goals and objectives of the Federal "Healthy People 2000" document, the Alabama "Healthy People 2000" document, and the mission statement of the Alabama Department of Public Health, Emergency Medical Services (EMS) Division for the prevention and reduction of morbidity and mortality related to trauma and emergency medical conditions. The first-year objectives of this emergency services for children (EMSC) project are to (1) institutionalize EMSC in State EMS systems by forming the Alabama EMSC advisory committee; (2) complete the pediatric needs assessment instrument; (3) identify the medical, trauma, and special health care needs of the pediatric population, and formulate prioritized goals to improve the statewide pediatric deficiencies; and (4) pilot the "Pediatric Education for Paramedics" course, and evaluate how well emergency medical technicians perform on the credentialing examination. Second-year objectives are to (5) formulate strategies

Other Title V Grant Programs:
$3,321,354
Other MCH Grant Programs:
$3,086,736
TOTAL:
$6,408,090

for statewide implementation of EMSC; (6) formulate strategies for assessment of implemented EMSC programs; (7) implement the educational component statewide; and (8) conduct a prospective study utilizing the National Registry of Emergency Medical Technicians Advanced Level Examinations (Pediatric Module) scores as performance indicators of the variations of pediatric course work during primary education.

HEALTHY START

Healthy Start, Mobile County Health Department, Mobile, $1,790,740 (Healthy Start-Community)

The TEEN Project is a replication of the Healthy Start Risk Reduction and Prevention Model that addresses the multifactorial problem of teenage pregnancy with its sequelae of low birthweight, infant mortality, high incidence of sexually transmitted infections, dropping out of school, and welfare dependence. Through the collaborative provision of perinatal medical and high-risk infant developmental services; adolescent male and female preventive outreach in public housing, public schools, and the juvenile justice system; computer-based educational/career competency development; case management and individual/group counseling; interpersonal mentoring; and self-reliance–enhancing opportunities, the TEEN Project will create an environment where adolescents can self-monitor risk behavior through accurate information and alternative choices.

TRAUMATIC BRAIN INJURY

Alabama's Interactive Community-Based Model for Children With Traumatic Brain Injury, Alabama Department of Rehabilitation Services, Montgomery, $199,996 (Traumatic Brain Injury-Implementation)

The goal of this project is to expand Alabama's Interactive Community-Based Model to develop a statewide service system designed to foster optimal outcomes for children with traumatic brain injury (TBI) and their families. The objectives are to (1) increase interagency collaboration and linkages to improve access to comprehensive individual and family-centered services along the continuum of care; (2) develop and implement education and training programs to address various stages of recovery along the continuum of care (acute care, rehabilitation, education, vocational, psychosocial, long-term care, and community reintegration) for survivors, families, and professionals; and (3) develop a replicable predischarge model to be used in acute care sites in the development of long-term resource plans for TBI survivors.

ALABAMA
Other FY 98 MCH Grant Programs

Title V—COMMUNITY INTEGRATED SERVICE SYSTEMS (CISS-Title V)

- **Health Systems Development in Child Care, Alabama Department of Public Health, Montgomery, $50,000 (CISS-CISS-Child Care Program)**

HEALTHY START

- **Birmingham Healthy Start , Jefferson County Department of Health, Birmingham, $1,021,000 (Healthy Start-Mentor)**

FOR MORE INFORMATION ON TITLE V:

Title V Program, contact:

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Director, Bureau of Family Health Services
Alabama Department of Public Health The RSA Tower PO Box 303017
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Title V Program's services for Children with Special Health Care Needs, contact:

Christine Kendall, MSW, MBA
Director
Children's Rehabilitation Service
2129 East South Boulevard
PO Box 11586
Montgomery, AL 36111-0586
Phone: (334) 281-8780
Fax: (334) 281-1973

ALASKA

The MCH Federal-State Partnership

The Section of Maternal, Child and Family Health (MCFH), is the agency which administers the State of Alaska's Title V funds, provides health services and support to families, child-bearing women, and children with special health care needs (CSHCN). The Section functions within the Division of Public Health in the Department of Health and Social Services.

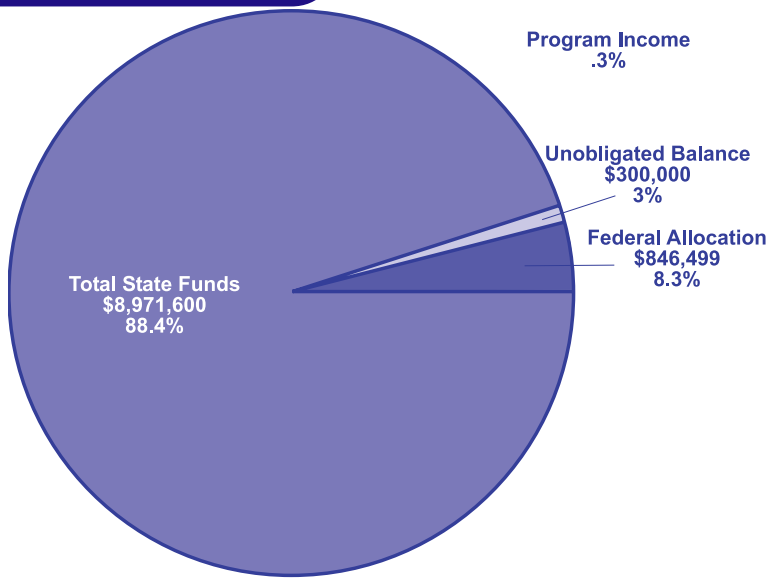
Title V Federal-State Block Grant Expenditures by Number of Individuals Served and Population Group[4]

Populations Served	Number of Individuals Served	Expenditures FY '98
Pregnant Women	990	$814,095
Infants (<1 year)	10,400	$1,621,098
Children (1 to 22 yrs)	4,450	$842,021
CSHCN (Special Needs)	2,458	$5,122,155
Others[3]	4,959	$592,254
Administration		$1,157,476
TOTALS	23,257	$10,149,099

State Population[5]
614,010

Live Births[5]
9,926

Title V Federal-State Block Grant Expenditures[4] by Source of Funds



MCH PARTNERSHIP FUNDS—FY 98[2]

Title V Federal-State Block Grant:	**$10,149,099**
Other Title V Grant Programs:	**$524,576**
Other MCH Grant Programs:	**$151,831**
TOTAL MCH Partnership Funds	**$10,825,506**

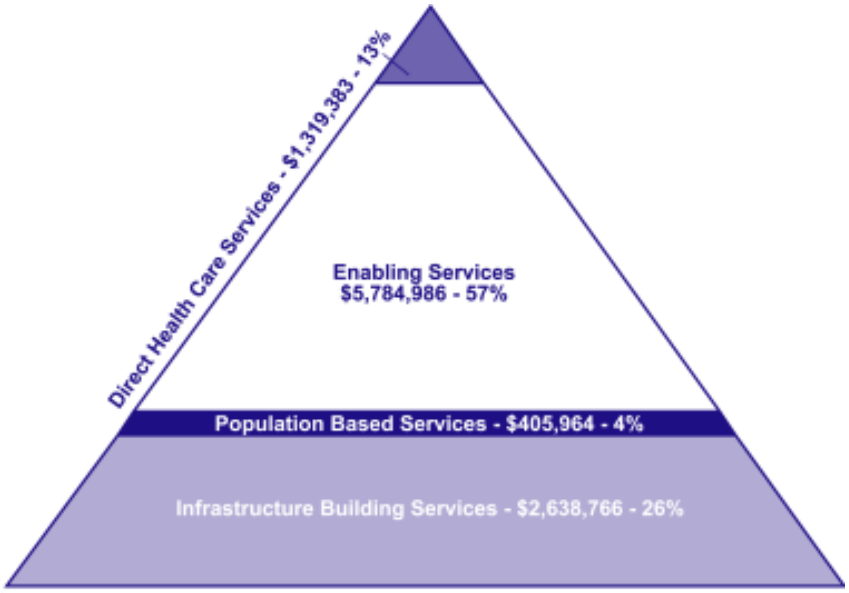
ALASKA

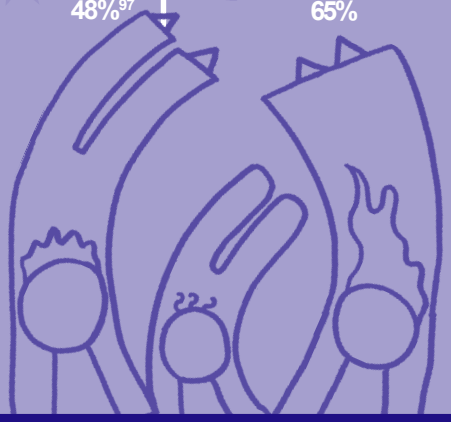
Title V - Selected National MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Number of specialty services for Children with Special Health Care Needs (CSHCN)	6 of 9	6 of 9
Percent of newborns screened for 4 major genetic disorders	100.5%	97.5%
Percent of children immunized (ages 19-35 months) against 9 diseases	75%	81%
Rate of births to teens aged 15-17 years (per 1,000 teens aged 15-17 years)	26	23
Rate of deaths to children aged 1-14 caused by motor vehicle crashes (per 100,000 children)	7.2	6.6
Percent of mothers who breast fed their infants at time of hospital discharge	86%	86%
Percent of newborns screened for hearing impairment before hospital discharge	19%	20%
State assurance of family participation in CSHCN programs & policies	11 of 18	11 of 18
Percent of very low birth weight live births	1%	1%
Percent of infants born to women who received first trimester prenatal care	80%	86%

Title V - National MCH Outcome Measures[7]	State 1998 Results	State Year 2000 Goal
Infant mortality rate (per 1,000 live births)	7.7	7
Ratio of black to white infant mortality	2.3	1.6
Neonatal mortality rate (per 1,000 live births)	4.2	4
Postneonatal mortality rate (per 1,000 live births)	3.8	3.1
Perinatal mortality rate (per 1,000 live births)	10.1	9.7
Child death rate (per 100,000 children aged 1-14)	39.7	37

Title V - Selected State-Determined MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Percentage of unintended births	41%[97]	38%
Percentage of women who smoke prenatally	18%[97]	14%
Percentage of people who experience intimate partner violence during their lifetime	40%[97]	34%
Percentage of mothers putting infants down to sleep on their backs	48%[97]	65%

Title V Federal-State Block Grant Expenditures[4] by Category of Service[6]





State Assurance of Family Participation in CSHCN Program and Policy	
SCALE: 0 = not met; 3 = completely met	
Participate on task forces and offered training.	2
Financial support offered for parent groups.	2
Involved in Block Grant Application process.	1
Involved in inservice training of staff.	2
Hired for expertise as family member.	2
Members of diverse cultures involved.	2
Total Possible: 18 — FY 98 Total:	11

ALASKA
Other FY 98 MCH Grant Programs

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

- **Alaska Domestic Violence Training Project, State of Alaska, Section of Maternal, Child, and Family Health, Anchorage, $35,000 (SPRANS-MCHIP-PN)**

Title V—COMMUNITY INTEGRATED SERVICE SYSTEMS (CISS-Title V)

- **Community Integrated Service System: A Comprehensive System for Behavior Support, Stone Soup Group, Anchorage, $50,000 (CISS-CISS-COG)**

Selected FY 98 Title V and Other MCH Grant Annotations

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

Developing Systems of Specialty Care in Rural and Remote Alaska, Alaska Department of Health and Social Services, Section of Maternal, Child and Family Health, Anchorage, $100,000 (SPRANS-MCHIP-SSDI)

Specialty health care for children with special health care needs only exists in Alaska's largest city, Anchorage. For children who live outside of the Anchorage area specialty services are accessed through periodic clinics held on an itinerant basis. This project is exploring the design of a system of specialty care for children with special health care needs in rural and remote Alaska, including data collection, linkage of data systems, collaboration with regional and local health providers and communities, and local institutionalization of such a system.

Healthy Tomorrows Partnership for Children, Southcentral Foundation, Anchorage, $50,000 (SPRANS-MCHIP-Healthy Tomorrows)

New Beginnings in Native Health is a home visitation program working with pregnant mothers and new parents with the goal of getting families off to a good start and thus preventing child abuse and neglect. Emphasis is placed on strengthening positive parent-child interactions, reducing family stress, and promoting healthy child growth and development. The program is modeled after the Hawaii Healthy Families/Healthy Families America Program. Home visitation is long term, from 3 to 5 years in duration. The program receives referrals at prenatal and birth primarily from the Alaska Native Medical Center and Public Health Nursing.

Parent Navigation: Integrated Pathways Between the Medical Home and Early Intervention System, Stone Soup Group, Anchorage, $111,050 (SPRANS-MCHIP-Integrated Services)

The Stone Soup Group will develop a family-centered model for care coordination for families of children with special health care needs that establishes linkage between the medical home, subspecialty clinics, and early intervention services. In Alaska, where distances are great, pediatric subspecialists are scarce, and many parents and providers may be unfamiliar with the terrain, parent navigators will guide families and providers to appropriate supports and services. A visual blueprint will be developed to chart the early intervention delivery system. In addition, training and workshops will be offered to parents and providers. The goal of this project is to ensure that at any point of entry, families of children with special health care needs will have access to the information necessary to map a successful course for their child and family.

Rural TOTS, REACH Infant, Learning Program, Juneau, $50,000 (SPRANS-MCHIP-Healthy Tomorrows)

Reducing the severity of chronic health and developmental disability in children and families in rural southeast Alaska is the aim of the project. We will focus on providing families with local access to early intervention and medical services. Family service coordination and developmental assessments will be provided in the community. This program will shift the model from the medical model to the family-centered model.

Title V—COMMUNITY INTEGRATED SERVICE SYSTEMS (CISS-Title V)

Alaska's Plan for Home Visitation, Alaska Department of Health and Social Services, Anchorage, $50,000 (CISS-CISS-COG)

Alaska has high rates of child abuse and neglect. In a 5-year period beginning with1990, the number of reports of harm that were made to child protective services increased by 61 percent. The postneonatal mortality rate in Alaska is 2.4 times national rates. Alaska's children, birth to 5 years old, die at nearly 3 times the rate of children in the United States in general. The health and social service delivery system in Alaska focuses on the provision of treatment services. Few programs focus on prevention and intervention for children at risk of poor health and social outcomes including child abuse and neglect. The goal for Alaska's Plan for Home Visitation is to reduce infant and child morbidity and mortality and assure that children grow up in a nurturing environment through the expansion of home visiting services for children and families who are at risk. Project objectives will be accomplished by establishing a Universal Home Visiting Collaboration Committee to develop a statewide plan for expansion of home visitation services. A

Other Title V Grant Programs:
$524,576
Other MCH Grant Programs:
$151,831
TOTAL:
$676,407

conference will be held annually to provide skill building and networking opportunities for families with young children, families receiving home visiting services, and providers of services to young families. The skill-building sessions will focus on methods for delivering family-centered services, achieving cultural competency, early brain development, stress reduction, child rearing techniques, and other relevant areas. The project also supports implementation of statewide performance measures for existing home visiting programs.

Title V—ABSTINENCE EDUCATION PROGRAM

Abstinence Promotion Through Youth Developmental Assets Building, Division of Public Health, Anchorage, $78,526 (Abstinence Ed)

"Abstinence Promotion Through Youth Developmental Assets Building" will increase the assets in a young person's life by increasing asset-based policies, programs and practices in Alaska families, churches, schools, and communities. The more assets in young people's lives, the more likely they will abstain from sexual intercourse, alcohol, and other drug use. This combined abstinence and assets initiative has two components: 1) Provide educational workshops and technical assistance to communities as they implement asset building measures; and 2) Develop an Alaskan Assets booklet that describes "how-to" build assets in children and youth.

EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)

Reduction/Prevention of Intentional Injuries Among Children/Youth, Alaska Department of Health, Juneau, $151,831 (EMSC-Enhancement)

The project seeks to implement effective injury prevention strategies among children at greatest risk for specific injuries as identified through the Alaska Trauma Registry and by injury fatality records. We will determine what types of childhood injuries in certain Alaskan regions are increasing in severity or frequency, or are continuing to occur at a significantly higher rate than the national average for each age group. Then we will identify or develop an effective injury prevention program for each type of injury identified by the serious injury and mortality data for the targeted population of children at greatest risk of specific injuries. By 1996, we will have a 50-percent decrease in the number of serious injuries and injury fatalities in the regions receiving injury prevention programs for the age groups identified at greatest risk of injury.

FOR MORE INFORMATION ON TITLE V:

Title V Program, contact:

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Title V Program's services for Children with Special Health Care Needs, contact:

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Special Needs Services Unit Manager
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Fax: (907) 269-3465

AMERICAN SAMOA

The MCH Federal-State Partnership

The Department of Health, American Samoa Government (ASG) is the state agency that administers Title V Program. The following services are included within Title V's administrative control:

*Health Education
*Prenatal & Post-Natal Care
*Well Child Care
*School Health Services
*CSHCN Outreach/Follow-up activities
*Quality Improvement and In-service activities
*Pediatric Consultation
*Nutrition Services
*Social Services
*Family Planning Outreach

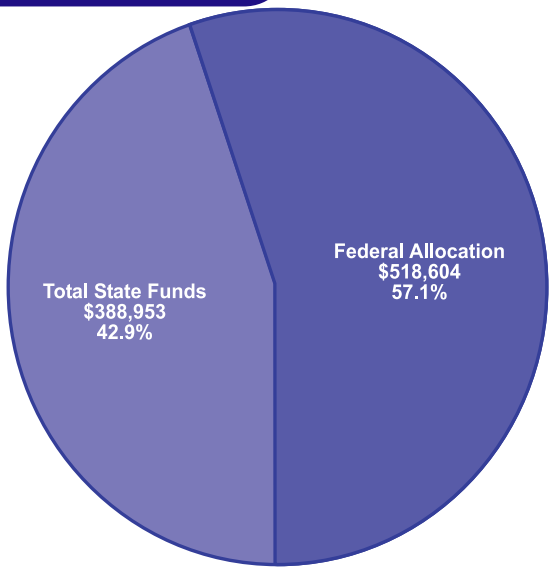
Title V Federal-State Block Grant Expenditures by Number of Individuals Served and Population Group[4]

Populations Served	Number of Individuals Served	Expenditures FY '98
Pregnant Women	1,598	$127,059
Infants (<1 year)	1,634	$127,058
Children (1 to 22 yrs)	13,113	$272,267
CSHCN (Special Needs)	356	$272,266
Others[3]	*	$18,152
Administration		$90,755
TOTALS	16,701	$907,557

State Population[5]
63,000

Live Births[5]
1,688

Title V Federal-State Block Grant Expenditures[4] by Source of Funds



MCH PARTNERSHIP FUNDS—FY 98[2]
Title V Federal-State Block Grant: **$907,557**
Other Title V Grant Programs: **$127,792**
Other MCH Grant Programs: **$ 0**
TOTAL MCH Partnership Funds **$1,035,349**

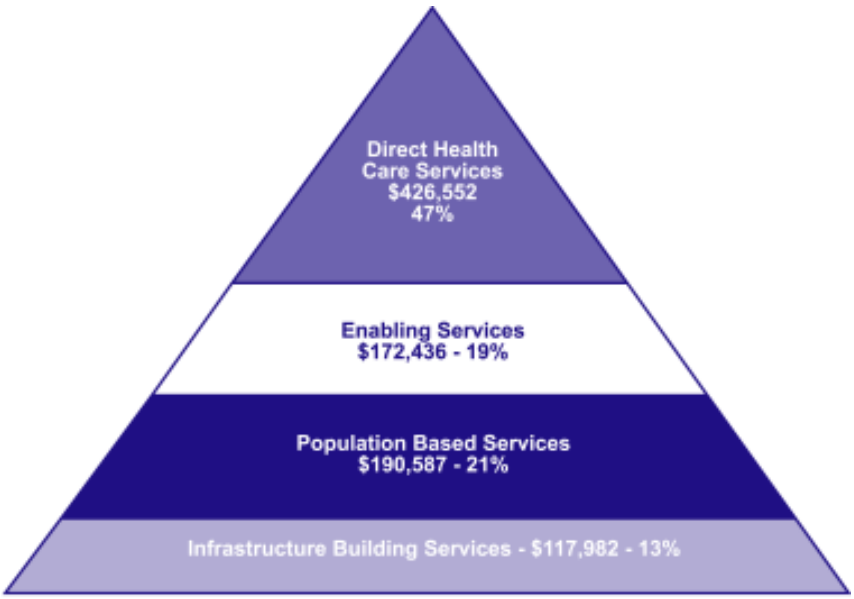
AMERICAN SAMOA

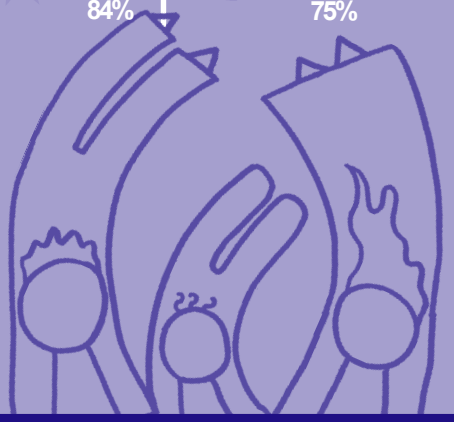
Title V - Selected National MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Number of specialty services for Children with Special Health Care Needs (CSHCN)	9 of 9	9 of 9
Percent of newborns screened for 4 major genetic disorders	▲	▲
Percent of children immunized (ages 19-35 months) against 9 diseases	76%	77%
Rate of births to teens aged 15-17 years (per 1,000 teens aged 15-17 years)	18	18
Rate of deaths to children aged 1-14 caused by motor vehicle crashes (per 100,000 children)	4.7	1.6
Percent of mothers who breast fed their infants at time of hospital discharge	81%	82%
Percent of newborns screened for hearing impairment before hospital discharge	▲	▲
State assurance of family participation in CSHCN programs & policies	3 of 18	6 of 18
Percent of very low birth weight live births	.7%	.45%
Percent of infants born to women who received first trimester prenatal care	20%	22%

Title V - National MCH Outcome Measures[7]	State 1998 Results	State Year 2000 Goal
Infant mortality rate (per 1,000 live births)	14.7	13.
Ratio of black to white infant mortality	▲	▲
Neonatal mortality rate (per 1,000 live births)	10	9.5
Postneonatal mortality rate (per 1,000 live births)	4.6	3.5
Perinatal mortality rate (per 1,000 live births)	18.2	17
Child death rate (per 100,000 children aged 1-14)	37.8	34

Title V - Selected State-Determined MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Mothers in the WIC program who breastfed infants at 6 months of age	10%	13%
Women who attended prenatal care clinics and participated in at least one nutrition education session (per total number of women attending prenatal care clinics)	97%	97%
Pregnant women screened for Hepatitis B	21%	92%
Children who are 15 months old and vaccinated for Hepatitis B	84%	75%

Title V Federal-State Block Grant Expenditures[4] by Category of Service[6]





State Assurance of Family Participation in CSHCN Program and Policy	
SCALE: 0 = not met; 3 = completely met	
Participate on task forces and offered training.	2
Financial support offered for parent groups.	1
Involved in Block Grant Application process.	0
Involved in inservice training of staff.	1
Hired for expertise as family member.	1
Members of diverse cultures involved.	2
Total Possible: 18 — FY 98 Total:	7

▲ Data not required

* Data not available

Selected FY 98 Title V and Other MCH Grant Annotations

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

State Systems Development Initiative, American Samoa Government, Pago Pago, $82,800 (SPRANS-MCHIP-SSDI)

The main goal of this project is to create a computerized, networked interagency data tracking system to screen, identify, and provide appropriate, comprehensive family-centered services for infants, toddlers, and children through age 21 with special health care and learning needs. The project will continue to build on the efforts of years 1–3 of State Systems Development Initiative funding during which an interagency, cooperative approach to meeting the needs of the children with special health care needs population was established.

Other Title V Grant Programs:
$127,792
Other MCH Grant Programs:
$0
TOTAL:
$127,792

FOR MORE INFORMATION ON TITLE V:

Title V Program, contact:

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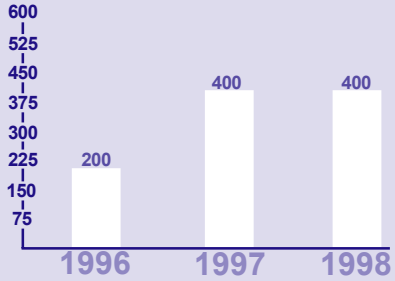
Title V Program's services for Children with Special Health Care Needs, contact:

Diana Tuinei, RN, MPH
Title V Coordinator
Department of Health
Pago Pago, AS 96799
Phone: (684) 633-2263/4606
Fax: (684) 633-5379

State Hotline Calls/Year



To help families learn about maternal and child health care.

1-800-311-BABY;
en espanol: 1-800-504-7081

ARIZONA

The MCH Federal-State Partnership

The Arizona Department of Health Services was established as the State Public Health Agency in 1973 under A.R.S. Title 36 and is designated as Arizona's Title V Agency. The Bureau of Community and Family Health Services, in which the Office of Women's and Children's Health and the Office of Children with Special Health Care Needs are located, provides policies and standards development, comprehensive planning, community organization and development, training and technical assistance, and direct provision of screening, preventive and curative services.

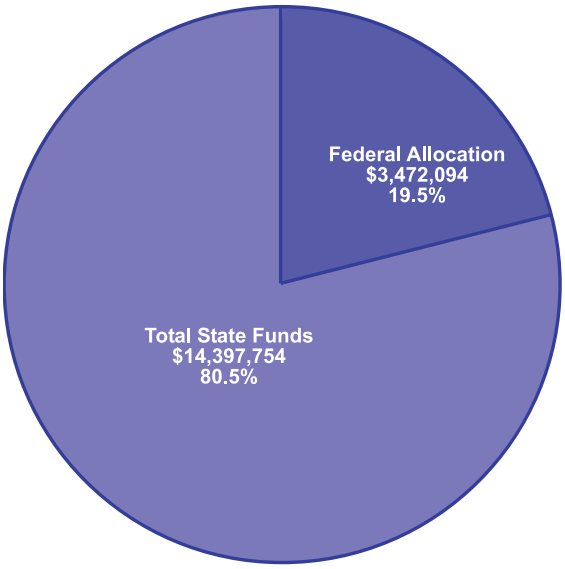
Title V Federal-State Block Grant Expenditures by Number of Individuals Served and Population Group[4]

Populations Served	Number of Individuals Served	Expenditures FY '98
Pregnant Women	13,910	$3,435,516
Infants (<1 year)	7,157	$4,352,709
Children (1 to 22 yrs)	585,181	$1,676,794
CSHCN (Special Needs)	15,349	$6,778,165
Others[3]	24,080	$245,753
Administration		$1,386,805
TOTALS	645,677	$17,875,742

State Population[5]
4,668,631

Live Births[5]
78,243

Title V Federal-State Block Grant Expenditures[4] by Source of Funds



MCH PARTNERSHIP FUNDS—FY 98[2]
Title V Federal-State Block Grant: **$17,875,742**
Other Title V Grant Programs: **$1,503,302**
Other MCH Grant Programs: **$247,592**
TOTAL MCH Partnership Funds **$19,626,636**

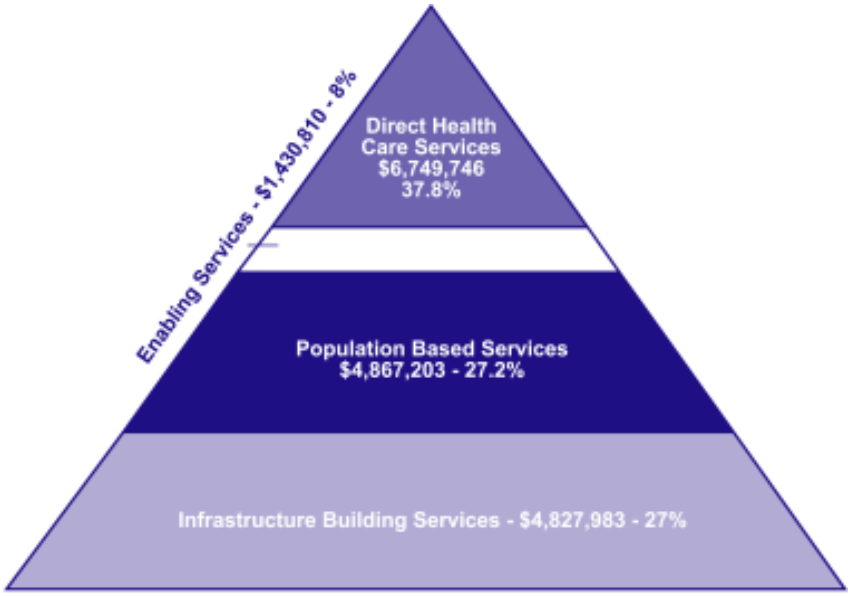
ARIZONA

Title V - Selected National MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Number of specialty services for Children with Special Health Care Needs (CSHCN)	9 of 9	9 of 9
Percent of newborns screened for 4 major genetic disorders	95.8%	96.5%
Percent of children immunized (ages 19-35 months) against 9 diseases	78%	80%
Rate of births to teens aged 15-17 years (per 1,000 teens aged 15-17 years)	35	45
Rate of deaths to children aged 1-14 caused by motor vehicle crashes (per 100,000 children)	8.4	7.1
Percent of mothers who breast fed their infants at time of hospital discharge	74.5%	73%
Percent of newborns screened for hearing impairment before hospital discharge	39.1%	85%
State assurance of family participation in CSHCN programs & policies	12 of 18	13 of 18
Percent of very low birth weight live births	1.2%	1.0%
Percent of infants born to women who received first trimester prenatal care	74.4%	76.0%

Title V - National MCH Outcome Measures[7]	State 1998 Results	State Year 2000 Goal
Infant mortality rate (per 1,000 live births)	7.2	7.6
Ratio of black to white infant mortality	1.6	2.0
Neonatal mortality rate (per 1,000 live births)	4.5	4.8
Postneonatal mortality rate (per 1,000 live births)	2.6	2.6
Perinatal mortality rate (per 1,000 live births)	11.9	10.2
Child death rate (per 100,000 children aged 1-14)	33.1	31.9

Title V - Selected State-Determined MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Hospitalizations for nonfatal injuries and poisonings (per 100,000 adolescents aged 15-19)	500.2[97]	480
Licensed child care centers meeting national health and safety quality standards	*	10.5%
Hospitalizations for asthma (per 100,000 children aged 1-14)	225.5[97]	205
Preventable deaths to children under age 18 (per 100,000 children)	22.5[96]	19.5

Title V Federal-State Block Grant Expenditures[4] by Category of Service[6]



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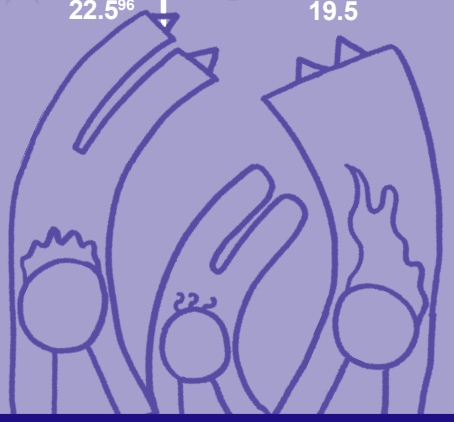

State Assurance of Family Participation in CSHCN Program and Policy	
SCALE: 0 = not met; 3 = completely met	
Participate on task forces and offered training.	2
Financial support offered for parent groups.	2
Involved in Block Grant Application process.	2
Involved in inservice training of staff.	2
Hired for expertise as family member.	2
Members of diverse cultures involved.	2
Total Possible: 18 — FY 98 Total:	12

Selected FY 98 Title V and Other MCH Grant Annotations

ARIZONA
Other FY 98 MCH Grant Programs

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

- Improving Managed Care for Children with Chronic Health Care Needs by Including Parents as Participating Partners in the Medical Home, Phoenix Pediatrics/Planning for Success/Pilot Parent Partnership, Phoenix, $116,462 (SPRANS-MCHIP-Integrated Services)
- Development of Integrated Systems for Child Health, Arizona Department of Health Services, Phoenix, $100,000 (SPRANS-MCHIP-SSDI)

Title V—COMMUNITY INTEGRATED SERVICE SYSTEMS (CISS-Title V)

- Gila County Teen Pregnancy Prevention, Gila County Health Department, Globe, $49,999 (CISS-CISS-COG)
- Health Systems Development in Child Care—A Collaborative Approach, Arizona Department of Health Services, Phoenix, $50,000 (CISS-CISS-Child Care Program)
- Health System and Integration, Mohave County Department of Health and Social Services, Kingman, $50,000 (CISS-CISS-COG)
- West Yavapai Service Integration Project, Children's Council, Inc., Prescott, $50,000 (CISS-CISS-COG)

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

Improving Access to and Utilization of Genetic Services to Arizona's Hispanic Population, Arizona Department of Health Services, Phoenix, $192,704 (SPRANS-Genetics)

Barriers to genetic services for Arizona's Hispanic population are cultural, linguistic, economic, and geographic. In an attempt to overcome some of these barriers, genetic clinics have been provided in outlying communities with training in genetics for lay health workers to aid in identification and referral of patients and inservices on genetics for health professionals. Spanish language classes and workshops on Hispanic culture have been provided to genetic service providers and public health staff to increase cultural sensitivity and competency.

Title V—COMMUNITY INTEGRATED SERVICE SYSTEMS (CISS-Title V)

Community Health Systems Development TA Network, Arizona Department of Health Services, Phoenix , $50,000 (CISS-CISS-COG)

The Arizona Department of Health Services Office of Women and Children's Health (OWCH) will establish a self-sustaining network for technical assistance related to community health systems development in Arizona. Initial participants will include OWCH staff, county and Native American tribal health department staffs, and local participants in maternal and child health systems development efforts. Over time, the network will expand to include a variety of local, State and national resources for technical assistance (TA) and training. The TA Network will offer training for trainers and technical assistance providers who serve local target groups, skill-building trainings for people involved in health systems development efforts sponsored by county and tribal health departments, and customized technical assistance to facilitate success in developing and carrying out community health systems plans.

Title V—ABSTINENCE EDUCATION PROGRAM

Arizona Abstinence Only Education Program, Arizona Department of Health Services, Phoenix, $894,137 (Abstinence Ed)

The program is to reduce the rate of out-of-wedlock pregnancies and births through delivery of educational programs and a media campaign that stress "Abstinence until Marriage." Target populations include school age children from 9 to 18, males and females, parents, adults in high out-of-wedlock birth age groups, and youth at risk of early sexual activity.

EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)

Arizona EMSC State Partnership Grant, Arizona Department of Health Services, Phoenix, $60,000 (EMSC-PRTNER)

Project goals and objectives include the following: (1) Recruit and hire an emergency medical services for children (EMSC) coordinator; (2) create and support an EMSC resource center; (3) create and support an EMSC advisory council, and hold at least three meetings; (4) develop a plan and data collection tools to assess EMSC personnel, equipment, facilitiy and training needs, and resources; (5) conduct an assessment of training needs; (6) for surveillance and evaluation purposes, develop an inventory of existing injury-related data, evaluate the quality of available data, formulate the research questions that the data need to address, and prepare a report of baseline data for the research questions; (7) develop a training plan from the results of the training needs asessment for the various EMSC providers, and provide the necessary training in year 2; and (8) conduct a statewide injury prevention conference to promote awareness of EMSC issues.

Other Title V Grant Programs:
$1,503,302
Other MCH Grant Programs:
$247,592
TOTAL:
$1,750,894

TRAUMATIC BRAIN INJURY

Arizona Kids With TBI, Arizona Department of Economic Security, Phoenix, $187,592 (Traumatic Brain Injury-Implementation)

Arizona Kids with TBI will take the vision of a continuum of care for children with traumatic brain injury (TBI) and their families from the current status of a fragmented system into a model service delivery system. Forty children with TBI in two pilot sites will be entered into the service delivery system provided by the Arizona Department of Health Services, Office for Children with Special Health Care Needs, which is an integrated, interdisciplinary service approach that includes long-term planning for family involvement and support for successful return to the community. The project (1) provides training to increase knowledge about pediatric TBI to emergency room staff, hospital discharge planners, hospital social workers, case service coordinators, special educators, and other appropriate professional staff; (2) provides training to family members on case plans; (3) develops protocols for emergency room staff, hospital discharge planners, and special educators; (4) provides low-literacy, culturally sensitive, and translated information for family members; (5) monitors gaps and roadblocks in services; and (6) increases interagency collaboration to result in service system change.

FOR MORE INFORMATION ON TITLE V:

Title V Program, contact:

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OWCH Office Chief
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Title V Program's services for Children with Special Health Care Needs, contact:

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Fax: (602) 542-2589

ARKANSAS

The MCH Federal-State Partnership

The Arkansas Department of Health (ADH) is a centralized state agency that oversees public health operations in all seventy-five counties in the state through six bureaus, ten regional area offices and ninety-five local health units. Title V is administered by the Maternal and Child Health Section of the ADH Bureau of Public Health Programs (BPHP). The Children with Special Health Care Needs program (CSHCN) is administered by the Division of Medical Services, Children's Medical Services, Arkansas Department of Human Services. The services within Title V's administrative control include: Children with Special Health Care Needs programs, Medicaid Outreach and Education (MOE), Newborn Screening, Adolescent Health, School Health, SIDS, Child Health Clinic Services, Injury, Fire and Burn Prevention, Child Health Support Services, Maternity Services, Nurse Midwife Project, Perinatal Outreach, Lay Midwife Project, Infant Mortality Initiatives, Pap Smear Follow-up, Family Planning, Hearing, Speech and Vision Screening, Dental Screening and Breastfeeding Services.

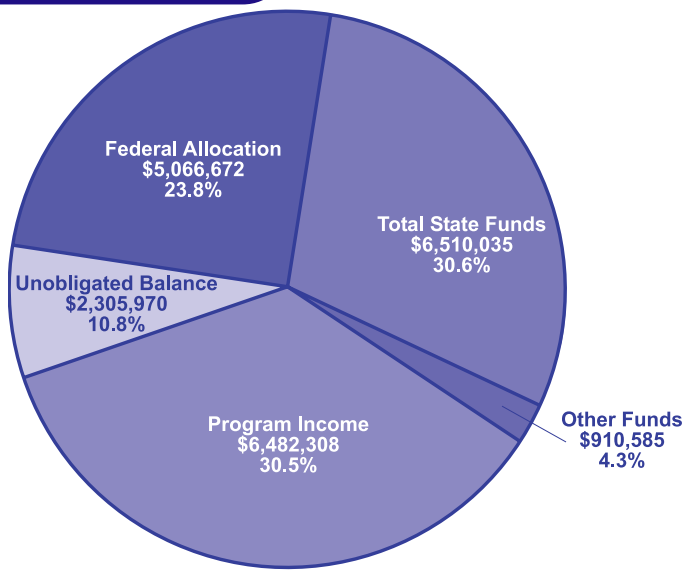
Title V Federal-State Block Grant Expenditures by Number of Individuals Served and Population Group[4]

Populations Served	Number of Individuals Served	Expenditures FY '98
Pregnant Women	16,969	$5,373,894
Infants (<1 year)	23,529	$2,753,257
Children (1 to 22 yrs)	84,058	$3,942,921
CSHCN (Special Needs)	15,159	$4,663,552
Others[3]	*	$3,225,715
Administration		$1,316,231
TOTALS	139,715	$21,275,570

State Population[5]
2,538,303

Live Births[5]
36,865

Title V Federal-State Block Grant Expenditures[4] by Source of Funds



MCH PARTNERSHIP FUNDS—FY 98[2]

Title V Federal-State Block Grant:
$21,275,570

Other Title V Grant Programs:
$1,516,439

Other MCH Grant Programs:
$387,506

TOTAL MCH Partnership Funds
$23,179,515

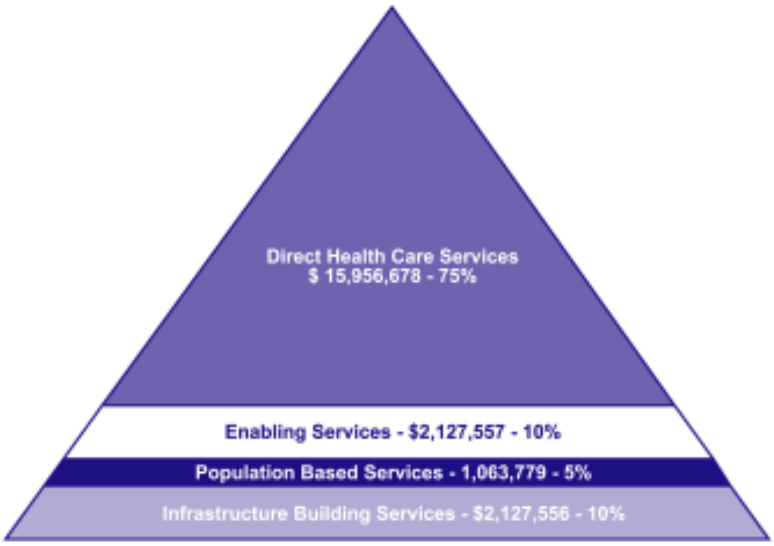
ARKANSAS

Title V - Selected National MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Number of specialty services for Children with Special Health Care Needs (CSHCN)	8 of 9	8 of 9
Percent of newborns screened for 4 major genetic disorders	98.2%	98.5%
Percent of children immunized (ages 19-35 months) against 9 diseases	86%	90%
Rate of births to teens aged 15-17 years (per 1,000 teens aged 15-17 years)	40.9	43.0
Rate of deaths to children aged 1-14 caused by motor vehicle crashes (per 100,000 children)	6.9	10.7
Percent of mothers who breast fed their infants at time of hospital discharge	60%	13%
Percent of newborns screened for hearing impairment before hospital discharge	3.5%	85%
State assurance of family participation in CSHCN programs & policies	15 of 18	16 of 18
Percent of very low birth weight live births	1.8%	1.2%
Percent of infants born to women who received first trimester prenatal care	75.8%	80%

Title V - National MCH Outcome Measures[7]	State 1998 Results	State Year 2000 Goal
Infant mortality rate (per 1,000 live births)	8.8	8.2
Ratio of black to white infant mortality	2	1.3
Neonatal mortality rate (per 1,000 live births)	5.3	4.5
Postneonatal mortality rate (per 1,000 live births)	4.5	2.5
Perinatal mortality rate (per 1,000 live births)	9.7	11.7
Child death rate (per 100,000 children aged 1-14)	38	28

Title V - Selected State-Determined MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Infant deaths reviewed and/or investigated	*	98%
Children age 0 to 18 below 200 percent of poverty enrolled in a child health insurance program	9%	41%
Births to unmarried women	35.1%	32.8%
Pregnant women counseled for HIV testing	74%	95%

Title V Federal-State Block Grant Expenditures[4] by Category of Service[6]



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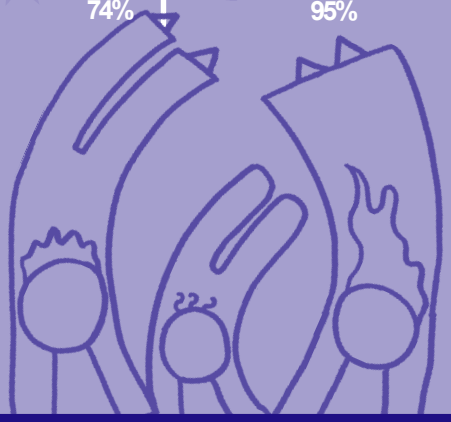

State Assurance of Family Participation in CSHCN Program and Policy	
SCALE: 0 = not met; 3 = completely met	
Participate on task forces and offered training.	3
Financial support offered for parent groups.	2
Involved in Block Grant Application process.	3
Involved in inservice training of staff.	2
Hired for expertise as family member.	3
Members of diverse cultures involved.	2
Total Possible: 18 FY 98 Total:	15

ARKANSAS
Other FY 98 MCH Grant Programs

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

- Maternal and Child Health Set-Aside State Systems Development Initiative, Arkansas Department of Health, Little Rock, $100,000 (SPRANS-MCHIP-SSDI)
- University Affiliated Training Program, University of Arkansas for Medical Sciences, Little Rock, $430,434 (SPRANS-Training-LEND/Leadership Ed Neuro Dev)

Title V—COMMUNITY INTEGRATED SERVICE SYSTEMS (CISS-Title V)

- Arkansas CISS/HSDCC, Arkansas Department of Health, Little Rock, $49,427 (CISS-CISS-Child Care Program)
- Integrated Health Service Delivery System, St. Mary's Hospital, Rogers, $50,000 (CISS-CISS-COG)
- Our Children First Coalition, Our Children First Coalition, Inc., Texarkana, $50,000 (CISS-CISS-COG)

EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)

- Incorporation of Emergency Medical Services for Children into Arkansas EMS, University of Arkansas for Medical Sciences, Little Rock, $74,594 (EMSC-PRTNER)
- Outcomes Assessment in Pediatric Trauma Patients, University of Arkansas for Medical Sciences, Little Rock, $144,241 (EMSC-Target)

Selected FY 98 Title V and Other MCH Grant Annotations

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

Statewide Infant Mortality Review Support Project, Arkansas Department of Health, Little Rock, $126,574 (SPRANS-MCHIP-FIMR)

A statewide review of approximately 300 deaths by community multidisciplinary review teams will provide information needed to implement program changes and/or policy changes to better address infant mortality in the state. The Arkansas Department of Health will designate project coordinators in each of its 10 health management areas. Coordinators will assure formation of local review teams, gathering of medical record and home visit data for each death, and review an aggregation of findings by the local review teams. Recommendations will be submitted to the Governor's Perinatal Advisory Board. Recommendations will be developed by the board for the Governor, State Health Officer, and State Board of Health.

Title V—COMMUNITY INTEGRATED SERVICE SYSTEMS (CISS-Title V)

Arkansas Community Integrated Service System Program, Arkansas Department of Health , Little Rock, $50,000 (CISS-CISS-COG)

This new initiative will conduct community-based training to improve the ability of local and State providers to respond to underserved populations of African Americans and children with special health needs, and an emerging Hispanic population. We will also provide technical assistance to communities to improve the level of knowledge of existing needs and resources and increase local capacity to address community identified needs.

Title V—ABSTINENCE EDUCATION PROGRAM

Arkansas Abstinence Education Program, Arkansas Department of Public Health, Little Rock, $660,004 (Abstinence Ed)

The program is to increase the level of abstinence education provided to school-age children within the State. Specific activities include: a state conference to showcase available abstinence-only curricula and current concepts; grants to communities around the state to sponsor abstinence education programs; a statewide media campaign to promote abstinence among school-age youth; and, an evaluation of the funded projects.

EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)

Quality and Cost Containment in Pediatric Intensive Care, Arkansas Children's Hospital, Little Rock, $168,671 (EMSC)

This study investigates the relationship between cost containment and the quality of care in pediatric intensive care settings. We will: (1) Develop a pediatric morbidity prediction system; (2) document variations in pediatric intensive care mortality rates, morbidity rates, severity of illness/injury, and resource use based on the race and the insurance status of the patient; (3) explain variations in mortality, morbidity, and resource use with age, race, gender, and illness/injury severity; and (4) estimate relationships among insurance status, resource use, mortality, and morbidity.

Other Title V Grant Programs:
$1,516,439
Other MCH Grant Programs:
$387,506
TOTAL:
$1,903,945

FOR MORE INFORMATION ON TITLE V:

Title V Program, contact:

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Title V Program's services for Children with Special Health Care Needs, contact:

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CALIFORNIA

The MCH Federal-State Partnership

Title V funds are administered by the Maternal and Child Health (MCH) Branch and Children's Medical Services (CMS) Branch in the State of California. These two Branches are part of the Primary Care and Family Health Division which also includes WIC, the Office of Family Planning, the Genetic Disease Branch, Comprehensive School Health Program, and Primary Care and Rural Health Systems Branch (including Native American Health). The MCH Branch conducts statewide assessment of needs, develops policies, plans and programs to improve the health of women, infants, adolescents, and families in California utilizing the core public health functions. The CMS Branch is responsible for the Child Health and Disability Prevention Program (CHDP), California Children Services (CCS) program, and the Genetically Handicapped Persons Program (GHPP). CCS is the Children with Special Health Care Needs program.

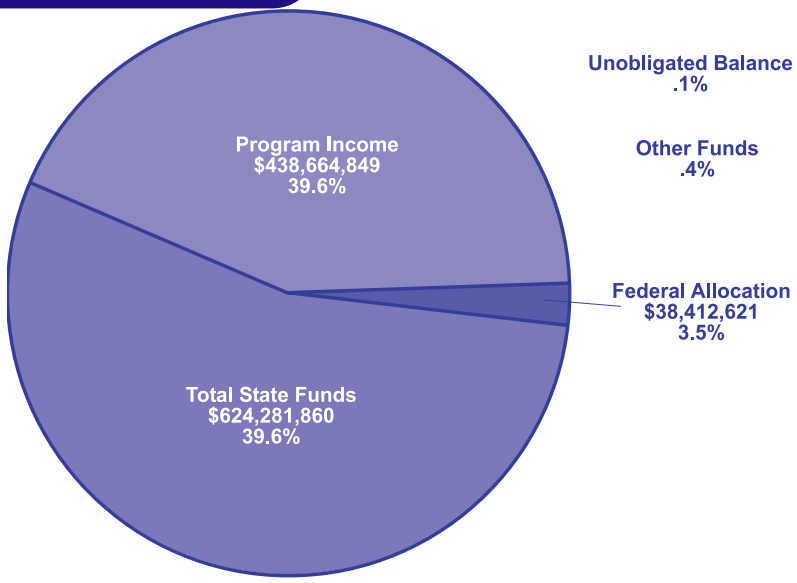
Title V Federal-State Block Grant Expenditures by Number of Individuals Served and Population Group[4]

Populations Served	Number of Individuals Served	Expenditures FY '98
Pregnant Women	524,174	$41,367,728
Infants (<1 year)	550,596	$37,465,997
Children (1 to 22 yrs)	1,735,101	$113,358,502
CSHCN (Special Needs)	133,007	$912,760,406
Others[3]	*	$0
Administration		$2,703,636
TOTALS	2,942,878	$1,107,656,269

State Population[5]
32,666,550

Live Births[5]
521,661

Title V Federal-State Block Grant Expenditures[4] by Source of Funds



MCH PARTNERSHIP FUNDS—FY 98[2]

Title V Federal-State Block Grant:
$1,107,656,269

Other Title V Grant Programs:
$9,975,446

Other MCH Grant Programs:
$5,088,828

TOTAL MCH Partnership Funds
$1,122,720,543

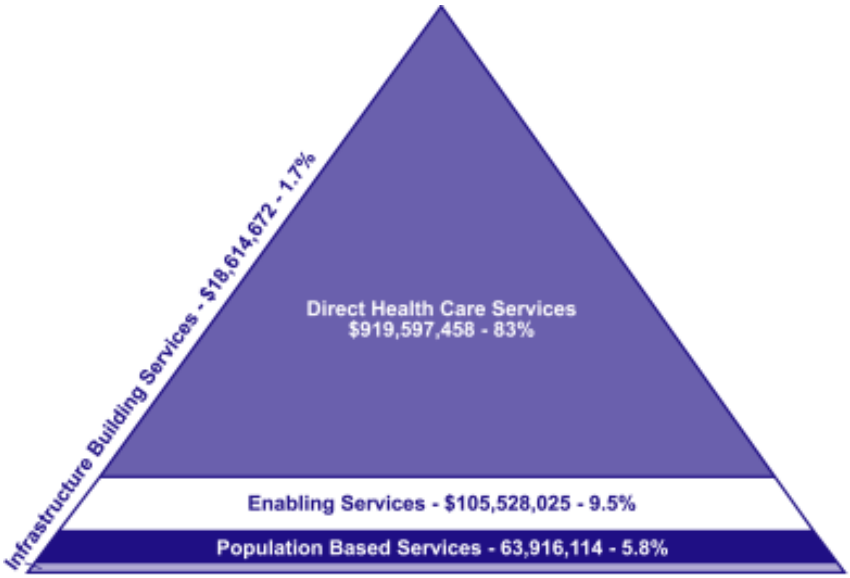
CALIFORNIA

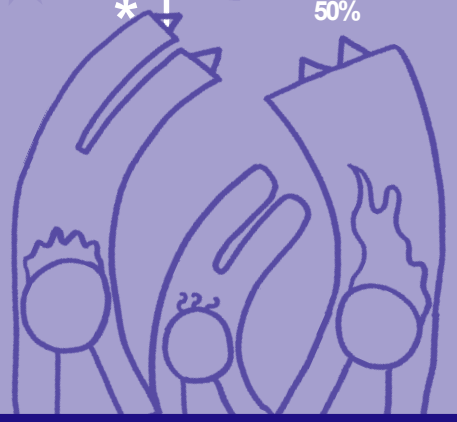
Title V - Selected National MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Number of specialty services for Children with Special Health Care Needs (CSHCN)	9 of 9	9 of 9
Percent of newborns screened for 4 major genetic disorders	98.9%	99%
Percent of children immunized (ages 19-35 months) against 9 diseases	75%	78%
Rate of births to teens aged 15-17 years (per 1,000 teens aged 15-17 years)	35.7	34.7
Rate of deaths to children aged 1-14 caused by motor vehicle crashes (per 100,000 children)	3	2.2
Percent of mothers who breast fed their infants at time of hospital discharge	41.3%	45%
Percent of newborns screened for hearing impairment before hospital discharge	8.5%	50%
State assurance of family participation in CSHCN programs & policies	13 of 18	14 of 18
Percent of very low birth weight live births	1.1%	1.1%
Percent of infants born to women who received first trimester prenatal care	80.8%	84.6%

Title V - National MCH Outcome Measures[7]	State 1998 Results	State Year 2000 Goal
Infant mortality rate (per 1,000 live births)	5.9	5.2
Ratio of black to white infant mortality	2.4	2.5
Neonatal mortality rate (per 1,000 live births)	3.9	3.4
Postneonatal mortality rate (per 1,000 live births)	2	1.6
Perinatal mortality rate (per 1,000 live births)	8.8	7.1
Child death rate (per 100,000 children aged 1-14)	20.2	18.0

Title V - Selected State-Determined MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Maternal mortality (per 100,00 live births)	*	5.6
Deaths caused by homicide (per 100,000 15-to-19-year olds)	*	16.2
Deaths caused by motor vehicle accidents (per 100,000 15-to-19-year olds)	18.7[96]	15.7
Children who received at least one preventive medical exam during the year and are living at less than 200% of Federal poverty level	*	50%

Title V Federal-State Block Grant Expenditures[4] by Category of Service[6]





State Assurance of Family Participation in CSHCN Program and Policy	
SCALE: 0 = not met; 3 = completely met	
Participate on task forces and offered training.	2
Financial support offered for parent groups.	1
Involved in Block Grant Application process.	3
Involved in inservice training of staff.	3
Hired for expertise as family member.	3
Members of diverse cultures involved.	1
Total Possible: 18 — FY 98 Total:	13

* Data not available

CALIFORNIA
Other FY 98 MCH Grant Programs

TITLE V—SPECIAL PROJECTS OF REGIONAL AND NATIONAL SIGNIFICANCE

- 8% Early Intervention Project - Health Care Program, American Academy of Pediatrics, Orange, $49,980 (SPRANS-MCHIP-Healthy Tomorrows)
- ACCESS-MCH: Center for Automation and Care Coordination Enhancing Service Systems in Maternal and Child Health, Children's Hospital of Los Angeles, Los Angeles, $354,003 (SPRANS-MCHIP-Integrated Services)
- California Connections: Assuring Access to Preventive Services Under Reformed Systems of Health Care for Children With Special Health Needs and Their Families (Priority Area: Provider Preparation), University of Southern California , Los Angeles, $200,000 (SPRANS-MCHIP-Managed Care/Health Care Reform)
- Cancer Genetics Education for Primary Care Providers, City of Hope National Medical Center, Duarte, $121,034 (SPRANS-Genetics)
- Center for Occupational Science-Based Leadership Training in Pediatric Occupational Therapy, University of Southern California, Los Angeles, $126,027 (SPRANS-Training-Occupational Therapy)
- Collaborative Office Rounds for Pediatric Practitioners, University of California, San Francisco, San Francisco, $12,000 (SPRANS-Training-Continuing Ed/ Collaborative Office Rounds)
- Comprehensive Adolescent Training and Mentor Program, Charles R. Drew University of Medicine and Science, Los Angeles, $166,653 (Training-Historically Black Colleges)
- Coordinated National Effort to Guide Hospital– and Community–Based Primary Care in the First Days of Life and Parenting, University of California, San Francisco, San Francisco, $275,051 (SPRANS-Research-FI)
- Crossing Cultural Boundaries: An Ethnographic Study, University of Southern California, Los Angeles, $220,263 (SPRANS-Research)
- Pacific Southwest Regional Genetics Network (PSRGN), Public Health Institute, Berkeley, $327,008 (SPRANS-Genetics)
- Northern California Thalassemia Center, Children's Hospital of Oakland, Oakland, $300,000 (SPRANS-Genetics)
- Establishment of the Olive View-UCLA Prenatal Diagnosis Unit Aimed at an Underserved Multiethnic Perinatal Population, Olive View Medical Center, Sylmar, $167,788 (SPRANS-Genetics)
- Health Care Utilization: Pediatric Organ Transplantation, University of California, Los Angeles, Los Angeles, $156,589 (SPRANS-Research)

Selected FY 98 Title V and Other MCH Grant[2] Annotations

Title V—Special Projects of Regional and National Significance (SPRANS)

National Adolescent Health Information Center, University of California, San Francisco, San Francisco, $380,000 (SPRANS-MCHIP)

The National Adolescent Health Information Center establishes a central point for the development of a coordinated and integrated activity in the area of adolescent health. The center provides this assistance to the Maternal and Child Health Bureau by coordinating with existing national adolescent health efforts, collaborating with available resources within MCHB and other Federal and private agencies, conducting short- and long-term policy analyses of legislative changes (especially in the area of health care and welfare reform) that will effect the adolescent population, identifying and disseminating information about exemplary programs, and developing strategies for highlighting the needs of special populations.

Infancia Feliz, Vista Community Clinic, Vista, $50,000 (SPRANS-MCHIP-Healthy Tomorrows)

The overriding goal of Infancia Feliz is to improve the health status of low-income infants (primarily of newly immigrated Mexican parents) during the period from birth to 2 years by developing an enhanced perinatal support program. First-year objectives include (1) recruitment and training of at least 10 "consejeras," or counselors, from the community who will function as mentors for the new mothers and their families, (2) enrollment of at least 40 mother/infant pairs in the program, and (3) attainment of at least 75 percent compliance with immunization and well-child schedules during the first 2 years of life. The project offers a family-centered approach that emphasizes culturally appropriate care for infants.

Title V—Community Integrated Service Systems (CISS)

Children's Regional Integrated Service System, Children's Hospital Oakland, Oakland, $50,000 (CISS-CISS-COG)

With the Children's Regional Integrated Service System, 23,000 children with special health care needs in 10 California counties will be served within a seamless, integrated system, addressing the lack of coordination and collaboration among the region's State Title V programs (CCS). Differing county standards and processes place obstacles in the way of consumers and providers. The project will improve networking and coordination through creation of a regional planning group of CCS programs, providers, and consumers; reduce cross-country program differences through regional standards; and improve regional data capacity through a regional information system.

Healthy Start Initiative

Healthy Start Initiative Phase II, San Bernardino County Health Department, San Bernardino, $2,100,000 (Healthy Start-Community)

In an effort to win the war over infant mortality in the poorest neighborhood in the poorest city in San Bernardino County, CA, this project seeks to empower the community and the family, enhance medical service delivery, and link consumers to service providers. The goals of the project are to (1) reduce infant mortality, low birthweight, preterm births, and perinatal substance exposure; (2) increase access to and maintenance of perinatal care; and (3) increase resident education and employment marketability.

Other Title V Grant Programs:
$9,975,446

Other MCH Grant Programs:
$5,088,828

TOTAL:
$15,064,274

Emergency Medical Services for Children (EMSC)

Emergency Medical Services for Children Partnership Grant, California Emergency Medical Services Authority, Sacramento, $60,000 (EMSC-PRTNER)

The major goal of this project is to promote the implementation of emergency medical services for children (EMSC) and encourage the integration of the EMSC program in all emergency medical services (EMS) systems to institutionalize and improve emergency and critical care services for the children of California. The project will sponsor an annual conference to promote EMSC, discuss issues, and provide information on integrating EMSC to (1) local EMS agencies, hospital administrators, pediatricians, emergency physicians, emergency nurses, and pediatric intensivists; (2) representatives of managed care organizations and prehospital service providers; (3) State and Federal health officials involved with pediatric and critical care in California, and (4) all other participants in the EMSC continuum, including consumer or community representatives, special populations (Native Americans), and special needs groups.

CALIFORNIA
Other FY 98 MCH Grant Programs

- Home Versus Group Visits After Early Postpartum Discharge, Kaiser Permanente, Oakland, $230,792 (SPRANS-Research)
- Infant ETS Exposure: Clinic-Based Maternal Counseling, San Diego State University, La Mesa, $261,602 (SPRANS-Research)
- Interdisciplinary Adolescent Health Training Project, University of California, San Francisco, San Francisco, $362,000 (SPRANS-Training-Adolescent Health)
- Interdisciplinary Maternal and Child Health Training Program, University of California, Los Angeles, Los Angeles, $362,001 (SPRANS-Training-School of Public Health)
- Interparental Conflict and Adolescent Violence, University of California, San Francisco, $284,404 (SPRANS-Research)
- Leadership Training for Public Health Nutrition, University of California, Los Angeles, Los Angeles, $124,011 (SPRANS-Training-Nutrition)
- Managed Care Health Plans: Introducing Family-Centered Care, Parents Helping Parents, Inc., Santa Clara, $155,000 (SPRANS-MCHIP-Managed Care/Health Care Reform)
- Managed Care Policy and Children with Special Health Care Needs Cooperative Agreement, University of California at San Francisco, San Francisco, $375,000 (SPRANS-MCHIP-Managed Care/COOP)
- Maternal, Child, and Adolescent Nutrition Leadership Program, Regents of the University of California at Berkeley, Berkeley, $120,327 (SPRANS-Training-Nutrition)
- Maternal and Child Health Leadership Education in Behavioral Pediatrics, University of California, San Francisco, San Francisco, $115,096 (SPRANS-Training-Behavioral Pediatrics)
- National Center for Infant and Early Childhood Health Policy, University of California, Los Angeles, Los Angeles, $446,135 (SPRANS-Training-Continuing Ed/Policy Center)
- Policy Information & Analysis Center for Middle Childhood & Adolescence, University of California, San Francisco, San Francisco, $250,000 (SPRANS-Training-Continuing Ed/Policy Center)
- Reforming Financing and Service Delivery Arrangements for Children with Special Needs, University of California, San Francisco, San Francisco, $0 (SPRANS-MCHIP-Integrated Services)
- Region IX Nutrition Mentoring Project, University of Southern California, Los Angeles, $49,470 (SPRANS-Training-Continuing Education)
- San Diego Homeless Adolescent Health Care Project: Medical Outreach for High Risk Teens and Their Families, Logan Heights Family Health Center, San Diego, $50,000 (SPRANS-MCHIP-Healthy Tomorrows)
- South County Infant Loss Project, Tiburcio Vasquez Health Center, Inc., Union City, $75,000 (SPRANS-MCHIP-SIDS)

Other FY98 MCH Grant Programs

- State Systems Development Initiative, California Department of Health Services, Sacramento, $100,000 (SPRANS-MCHIP-SSDI)
- Strengthening Genetics in Primary Care for Asians and Pacific Islanders, Association of Asian Pacific Community Health Organizations, Oakland, $125,000 (SPRANS-Genetics)
- Team Approach to Services for Children With Special Health Care Needs: Nutrition Makes a Difference, University of Southern California, Los Angeles, Los Angeles, $71,114 (SPRANS-Training-Nutrition)
- Training in Maternal and Child Health, University of California at Berkeley, Berkeley, $316,752 (SPRANS-Training-School of Public Health)
- Training and Technical Assistance Center for Mental Health in Schools, University of California, Los Angeles, Los Angeles, $270,000 (SPRANS-MCHIP-Mental Health of School-Age Children and Adolescents)
- UCLA University Affiliated Program Interdisciplinary Leadership Training in Neurodevelopmental and Related Disabilities, University of California, Los Angeles, Los Angeles, $441,000 (SPRANS-Training-LEND Leadership Ed Neuro Dev)
- University of Southern California's University Affiliated Program: Interdisciplinary Leadership Education in Neurodevelopmental and Related Disabilities (LEND), University of Southern California, Los Angeles, $587,871 (SPRANS-Training-LEND-Leadership Ed Neuro Dev)

TITLE V—COMMUNITY INTEGRATED SERVICE SYSTEMS

- Anderson and Happy Valley Healthy Children and Families Partnership Project, Shasta Community Health Center, Redding, $50,000 (SPRANS-MCHIP-Healthy Tomorrows)
- California FIMR Support Program, March of Dimes, Oakland, $150,966 (SPRANS-MCHIP-FIMR)
- California Fluoridation Implementation Project, Dental Health Foundation, San Rafael, $30,000 (SPRANS-MCHIP-Fluoride)
- CISS for California's Children, University of Southern California, Los Angeles, $50,000 (CISS-CISS-COG)
- CISS/Increase Health Access, Community Health Councils, Inc., Los Angeles, $50,000 (CISS-CISS-COG)
- Community Health Integrated Resources Project, Southwest Community Health Center, Santa Rosa, $50,000 (CISS-CISS-COG)
- Cost Benefit Analysis of Enhanced Perinatal Support Services in Medicaid Managed Care, University of California at San Francisco, San Francisco, $67,500 (SPRANS-MCHIP-Data)
- Establishing a Community-Based Interagency Services System for Children With Special Health Care Needs in Los Angeles County, Public Health Foundation Enterprises, Inc., City of Industry, $50,000 (CISS-CISS-COG)
- Fragile Infant Special Care Program, Edgewood Children's Center, San Francisco, $0 (SPRANS-MCHIP)
- Healthy Child Care California, San Diego State University Foundation, San Diego, $50,000 (CISS-CISS-Child Care Program)
- Humboldt Healthy Families Collaborative Project, Humboldt County Public Health Department, Eureka, $50,000 (SPRANS-MCHIP-Healthy Tomorrows)
- Injury Prevention Targeted Resource Center, Data Analysis Resource Center: Resource Center for Utilizing Injury Data for Prevention, San Diego State University Foundation, San Diego, $44,000 (SPRANS-MCHIP)
- Maternal and Child Health Continuing Education and Development for Enhanced Analytical Skills, University of California at Berkeley, Berkeley, $294,691 (SPRANS-MCHIP-Data)
- MCH Service Federal Set Aside Programs, San Mateo County Perinatal Council, Belmont, $50,000 (CISS-CISS-COG)
- Region IX Hemophilia Care Program, Orthopaedic Hospital, Los Angeles, $820,383 (SPRANS-Hemophilia)
- San Diego County Dental Health Initiative, San Diego Child Health and Disability Prevention Program, San Diego, $50,000 (SPRANS-MCHIP-Healthy Tomorrows)
- San Diego Kids Health Assurance Network, Children, Youth and Families Health - CHDP Program, San Diego, $50,000 (SPRANS-MCHIP-Healthy Tomorrows)
- San Diego Kids Health Assurance Network - Information Management System, County of San Diego, San Diego, $50,000 (CISS-CISS-COG)
- Vista Townsite Neighborhood Partnership for Maternal and Child Health, Vista Community Clinic, Vista, $50,000 (CISS-CISS-COG)

HEALTHY START INITIATIVE

- Fresno Healthy Start, Fresno County Health Services Agency, Fresno, $1,342,661 (Healthy Start-Community)
- Oakland Healthy Start Program, Alameda County Health Care Services Agency, East Oakland, $1,400,426 (Healthy Start-Mentor)

EMERGENCY MEDICAL SERVICES FOR CHILDREN

- National EMSC Resource Alliance (NERA), Research and Education Institute, Inc., Torrance, $185,741 (EMSC-Enhancement)

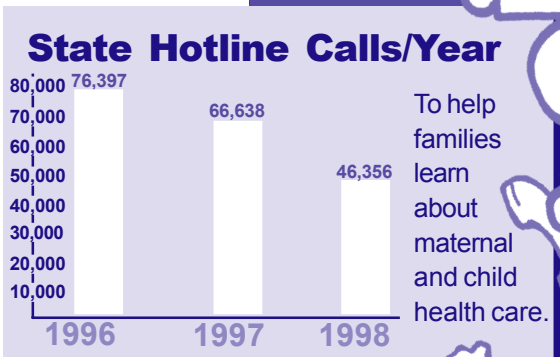
FOR MORE INFORMATION ON TITLE V:

Title V Program, contact:

Rugmini Shah, M.D.
Chief, Maternal and Child Health Branch
714 P Street, Room 750
Sacramento, CA 95814
Phone: (916) 657-1347
Fax: (916) 653-3962

Title V Program's services for Children with Special Health Care Needs, contact:

Maridee A. Gregory, M.D., M.P.H.
Chief, Children's Medical Services Branch
714 P Street, Room 350
Sacramento, CA 95814
Phone: (916) 654-0832
Fax: (916) 653-8271



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en espanol: 1-800-504-7081

COLORADO

The MCH Federal-State Partnership

The Colorado Department of Public Health & Environment, Family and Community Health Services Division (FCHSD), administers the Title V program of maternal and child health services. Information about the program can be found on the World Wide Web at http://www.cdphe.state.co.us/fc/fchom.html. The complete text of the MCH Block Grant Application can be downloaded from: www.cdphe.state.co.us/fc/mch/mchblock.html.

Children with special health care needs are included in the Division's responsibilities, as are WIC and the Child and Adult Care Food Program. However, immunization services are located outside the FCHSD, in the Disease Control and Environmental Epidemiology Division, and injury prevention efforts are located in the Emergency Medical Services and Prevention Division.

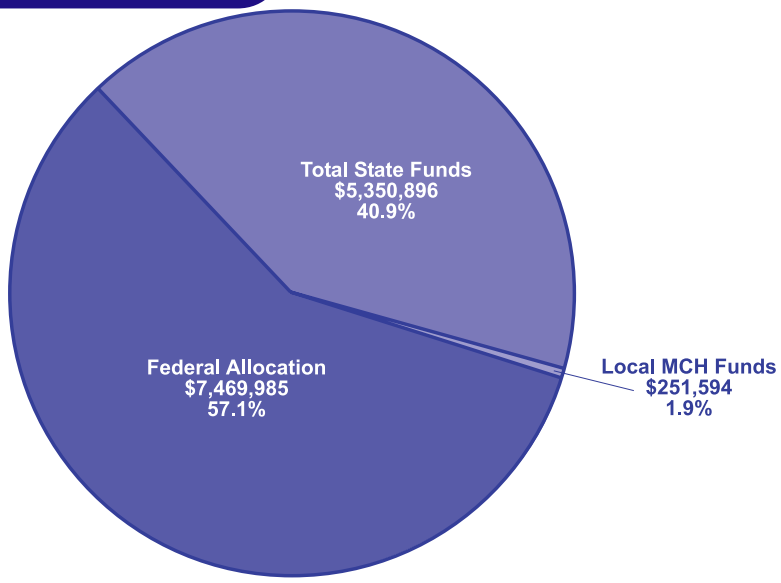
Title V Federal-State Block Grant Expenditures by Number of Individuals Served and Population Group[4]

Populations Served	Number of Individuals Served	Expenditures FY '98
Pregnant Women	3,714	$2,060,641
Infants (<1 year)	54,875	$0
Children (1 to 22 yrs)	88,357	$3,304,797
CSHCN (Special Needs)	8,272	$6,549,056
Others[3]	18,338	$0
Administration		$1,157,981
TOTALS	173,556	$13,072,475

State Population[5]
3,970,971

Live Births[5]
59,577

Title V Federal-State Block Grant Expenditures[4] by Source of Funds



MCH PARTNERSHIP FUNDS—FY 98[2]
Title V Federal-State Block Grant: **$13,072,475**
Other Title V Grant Programs: **$3,117,169**
Other MCH Grant Programs: **$75,000**
TOTAL MCH Partnership Funds **$16,264,644**

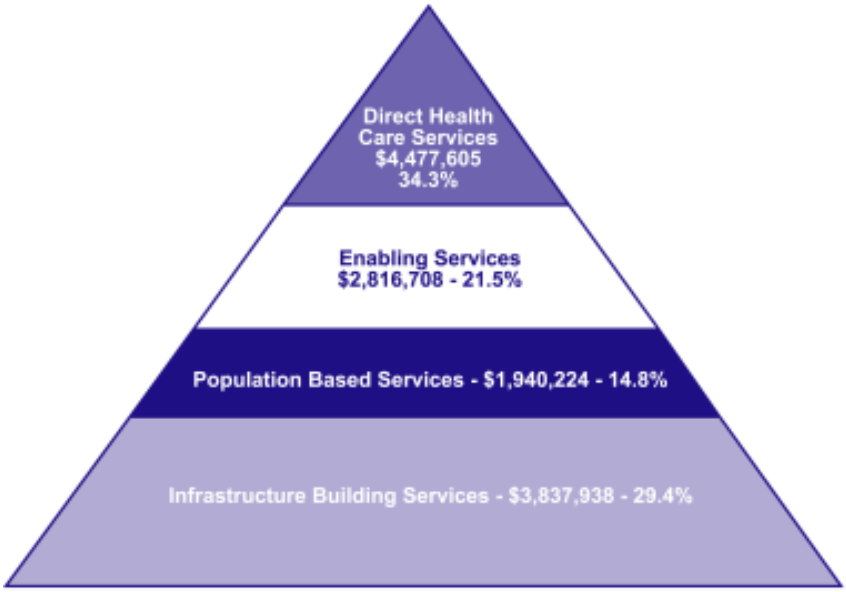
COLORADO

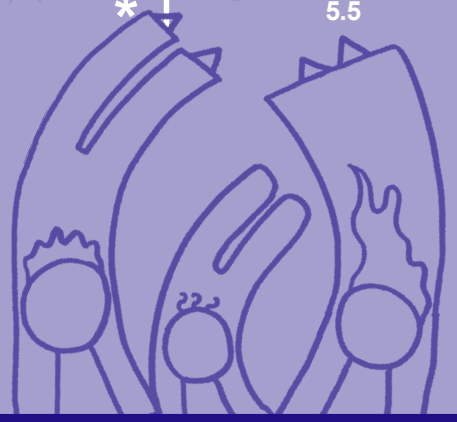
Title V - Selected National MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Number of specialty services for Children with Special Health Care Needs (CSHCN)	9 of 9	9 of 9
Percent of newborns screened for 4 major genetic disorders	96.5%	*
Percent of children immunized (ages 19-35 months) against 9 diseases	75%	90%
Rate of births to teens aged 15-17 years (per 1,000 teens aged 15-17 years)	30.9	29.5
Rate of deaths to children aged 1-14 caused by motor vehicle crashes (per 100,000 children)	4.7	3.5
Percent of mothers who breast fed their infants at time of hospital discharge	81%	85%
Percent of newborns screened for hearing impairment before hospital discharge	79%	85%
State assurance of family participation in CSHCN programs & policies	13 of 18	13 of 18
Percent of very low birth weight live births	1.3%	1.3%
Percent of infants born to women who received first trimester prenatal care	82.9%	85%

Title V - National MCH Outcome Measures[7]	State 1998 Results	State Year 2000 Goal
Infant mortality rate (per 1,000 live births)	7	6.7
Ratio of black to white infant mortality	2.4	2.2
Neonatal mortality rate (per 1,000 live births)	4.7	4.5
Postneonatal mortality rate (per 1,000 live births)	2.3	2.2
Perinatal mortality rate (per 1,000 live births)	11.5	11
Child death rate (per 100,000 children aged 1-14)	22.2	22

Title V - Selected State-Determined MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
The rate of deaths to adolescents age 15-19 caused by motor vehicle crashes per 100,000 children	24[97]	25
The proportion of public school students who have access to health services through school-based health centers	*	4.9
Percent of Medicaid-eligible children who receive dental services as part of their comprehensive services	17%	20%
The rate of homicides among teens 15-19	*	5.5

Title V Federal-State Block Grant Expenditures[4] by Category of Service[6]





State Assurance of Family Participation in CSHCN Program and Policy	
SCALE: 0 = not met; 3 = completely met	
Participate on task forces and offered training.	2
Financial support offered for parent groups.	2
Involved in Block Grant Application process.	2
Involved in inservice training of staff.	2
Hired for expertise as family member.	3
Members of diverse cultures involved.	2
Total Possible: 18 — FY 98 Total:	13

* Data not available

COLORADO
Other FY 98 MCH Grant Programs

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

- Colorado Leadership Education in Neurodevelopmental and Related Disabilities Training Program, University of Colorado, Denver, $300,000 (SPRANS-Training-LEND/Leadership Ed Neuro Dev)
- Colorado State Systems Development Initiative, Colorado Department of Public Health and Environment, Denver, $100,000 (SPRANS-MCHIP-SSDI)
- Educating State Legislators About Maternal and Child Health Issues, National Conference of State Legislatures, Denver, $95,785 (SPRANS-MCHIP-PIC)
- Expanded School Health Resource Project, University of Colorado, Denver, $178,799 (SPRANS-MCHIP-Mental Health Services)
- Leadership Option: Care of Children With Disabilities, University of Colorado, Denver, $159,545 (SPRANS-Training-Nursing)
- Mountain States Regional Genetic Services Network, Colorado Department of Public Health and Environment, Denver, $274,379 (SPRANS-Genetics)
- National Center for Leadership Enhancement of Adolescent Programs (LEAP), Colorado Department of Public Health and Environment, Denver, $200,000 (SPRANS-MCHIP-Adolescent Health)
- Region VIII Hemophilia Diagnostic and Treatment Centers, University of Colorado Health Sciences Center, Denver, $356,385 (SPRANS-Hemophilia)
- Regional Clinical Care Guidelines and Protocols To Improve Health Care Services for Infants and Children with Sickle Cell Disease in Colorado and Arizona, University of Colorado Health Sciences Center, Denver, $94,632 (SPRANS-Genetics)
- Universal Newborn Hearing Screening, University of Colorado, Boulder, Boulder, $373,261 (SPRANS-MCHIP-Integrated Services)

Selected FY 98 Title V and Other MCH Grant Annotations

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

National Resource Center for Health and Safety in Child Care, University of Colorado, Denver, $390,000 (SPRANS-MCHIP-CC)

To promote informed decision-making about health and safety out-of-home child care, we will provide health and safety technical information, training networks, materials, and resources to diverse consumers including State MCH offices, State and local resource and referral agencies, public and private child care providers, Head Start programs, and parent-consumers. The project will develop, maintain, and update data bases and collections, and develop effective dissemination routes and mechanisms for target audiences. A consortium of formal and informal partnerships that is national in scope and State-based in implementation will be developed. Program monitoring will track implementation and use; outcomes will be evaluated through participant questionnaires and user surveys.

Title V—COMMUNITY INTEGRATED SERVICE SYSTEMS (CISS-Title V)

Colorado's Health Systems Development in Child Care Grant, Family and Community Health Services Division, Denver, $50,000 (CISS-CISS-Child Care Program)

This project facilitates the development of community-based integrated systems for child care, which include both health and social support services throughout Colorado. At the conclusion of the 3-year grant, four communities will have successfully developed an integrated community-based system of child care, providing documentation of planning and implementation processes, and including the pitfalls, benefits, and recommendations for additional communities to develop their own integrated system for child care services.

Title V—ABSTINENCE EDUCATION PROGRAM

State of Colorado Abstinence Education Project, Colorado Department of Public Health and Environment, Denver, $544,383 (Abstinence Ed)

The goal for the State of Colorado is to reduce out-of-wedlock teen births and sexually transmitted diseases through the support of local abstinence education programs and public awareness campaigns. The Colorado Department of Public Health and Environment will provide technical assistance, monitoring, and establish a resource and communication network.

Other Title V Grant Programs:
$3,117,169
Other MCH Grant Programs:
$75,000
TOTAL:
$3,192,169

EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)

Colorado EMSC Partnership Grant, Colorado Department of Public Health and Environment, Denver, $75,000 (EMSC-PRTNER)

The overall goal for this project is to establish additional staff time dedicated to emergency medical services for children (EMSC) activity at the regional level to enhance the local effectiveness of EMSC efforts. Two half-time positions will be established during year 1 through contracts with influential regionally based organizations. These staff members will work with the State's EMSC program to achieve the following goals: (1) Establishment of a local EMSC presence with organizations, institutions, and groups dealing with pediatric emergency care issues; (2) State representation on regional councils dealing with emergency medical services and trauma care issues; (3) assured provision of EMSC technical assistance to local PIER officers; (4) availability of local EMSC representation at public gatherings to provide public information and education in EMSC issues; (5) availability of local technical assistance in injury prevention activities for local groups and organizations; (6) locally based presentation of pediatric interactive video and skills lab training; (7) creation of a local source for the distribution of EMSC training resources; (8) establishment of a local EMSC presence with all regional public school districts; (9) participation in the development of a public school first-aid needs assessment tool; (10) implementation of the resulting needs assessment tool on a regional basis; and (11) local input into the evaluation of the needs assessment results.

FOR MORE INFORMATION ON TITLE V:

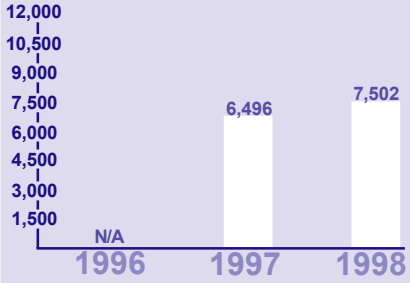
Title V Program, contact:

Merril Stern, Director
Family & Community Health Services Division
FCHSD-ADM-A4 Colorado Dept. of Public Health & Environment
4300 Cherry Creek Drive South
Denver , CO 80246
Phone: (303) 692-2302
Fax: (303) 753-9249

Title V Program's services for Children with Special Health Care Needs, contact:

Joan Eden, Director
Health Care Program for Children with Special Needs
FCHSD-ADM-A4 Colorado Dept. of Public Health & Environment
4300 Cherry Creek Drive South
Denver, CO 80246
Phone: (303) 692-2389
Fax: (303) 782-5576

State Hotline Calls/Year



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CONNECTICUT

The MCH Federal-State Partnership

The Department of Public Health, the state's leader in public health policy and advocacy, is the agency which administers Connecticut's Title V program. Title V funding allows the state to address the health concerns of the Maternal and Child populations in areas of need throughout the state, through community based programs and interventions. These programs include Healthy Start, Maternal Mortality Review, Genetics and Newborn Screening, Children with Special Health Care Needs, School Based Health Centers, Pediatric Primary Care, Oral Health, and the Adolescent Pregnancy Prevention/Young Parents Program. The health needs of the population along the continuum from birth through the reproductive years are addressed by these programs. Additionally, state capacity supported by Title V funding allows for ongoing planning and policy making activities regarding the state's MCH population, both within the department, between state agencies, and in other, pertinent statewide health care arenas.

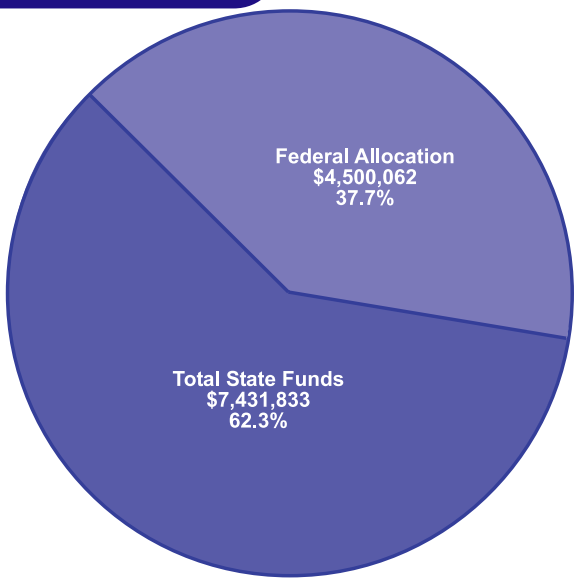
Title V Federal-State Block Grant Expenditures by Number of Individuals Served and Population Group[4]

Populations Served	Number of Individuals Served	Expenditures FY '98
Pregnant Women	17,822	$778,576
Infants (<1 year)	51,638	$2,018,835
Children (1 to 22 yrs)	75,471	$5,446,041
CSHCN (Special Needs)	5,284	$3,334,648
Others[3]	52,963	$70,088
Administration		$283,707
TOTALS	203,178	$11,931,895

State Population[5]
3,274,069

Live Births[5]
43,820

Title V Federal-State Block Grant Expenditures[4] by Source of Funds



MCH PARTNERSHIP FUNDS—FY 98[2]

Title V Federal-State Block Grant:
$11,931,895

Other Title V Grant Programs:
$662,346

Other MCH Grant Programs:
$1,393,648

TOTAL MCH Partnership Funds
$13,987,889

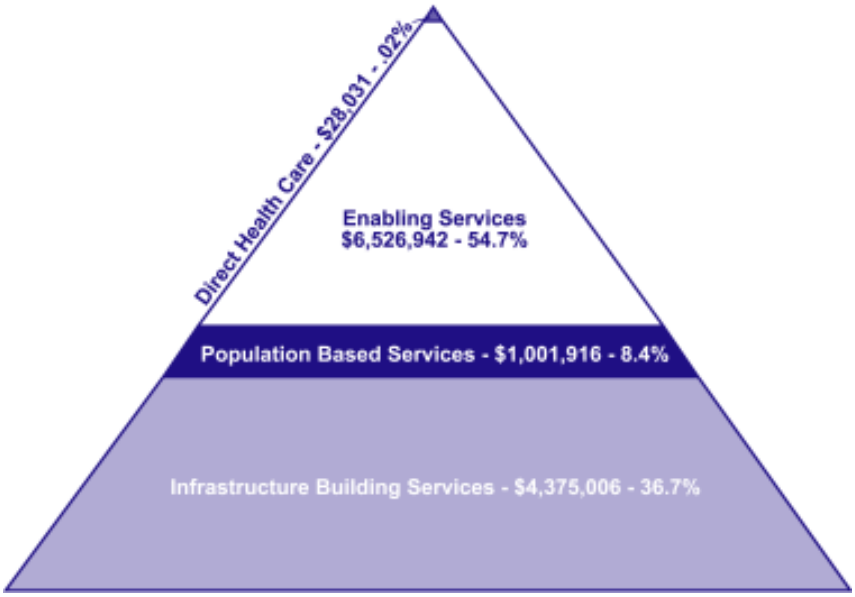
CONNECTICUT

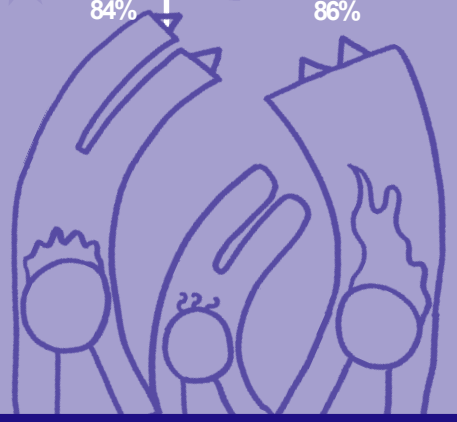
Title V - Selected National MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Number of specialty services for Children with Special Health Care Needs (CSHCN)	8 of 9	8 of 9
Percent of newborns screened for 4 major genetic disorders	102%	98%
Percent of children immunized (ages 19-35 months) against 9 diseases	87%	90%
Rate of births to teens aged 15-17 years (per 1,000 teens aged 15-17 years)	22.4[97]	21.6
Rate of deaths to children aged 1-14 caused by motor vehicle crashes (per 100,000 children)	3[97]	2.8
Percent of mothers who breast fed their infants at time of hospital discharge	65.5%[97]	68%
Percent of newborns screened for hearing impairment before hospital discharge	*	*
State assurance of family participation in CSHCN programs & policies	13 of 18	13 of 18
Percent of very low birth weight live births	1.6%[97]	1.4%
Percent of infants born to women who received first trimester prenatal care	82.4%[97]	88.5%

Title V - National MCH Outcome Measures[7]	State 1998 Results	State Year 2000 Goal
Infant mortality rate (per 1,000 live births)	7.2[97]	6.4
Ratio of black to white infant mortality	2.9[97]	2.5
Neonatal mortality rate (per 1,000 live births)	5.6[97]	4.5
Postneonatal mortality rate (per 1,000 live births)	1.6[97]	1.8
Perinatal mortality rate (per 1,000 live births)	10.9[97]	9.8
Child death rate (per 100,000 children aged 1-14)	19.5[97]	23.4

Title V - Selected State-Determined MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Women who smoked during pregnancy	9.7%[97]	9.4%
Death rate due to intentional and unintentional injury (per 100,000 1-19 year olds)	16.7[97]	16.5
Children and adolescents enrolled in Medicaid who received an EPSDT screening service during the past year	60.16%	62%
CSHCN clients who are enrolled in State CSHCN program and have a written health care service plan	84%	86%

Title V Federal-State Block Grant Expenditures[4] by Category of Service[6]





State Assurance of Family Participation in CSHCN Program and Policy	
SCALE: 0 = not met; 3 = completely met	
Participate on task forces and offered training.	2
Financial support offered for parent groups.	2
Involved in Block Grant Application process.	2
Involved in inservice training of staff.	3
Hired for expertise as family member.	3
Members of diverse cultures involved.	1
Total Possible: 18 — FY 98 Total:	13

* Data not available

Selected FY 98 Title V and Other MCH Grant Annotations

CONNECTICUT
Other FY 98 MCH Grant Programs

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

- Children's Health Network, Hartford Primary Care Consortium, Hartford, $100 (SPRANS-MCHIP-Data)
- Collaborative Office Rounds Group in Psychosocial Developmental Pediatrics, Yale University, New Haven, $12,000 (SPRANS-Training-Continuing Ed/ Collaborative Office Rounds)
- Early Intervention CONNECT, University of Connecticut, Farmington, $0 (SPRANS-MCHIP)
- Prenatal-to-Pediatric Transition Project, Fair Haven Community Health Clinic, Inc., New Haven, $50,000 (SPRANS-MCHIP-Healthy Tomorrows)

Title V—COMMUNITY INTEGRATED SERVICE SYSTEMS (CISS—Title V)

- Health Systems Development in Child Care Program, Connecticut Office of the Governor, Hartford, $50,000 (CISS-CISS-Child Care Program)

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

Behavioral Pediatrics Training Program, Yale University, New Haven, $69,762 (SPRANS-Training-Behavioral Pediatrics)

The purpose of the Behavioral Pediatrics Training Program is to train future academicians and leaders in the field of behavioral and developmental pediatrics. Interdisciplinary training is provided in clinical skills, education and communication skills, and community and policy issues related to children and families. In addition, faculty provide training in child development and behavior to residents, students, and pediatric practitioners.

State Systems Development Initiative, Connecticut Department of Public Health, Hartford, $100,000 (SPRANS-MCHIP-SSDI)

The goal of the SSDI project is to establish an integrated data system to augment the present infrastructure and allow access to MCH data by program staff, managers, and community partners. Results of the CHSCN needs assessment and data from other programs and agencies will be incorporated into the MCH data bases. A protocol for conducting a needs assessment and a method for converting MCH-INFO into a Windows compatible file will be developed.

Title V—COMMUNITY INTEGRATED SERVICE SYSTEMS (CISS—Title V)

Maternal and Child Health Services Set-Aside Program, Connecticut Department of Public Health, Hartford, $50,000 (CISS-CISS-COG)

Oral health, an integral part of overall health and well-being, is in grave jeopardy with severe access problems for uninsured, underinsured, and otherwise vulnerable people in Connecticut. The purpose of the Connecticut Community Oral Health Systems Development Project is to enhance the development of service systems at the community level to address the oral health and related needs of at-risk children and their families, as facilitated and guided by the efforts of community-based work groups.

Title V—ABSTINENCE EDUCATION PROGRAM

Abstinence Education, State of Connecticut Department of Public Health, Hartford, $330,484 (Abstinence Ed)

The reduction of out-of-wedlock births to teens aged 15 to 17 years is the project goal. Activities include, in year one, a targeted media campaign focusing on teens, their parents, adult males, and the general community at large. The campaign is intended to raise public awareness about the viability of an abstinence-only approach to preventing teen pregnancy. Subsequent years will transition to funding locally based service programs for youth at risk aged 9 to 14, to encourage these youth to delay the onset of sexual activity and prevent out-of-wedlock births and other health-related adverse consequences. Throughout the 5-year project period, collaborative relationships will be established and maintained between the Department of Public Health and appropriate Federal, State, and local agencies as these relationships are viewed as integral to the success of the initiative and the accomplishment of its goals.

Other Title V Grant Programs:
$662,346
Other MCH Grant Programs:
$1,393,648
TOTAL:
$2,055,994

EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)

Emergency Medical Services for Children, Connecticut Department of Public Health, Hartford, $201,235 (EMSC-Implementation)

On the systemwide level in Connecticut, emergency medical services (EMS) capabilities for pediatric patients have been incorporated into general improvements of the overall EMS system. The major goals of the project are to: (1) Identify the current status of EMS pediatric capability in the State through a review and analysis of the efforts to enhance local programs; and (2) create a plan to develop comprehensive programs of emergency medical services for children (EMSC) in a coordinated, systemic fashion. Through this project the State will, for the first time, have an individual whose sole responsibility and focus will be the development of a statewide EMSC system.

HEALTHY START

Healthy Start New Haven, Community Foundation for Greater New Haven, New Haven, $1,192,413 (Healthy Start-Community)

The New Haven Healthy Start project will strengthen the community's maternal and child health infrastructure to achieve long-term infant mortality and morbidity reduction goals consistent with those set forth by "Healthy People 2000." In part because of the achievements of two existing consortia, citywide infant mortality rates have declined. However, maternal and child health problems remain highly concentrated in some geographic areas. Existing maternal and child health strategies must be refined, particularly as the State transitions to a medicaid managed system of care. The independent consortia have identified three project goals around which they will coordinate their efforts and resources. These goals are to (1) strengthen the city's maternal and child health and support services infrastructure, (2) increase access to perinatal care for all women of childbearing age and their infants, and (3) increase knowledge and awareness among providers of their responsibilities and the health care options related to perinatal health care.

FOR MORE INFORMATION ON TITLE V:

Title V Program, contact:

Title V Program, contact:
Beth Weinstein
Director, Family Health Division
Dept. of Public Health 410 Capitol Ave.
MS# 11 FHD PO Box 3403
Hartford, CT 06134-0308
Phone: (860) 509-8066
Fax: (860) 509-7720

Title V Program's services for Children with Special Health Care Needs, contact:

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Supervisor, MCH Unit
Dept. of Public Health 410 Capitol Avenue
MS# 11 MAT PO Box 340308
Hartford, CT 06134-0308
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Fax: (860) 509-7720

DISTRICT OF COLUMBIA

The MCH Federal-State Partnership

The Office of Maternal and Child Health's mission is to plan, promote and coordinate a state-based system of comprehensive health services in the public and private sectors in the District of Columbia for all mothers, children and adolescents, including children with special health care needs. OMCH is the single state agency that administers the Title V Maternal and Child Health Services Block Grant, and it is also responsible for developing and assuring the implementation of programs addressing special maternal and child health problems including infant mortality, teen pregnancy, metabolic disorders, disabilities and barriers to accessing appropriate health services.

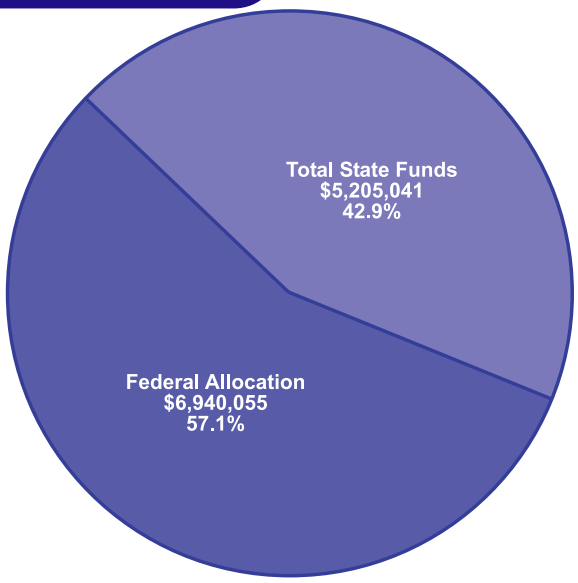
Title V Federal-State Block Grant Expenditures by Number of Individuals Served and Population Group[4]

Populations Served	Number of Individuals Served	Expenditures FY '98
Pregnant Women	1,526	$1,249,255
Infants (<1 year)	14,866	$1,249,195
Children (1 to 22 yrs)	13,449	$1,873,800
CSHCN (Special Needs)	892	$1,873,800
Others[3]	5,697	$5,205,041
Administration		$694,005
TOTALS	36,430	$12,145,096

State Population[5]
523,124

Live Births[5]
7,686

Title V Federal-State Block Grant Expenditures[4] by Source of Funds



MCH PARTNERSHIP FUNDS—FY 98[2]

Title V Federal-State Block Grant:
$12,145,096

Other Title V Grant Programs:
$8,054,335

Other MCH Grant Programs:
$4,386,617

TOTAL MCH Partnership Funds
$24,586,048

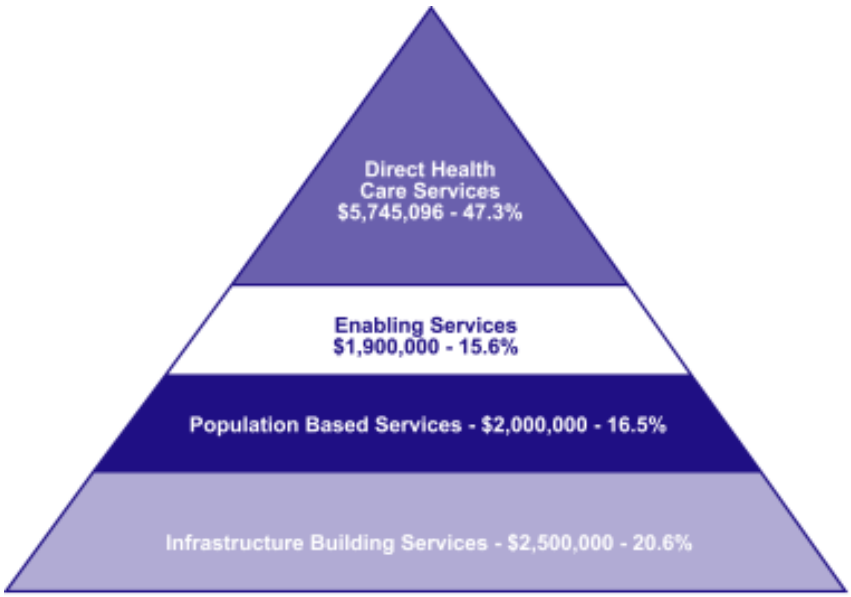
DISTRICT OF COLUMBIA

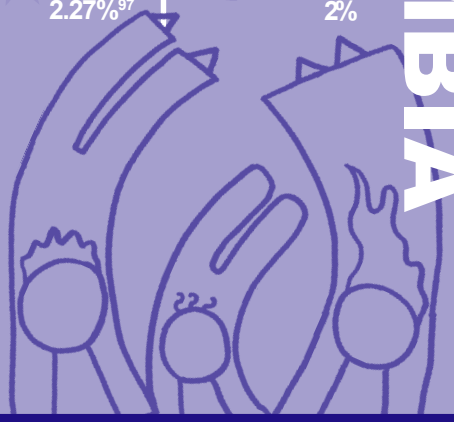
Title V - Selected National MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Number of specialty services for Children with Special Health Care Needs (CSHCN)	7 of 9[97]	7 of 9
Percent of newborns screened for 4 major genetic disorders	94.6%[97]	100%
Percent of children immunized (ages 19-35 months) against 9 diseases	73%[97]	90%
Rate of births to teens aged 15-17 years (per 1,000 teens aged 15-17 years)	65.8[97]	70.2
Rate of deaths to children aged 1-14 caused by motor vehicle crashes (per 100,000 children)	3.5[97]	4.4
Percent of mothers who breast fed their infants at time of hospital discharge	38%[97]	46%
Percent of newborns screened for hearing impairment before hospital discharge	19.6%	75%
State assurance of family participation in CSHCN programs & policies	10 of 18	13 of 18
Percent of very low birth weight live births	3.5%[97]	2.5%
Percent of infants born to women who received first trimester prenatal care	66.7%	70%

Title V - National MCH Outcome Measures[7]	State 1998 Results	State Year 2000 Goal
Infant mortality rate (per 1,000 live births)	13.1[97]	11
Ratio of black to white infant mortality	5.3[97]	1
Neonatal mortality rate (per 1,000 live births)	9.6[97]	9.0
Postneonatal mortality rate (per 1,000 live births)	3.5[97]	2.0
Perinatal mortality rate (per 1,000 live births)	17.4[97]	16.8
Child death rate (per 100,000 children aged 1-14)	47.6[97]	40

Title V - Selected State-Determined MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Live births to women who received adequate prenatal care	58.5%[97]	62%
Medicaid enrollees under 21 years old who have received EPSDT screenings	55%	60%
Women who smoked during pregnancy	5.5%[97]	6.25%
Women who consumed alcohol during pregnancy	2.27%[97]	2%

Title V Federal-State Block Grant Expenditures[4] by Category of Service[6]





State Assurance of Family Participation in CSHCN Program and Policy	
SCALE: 0 = not met; 3 = completely met	
Participate on task forces and offered training.	3
Financial support offered for parent groups.	3
Involved in Block Grant Application process.	0
Involved in inservice training of staff.	0
Hired for expertise as family member.	2
Members of diverse cultures involved.	2
Total Possible: 18 — FY 98 Total:	13

DISTRICT OF COLUMBIA
Other FY 98 MCH Grant Programs

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

- Accessing a Primary Health Care Home Through Case Management, District of Columbia Department of Human Services, Washington, $50,000 (SPRANS-MCHIP-Healthy Tomorrows)
- Bright Futures and Managed Care: Promoting Healthy Infants, Children and Adolescents, National Institute for Health Care Management, Washington, $191,734 (SPRANS-CISS/MCHIP-PIC)
- Comprehensive Care for Infants with Sickle Cell Disease, Children's Hospital, Washington, $100,000 (SPRANS-Genetics)
- District of Columbia Systems Development Initiative (DCSDI), District of Columbia Department of Human Services, Washington, $100,000 (SPRANS-MCHIP-SSDI)
- Girl Neighborhood Power!: Building Bright Futures for Success, National Healthy Mothers, Healthy Babies Coalition, Washington, $200,000 (SPRANS-MCHIP-Girl Power)
- Graduate Nursing Program—Nurse-Midwifery, Georgetown University, Washington, $156,929 (SPRANS-Training-Nursing)
- Healthy Adolescents Project, American Psychological Association, Washington, $100,000 (SPRANS-MCHIP-PIPPAH)
- Improving Access to and Utilization of Genetic Services Among an Indigent African-American Patient Population at Howard University Hospital (HUH), Howard University College of Medicine, Washington, $158,377 (SPRANS-Genetics)
- Improvement of Perinatal Health Care: The Collaborative Ambulatory Research Network, American College of Obstetricians and Gynecologists, Washington, $209,410 (SPRANS-Research-OD/SP)
- Interdisciplinary Leadership Education, Georgetown University, Washington, $530,180 (SPRANS-Training-LEND/ Leadership Ed Neuro Dev)
- Leadership Preparation in Communication Disorders and Cultural Diversity: Interdisciplinary Training for Maternal and Child Health, Howard University, Washington, $115,096 (SPRANS-Training-Communication Disorders)
- Making Dreams Possible for Hispanic Teens, Mary's Center for Maternal and Child Care, Inc., Washington, $50,000 (SPRANS-MCHIP-Healthy Tomorrows)
- Maternal and Child Health National Center for Cultural Competence, Georgetown University Child Development Center, Washington, $255,000 (SPRANS-MCHIP-Integrated Services)
- MCH Partnership for Information and Communication, American Association of Health Plans, Washington, $187,835 (SPRANS-CISS/MCHIP-PIC)
- MCH Partnership for Information and Communication, Association of Maternal and Child Health Programs, Washington, $1,074,492 (SPRANS-MCHIP-PIC)
- MCH Partnership for Information and Communication (PIC), Association of State and Territorial Health Officials, Washington, $116,129 (SPRANS-MCHIP-PIC)

Selected FY 98 Title V and Other MCH Grant Annotations

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

National Network for Children with Special Needs, Georgetown University, Washington, $2,669,034 (SPRANS-MCHIP-Integrated Services)

The National Network Project for Children With Special Needs is designed to support countries, States, territories, and communities in building family-centered, culturally competent, community-based systems of integrated services and supports for children with or at risk for a wide range of special needs. The project promotes systems development with an array of partners in the public and private sectors by providing training and technical assistance, developing and disseminating information, and convening meetings and workshops.

Title V—COMMUNITY INTEGRATED SERVICE SYSTEMS (CISS—Title V)

Nurturing MCH Community Leadership in the District of Columbia for the 21st Century: The MCH Community Leadership Network, District of Columbia Healthy Start, Inc., Washington, $50,000 (CISS-CISS-COG)

The goal of this project is to strengthen community-based MCH leadership in the seven District of Columbia neighborhoods experiencing the greatest effects of the high rates of poverty. These neighborhoods also have the poorest health status indicators (e.g., infant mortality and child abuse and neglect). The project's five objectives are to (1) identify 35 grassroots community members (five in each neighborhood) for MCH leadership training; (2) coordinate MCH leadership selection and training with three existing community-based MCH activities (DC Healthy Start, Inc., the Healthy Families/Thriving Communities Collaboratives, and the OMCH Parent Council); (3) facilitate ongoing MCH training sessions for community leaders; (4) use future MCH professionals enrolled in area HBCUs in the support of neighborhood MCH leaders by designing community-based MCH educational experiences in the seven target neighborhoods; and (5) create MCH community action assignments for MCH community leaders and students.

Title V—ABSTINENCE EDUCATION PROGRAM

Abstinence Education Grant, D.C. Department of Health, Office of Maternal & Child Health, Washington, $120,439 (Abstinence Ed)

This is an abstinence-based teen pregnancy prevention program designed to decrease the prevalence of teen pregnancy and related health problems (STDs) in the target population. Some specific goals include promoting abstinence to youth, increasing the capability of youth service organizations to provide abstinence-based education, and increasing the number of youth who receive abstinence-based education in the target area. Activities include a public awareness campaign, curriculum development, training of service providers, and delivering abstinence-based education to youth ages 9-14.

EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)

EMSC National Resource Center, George Washington University, Washington, $337,989 (EMSC-Enhancement)

The EMSC National Resource Center provides EMSC projects with consultation on coalition building, project startup, public policy and long-term funding, injury prevention, and issues related to CSHN/Rehabilitation. Technical assistance includes telephone conferences, presentations at State, regional, and national meetings, and dissemination of information related to EMSC issues. The NRC also works closely with national organizations and with Federal, State, and local agencies to increase public awareness and to improve grassroots support for EMSC.

Other Title V Grant Programs:
$8,054,335

Other MCH Grant Programs:
$4,386,617

TOTAL:
$12,440,952

HEALTHY START

District of Columbia Healthy Start Project, District of Columbia Department of Human Services, Washington, $2,520,980 (Healthy Start-Mentor)

D.C. Healthy Start and its 195-member consortium provide case management/care coordination, transportation, and training and education to reduce fragmentation of prenatal and social services for low-income African-American women. Toward the overall goal of reducing infant mortality and morbidity, current objectives include enrolling substance abusing pregnant women into care at earlier stages, enhancing coordination of case management and substance use services, reducing transportation barriers, and increasing home visiting and outreach services.

TRAUMATIC BRAIN INJURY

Traumatic Brain Injury Demonstration Grants Program, District of Columbia, Washington, $75,000 (SPRANS-Traumatic Brain Injury-Plan)

The District of Columbia ranks 11.1 percent above the national norm for brain injury deaths; this fact prompts the need for the development of a culturally sensitive integrated system of care. Through the implementation of a District-wide needs assessments, gaps in services and recommendations regarding best practices will be identified. As a result, a comprehensive action plan will be developed to guide survivors of traumatic brain injury, their families, service providers, and administrators in the provision of appropriate services.

DISTRICT OF COLUMBIA
Other FY 98 MCH Grant Programs

- National Business Partnership To Improve Family Health, Washington Business Group on Health, Washington, $125,000 (SPRANS-MCHIP-PIC)
- National Governors' Association/Maternal and Child Health Partnership for Information and Communication, National Governors' Association, Washington, $160,000 (SPRANS-MCHIP-PIC)
- National Healthy Mothers, Healthy Babies Coalition PIC, Healthy Mothers, Healthy Babies Coalition, Inc., Washington, $225,576 (SPRANS-MCHIP-PIC)
- Partnership for Fetal and Infant Mortality Review, American College of Obstetricians and Gynecologists, Washington, $350,000 (SPRANS-MCHIP)
- Partnership for Information and Communication: Local Health Departments, National Association of County and City Health Officials, Washington, $100,000 (SPRANS-MCHIP-PIC)
- Partners in Program Planning for Adolescent Health, National Association of Social Workers, Washington, $99,991 (SPRANS-MCHIP-PIPPAH)
- Partners in Program Planning for Adolescent Health, American Bar Association Center on Children and the Law, Washington, $100,000 (SPRANS-MCHIP-PIPPAH)
- Partners in Program Planning for Adolescent Health Initiative, American Nurses Association, Washington, $100,000 (SPRANS-MCHIP-PIPPAH)
- Public/Private Sector Partnership for Maternal and Child Health, Grantmakers in Health, Washington, $92,520 (SPRANS-MCHIP-PIC)
- Residency Training in Community Settings, Howard University, Washington, $166,593 (SPRANS-Training-Historically Black Colleges)

Title V—COMMUNITY INTEGRATED SERVICE SYSTEMS (CISS—Title V)

- Community Integrated Service System, Health Systems Development in Child Care: Healthy Kids, D.C. Program, Department of Human Services, Washington, $50,000 (CISS-CISS-Child Care Program)
- District of Columbia Community-Based MCH Problem-Solving Network, Department of Human Services, Washington, $50,000 (CISS-CISS-COG)

HEALTHY START

- District of Columbia Healthy Start, District of Columbia Department of Health, Washington, $1,452,648 (Healthy Start-Community)

FOR MORE INFORMATION ON TITLE V:

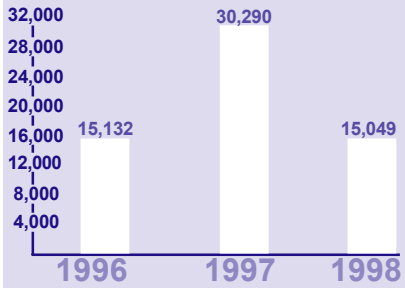
Title V Program, contact:

Michelle S. Davis, MSPH
Interim Chief
Department of Health OMCH
825 North Capitol Street N. E. 3rd Floor
Washington, DC 20002
Phone: (202) 442-5925
Fax: (202) 442-4947 or 442-4948

Title V Program's services for Children with Special Health Care Needs, contact:

Joyce Brooks, MSW
Interim Deputy Dir./Special Needs Coordinator
Department of Health OMCH
825 North Capitol Street N.E. 3rd Floor
Washington, DC 20002
Phone: (202) 442-5925
Fax: (202) 442-4947 or 442-4948

State Hotline Calls/Year



To help families learn about maternal and child health care.

1-800-311-BABY;
en espanol: 1-800-504-7081

DELAWARE

The MCH Federal-State Partnership

The Title V program is administered through the Division of Public Health in the Department of Health and Social Services. It is part of the Family Health Services Branch of the Community Health Care Access Section. Included in this Branch are children with special health care needs, school based health centers, infant mortality, and child health.

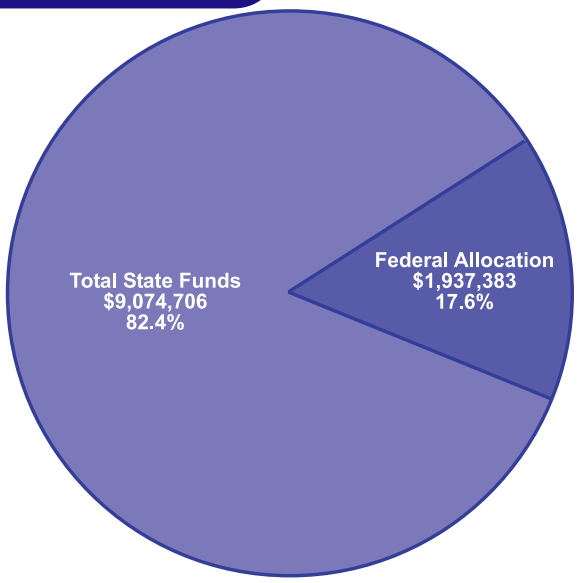
Title V Federal-State Block Grant Expenditures by Number of Individuals Served and Population Group[4]

Populations Served	Number of Individuals Served	Expenditures FY '98
Pregnant Women	1,707	$515,692
Infants (<1 year)	11,085	$523,426
Children (1 to 22 yrs)	25,312	$8,145,824
CSHCN (Special Needs)	2,732	$523,426
Others[3]	*	$1,196,349
Administration		$107,372
TOTALS	40,836	$11,012,089

State Population[5]
743,603

Live Births[5]
10,578

Title V Federal-State Block Grant Expenditures[4] by Source of Funds



MCH PARTNERSHIP FUNDS—FY 98[2]

Title V Federal-State Block Grant:
$11,012,089

Other Title V Grant Programs:
$274,495

Other MCH Grant Programs:
$2,200,450

TOTAL MCH Partnership Funds
$13,487,034

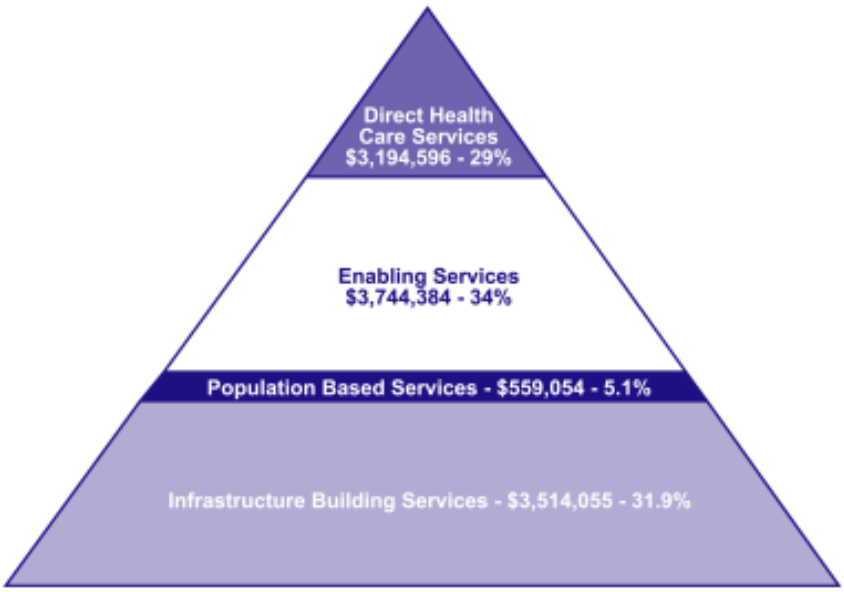
DELAWARE

Title V - Selected National MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Number of specialty services for Children with Special Health Care Needs (CSHCN)	6 of 9	5 of 9
Percent of newborns screened for 4 major genetic disorders	99.9%	99%
Percent of children immunized (ages 19-35 months) against 9 diseases	83%	87%
Rate of births to teens aged 15-17 years (per 1,000 teens aged 15-17 years)	43.6[97]	42
Rate of deaths to children aged 1-14 caused by motor vehicle crashes (per 100,000 children)	4.2[97]	3.9
Percent of mothers who breast fed their infants at time of hospital discharge	59.3%	58%
Percent of newborns screened for hearing impairment before hospital discharge	60%	70%
State assurance of family participation in CSHCN programs & policies	8 of 18	14 of 18
Percent of very low birth weight live births	1.7%[97]	1.5%
Percent of infants born to women who received first trimester prenatal care	82%[97]	85%

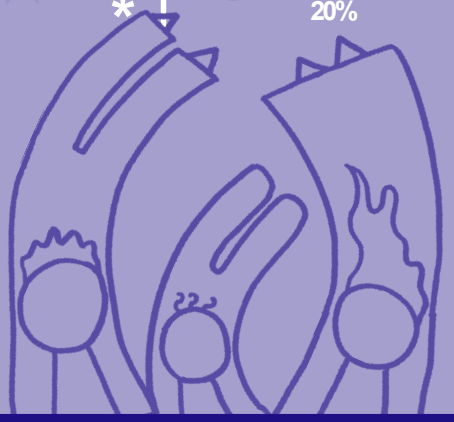
Title V - National MCH Outcome Measures[7]	State 1998 Results	State Year 2000 Goal
Infant mortality rate (per 1,000 live births)	7.8[97]	7.3
Ratio of black to white infant mortality	2.6[97]	2.4
Neonatal mortality rate (per 1,000 live births)	5.3[97]	5.0
Postneonatal mortality rate (per 1,000 live births)	2.5[97]	2.5
Perinatal mortality rate (per 1,000 live births)	8.9[97]	8.8
Child death rate (per 100,000 children aged 1-14)	23.5[97]	22.2

Title V - Selected State-Determined MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Extremely low birth weight for black infants among all live births to black women	*	13.1%
Youth who consumed alcohol in past 30 days	*	41%
Hospital discharge rate per 10,000 children with asthma (5-17 years of age)	*	310
Live births within 24 months of giving birth to another child (exclusive of multiple births)	*	20%

Title V Federal-State Block Grant Expenditures[4] by Category of Service[6]



* Data not available



State Assurance of Family Participation in CSHCN Program and Policy	
SCALE: 0 = not met; 3 = completely met	
Participate on task forces and offered training.	2
Financial support offered for parent groups.	1
Involved in Block Grant Application process.	2
Involved in inservice training of staff.	1
Hired for expertise as family member.	0
Members of diverse cultures involved.	2
Total Possible: 18 — FY 98 Total:	8

Selected FY 98 Title V and Other MCH Grant Annotations

DELAWARE
Other FY 98 MCH Grant Programs

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

- **Ecumenical Partnership for Community-Based, Family-Centered Health Services, Delaware Ecumenical Council on Children and Families, Wilmington, $50,000 (CISS-CISS-COG)**

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

Delaware Systems Development Initiative: Children's Health Care, Delaware Department of Health and Social Services, Dover, $93,560 (SPRANS-MCHIP-SSDI)

Implementation of a Health Care Financing Administration 1115 Waiver for medicaid managed care (The Diamond State Health Plan) began in January 1996. Delaware's FY 1998 State Systems Development Initiative focuses on improving the Division of Public Health's (DPH) capacity to (1) monitor/evaluate the impact of medicaid managed care on clients and service utilization, and (2) develop partnership agreements with medicaid managed care organizations that describe interagency coordination with federal programs [i.e. the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), Immunizations] and joint community-based prevention projects (i.e., School-Based Health Centers, Adolescent Pregnancy Prevention).

Title V—COMMUNITY INTEGRATED SERVICE SYSTEMS (CISS—Title V)

Delaware Healthy Child Care Campaign, Delaware Department of Health, Dover, $50,000 (CISS-CISS-Child Care Program)

The overall goal of this project is to increase awareness of health and safety issues in child care programs through a collaborative effort of public and private agencies. Activities include the development of a health and safety newsletter, development of a Standards of Care document that focuses on children with special health care needs, and formation of a consortium to include key players in child care, health care, and early intervention Part H programs. By implementing the "Blueprint for Healthy Child Care America" recommendations from "Healthy People 2000," and "Healthy Delaware 2000," the Healthy Child Care Campaign hopes to achieve safer environments for children and their caregivers, more developmentally appropriate child care programs, and increased multidisciplinary comprehensive recommended health services.

Title V—ABSTINENCE EDUCATION PROGRAM

Delaware Abstinence Education Program, Division of Public Health, Dover, $80,935 (Abstinence Ed)

Assisting teens to postpone the initiation of sexual involvement by changing norms and teaching teens needed skills is the project goal. Expansion of the existing Campaign for Our Children media campaign to promote abstinence will help change norms and promote parent child communication. Mini-grants will be awarded to local community groups to teach young teens needed skills. The Alliance for Adolescent Pregnancy prevention is the statewide teen pregnancy prevention coalition in Delaware and will be responsible for implementing the proposed activities.

Other Title V Grant Programs:
$274,495
Other MCH Grant Programs:
$2,200,450
TOTAL:
$2,474,945

EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)

Delaware Emergency Medical Services for Children Program, Delaware Health and Social Services, Dover, $50,000 (EMSC-Plan)

The major goals and objectives of this emergency medical services for children (EMSC) project are to (1) conduct a comprehensive needs assessment of the current emergency medical services (EMS) system, and ascertain its ability to meet the needs of pediatric patients; (2) develop a State EMSC advisory committee that will make specific recommendations on actions to improve pediatric emergency care in Delaware and will assist in the development of a plan for the delivery of optimal pediatric care; (3) explore and pursue appropriate funding sources for implementing the above recommendations; and (4) maintain an EMSC office in the State Emergency Medical Services Suite, and take measures to ensure that the EMSC program is visible and active in the EMS community.

HEALTHY START

Wilmington Healthy Start, Medical Center of Delaware, Wilmington, $2,100,000 (Healthy Start-Community)

The Wilmington Healthy Start Initiative will address the needs of the maternal and infant population of the city by addressing the three major goals identified by the consortium. These goals include (1) partnering with the city of Wilmington to reduce infant mortality by providing communication between the project, providers, and clients; (2) identifying, enrolling, and ensuring follow through of clients in need of Healthy Start services; and (3) promoting healthy lifestyles to reduce infant mortality.

TRAUMATIC BRAIN INJURY

TBI Planning Grant, Delaware Health and Social Services, New Castle, $50,450 (Traumatic Brain Injury-Plan)

The goals of this project are to (1) form an advisory board to assess the needs of individuals with traumatic brain injury and their families, (2) develop an action plan to address the needs identified, and (3) increase agency coordination.

FOR MORE INFORMATION ON TITLE V:

Title V Program, contact:

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Phone: (302) 739-4785
Fax: (302) 739-6653

Title V Program's services for Children with Special Health Care Needs, contact:

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CSHCN Director
Jesse Cooper Building P.O. Box 637
Dover, DE 19903
Phone: (302) 739-4785
Fax: (302) 739-6653

FLORIDA

The MCH Federal-State Partnership

The Department of Health is the agency responsible for the administration of the Title V program in Florida. Maternal and child health responsibilities are divided between Family Health Services (pregnant women and children) and Children's Medical Services (children with special health care needs). The Department of Health administers health programs through its county health departments and Children's Medical Services offices. Healthy Start continues to be our priority maternal and child health initiative in Florida. Healthy Start is designed to ensure access to maternal and child health services to all women and children in Florida. Other efforts towards improving maternal and child health include services to substance exposed newborns, Fetal and Infant Mortality Review projects, improving pregnancy outcomes, prenatal smoking cessation, and pregnancy associated mortality review. Services for children with special health care needs include the Early Intervention Program, high risk obstetrical satellite clinics, Regional Perinatal Intensive Care Centers and clinic based medical and therapeutic care.

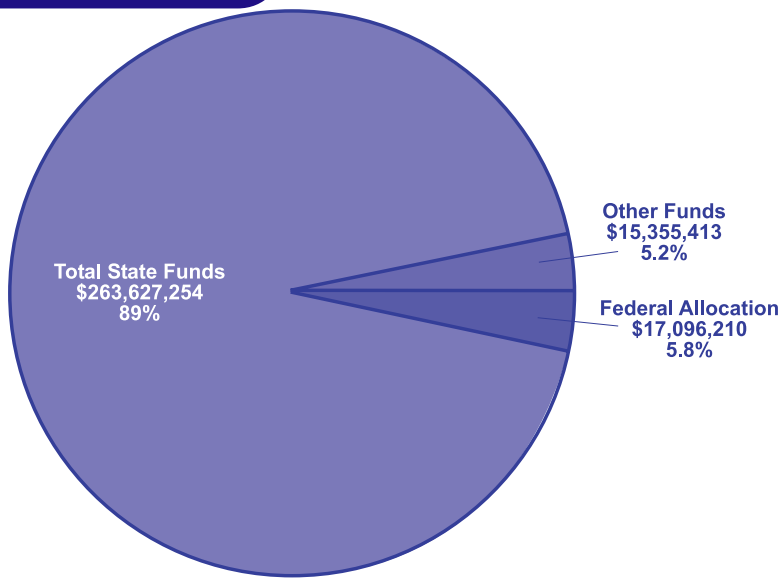
Title V Federal-State Block Grant Expenditures by Number of Individuals Served and Population Group[4]

Populations Served	Number of Individuals Served	Expenditures FY '98
Pregnant Women	80,841	$68,275,789
Infants (<1 year)	75,637	$7,905,306
Children (1 to 22 yrs)	207,020	$97,291,519
CSHCN (Special Needs)	47,581	$102,768,978
Others[3]	168,065	$0
Administration		$19,837,285
TOTALS	579,144	$296,078,877

State Population[5]
14,915,980

Live Births[5]
195,637

Title V Federal-State Block Grant Expenditures[4] by Source of Funds



MCH PARTNERSHIP FUNDS—FY 98[2]

Title V Federal-State Block Grant:
$296,078,877

Other Title V Grant Programs:
$4,857,798

Other MCH Grant Programs:
$4,156,232

TOTAL MCH Partnership Funds
$305,092,907

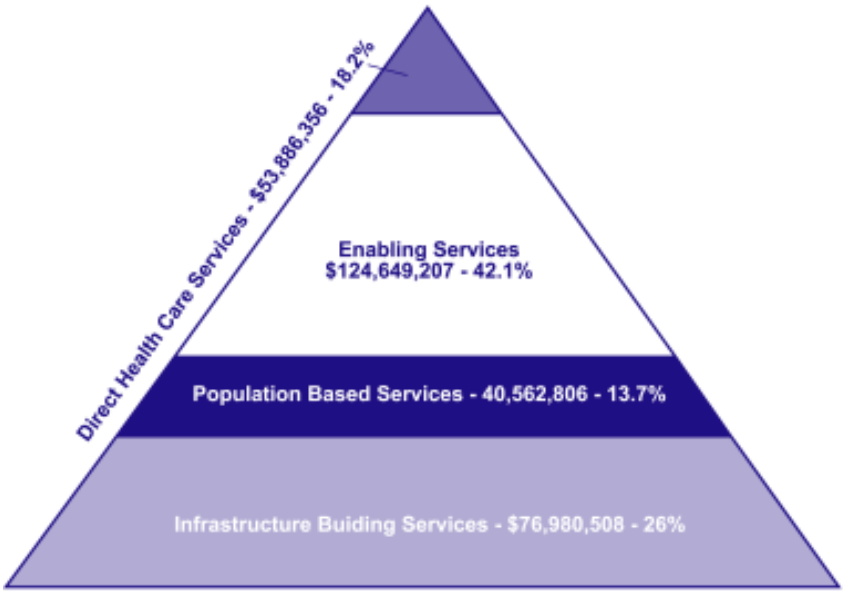
FLORIDA

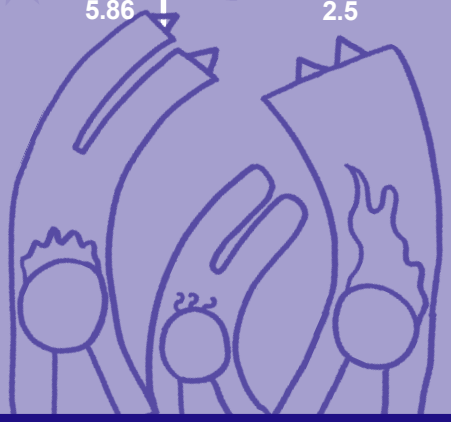
Title V - Selected National MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Number of specialty services for Children with Special Health Care Needs (CSHCN)	9 of 9	9 of 9
Percent of newborns screened for 4 major genetic disorders	99%	99%
Percent of children immunized (ages 19-35 months) against 9 diseases	82.9%	85%
Rate of births to teens aged 15-17 years (per 1,000 teens aged 15-17 years)	36.4	33.9
Rate of deaths to children aged 1-14 caused by motor vehicle crashes (per 100,000 children)	4.9	4.6
Percent of mothers who breast fed their infants at time of hospital discharge	62.4%	60%
Percent of newborns screened for hearing impairment before hospital discharge	7.5%	40%
State assurance of family participation in CSHCN programs & policies	9 of 18	18 of 18
Percent of very low birth weight live births	1.6%	1%
Percent of infants born to women who received first trimester prenatal care	83%	90%

Title V - National MCH Outcome Measures[7]	State 1998 Results	State Year 2000 Goal
Infant mortality rate (per 1,000 live births)	7.1	6.41
Ratio of black to white infant mortality	1.9	1.8
Neonatal mortality rate (per 1,000 live births)	4.7	4.0
Postneonatal mortality rate (per 1,000 live births)	2.5	2.1
Perinatal mortality rate (per 1,000 live births)	11.8	12.2
Child death rate (per 100,000 children aged 1-14)	27	22

Title V - Selected State-Determined MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Pregnant women reporting domestic violence on the PRAMS survey	5.55%	7.0%
Women who smoked during pregnancy	11.2%	10%
Children under 2 years old who have HIV (per 100,000 2-year-olds)	7.5	5.0
Hospitalizations for asthma in children (0-14 years; per 1,000 hospital discharges)	5.86	2.5

Title V Federal-State Block Grant Expenditures[4] by Category of Service[6]





State Assurance of Family Participation in CSHCN Program and Policy	
SCALE: 0 = not met; 3 = completely met	
Participate on task forces and offered training.	2
Financial support offered for parent groups.	1
Involved in Block Grant Application process.	3
Involved in inservice training of staff.	1
Hired for expertise as family member.	1
Members of diverse cultures involved.	1
Total Possible: 18 — FY 98 Total:	9

FLORIDA
Other FY 98 MCH Grant Programs

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

- Child Development Center and Training Facility, University of Miami, Miami, $618,726 (SPRANS-Training-LEND/ Leadership Ed Neuro Dev)
- Comparative Analysis of Children with Special Health Care Needs in Managed Care: The Development of Empirically Based Models, Institute for Child Health Policy, Gainesville, $160,000 (SPRANS-MCHIP-Managed Care/Health Care Reform)
- Florida Systems Development Initiative, HRS State Health Office/CMS, Tallahassee, $100,000 (SPRANS-MCHIP-SSDI)
- Healthy Start System Development Project, University of South Florida, Tampa, $67,500 (SPRANS-MCHIP-Data)
- Maternal and Child Health Training Grant, University of South Florida, Tampa, $280,281 (SPRANS-Training-School of Public Health)
- MCH Network Telecommunications (MCH-Net) and Distance Learning (MCH-NetLink) Project, Institute for Child Health Policy, Gainesville, $150,000 (SPRANS-MCHIP-Data)
- Physical and Developmental Environment of the High-Risk Infant: Enhancing Recovery, Improving Outcome, and Reducing Preventable Mortality, University of South Florida, Tampa, $100,000 (SPRANS-Research-OD/SP)
- University of Florida Pediatric Pulmonary Center Leadership, University of Florida, Gainesville, $270,075 (SPRANS-Training-Pediatric Pulmonary Center)

Title V—COMMUNITY INTEGRATED SERVICE SYSTEMS (CISS—Title V)

- Healthy Child Care Florida, Florida Children's Forum, Tallahassee, $50,000 (CISS-CISS-Child Care Program)
- Healthy Families Jacksonville: Development of a Community Integrated Service System, Jacksonville Children's Commission, Jacksonville, $50,000 (CISS-CISS-COG)

HEALTHY START

- Partners for a Healthy Baby Institute, Florida State University, Tallahassee, $521,000 (Healthy Start-Mentor)
- St. Petersburg Healthy Start Federal Project, Pinellas County Health Department, St. Petersburg, $1,265,250 (Healthy Start-Community)

Selected FY 98 Title V and Other MCH Grant Annotations

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

Center for Policy and Program Coordination, Institute for Child Health Policy, Gainesville, $753,333 (SPRANS-MCHIP-Adolescent Health)

The purpose of the Center for Policy and Program Coordination is to promote coordination and collaboration between MCHB and other organizations regarding program and policy initiatives on behalf of children with special health care needs (CSHCN), to facilitate information sharing and staff development, and to provide technical assistance to State CSHCN programs developing statewide systems of primary and special health needs care. In support of its mission, the center coordinates the activities of several Federal working groups, including the Federal SSI/ CSHCN Work Group, and the Healthy and Ready to Work Network. The center has implemented a series of multistate Supplemental Security Income (SSI) meetings to promote interagency and family partnerships at the State and local levels on behalf of CSHCN and SSI beneficiaries. The center has developed and disseminated training materials, implemented teleconferences, and created a World Wide Web site.

Title V—COMMUNITY INTEGRATED SERVICE SYSTEMS (CISS—Title V)

Helping FIMR Projects Implement Change and Improve Local Systems of Care, Florida Department of Health and Rehabilitative Services, Tallahassee, $50,000 (CISS-CISS-COG)

The purpose of this project, Helping FIMR Projects Implement Change and Improve Local Systems of Care, is to help state FIMR projects establish systems of care that address problems which affect fetal and infant mortality, to minimize the affect of those factors on the infant mortality rate. Florida's FIMR projects have become established and have initiated the review process, but they need training and technical assistance that focuses on implementing changes in their local communities to assure that systems of care are implemented to address identified needs. Goals of this project are to help FIMR projects establish systems of care, to operate as the statewide training coordinator for Florida FIMR activities, to serve as the liaison for Florida to the NFIMR, to collect and disseminate information, and to provide technical assistance. The project will provide technical assistance and training through on-site visits, conference calls, annual conferences, and the maintenance of a reference and resource library. The project will produce a quarterly newsletter.

Title V—ABSTINENCE EDUCATION PROGRAM

Abstinence Education Plan, Department of Health, Tallahassee, $2,207,883 (Abstinence Ed)

The goal of the abstinence education plan is to reduce adolescent pregnancy by promoting abstinence outside of marriage. This will be accomplished by awarding funds to selected counties around the State through a request for proposal process. Proposals will provide specific plans for local activities targeting 9-14 year olds for interventions to promote abstinence. Evaluation and monitoring of grantees' activities will assure that awarded funds are used appropriately and solely in reference to abstinence education.

EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)

EMSC State Partnership Grant, Florida Department of Health, Tallahassee, $70,049 (EMSC-PRTNER)

This emergency medical services for children (EMSC) project in Florida has identified a number of goals to be met with the assistance of the State's EMSC advisory committee. The goals are to (1) pass legislation that provides statutory authority for the institutionalization of EMSC in Florida; (2) conduct a needs assessment, as designed by national EMSC; (3) ensure the development of liaisons within the Florida prehospital and hospital communities; (4) develop a mechanism to review pediatric rehabilitation in Florida; and (5) implement minimum guidelines for

Other Title V Grant Programs:
$4,857,798
Other MCH Grant Programs:
$4,156,232
TOTAL:
$9,014,030

pediatric medical education and for continuing pediatric medical education for medical directors, emergency medical technicians, and paramedics. The EMSC advisory committee will provide technical assistance and support.

HEALTHY START

Central Hillsborough County Healthy Start Project, University of Florida, Tampa, $2,099,933 (Healthy Start-Community)

This project aims to reduce infant mortality and low birthweight and to improve the quality and quantity of perinatal health care by ensuring access to personally acceptable and risk-appropriate health care and support services for project-area women, new mothers, and their infants. Using three Healthy Start intervention models, Community-Based Consortium, Care Coordination/Case Management, and Enhanced Clinical Services, this interagency project seeks to (1) develop community capacity for preventing infant mortality and low birthweight; (2) build on inherent strengths and abilities of women and their families to nurture, support, and protect infants from the time of preconception, through conception, to age 1 year; and (3) improve perinatal clinical services for women and infants in the project area.

TRAUMATIC BRAIN INJURY

Community Access, Support and Linkages System (CASALS), Florida Department of Labor and Employment Security, Tallahassee, $200,000 (Traumatic Brain Injury-Implementation)

Florida's Community Access, Support and Linkages System project will enhance and expand the existing continuum of care and long-term supports for individuals with TBI through the development of interagency linkages and partnerships at both the State and community levels. Activities will include the development of community-based models of interagency collaboration, development of interagency problem-solving mechanisms and linkages, development of a system of training and technical assistance to community service providers, and development of a statewide model for systems change. Outcomes will include identification of policy changes needed in State and community agencies to improve access to long-term supports and to ensure that the needs of persons with TBI are addressed in the existing service delivery systems.

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Fax: (850) 488-2341

Title V Program's services for Children with Special Health Care Needs, contact:

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Division Director for CMS Network
Children's Medical Services 4052 Bald
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Phone: (850) 487-2690
Fax: (850) 488-3813

GEORGIA

The MCH Federal-State Partnership

The Family Health Branch, part of the Division of Public Health, Department of Human Resources is Georgia's Title V agency. The charge of the Branch is promoting the health of the State's mother and infants, women of childbearing age, children, adolescents, and children with special health care needs. The Branch works toward: 1) early and comprehensive health services to women of childbearing age and their infants in an environment that fosters personal dignity; 2) timely and comprehensive health services to children which promote the optimal attainment of their individual abilities; and 3) comprehensive health services to adolescents in an environment that fosters personal responsibility, encourages independence, and promotes positive behaviors. To carry out these responsibilities, the Branch is involved in policy and planning activities, oversees the operations of various MCH programs in local health departments and other organizations, and provides technical assistance and training.

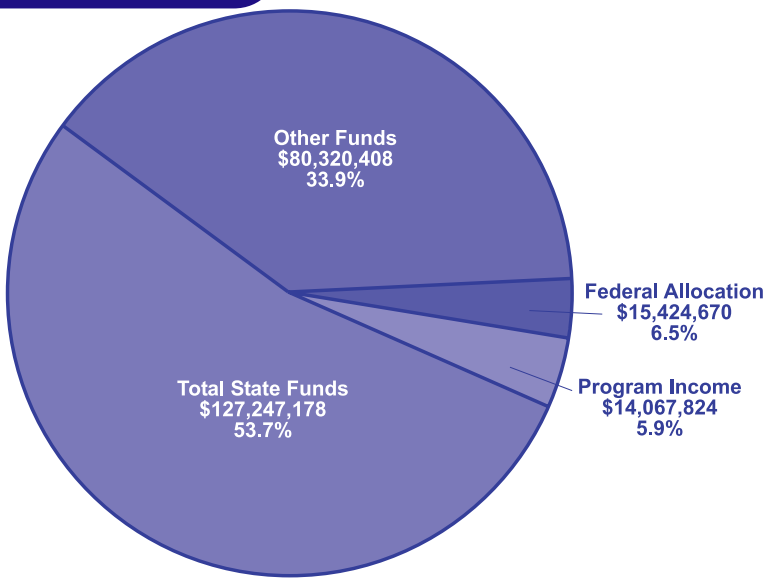
Title V Federal-State Block Grant Expenditures by Number of Individuals Served and Population Group[4]

Populations Served	Number of Individuals Served	Expenditures FY '98
Pregnant Women	81,102	$26,493,827
Infants (<1 year)	113,986	$40,667,220
Children (1 to 22 yrs)	850,000	$122,898,011
CSHCN (Special Needs)	15,105	$30,686,580
Others[3]	*	$14,670,701
Administration		$1,643,741
TOTALS	1,060,193	$237,060,080

State Population[5]
7,642,207

Live Births[5]
122,368

Title V Federal-State Block Grant Expenditures[4] by Source of Funds



MCH PARTNERSHIP FUNDS—FY 98[2]

Title V Federal-State Block Grant:
$237,060,080

Other Title V Grant Programs:
$6,269,538

Other MCH Grant Programs:
$204,000

TOTAL MCH Partnership Funds
$243,533,618

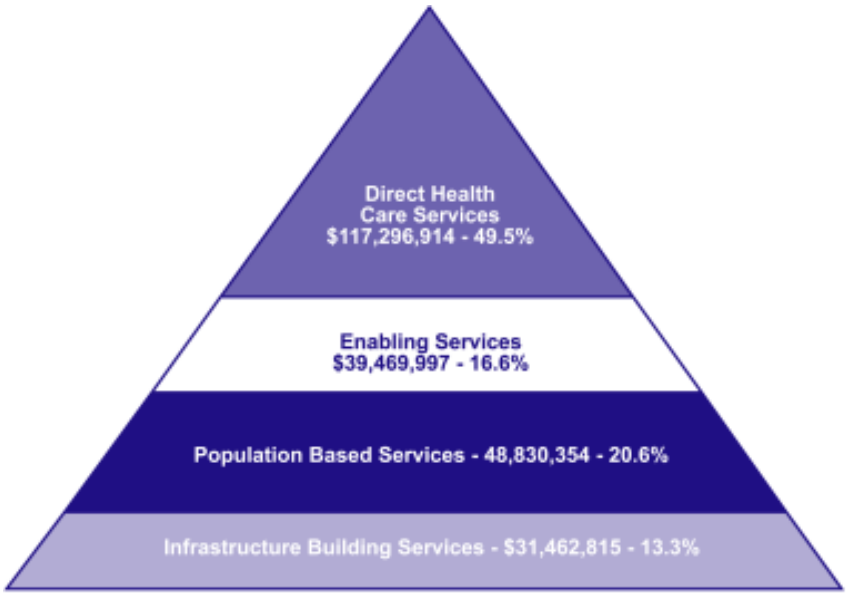
GEORGIA

Title V - Selected National MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Number of specialty services for Children with Special Health Care Needs (CSHCN)	9 of 9	9 of 9
Percent of newborns screened for 4 major genetic disorders	100%[97]	100%
Percent of children immunized (ages 19-35 months) against 9 diseases	81%	85%
Rate of births to teens aged 15-17 years (per 1,000 teens aged 15-17 years)	40.3	48.6
Rate of deaths to children aged 1-14 caused by motor vehicle crashes (per 100,000 children)	6.8	6.7
Percent of mothers who breast fed their infants at time of hospital discharge	54%[97]	60%
Percent of newborns screened for hearing impairment before hospital discharge	31.2%	90%
State assurance of family participation in CSHCN programs & policies	14 of 18	18 of 18
Percent of very low birth weight live births	1.8%	1.7%
Percent of infants born to women who received first trimester prenatal care	84.6%	87.7%

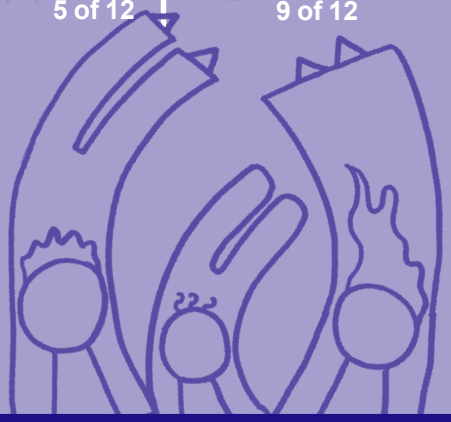
Title V - National MCH Outcome Measures[7]	State 1998 Results	State Year 2000 Goal
Infant mortality rate (per 1,000 live births)	8.5	7.9
Ratio of black to white infant mortality	2.2	2.4
Neonatal mortality rate (per 1,000 live births)	5.8	5.2
Postneonatal mortality rate (per 1,000 live births)	2.6	3.0
Perinatal mortality rate (per 1,000 live births)	14.1[97]	10.8
Child death rate (per 100,000 children aged 1-14)	28.2	29.8

Title V - Selected State-Determined MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Georgia counties with an active "SAFE Kids" type broad-based injury prevention coalition.	38%	42%
Asthma-related hospitalization among children, 0-21 years of age per 100,000.	418.1[97]	325.2
Degree to which the State addresses prevention of tobacco, alcohol, and other substance abuse by children and adolescents	2 of 15	8 of 15
Implementation of a comprehensive approach addressing maternal substance abuse.	5 of 12	9 of 12

Title V Federal-State Block Grant Expenditures[4] by Category of Service[6]



* Data not available



State Assurance of Family Participation in CSHCN Program and Policy	
SCALE: 0 = not met; 3 = completely met	
Participate on task forces and offered training.	3
Financial support offered for parent groups.	2
Involved in Block Grant Application process.	3
Involved in inservice training of staff.	1
Hired for expertise as family member.	3
Members of diverse cultures involved.	2
Total Possible: 18 — FY 98 Total:	14

Selected FY 98 Title V and Other MCH Grant Annotations

GEORGIA
Other FY 98 MCH Grant Programs

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

- Cobb Health Futures Alliance, Cobb County Board of Health, Marietta, $50,000 (SPRANS-MCHIP-Healthy Tomorrows)
- Development and Maintenance of a Communication and Coordination Network for the Delivery and Enhancement of Genetic Services within HHS Region IV, Emory University, Atlanta, $327,750 (SPRANS-Genetics)
- Family Health Branch Family Involvement & Support Project, Georgia Department of Human Resources, Atlanta, $100,000 (SPRANS-MCHIP-SSDI)
- Followup Tracking and Outcome of Infants with Sickle Syndromes in Region IV, Emory University , Atlanta, $144,191 (SPRANS-Genetics)
- Georgia Newborn Sickle Cell Screening and Tracking Program, Georgia Department of Human Resources, Atlanta, $100,000 (SPRANS-Genetics)
- Leadership Development for Nurse-Midwives in the Public Sector, Emory University, Atlanta, $135,087 (SPRANS-Training-Nursing)
- Maternal Child Health Care Exposure for Students & Residents, Morehouse University, Atlanta, $166,593 (SPRANS-Training-Historically Black Colleges)
- National Parent to Parent Support and Information System: Managed Care and Health Care Issues, National Parent to Parent Support and Information System, Blue Ridge, $150,000 (SPRANS-MCHIP-Managed Care/Health Care Reform)
- Region IV South Regional Hemophilia Program, Hemophilia of Georgia, Inc., Atlanta, $209,953 (SPRANS-Hemophilia)

HEALTHY START

- Heart of Georgia Healthy Start Initiative, Lauren County Health Department, Dublin, $799,172 (Healthy Start-Community)
- Healthy Start Initiative, Chatham-Savannah Youth Futures Authority, Savannah, $898,381 (Healthy Start-Mentor)

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

Council of Regional Networks for Genetic Services (CORN), Emory University, Atlanta, $383,800 (SPRANS-Genetics)

The Council of Regional Networks for Genetic Services (CORN) is a national genetics organization that provides the opportunity for an exchange of ideas, dissemination of information, sharing of resources and expertise, and opportunities to coordinate activities related to the provision of genetic services in public health. The membership consists of a coalition of representatives from the national sickle cell programs, the regional genetic networks, consumers, and public health professionals. CORN's overall mission is to increase the availability and accessibility of genetic services as an integral component of comprehensive maternal and child health services supported by Title V. CORN's goals are achieved through the dedication of volunteer committees, whose activities are overseen by a board of directors representing its member organizations.

Title V—COMMUNITY INTEGRATED SERVICE SYSTEMS (CISS—Title V)

Health Systems Development in Child Care, Department of Human Resources, Atlanta, $50,000 (CISS-CISS-Child Care Program)

Aims of the project include developing an ongoing forum for sharing information and address common issues among child health and public health providers; ensuring provision of appropriate information and technical assistance through needs assessment and analysis; and developing and maintaining a clearinghouse of child health and safety information. Objectives will be achieved through the collaboration of key stakeholders in child care providers, child care advocates, public health, child welfare, regulatory services, and parents.

Title V—ABSTINENCE EDUCATION PROGRAM

Georgia's Abstinence Education Plan, Georgia Department of Human Resources, Atlanta, $1,450,083 (Abstinence Ed)

Georgia has some of the highest adolescent pregnancy and birth rates in the United States. Our proposed project's overall goal is to reduce adolescent sexual activity, with a focus on groups most at-risk for out-of-wedlock births. To effectively address the dilemma of early adolescent sexual activity and its resulting consequences, our abstinence education plan places priority on local projects that target early adolescents ages 10-14, or fourth through eighth grade students. Innovative abstinence-only projects targeting older teens aged 15-19 will also be considered. For example, programs serving youth in detention centers, substance abuse treatment centers, and other unique settings are examples in which serving older adolescents would be considered appropriate.

EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)

Georgia EMS for Children, Atlanta Department of Human Resources, Atlanta, $150,000 (EMSC-Enhancement)

Goals of the project are to provide tiered training to public safety officers, prehospital emergency medical services (EMS) personnel, primary health care providers, and emergency department and critical care personnel; affect community behavior by providing public information and education programs on injury prevention and the care of critically ill or injured children; and build the capacity of the EMS system to address the needs of pediatric patients and evaluate system effectiveness. We will establish a cadre of EMS injury prevention specialists to conduct 2,000 injury prevention presentations in community settings and train 10,000 people in bystander care and/or Pediatric Basic Life Support; and establish surveillance and quality improvement capacity.

Other Title V Grant Programs:
$6,269,538
Other MCH Grant Programs:
$204,000
TOTAL:
$6,473,538

HEALTHY START

Healthy Start Initiative Phase II: Augusta/Richmond County, Augusta/Richmond County Partnership for Children and Families Inc., Augusta, $1,304,528 (Healthy Start-Community)

Two overarching needs identified during the needs assessment process are to improve access to currently underutilized perinatal services and significantly reduce adolescent pregnancy. To improve access to services, the Augusta/Richmond County Community Partnership for Children and Families will implement the Care Coordination/Case Management and Outreach and Client Recruitment Models. To reduce adolescent pregnancy, the partnership will implement the Adolescent Programs Model. Overall goals are to ensure that no woman of childbearing age or her infant is overlooked by the system in receiving the care and support necessary for healthy development and to achieve significant reductions in adolescent pregnancy so that Augusta/Richmond County's figures are lower than the national average.

TRAUMATIC BRAIN INJURY

A Planning Grant To Assess the Service Needs of Georgians With Traumatic Brain Injuries, State Health Planning Agency, Atlanta, $54,000 (Traumatic Brain Injury-Plan)

This project will enhance the State's core capacities to serve Georgians with traumatic brain injury (TBI). The project will support three major activities: (1) A statewide resource analysis of programs and services for persons with disabilities, the degree to which persons with TBI are eligible to receive services through these programs, and the extent to which persons with TBI are actually served by these programs; (2) a statewide needs assessment of the full spectrum of services for persons with TBI from initial trauma care through community reintegration and lifelong support, as reported by individual consumers, their families, and service providers; and (3) a stakeholders' conference to establish a statewide action plan to develop comprehensive community-based services that address priority needs.

FOR MORE INFORMATION ON TITLE V:

Title V Program, contact:

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Title V Program's services for Children with Special Health Care Needs, contact:

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Division of Public Health Department of Human Resources
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Fax: (404) 657-2763

GUAM

The MCH Federal-State Partnership

Guam's MCH Program is administered by the Bureau of Family Health and Nursing Services (BFHNS), Department of Public Health and Social Services. BFHNS provides and/or assists in the planning, developing, coordinating, evaluating and implementing the federally funded and locally mandated programs such as: the Family Planning Program, the State System Development Initiative Project, the Abstinence Only Education Program, Public Health Clinics, Home Care Program, Community Health and Outreach Services, Quality Assurance and Improvement and Staff Development Programs. The BFHNS, through organized community efforts, focuses on delivering safe, competent and cost-effective health care services to individuals and their families in various environments such as school, home and workplace and/or clinical settings. The major emphasis of health care services is prevention targeted towards high-risk individuals and families not adequately or appropriately served by traditional and predominant health care delivery and financing system(s).

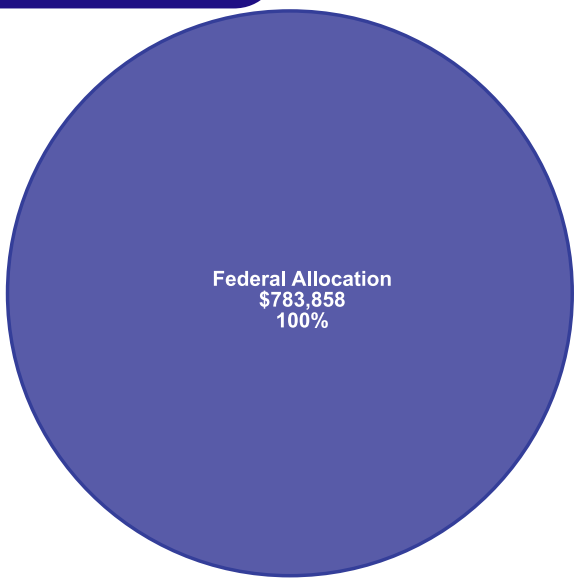
Title V Federal-State Block Grant Expenditures by Number of Individuals Served and Population Group[4]

Populations Served	Number of Individuals Served	Expenditures FY '98
Pregnant Women	527	$208,669
Infants (<1 year)	1,166	$105,832
Children (1 to 22 yrs)	134	$108,827
CSHCN (Special Needs)	235	$282,219
Others[3]	2,681	$0
Administration		$78,311
TOTALS	4,743	$783,858

State Population[5]
161,000

Live Births[5]
4,318

Title V Federal-State Block Grant Expenditures[4] by Source of Funds



MCH PARTNERSHIP FUNDS—FY 98[2]
Title V Federal-State Block Grant: **$783,858**
Other Title V Grant Programs: **$359,830**
Other MCH Grant Programs: **$49,955**
TOTAL MCH Partnership Funds **$1,193,643**

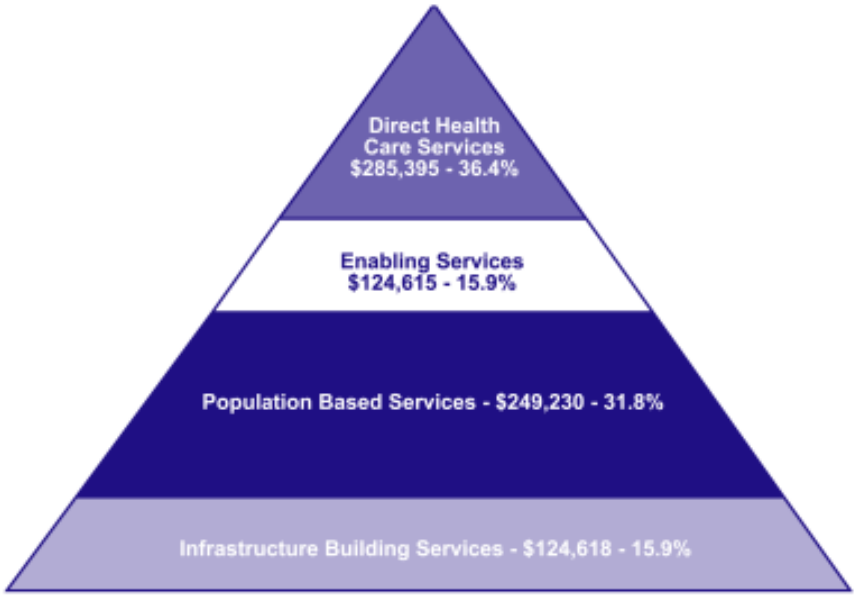
GUAM

Title V - Selected National MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Number of specialty services for Children with Special Health Care Needs (CSHCN)	4 of 9[97]	6 of 9
Percent of newborns screened for 4 major genetic disorders	99%	100%
Percent of children immunized (ages 19-35 months) against 9 diseases	67%	75%
Rate of births to teens aged 15-17 years (per 1,000 teens aged 15-17 years)	49	47
Rate of deaths to children aged 1-14 caused by motor vehicle crashes (per 100,000 children)	2.2	2.07
Percent of mothers who breast fed their infants at time of hospital discharge	10%	30%
Percent of newborns screened for hearing impairment before hospital discharge	5%	15%
State assurance of family participation in CSHCN programs & policies	10 of 18	15 of 18
Percent of very low birth weight live births	1%	.97%
Percent of infants born to women who received first trimester prenatal care	68%	75%

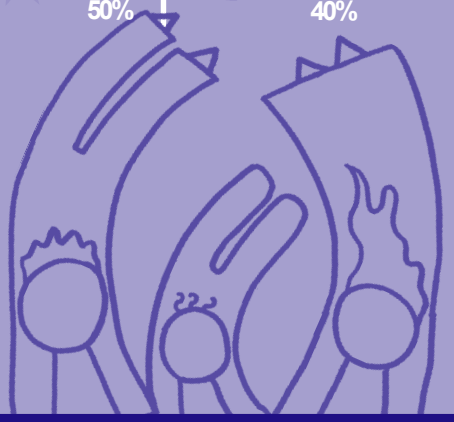
Title V - National MCH Outcome Measures[7]	State 1998 Results	State Year 2000 Goal
Infant mortality rate (per 1,000 live births)	8.5	8
Ratio of black to white infant mortality	*	*
Neonatal mortality rate (per 1,000 live births)	4.5	4.3
Postneonatal mortality rate (per 1,000 live births)	4.5	4.0
Perinatal mortality rate (per 1,000 live births)	17	13
Child death rate (per 100,000 children aged 1-14)	31	28

Title V - Selected State-Determined MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Adolescents 12-17 years old who reported using alcohol, inhalants, cigarettes, marijuana, or crystal methamphetamines	.4%	.2%
Mistreated and/or neglected children under 18 years old (per 1,000 children)	3.5%	2.5%
Childbearing-aged women screened for cervical cancer	70%	74%
Children who meet criteria for obesity	50%	40%

Title V Federal-State Block Grant Expenditures[4] by Category of Service[6]



* Data not available



State Assurance of Family Participation in CSHCN Program and Policy	
SCALE: 0 = not met; 3 = completely met	
Participate on task forces and offered training.	2
Financial support offered for parent groups.	2
Involved in Block Grant Application process.	2
Involved in inservice training of staff.	2
Hired for expertise as family member.	0
Members of diverse cultures involved.	2
Total Possible: 18 — FY 98 Total:	10

Selected FY 98 Title V and Other MCH Grant Annotations

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

Maternal and Child Health Leadership Continuing Education for Pacific Islands, University of Guam, Mangilao, $49,499 (SPRANS-Training-Continuing Education)

It is believed that the existing primary health care services for infants, children, and pregnant women (including adolescents) will improve in depth and breadth through leadership training of MCH service providers and interagency staff with the emphasis being made on the critical thinking and problem-solving processes. A training module will be developed for use in conducting island jurisdictions' workshops with finalization of content from participants feedback to integrate cultural and local factors, and to be distributed to each jurisdiction for use in conducting future continuing education training programs. Jurisdiction workshops will take place over a 3-year period with a followup workshops for each jurisdiction 9 to 12 months after the initial workshop. The onsite jurisdiction workshops will include evaluation of the training module by participants to produce a document that acknowledges training problems and needs, integrates cultural learning styles reflective of the various cultures, and uses existing MCH problems and concerns for acquisition of critical thinking and problem-solving skills.

Pacific Basin Maternal and Child Health Resource Center, University of Guam, Mangilao, $150,000 (SPRANS-MCHIP)

The overall mission of the project is to enhance the well-being of families in the U.S.-related islands of the Pacific Basin by helping health care professionals gain access to the knowledge and resources necessary to overcome or reduce the health problems faced by each of the jurisdictions. The overall goal is to improve the health status of women and children in the U.S.-related Pacific Islands by expanding the Pacific Basin Maternal and Child Health Resource Center (PBMCHRC) services to professionals and communities in each jurisdiction and to serve as a central source of information and technical assistance for all who have maternal and child health concerns.

Project TASI: Guam State System Development Initiative, Guam Department of Public Health and Social Services, Agana, $90,836 (SPRANS-MCHIP-SSDI)

The ultimate goal of this project is to prevent child abuse and neglect of newborns and children in the targeted population through early identification and intervention. The program focuses on reducing stress, enhancing family functioning (such as parent-child interaction and bonding), and providing optimal child development. In addition, the project will focus on reducing fragmentation, improving care coordination, and, ultimately, enhancing the effectiveness of health and welfare services available to at-risk children and their families.

Other Title V Grant Programs:
$359,830
Other MCH Grant Programs:
$49,955
TOTAL:
$409,785

Title V—ABSTINENCE EDUCATION PROGRAM

Abstinence Education Grant Program, Department of Public Health and Social Services, Government of Guam, Agana, $69,495 (Abstinence Ed)

Guam's program will focus first on building capacity for delivery of abstinence education through a Train the Trainer Workshop. The program will facilitate organizing members of the community—families, service providers, and church members—to form a Partnership for Abstinence. The Health Educator will continue collaborative efforts with agencies and organizations. Barriers to abstinence that are embedded in culture and language will be identified in order to improve communication and abstinence education within the community.

EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)

Guam EMS for Children Planning Grant, Guam Department of Health and Social Services, Agana, $49,955 (EMSC-Plan)

The goal of this project in Guam is to prevent trauma deaths and long-term disability by providing a better coordinated system for proper assessment and care of life-threatening emergencies. Emergency medical services and trauma systems will link prehospital, hospital, and rehabilitation services. Plans include recruiting an EMSC project coordinator and acquiring a computer and software that will allow the project to gather and analyze data on emergencies involving children.

FOR MORE INFORMATION ON TITLE V:

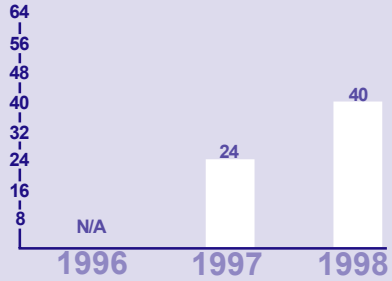
Title V Program, contact:

Peter John Camacho
Chief Public Health Officer
P.O. Box 2816
Hagatna, Guam, 96932
Phone: (671) 735-7110
Fax: (671) 734-7097

Title V Program's services for Children with Special Health Care Needs, contact:

Peter John Camacho
Chief Public Health Officer
P.O. Box 2816
Hagatna, Guam, 96932
Phone: (671) 735-7110
Fax: (671) 734-7097

State Hotline Calls/Year



To help families learn about maternal and child health care.

1-800-311-BABY;
en espanol: 1-800-504-7081

HAWAII

The MCH Federal-State Partnership

The Title V program is administered by the Family Health Services Division, Hawaii State Department of Health. The Title V program administers the following programs: maternal and child health, children with special health needs, IDEA Part C and WIC programs.

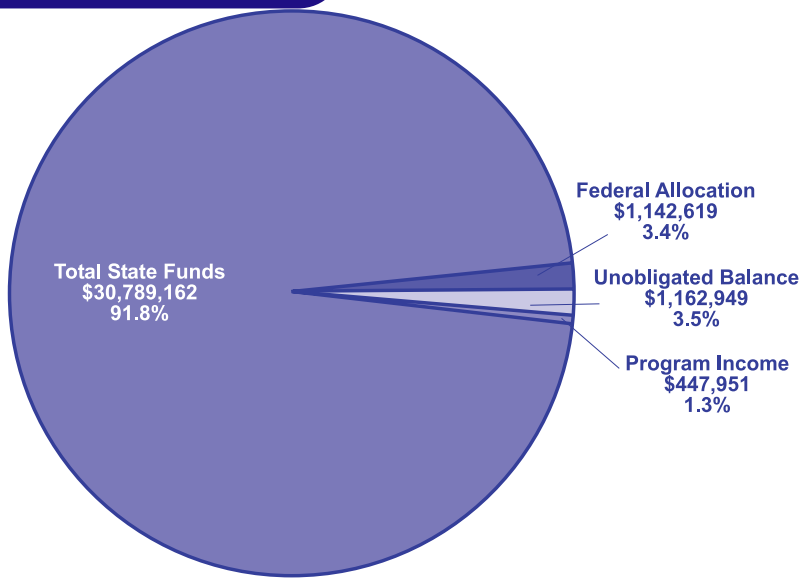
Title V Federal-State Block Grant Expenditures by Number of Individuals Served and Population Group[4]

Populations Served	Number of Individuals Served	Expenditures FY '98
Pregnant Women	5,665	$4,775,449
Infants (<1 year)	17,341	$6,970,134
Children (1 to 22 yrs)	71,170	$10,402,783
CSHCN (Special Needs)	8,567	$7,586,539
Others[3]	29,600	$3,296,984
Administration		$510,792
TOTALS	132,343	$33,542,681

State Population[5]
1,193,001

Live Births[5]
17,583

Title V Federal-State Block Grant Expenditures[4] by Source of Funds



MCH PARTNERSHIP FUNDS—FY 98[2]
Title V Federal-State Block Grant: **$33,542,681**
Other Title V Grant Programs: **$1,500,556**
Other MCH Grant Programs: **$ 0**
TOTAL MCH Partnership Funds **$35,043,237**

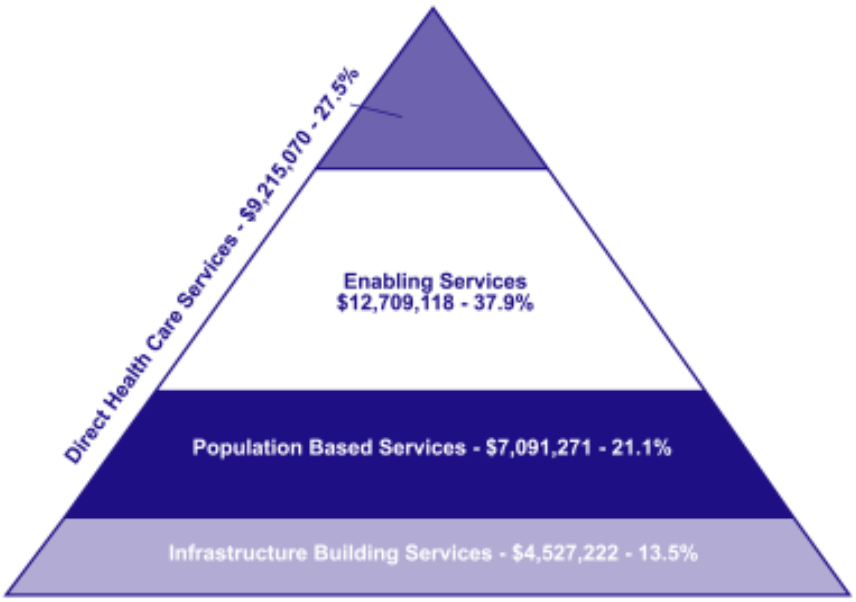
HAWAII

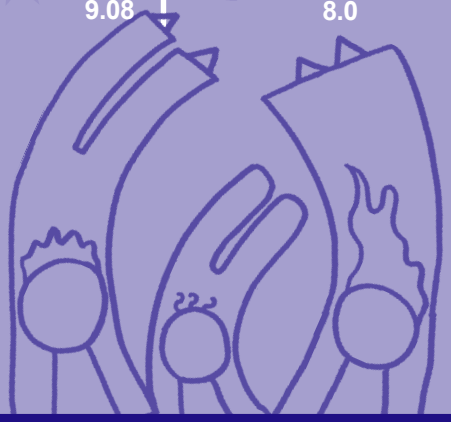
Title V - Selected National MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Number of specialty services for Children with Special Health Care Needs (CSHCN)	7 of 9	7 of 9
Percent of newborns screened for 4 major genetic disorders	99.7%	99%
Percent of children immunized (ages 19-35 months) against 9 diseases	80%	85%
Rate of births to teens aged 15-17 years (per 1,000 teens aged 15-17 years)	27.8	25
Rate of deaths to children aged 1-14 caused by motor vehicle crashes (per 100,000 children)	6.4	4
Percent of mothers who breast fed their infants at time of hospital discharge	72.3%	75%
Percent of newborns screened for hearing impairment before hospital discharge	94%	97%
State assurance of family participation in CSHCN programs & policies	10 of 18	12 of 18
Percent of very low birth weight live births	1.8%	1%
Percent of infants born to women who received first trimester prenatal care	81.3%	83%

Title V - National MCH Outcome Measures[7]	State 1998 Results	State Year 2000 Goal
Infant mortality rate (per 1,000 live births)	6.7	5.5
Ratio of black to white infant mortality	1.3	1.0
Neonatal mortality rate (per 1,000 live births)	5.1	3.8
Postneonatal mortality rate (per 1,000 live births)	1.6	1.7
Perinatal mortality rate (per 1,000 live births)	6.2	5
Child death rate (per 100,000 children aged 1-14)	18.9	16

Title V - Selected State-Determined MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Public school children 12-17 years old who consumed alcohol in past 30 days (grades 9 to 12)	40.3%	38%
Public school children 12-17 years old who smoked tobacco products in past 30 days	29.2%	27%
Child abuse/neglect cases of children from birth to 5 years old (per 1,000 children)	9.7	8.5
Prevalence of neural tube defects among fetal deaths and live births (per 10,000 live births)	9.08	8.0

Title V Federal-State Block Grant Expenditures[4] by Category of Service[6]





State Assurance of Family Participation in CSHCN Program and Policy	
SCALE: 0 = not met; 3 = completely met	
Participate on task forces and offered training.	2
Financial support offered for parent groups.	2
Involved in Block Grant Application process.	1
Involved in inservice training of staff.	2
Hired for expertise as family member.	1
Members of diverse cultures involved.	2
Total Possible: 18 — FY 98 Total:	10

Selected FY 98 Title V and Other MCH Grant Annotations

HAWAII
Other FY 98 MCH Grant Programs

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

- Hawaii Fluoridation Systems Development Project, Hawaii Department of Health, Honolulu, $30,226 (SPRANS-MCHIP-Fluoride)
- Managed Care in Hawaii: Impact on Children with Special Health Needs, Hawaii Department of Health, Honolulu, $0 (SPRANS-MCHIP-Managed Care/Health Care Reform)
- Maternal and Child Health Interdisciplinary Leadership Education for Health Professionals Caring for Children With Neurodevelopmental and Related Disabilities, University of Hawaii at Manoa, Honolulu, $441,500 (SPRANS-Training-LEND/Leadership Ed Neuro Dev)
- Maternal and Child Health Training Program, University of Hawaii, Manoa, Honolulu, $322,323 (SPRANS-Training-School of Public Health)

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

Enhanced Community Health Options (ECHO) Ko'olauloa Healthy Tomorrows, Hawaii Department of Health, Honolulu, $49,988 (SPRANS-MCHIP-Healthy Tomorrows)

The Ko'olauloa Healthy Tomorrows project seeks to address system problems that currently exist and to improve access to child health services for families residing in the area. This goal will be realized through increased and coordinated outreach services, promotion of an integrated system of comprehensive health care, improved continuity of care through home visiting, increased paternal participation in accessing health care, and provision of developmental/psychological assessments of at-risk children. The project will work with the existing health care system and the community to provide a community-based, family-centered, comprehensive, and culturally relevant system of care.

Health and Education Collaboration Project, Hawaii Medical Association, Honolulu, $225,000 (SPRANS-MCHIP-Integrated Services)

The Health and Education Collaboration Project intends to use interprofessional collaboration as a personnel preparation model. It will train health, social service, and education professionals to work collaboratively with the ultimate goal of providing children with special health care needs and their families, particularly those from underserved populations, with family-centered, community-based, and coordinated care. Because of the absence of an effectual collaborative system of services, the project will determine ways professionals can help families through the system by (1) working with the National Commission on Leadership in Interprofessional Education to identify the essential elements of collaborative practice; (2) training a regional staff of the Healthy and Ready to Learn (HRTL) program to implement and field test the practice of collaboration in a nationally recognized service program; (3) creating linkages between HRTL and university training programs; and (4) disseminating information on the essential elements of collaborative training and service provision at the regional, State, and national levels.

Malama Pono: Family Professional Partnership in the Medical Home, Hawaii Medical Association, Honolulu, $150,000 (SPRANS-MCHIP-Integrated Services)

Barriers to achieving functional, comprehensive, family-centered medical homes for children with special health care needs have been identified. Malama Pono will develop, implement, and evaluate strategies to overcome these barriers in three target communities in Hawaii. Managed care organizations and community stakeholders including consumers will participate in the project. Project products will include a set of tested strategies for achieving medical homes in communities, and a set of outcome indicators and measurement strategies.

State Systems Development Initiative, Hawaii Department of Health, Honolulu, $100,000 (SPRANS-MCHIP-SSDI)

The purpose of the Development of Comprehensive, Community- Based Systems of Care in Hawaii (SSDI) Project is to facilitate the linkage of family-centered, community-based systems of care by developing data linkages and by providing technical assistance to communities. The primary focus of the SSDI project in Hawaii is on interagency collaboration. By improving interagency collaboration, the Family Health Services Division also seeks to improve state support for communities involved in systems development.

Other Title V Grant Programs:
$1,500,556
Other MCH Grant Programs:
$0
TOTAL:
$1,500,556

Title V—COMMUNITY INTEGRATED SERVICE SYSTEMS (CISS—Title V)

Keiki Care: Nurturing Hawaii's Children, Hawaii Department of Health, Honolulu, $50,000 (CISS-CISS-Child Care Program)

The overall project goal is to develop an integrated preschool service system that responds to the needs of these preschool children. Services will be voluntary and will be provided to the greatest extent possible in natural child care environments identified by families. Goals and objectives include collaborating with the Department of Education to develop appropriate service options for children; working with preschool and child care programs to find appropriate placement options in natural environments for children with emotional-behavioral disorders; and providing training, support, and consultation/technical assistance for preschool, child care, and Head Start providers and family members to meet the needs of children with emotional-behavioral disorders and other developmental delays.

Title V—ABSTINENCE EDUCATION PROGRAM

Smart Moves with Abstinence Only Education, Department of Health, Family Health Services Division, Honolulu, $131,519 (Abstinence Ed)

The project goals are to improve the health of our youth through abstinence-only education and to facilitate parent/significant adult and local community interest and action in adolescent health. The Boys and Girls Club's science-based research curriculum, Smart Moves, will target 9-12 year old young people in site in each of the four State counties. Activities will include: education, skill building, social group session/events; inclusion of parents/significant adults, peer leaders, and mentors; community building through advisory boards to generate interest and program resources; and working with the media to promote the program and activities related to adolescent wellness.

FOR MORE INFORMATION ON TITLE V:

Title V Program, contact:

Nancy L. Kuntz, M.D.
Chief, Family Health Services Division
P.O. Box 3378
Honolulu, HI 96801
Phone: (808) 596-4122
Fax: (808) 586-9303

Title V Program's services for Children with Special Health Care Needs, contact:

Patricia Heu, M.D.
Chief, Children With Special Health Needs Branch
741 Sunset Avenue
Honolulu, HI 96801
Phone: (808) 733-9070
Fax: (808) 733-9068

IDAHO

The MCH Federal-State Partnership

The Bureau of Clinical and Preventive Services, Idaho Department of Health and Welfare, administers the Title V MCH Program. The Bureau is composed of six programs including; Children's Special Health Program; Reproductive Health Program; Epidemiology Program; WIC Program; Immunization Program; and the STD/AIDS Program. Title V funds support staff and/or programs in the Bureau of Health Promotion (Injury Prevention Program), the Bureau of Laboratories (Genetics Program), and the Center of Vital Statistics and Health Policy (Perinatal Analyst and MCH Needs Assessment).

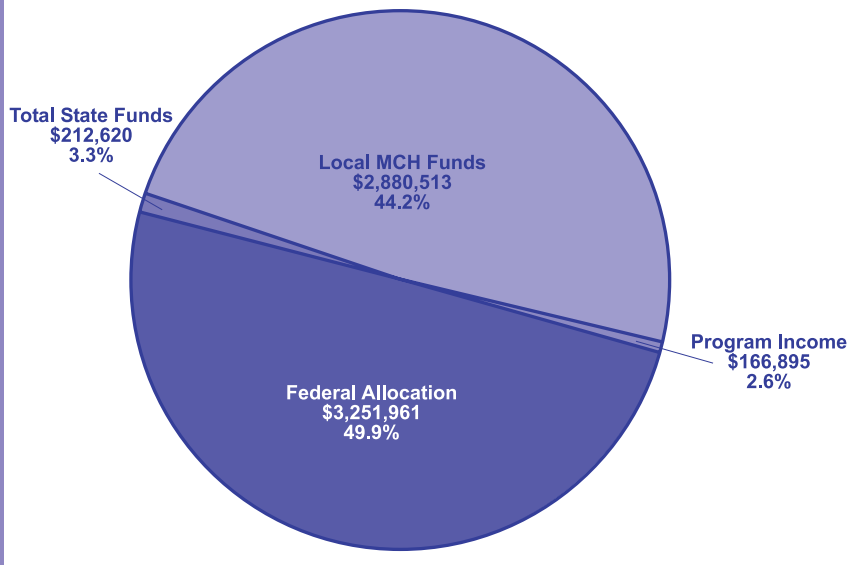
Title V Federal-State Block Grant Expenditures by Number of Individuals Served and Population Group[4]

Populations Served	Number of Individuals Served	Expenditures FY '98
Pregnant Women	4,428	$294,212
Infants (<1 year)	19,103	$1,126,707
Children (1 to 22 yrs)	132,850	$2,324,619
CSHCN (Special Needs)	2,276	$2,137,980
Others[3]	6,378	$317,571
Administration		$310,900
TOTALS	165,035	$6,511,989

State Population[5]
1,228,684

Live Births[5]
19,391

Title V Federal-State Block Grant Expenditures[4] by Source of Funds



MCH PARTNERSHIP FUNDS—FY 98[2]
Title V Federal-State Block Grant: **$6,511,989**
Other Title V Grant Programs: **$502,045**
Other MCH Grant Programs: **$ 0**
TOTAL MCH Partnership Funds **$7,014,034**

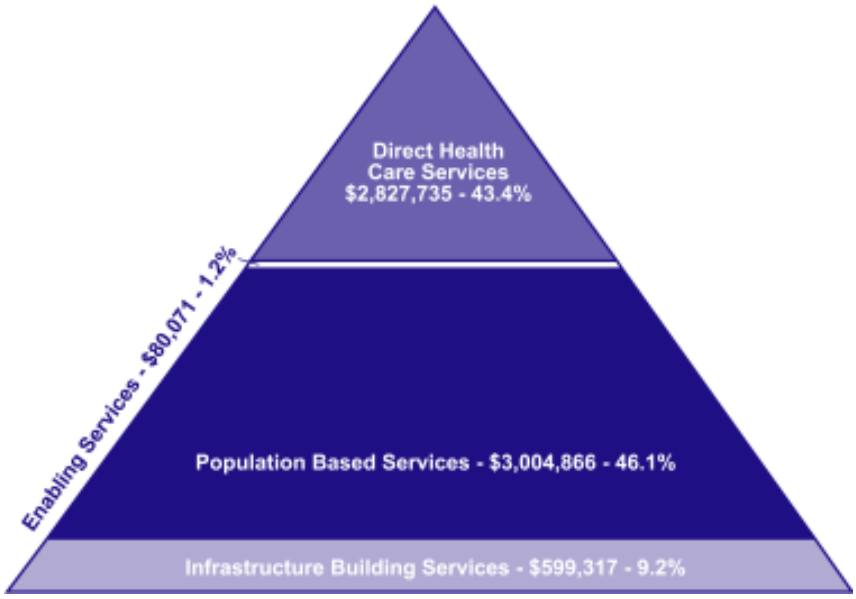
IDAHO

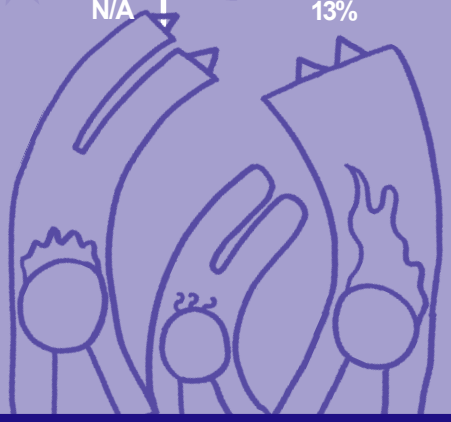
Title V - Selected National MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Number of specialty services for Children with Special Health Care Needs (CSHCN)	8 of 9	8 of 9
Percent of newborns screened for 4 major genetic disorders	98.1%	98.3%
Percent of children immunized (ages 19-35 months) against 9 diseases	72%	76%
Rate of births to teens aged 15-17 years (per 1,000 teens aged 15-17 years)	24.5	25.5
Rate of deaths to children aged 1-14 caused by motor vehicle crashes (per 100,000 children)	7.5	7.3
Percent of mothers who breast fed their infants at time of hospital discharge	67.1%	70.5%
Percent of newborns screened for hearing impairment before hospital discharge	51.8%	59%
State assurance of family participation in CSHCN programs & policies	0 of 18	14 of 18
Percent of very low birth weight live births	1%	.6%
Percent of infants born to women who received first trimester prenatal care	78.7%	82.0%

Title V - National MCH Outcome Measures[7]	State 1998 Results	State Year 2000 Goal
Infant mortality rate (per 1,000 live births)	7.2	7.0
Ratio of black to white infant mortality	3.3	0
Neonatal mortality rate (per 1,000 live births)	4.6	4.0
Postneonatal mortality rate (per 1,000 live births)	2.6	2.6
Perinatal mortality rate (per 1,000 live births)	9.8	9.8
Child death rate (per 100,000 children aged 1-14)	28.9	28.3

Title V - Selected State-Determined MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Child deaths reviewed by Idaho Child Mortality Review Team	N/A	94
Children born to mothers with Hepatitis B who received HBIG and Hepatitis B vaccines	69%	92
Proportion of all pregnancies seen in reproductive health clinics that are unintended	N/A	65
Percent of positive pregnancy tests in reproductive health program participants of less than 20 years of age	N/A	13%

Title V Federal-State Block Grant Expenditures[4] by Category of Service[6]





State Assurance of Family Participation in CSHCN Program and Policy	
SCALE: 0 = not met; 3 = completely met	
Participate on task forces and offered training.	2
Financial support offered for parent groups.	2
Involved in Block Grant Application process.	2
Involved in inservice training of staff.	2
Hired for expertise as family member.	0
Members of diverse cultures involved.	2
Total Possible: 18 — FY 98 Total:	10

Selected FY 98 Title V and Other MCH Grant Annotations

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

Healthy Tomorrows Partnership Project, YWCA of Pocatello, Pocatello, $47,007 (SPRANS-MCHIP-Healthy Tomorrows)

In Pocatello, unofficial reports by Intake and Treatment Services indicate that 75 to 80 percent of reported cases of child abuse/neglect involve some form of substance use. Project goals are as follows: Identify 30 clients in year 1, 30 clients in year 2, and 30 clients in year 3 from the at-risk target population for services and provide home visitor services to address the needs of substance-abusing parents. The program will emphasize early identification and intervention, followed by intensive and prolonged visits, coupled with referrals to other local resources. Home visits with each client/family will occur at a minimum of once a week.

Idaho's State Systems Development Initiative, Idaho Department of Health and Welfare, Boise, $100,000 (SPRANS-MCHIP-SSDI)

The project goals are to identify associations between birth outcomes and prenatal care within communities, develop community awareness of weaknesses within the system, and subsequently share information with communities in need of information about potential resources. Also, the project will assess the adequacy of data used to classify children with special health care needs (CSHN) and determine the prevalence of CSHN conditions. Objectives include identifying associations between prenatal care and birth outcomes; communicating the findings of the first objective to those providing services, program managers, leaders within communities, and other interested entities; and working with communities to develop strategies to address weaknesses within the system and share information with them about potential resources.

Title V—COMMUNITY INTEGRATED SERVICE SYSTEMS (CISS—Title V)

Community Decision Making in Child Health: Linking Families, Child Care, and Health Care Services, Mountain States Group/Child Care Connections, Boise, $50,000 (CISS-CISS-COG)

Community Decision Making in Child Health will create local strategies from improving three Ada County child health status issues: immunization rates, child abuse rates, and unintentional injury rates. CDM, a planning process that empowers a community to take ownership of its health systems concerns, will be used. The project will also build the capacity of local child care providers to offer healthy and safe care, and to connect families with needed health care services and information. A guidebook on CDM in Child Health will be developed.

Healthy Families in a Healthy Community, Harms Memorial Hospital, American Falls, $49,810 (CISS-CISS-COG)

This project targets improved health care for migrant families and increased rates for childhood immunization and adequate prenatal care in the total community. Health status data will be collected from migrant families to develop appropriate services strategies. A Community Health Council will be facilitated through interest-based negotiation to develop a protocol defining a community-based, culturally competent, collaborative service system with target service strategies to achieve outcomes. Community involvement will be achieved through Asset-Based Community Development. A Rural Integrated Service Manual will be developed.

Other Title V Grant Programs:
$502,045
Other MCH Grant Programs:
$0
TOTAL:
$502,045

Idaho Health Systems Development in Child Care Project, Idaho Department of Health and Welfare, Boise, $50,000 (CISS-CISS-Child Care Program)

The project focuses on promoting local collaborative efforts that address one or more of the goals stated in the "Healthy Child Care America Blueprint for Action." The goal is to expand health systems in child care settings by assisting communities to create collaborative groups, develop action plans, and implement local projects. All community projects funded under this program will receive ongoing technical assistance and monitoring to assure program quality and compliance with Federal guidelines and contract provisions.

Title V—ABSTINENCE EDUCATION PROGRAM

Adolescent Pregnancy Prevention/Abstinence Education, Idaho Department of Health and Welfare, Boise, $205,228 (Abstinence Ed)

The initiative will develop community-based adolescent pregnancy prevention programs with an abstinence message. These programs will be either educational or motivational. Primary target audience will be 10-14 year olds and parents. Secondary target audiences will be 15-19 year old males and females.

FOR MORE INFORMATION ON TITLE V:

Title V Program, contact:

Roger A. Perotto
Chief, Bureau of Clinical and Preventive Services
Idaho Dept. Health and Welfare
450 West State Street 4th Floor Cenarrusa Building
Boise, ID 83720
Phone: (208) 334-0670
Fax: (208) 332-7346

Title V Program's services for Children with Special Health Care Needs, contact:

Brett Harrell
Manager, Childrens Special Health Program
Idaho Dept. Health and Welfare
450 West State Street 4th Floor Cenarrusa Building
Boise, ID 83720
Phone: (208) 334-5963
Fax: (208) 334-6581

ILLINOIS

The MCH Federal-State Partnership

State MCH Administration. The Maternal and Child Health Services Block Grant is administered by the Illinois Department of Human Services. The Department transfers 32.1 percent of the block grant to the University of Illinois at Chicago, Division of Specialized Care for Children, to support the state's program for Children with Special Health Care Needs. The Department works closely with the Illinois Department of Public Health regarding the operations of its genetics, childhood lead poisoning, vision and hearing and oral health programs.

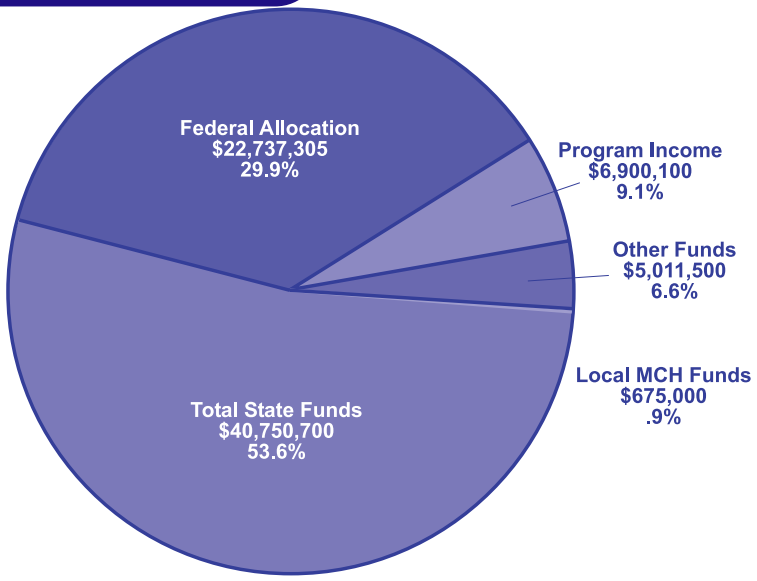
Title V Federal-State Block Grant Expenditures by Number of Individuals Served and Population Group[4]

Populations Served	Number of Individuals Served	Expenditures FY '98
Pregnant Women	94,973	$10,902,585
Infants (<1 year)	177,108	$16,684,616
Children (1 to 22 yrs)	2,848,265	$10,351,082
CSHCN (Special Needs)	24,626	$24,527,900
Others[3]	100,938	$13,008,422
Administration		$ 600,000
TOTALS	3,245,910	$76,074,605

State Population[5]
12,045,326

Live Births[5]
182,588

Title V Federal-State Block Grant Expenditures[4] by Source of Funds



MCH PARTNERSHIP FUNDS—FY 98[2]

Title V Federal-State Block Grant:
$76,074,605

Other Title V Grant Programs:
$5,640,950

Other MCH Grant Programs:
$8,437,226

TOTAL MCH Partnership Funds
$90,152,781

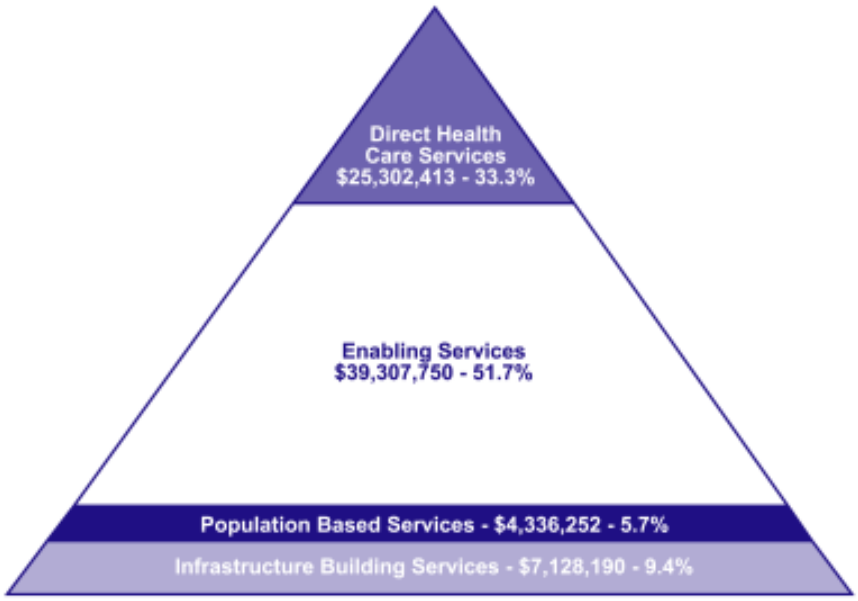
ILLINOIS

Title V - Selected National MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Number of specialty services for Children with Special Health Care Needs (CSHCN)	9 of 9	9 of 9
Percent of newborns screened for 4 major genetic disorders	97.1%[97]	99%
Percent of children immunized (ages 19-35 months) against 9 diseases	74%	76%
Rate of births to teens aged 15-17 years (per 1,000 teens aged 15-17 years)	34.4[97]	35
Rate of deaths to children aged 1-14 caused by motor vehicle crashes (per 100,000 children)	3.1[97]	3.7
Percent of mothers who breast fed their infants at time of hospital discharge	35.6%[97]	42%
Percent of newborns screened for hearing impairment before hospital discharge	21.3%[97]	30%
State assurance of family participation in CSHCN programs & policies	9 of 18	10 of 18
Percent of very low birth weight live births	1.6%[97]	1.5%
Percent of infants born to women who received first trimester prenatal care	81.1%[97]	85%

Title V - National MCH Outcome Measures[7]	State 1998 Results	State Year 2000 Goal
Infant mortality rate (per 1,000 live births)	8.2[97]	8.0
Ratio of black to white infant mortality	2.7[97]	2.6
Neonatal mortality rate (per 1,000 live births)	5.4[97]	5.1
Postneonatal mortality rate (per 1,000 live births)	2.8[97]	2.9
Perinatal mortality rate (per 1,000 live births)	11.9[97]	11.3
Child death rate (per 100,000 children aged 1-14)	21[97]	25.8

Title V - Selected State-Determined MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Women who received adequate prenatal care	72.2%[96]	75%
Live births within 18 months of giving birth to another child or terminating a pregnancy	17.3%[96]	15%
CSHCN clients 14 years old and over and their families who received comprehensive transition planning to promote awareness of adult services	*	80%
Infants and childbearing-aged women who received genetic testing, counseling, and follow-up services	*	5.%

Title V Federal-State Block Grant Expenditures[4] by Category of Service[6]



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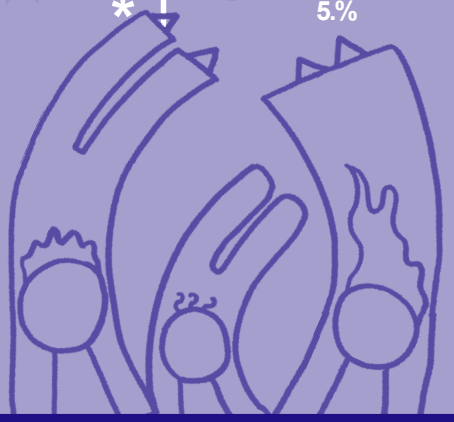

State Assurance of Family Participation in CSHCN Program and Policy	
SCALE: 0 = not met; 3 = completely met	
Participate on task forces and offered training.	2
Financial support offered for parent groups.	2
Involved in Block Grant Application process.	0
Involved in inservice training of staff.	1
Hired for expertise as family member.	2
Members of diverse cultures involved.	2
Total Possible: 18 — FY 98 Total:	9

ILLINOIS
Other FY 98 MCH Grant Programs

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

- AAP/MCHB Collaborative Agreement to Promote Pediatric Provider Participation in the Healthy Tomorrows Partnership for Children Program, American Academy of Pediatrics, Elk Grove Village, $535,000 (SPRANS-MCHIP-PIC)
- Collaborative Office Rounds Group on the South Side of Chicago, University of Chicago, Chicago, $11,923 (SPRANS-Training-Continuing Ed/Collaborative Office Rounds)
- Comprehensive Care Services Model for Infants with Sickle Cell Disease Identified by Newborn Screening, Hektoen Institute for Medical Research, Chicago, $197,775 (SPRANS-Genetics)
- Illinois Maternal Child Health Leadership Network, Illinois Department of Public Health, Springfield, $100,000 (SPRANS-MCHIP-SSDI)
- Maternal and Child Community Health Science Consortium, University of Illinois at Chicago, Chicago, $250,000 (SPRANS-Training-Continuing Education)
- Maternal and Child Health Training Grant, University of Chicago, Chicago, $35,000 (SPRANS-Training-Social Work)
- Maternal and Child Health Training Program, University of Illinois at Chicago, Chicago, $364,393 (SPRANS-Training-School of Public Health)
- MCH Analytic Skills Online, University of Illinois at Chicago, Chicago, $197,521 (SPRANS-MCHIP-Data)
- MCH-INFO: Analytic Software Tool for Needs Assessment, University of Illinois, Chicago, $60,000 (SPRANS-MCHIP-Data)
- National Practice-Based Network to Improve Children's Health Care, American Academy of Pediatrics, Elk Grove Village, $794,045 (SPRANS-Research)
- Partners for Program Planning in Adolescent Health, American Medical Association, Chicago, $100,000 (SPRANS-MCHIP-PIPPAH)
- Pediatric Care for Infants of Parenting Teens: A Collaborative Medical Developmental Approach, Illinois Masonic Medical Center, Chicago, $50,000 (SPRANS-MCHIP-Healthy Tomorrows)
- Project TELL: Teens Educating, Learning and Leading, University of Illinois at Chicago, Chicago, $50,000 (SPRANS-MCHIP-Healthy Tomorrows)
- Quality Community Managed Care for Children with Special Health Care Needs, University of Illinois at Chicago, Chicago , $149,559 (SPRANS-MCHIP-Managed Care/Health Care Reform)
- Regions V and VII MCH Leadership Conference, University of Illinois at Chicago, Chicago, $25,000 (SPRANS-Training-Continuing Education)

Selected FY 98 Title V and Other MCH Grant Annotations

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

Medical Home Program for Children with Special Health Needs, American Academy of Pediatrics, Elk Grove Village, $191,854 (SPRANS-MCHIP-Managed Care/Health Care Reform)

The American Academy of Pediatrics, Medical Home Program for Children with Special Needs, is a community-based initiative designed to provide a mechanism for communication, collaboration, and idea exchange for pediatricians who treat children with special needs. This program offers guidance and advice on establishing the "medical home" as a regular part of community-based care; defines the training needs of pediatricians and office staff who care for these children; and explores the fiscal impact of treating this population in a pediatric office. Program activities include the design and dissemination of educational materials that support efforts to create medical homes for children with special needs. Program staff also provide technical assistance at Academy and non-Academy meetings nationwide, and collaborate with other organizations involved in improving the delivery of health care services to children with special needs.

Title V—COMMUNITY INTEGRATED SERVICE SYSTEMS (CISS—Title V)

Illinois' Coalition for Health System Development in Child Care, Illinois Department of Public Health, Springfield, $50,000 (CISS-CISS-Child Care Program)

The coalition will develop training and technical assistance resources that will, in turn, help communities link child care providers with health and social support services and enhance the knowledge and skills of child care providers. Goals include linking child care facilities and health and other service providers; improving access to services by children and families; and improving the health status of children, families, and child care providers by developing and field testing a training and technical assistance program for interested communities. The materials will be evaluated through changes in system performance and reductions in the incidence of injuries, infectious diseases and absenteeism among children and child care provider staff.

Title V—ABSTINENCE EDUCATION PROGRAM

Abstinence Education Project, Illinois Department of Human Services, Division of Community Health and Prevention, Springfield, $2,096,116 (Abstinence Ed)

The Illinois Abstinence Education Project is intended to increase the number of adolescents who abstain from sexual activity until marriage. While the incidence of live birth, abortion, and sexually transmitted diseases are rare among 10 to 14-year-olds (all less than 1.5 per 1,000), these problems increase significantly among 15- to 17-year-olds (all in excess of 15 per 1,000). More than 80 percent of teenage births in 1995 were to single mothers. The Project's goals and objectives are to reduce the proportion of adolescents who have engaged in sexual intercourse, reducing the incidence of sexually transmitted diseases among 15 to 19 year-olds; reduce the fertility rate among 15-to-17-year-olds; and to reducing the pregnancy rate (live births, fetal deaths, and abortions) among 15-to-17-year-olds. The project will support community-based, abstinence-only programs targeted primarily to 9-to-14-year-olds in high risk areas of the State.

Other Title V Grant Programs:
$5,640,950
Other MCH Grant Programs:
$8,437,226
TOTAL:
$14,078,176

EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)

Implementation of an Emergency Medical Services for Children in Illinois, Loyola University of Chicago, Maywood, $125,932 (EMSC-Implementation)

The project aims for: (1) A significant reduction in the pediatric mortality caused by trauma; (2) a 10-percent reduction in the associated morbidity caused by unintentional injury; (3) a 10-percent reduction in pediatric homicides; and (4) the implementation of the necessary elements that will not only attain the first three goals, but enable the Illinois Emergency Medical Services for Children to sustain these achievements. A focus program on violence prevention that includes the victims and perpetrators as well as community groups, educators, parents, and health care workers will be implemented.

HEALTHY START

Chicago Area Healthy Start Project, Illinois Department of Public Health, Springfield, $2,521,000 (Healthy Start-Mentor)

The Chicago Healthy Start Initiative supports five Family Centers, which are one-stop centers for medical and social services and care coordination activities. The centers provide case management, health education, alcohol and substance abuse prevention, and job preparation services. The centers also provide transportation services and episodic child care to remove access barriers. The Family Centers were developed by the CHSI Consortium. The Consortium continues to be actively involved in marketing, evaluation, and formulating plans to sustain the Family Centers after the end of Healthy Start funds.

TRAUMATIC BRAIN INJURY

Illinois TBI Planning Project, Department of Human Services, Springfield, $48,125 (Traumatic Brain Injury-Plan)

Brain injury survivors, family members, providers, and State agencies are well aware of the range of problems that may result from brain injury. The purpose of the Illinois TBI Planning Project is to identify unmet needs of persons with traumatic brain injury (TBI) and to describe resources needed to meet those needs. Project goals, which will facilitate the development of the Illinois State Implementation Plan, include (1) administration and analysis of a comprehensive statewide consumer needs assessment, and (2) production of an updated TBI resource directory that identifies services available within the State.

ILLINOIS
Other FY 98 MCH Grant Programs

- Satisfaction with and Utilization of Prenatal Care, University of Illinois , Chicago, $210,487 (SPRANS-Research)
- Use of Child Health Services by Hispanic Families, University of Illinois at Chicago, Chicago, $172,277 (SPRANS-Research)

EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)

- EMSC Regional Leadership Conference on Injury Prevention, Loyola University of Chicago, Maywood, $25,004 (EMSC/TRNG-Continuing Education)
- The Adoption and Appraisal of EMSC Standards, Loyola University of Chicago, Maywood, $92,446 (EMSC-Target)

HEALTHY START

- Aunt Martha's Healthy Start Initiative Adolescent Program, Aunt Martha's Youth Service Center, Inc., Matteson, $871,014 (Healthy Start-Community)
- East St. Louis Healthy Start Initiative, Southern Illinois Healthcare Foundation, Inc., East St. Louis, $800,763 (Healthy Start-Community)
- Healthy Start Southeast Chicago, Southside Health Consortium, Chicago, $2,011,742 (Healthy Start-Community)
- Westside Healthy Start: Strengthening Community-Based Systems of Care, Sinai Family Health Centers, Chicago, $1,941,200 (Healthy Start-Community)

FOR MORE INFORMATION ON TITLE V:

Title V Program, contact:

Stephen E. Saunders, M.D., M.P.H.
Associate Director
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535 West Jefferson Street
Springfield, IL 62761
Phone: (217) 782-2736
Fax: (217) 782-4890

Title V Program's services for Children with Special Health Care Needs, contact:

Charles N. Onufer, M.D.
Director
Division of Specialized Care for Children
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Fax: (217) 793-0773

INDIANA

The MCH Federal-State Partnership

The Indiana State Department of Health (ISDH) administers the Title V grant through Maternal and Child Health Services (MCHS) which resides in the Public Health Services Commission (PHS). PHS also houses Children's Special Health Care Services (CSHCS), which is the state program for Children with Special Health Care Needs. MCHS administered programs include: Prenatal Substance Use Prevention Program, Indiana Perinatal Network, Fetal and Infant Mortality Review projects, Preventive and Primary Child Health Care, Indiana RESPECT (Reducing Early Sex and Pregnancy by Educating Children and Teens), Newborn Screening, Indiana Childhood Lead Poisoning Prevention Program, Family Care Coordination, Prenatal Care Services, Prenatal Care Coordination, Adolescent Health Center, Family Planning Services, Genetic Diseases Program, Sickle Cell Program, and the Childhood Injury Prevention Program.

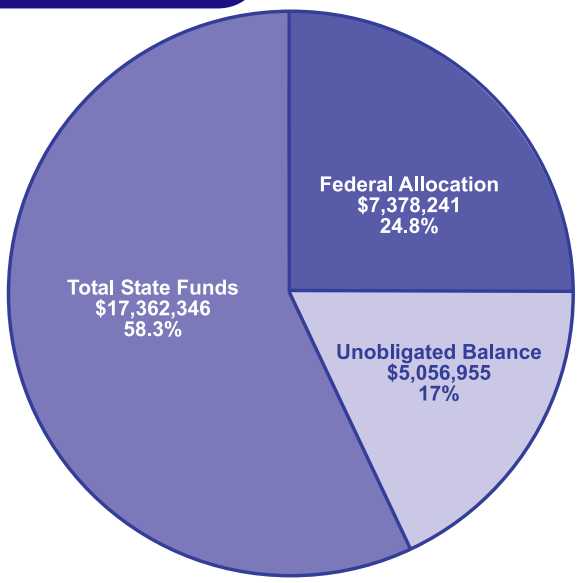
Title V Federal-State Block Grant Expenditures by Number of Individuals Served and Population Group[4]

Populations Served	Number of Individuals Served	Expenditures FY '98
Pregnant Women	29,865	$2,765,874
Infants (<1 year)	84,782	$ 934,027
Children (1 to 22 yrs)	50,717	$6,284,159
CSHCN (Special Needs)	9,314	$19,316,051
Others[3]	42,455	*
Administration		$497,431
TOTALS	217,133	$29,797,542

State Population[5]
5,899,195

Live Births[5]
85,122

Title V Federal-State Block Grant Expenditures[4] by Source of Funds



MCH PARTNERSHIP FUNDS—FY 98[2]

Title V Federal-State Block Grant:	**$29,797,542**
Other Title V Grant Programs:	**$2,104,700**
Other MCH Grant Programs:	**$4,148,617**
TOTAL MCH Partnership Funds	**$36,050,859**

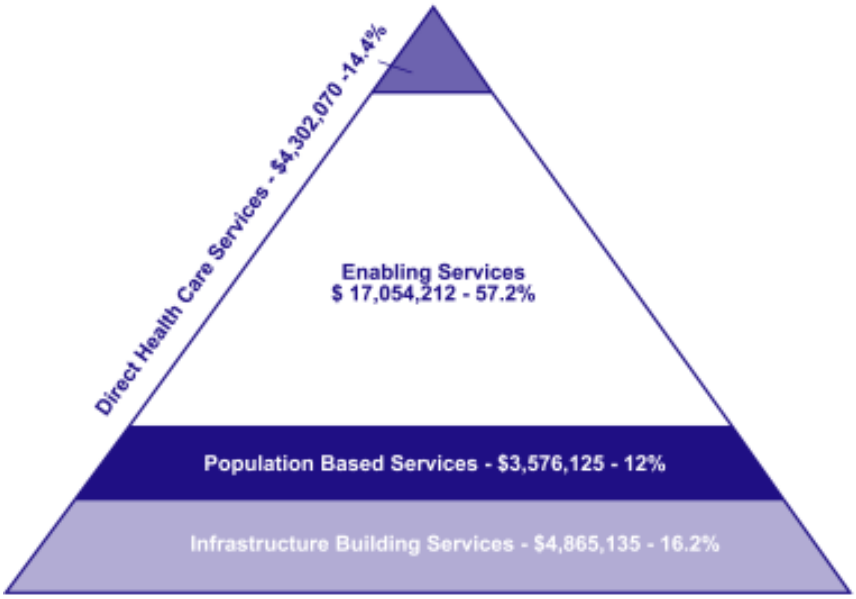
INDIANA

Title V - Selected National MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Number of specialty services for Children with Special Health Care Needs (CSHCN)	7 of 9	7 of 9
Percent of newborns screened for 4 major genetic disorders	99.9%	99%
Percent of children immunized (ages 19-35 months) against 9 diseases	75%	90%
Rate of births to teens aged 15-17 years (per 1,000 teens aged 15-17 years)	28.4	32.1
Rate of deaths to children aged 1-14 caused by motor vehicle crashes (per 100,000 children)	5.4[97]	4.3
Percent of mothers who breast fed their infants at time of hospital discharge	58%	45.8%
Percent of newborns screened for hearing impairment before hospital discharge	29.4%	90%
State assurance of family participation in CSHCN programs & policies	14 of 18	15 of 18
Percent of very low birth weight live births	1.3%	1.2%
Percent of infants born to women who received first trimester prenatal care	78.5%	78.8%

Title V - National MCH Outcome Measures[7]	State 1998 Results	State Year 2000 Goal
Infant mortality rate (per 1,000 live births)	8.1[97]	7.5
Ratio of black to white infant mortality	2.2[97]	2.1
Neonatal mortality rate (per 1,000 live births)	5.2[97]	5.2
Postneonatal mortality rate (per 1,000 live births)	2.9[97]	2.3
Perinatal mortality rate (per 1,000 live births)	11.1[97]	11.2
Child death rate (per 100,000 children aged 1-14)	27.2[97]	29.9

Title V - Selected State-Determined MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
HIV exposed infants as a result of perinatal transmission that remain HIV positive by 18 months of age	4%[97]	20%
Pregnant women in MCHS program who reduced or stopped smoking	73.9%	76%
Establish a population-based perinatal education system	YES	YES
Infants born to black women receiving prenatal care beginning in the first trimester	65%	67%

Title V Federal-State Block Grant Expenditures[4] by Category of Service[6]



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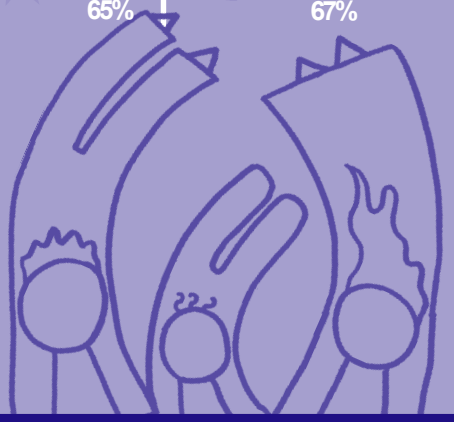

State Assurance of Family Participation in CSHCN Program and Policy	
SCALE: 0 = not met; 3 = completely met	
Participate on task forces and offered training.	2
Financial support offered for parent groups.	2
Involved in Block Grant Application process.	0
Involved in inservice training of staff.	1
Hired for expertise as family member.	2
Members of diverse cultures involved.	2
Total Possible: 18 — FY 98 Total:	9

INDIANA
Other FY 98 MCH Grant Programs

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

- Behavioral Pediatrics Training Program, Indiana University, Indianapolis, $12,185 (SPRANS-Training-Behavioral Pediatrics)
- Collaborative Office Rounds, Indiana University, Indianapolis, $12,000 (SPRANS-Training-Continuing Ed/ Collaborative Office Rounds)
- Indiana's Integrated Services for Children with Special Health Care Needs, Indiana State Department of Health, Indianapolis, $200,000 (SPRANS-MCHIP-Integrated Services)
- Indiana University Adolescent Health Training Program, Indiana University, Indianapolis, $318,205 (SPRANS-Training-Adolescent Health)
- Interdisciplinary Leadership Education , Indiana University, Indianapolis, $476,688 (SPRANS-Training-LEND/Leadership Ed Neuro Dev))
- Neonatal Nutrition Training Program (NNTP), Riley Hospital for Children, Indianapolis, $78,580 (SPRANS-Training-Nutrition)

HEALTHY START

- Indianapolis Prevention of Adolescent Pregnancy, Marion County Health Department, Indianapolis, $1,448,805 (Healthy Start-Community)

Selected FY 98 Title V and Other MCH Grant Annotations

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

Indiana Perinatal Systems Strategic Plan/INPHO, Indiana State Department of Health, Indianapolis, $100,000 (SPRANS-MCHIP-SSDI)

This project integrates two priority projects at the Indiana State Department of Health: (1) Indiana Perinatal Systems Strategic Plan (IPSSP); and (2) Indiana Network for Public Health Organizations (INPHO). Indiana is not expected to meet the "Healthy People 2000" objectives for several measures of health for the perinatal population. In addition, there are extensive problems to overcome in data collection, evaluation, and dissemination for providers and consumers. The goal of this project is to create and deliver the electronic information system and networking necessary to support the IPSSP. In this initial phase, pilot sites have been identified and recruited, the initial system has been defined using universal enrollment and income forms, and the software has been developed and installed.

Title V—COMMUNITY INTEGRATED SERVICE SYSTEMS (CISS—Title V)

Healthy Child Care Indiana, Indiana Parent Information Network, Inc., Indianapolis, $50,000 (CISS-CISS-Child Care Program)

This project will expand and provide ongoing support to child care providers and families caring for children with special health needs in Indiana. During the first quarter of the project year, staff will increase collaboration among family and community leaders through the establishment of a project advisory committee of no less than eight representatives of Indiana family, child care, and community organizations. During the third quarter of the project year, project staff will increase the awareness of family and community leaders about training activities and resources for inclusive child care, special sitter programs, automotive car seat safety, fire safety, and other topical areas through a series of a least three regional training retreats. Project staff will conduct formative and summative evaluations.

Title V—ABSTINENCE EDUCATION PROGRAM

Indiana Abstinence Education, Indiana State Department of Health, Indianapolis, $857,042 (Abstinence Ed)

The Indiana Abstinence Education Block Grant program will positively impact adolescent pregnancy and birth rates and the incidence of adolescent sexual intercourse and sexually transmitted infections by building the capacity of Indiana youth to chose to abstain from sexual intercourse. A training series and community grants will allow local youth-serving organizations to provide quality abstinence education to Indiana youth. A statewide media campaign will provide positive messages regarding the choice to abstain from sexual intercourse.

Other Title V Grant Programs:
$2,104,700
Other MCH Grant Programs:
$4,148,617
TOTAL:
$6,253,317

EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)

Indiana EMSC Implementation, Indiana State Emergency Management Agency EMS Division, Indianapolis, $250,000 (EMSC-Implementation)

The emergency medical services for children committee identified several barriers impeding the delivery of pediatric emergency medical services and emergency health care for children. This project will implement four goals to impact these educational, injury control, regionalized care, and data collection and analysis issues, ultimately improving the emergency treatment for children in Indiana. It is the continued purpose of this project to build the foundation for coalitions and networks within existing groups to provide competent, comprehensive, and regionalized care from the scene to the medical home, with data analysis capability to provide information to the local community injury control coalition to impact change locally for a safer community.

HEALTHY START

Northwest Indiana Healthy Start, Northwest Indiana Health Department Cooperative, Hammond, $2,449,812 (Healthy Start-Mentor)

Northwest Indiana Healthy Start has identified the following goals to address the critical issues facing the citizens of Northwest Indiana: (1) Reduce infant mortality and improve maternal and infant health through the provision of accessible coordinated care; (2) decrease individual and community high-risk behaviors; and (3) provide accurate information to the community about the Healthy Start project and health education activities that lead to healthy pregnancy outcomes.

FOR MORE INFORMATION ON TITLE V:

Title V Program, contact:

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Title V Program's services for Children with Special Health Care Needs, contact:

Wendy Gettelfinger, R.N., M.S.N., J.D., Director
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Fax: (317) 233-5609

IOWA

The MCH Federal-State Partnership

The Iowa Title V Maternal and Child Health Services Block Grant Program — the Bureau of Family Services/Division of Family and Community Health, Iowa Department of Public Health, conducts a statewide assessment of needs, develops policies, plans, and programs to improve the health of women, infants, children, adolescents and families in Iowa; and also administers Family Planning. Iowa Child Health Specialty Clinics administer the Children with Special Health Care Needs component of the program.

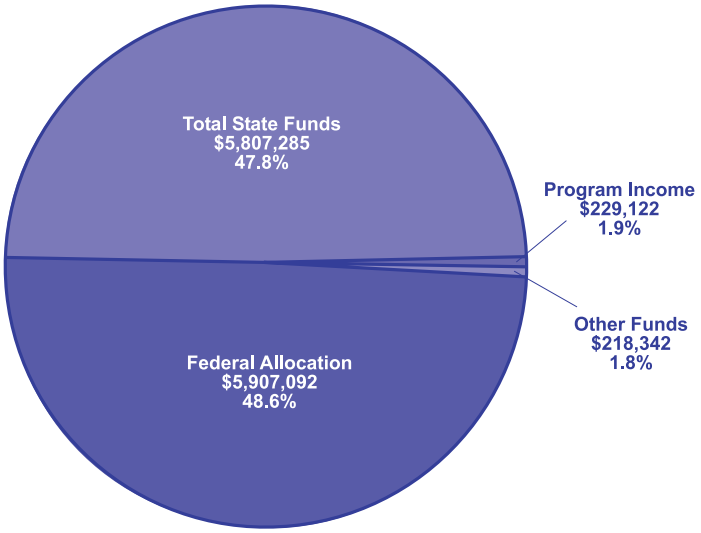
Title V Federal-State Block Grant Expenditures by Number of Individuals Served and Population Group[4]

Populations Served	Number of Individuals Served	Expenditures FY '98
Pregnant Women	4,577	$1,815,299
Infants (<1 year)	2,413	$69,098
Children (1 to 22 yrs)	19,036	$ 5,556,057
CSHCN (Special Needs)	5,430	$ 4,306,285
Others[3]	*	$ 0
Administration		$ 415,102
TOTALS	31,456	$12,161,841

State Population[5]
2,862,447

Live Births[5]
37,282

Title V Federal-State Block Grant Expenditures[4] by Source of Funds



MCH PARTNERSHIP FUNDS—FY 98[2]
Title V Federal-State Block Grant: **$12,161,841**
Other Title V Grant Programs: **$2,499,726**
Other MCH Grant Programs: **$1,412,943**
TOTAL MCH Partnership Funds **$16,074,510**

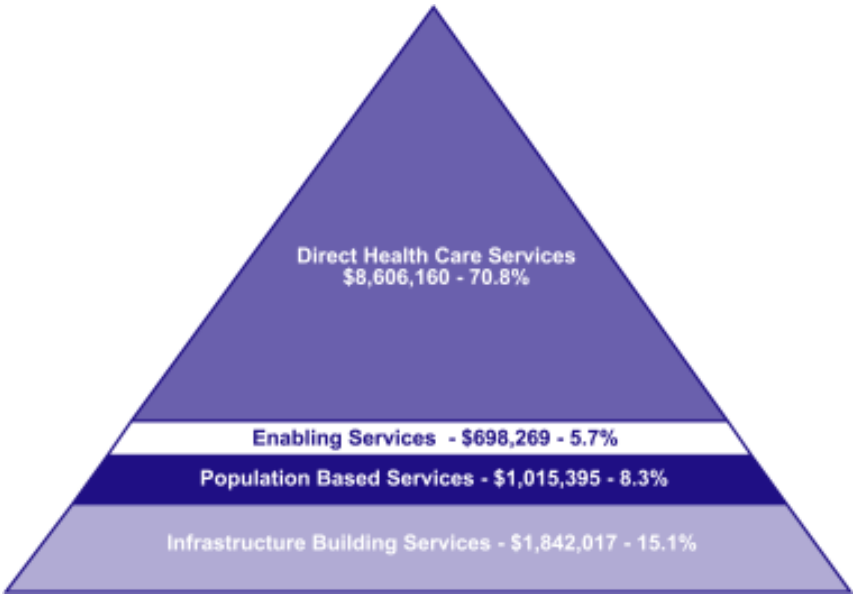
IOWA

Title V - Selected National MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Number of specialty services for Children with Special Health Care Needs (CSHCN)	9 of 9	9 of 9
Percent of newborns screened for 4 major genetic disorders	99.2%	99.5%
Percent of children immunized (ages 19-35 months) against 9 diseases	89%	85%
Rate of births to teens aged 15-17 years (per 1,000 teens aged 15-17 years)	18.6	21.7
Rate of deaths to children aged 1-14 caused by motor vehicle crashes (per 100,000 children)	4.9	5.8
Percent of mothers who breast fed their infants at time of hospital discharge	58%	59.7%
Percent of newborns screened for hearing impairment before hospital discharge	40.8%	75%
State assurance of family participation in CSHCN programs & policies	10 of 18	15 of 18
Percent of very low birth weight live births	1.3%	1.4%
Percent of infants born to women who received first trimester prenatal care	86.3%	86.5%

Title V - National MCH Outcome Measures[7]	State 1998 Results	State Year 2000 Goal
Infant mortality rate (per 1,000 live births)	6	7
Ratio of black to white infant mortality	3.3	2.3
Neonatal mortality rate (per 1,000 live births)	4.1	4.5
Postneonatal mortality rate (per 1,000 live births)	1.9	1.8
Perinatal mortality rate (per 1,000 live births)	9.7	10.2
Child death rate (per 100,000 children aged 1-14)	24.4	24.6

Title V - Selected State-Determined MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Women who received Medicaid services during pregnancy	*	45%
Low-income, MCH eligible children 1-4 years old who have completed a dentist referral	13.4%	20%
Infants under 1 year of age who are enrolled in Medicaid and received care coordination services	28%	50%
High-risk infants who received follow-up services at 30 months of age	57%	70%

Title V Federal-State Block Grant Expenditures[4] by Category of Service[6]



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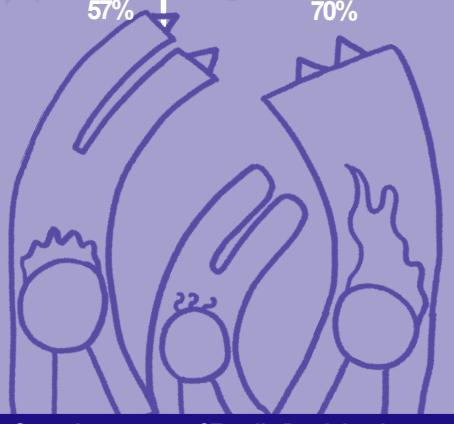


State Assurance of Family Participation in CSHCN Program and Policy	
SCALE: 0 = not met; 3 = completely met	
Participate on task forces and offered training.	2
Financial support offered for parent groups.	2
Involved in Block Grant Application process.	1
Involved in inservice training of staff.	1
Hired for expertise as family member.	3
Members of diverse cultures involved.	1
Total Possible: 18 — FY 98 Total:	10

IOWA
Other FY 98 MCH Grant Programs

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

- Adolescent Transition: Healthy & Ready To Work, University of Iowa, Iowa City, $188,793 (SPRANS-MCHIP-Adolescent Health)
- Adverse Effect of Cow Milk in Infants, University of Iowa Hospitals and Clinics, Iowa City , $189,630 (SPRANS-Research)
- Alternative Dispute Prevention and Resolution Systems and Processes for Children with Special Health Care Needs and Their Families in Managed Care Settings, University of Iowa, Iowa City, $247,753 (SPRANS-MCHIP-Managed Care/Health Care Reform)
- Great Plains Genetics Services Network, University of Iowa, Iowa City, $217,442 (SPRANS-Genetics)
- Iowa Leadership Education in Neurodevelopmental and Related Disabilities, University of Iowa, Iowa City, $441,045 (SPRANS-Training-LEND/ Leadership Ed Neuro Dev)
- Pediatric Dentistry Training in Care of Special Children, University of Iowa, Iowa City, $185,909 (SPRANS-Training-Pediatric Denistry)
- State Systems Development Initiative, Iowa Department of Public Health, Des Moines, $100,000 (SPRANS-MCHIP-SSDI)

Title V—COMMUNITY INTEGRATED SERVICE SYSTEMS (CISS—Title V)

- Health Leadership Iowa, CISS, Community Organization Grants Program, Iowa Department of Public Health, Des Moines, $49,530 (CISS-CISS-COG)

Selected FY 98 Title V and Other MCH Grant Annotations

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

Great Plains Regional Comprehensive Hemophilia Centers Program-Region VII, University of Iowa Hospitals and Clinics, Iowa City, $404,716 (SPRANS-Hemophilia)

The project strives to ensure that a full range of services exist to extend and refine the life of adolescent and young adult patients with congenital bleeding disorders and partners at risk for infectious disease; collaborate with and complete outreach to Amish communities at risk for hemophilia and infectious disease to provide diagnostic and comprehensive hemophilia clinic services; and expand services that improve the quality of life for females with coagulation disorders and infectious diseases. Age-appropriate educational resources will be identified, peer support group activities will be coordinated, and individualized education and counseling will be provided during comprehensive clinic.

Title V—COMMUNITY INTEGRATED SERVICE SYSTEMS (CISS—Title V)

Community Integrated Service Systems, Health Systems Development in Child Care Program, Iowa Department of Public Health, Des Moines, $50,000 (CISS-CISS-Child Care Program)

A functional and structural relationship will be established between the child health and child care systems. Project goals are to: Establish and maintain a statewide linkage between Child Care Resource and Referral (CCR&R) entities; establish and sustain a structure for planning, evaluating, and improving the health component of child care; and develop, implement, and evaluate a public awareness and marketing plan for regional and community activities to support and sustain healthy and safe child care options within each CCR&R service delivery area. Outcomes will measure if the system changes improve access to safe and supportive child care and health care services.

Title V—ABSTINENCE EDUCATION PROGRAM

Abstinence Education, Iowa Department of Public Health, Division of Family & Community Health, Des Moines, $424,908 (Abstinence Ed)

Reducing the rate of pregnancy, out-of-wedlock births, and STDs in teens is the goal of this project. The project addresses the legislative priorities for abstinence-only education through pilot curriculum implementation and evaluation and facilitation of the development of assets in youth to build a foundation for sexual restraint and abstinence before marriage.

EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)

Emergency Medical Services for Children, Iowa Department of Public Health Bureau of Emergency Medical Services, Des Moines, $250,000 (EMSC-Implementation)

The goals of this project are to (1) develop foundational elements of the emergency medical services (EMS) system to address the needs of pediatric patients; (2) provide broad-based levels of pediatric training to out-of-hospital EMS, primary health care, emergency department, and critical care personnel; and (3) strengthen school and community behavior by providing public information and educational programs on unintentional injury prevention and pediatric basic life support awareness.

Other Title V Grant Programs:
$2,499,726
Other MCH Grant Programs:
$1,412,943
TOTAL:
$3,912,669

HEALTHY START

Des Moines Healthy Start/Urban City, Visiting Nurse Services, Des Moines, $1,088,563 (Healthy Start-Community)

To address major gaps in services and reduce factors associated with high infant mortality rates within sectors of Des Moines' maternal and infant population, the Des Moines Healthy Start/Urban City project will build on the state and city's current infant mortality reduction efforts through the consortium and two intervention strategies: (1) expansion of care coordination and case management and (2) facilitating primary care and support service capacity.

TRAUMATIC BRAIN INJURY

Meeting the Needs of Iowans With Traumatic Brain Injury, Iowa Department of Public Health, Des Moines, $74,380 (Traumatic Brain Injury-Plan)

The State of Iowa seeks to enhance its capacity to provide comprehensive services for persons with traumatic brain injury (TBI). This project seeks to improve the information available regarding Iowans with TBI who are outside the acute care setting. The project objectives are to (1) develop, distribute, and analyze a statewide needs assessment that addreses the full spectrum of needs and services necessary for the care of individuals with TBI; and (2) develop a statewide action plan for the implementation of a comprehensive community-based system of care that encompasses all aspects of TBI services and addreses the needs of the family as well as the individual.

FOR MORE INFORMATION ON TITLE V:

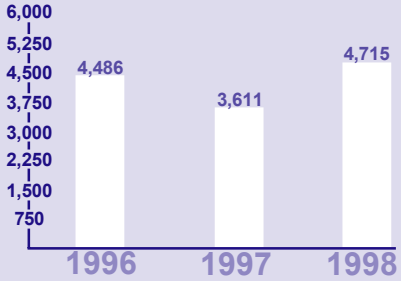
Title V Program, contact:

M. Jane Borst
Title V Director, Bureau Chief
Family Services Bureau
321 E. 12th Street Lucas State Office Bldg.
Des Moines, IA 50319-0075
Phone: (515) 281-4911
Fax: (515) 242-6384

Title V Program's services for Children with Special Health Care Needs, contact:

Dr. Jeffrey Lobas
Director, Child Health Specialty Clinics
University Hospital School
100 Hawkins Drive, Room 247B
Iowa City, IA 52242-1011
Phone: (319) 356-1118
Fax: (319) 356-3715

State Hotline Calls/Year



To help families learn about maternal and child health care.

1-800-311-BABY;
en espanol: 1-800-504-7081

KANSAS

The MCH Federal-State Partnership

The Kansas Department of Health and Environment's Bureau for Children, Youth & Families (BCYF) administers the Title V Maternal and Child Health Services Block Grant in Kansas. The Title V program supports needs assessment and activities designed to improve the health status of women, particularly mothers and women of reproductive age, as well as infants and children, including children with special health care needs. Funds are directed to supporting essential Maternal and Child Health services, prevention programs and safety net services for the uninsured. The Bureau for Children, Youth & Families provides leadership and direction for such programs as: Children with Special Health Care Needs, Newborn Screening, Infant-Toddler, Nutrition and WIC Services, Maternal & Infant Health (M&I), Family Planning, Child and Adolescent Health, School Health, Healthy Start Home Visitors, Teen Pregnancy Prevention and Abstinence Education.

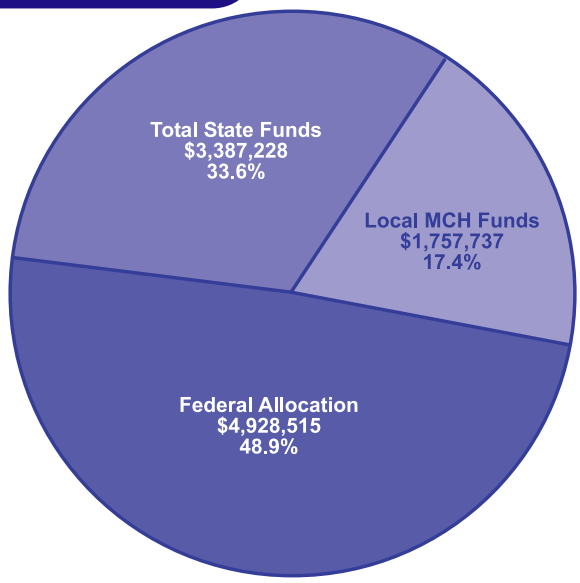
Title V Federal-State Block Grant Expenditures by Number of Individuals Served and Population Group[4]

Populations Served	Number of Individuals Served	Expenditures FY '98
Pregnant Women	9,905	$2,014,696
Infants (<1 year)	37,434	$ 705,143
Children (1 to 22 yrs)	34,776	$3,122,779
CSHCN (Special Needs)	10,972	$3,223,514
Others[3]	15,947	$0
Administration		$1,007,348
TOTALS	109,034	$10,073,480

State Population[5]
2,629,067

Live Births[5]
38,422

Title V Federal-State Block Grant Expenditures[4] by Source of Funds



MCH PARTNERSHIP FUNDS—FY 98[2]

Title V Federal-State Block Grant:
$10,073,480

Other Title V Grant Programs:
$1,157,733

Other MCH Grant Programs:
$880,821

TOTAL MCH Partnership Funds
$12,112,034

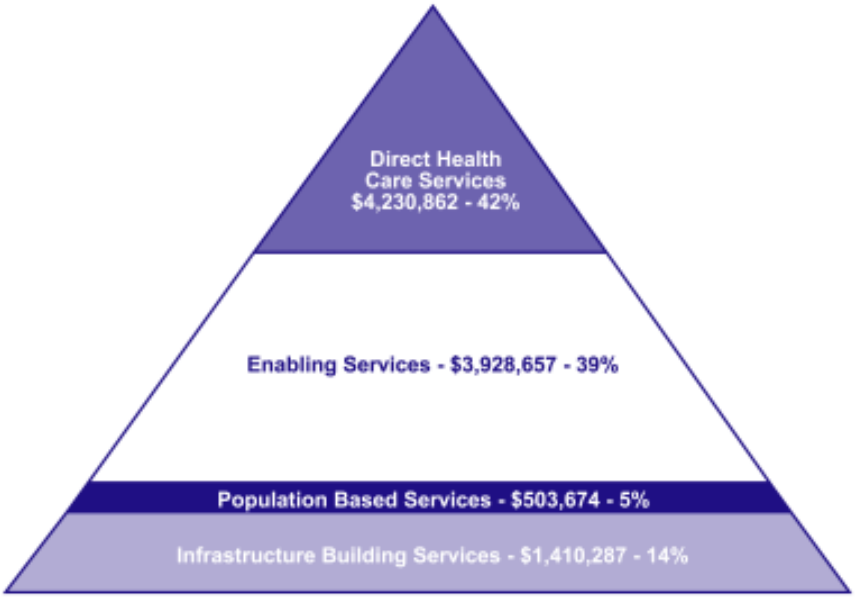
KANSAS

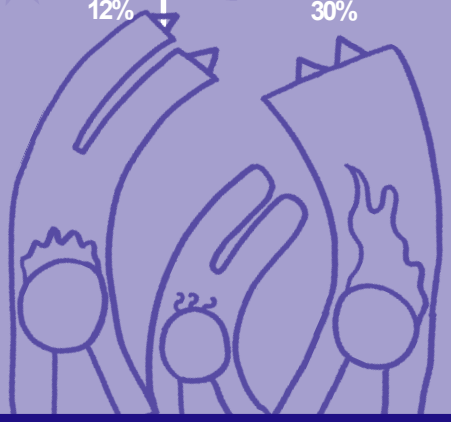
Title V - Selected National MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Number of specialty services for Children with Special Health Care Needs (CSHCN)	9 of 9	9 of 9
Percent of newborns screened for 4 major genetic disorders	100%	99.9%
Percent of children immunized (ages 19-35 months) against 9 diseases	71.1%	78%
Rate of births to teens aged 15-17 years (per 1,000 teens aged 15-17 years)	25.3	26
Rate of deaths to children aged 1-14 caused by motor vehicle crashes (per 100,000 children)	7.4	6.1
Percent of mothers who breast fed their infants at time of hospital discharge	66.1%	72%
Percent of newborns screened for hearing impairment before hospital discharge	5%	99.9%
State assurance of family participation in CSHCN programs & policies	4 of 18	7 of 18
Percent of very low birth weight live births	1.4%	1.1%
Percent of infants born to women who received first trimester prenatal care	85.7%	85.7%

Title V - National MCH Outcome Measures[7]	State 1998 Results	State Year 2000 Goal
Infant mortality rate (per 1,000 live births)	6.9	7.8
Ratio of black to white infant mortality	1.4	2.5
Neonatal mortality rate (per 1,000 live births)	4.5	4.9
Postneonatal mortality rate (per 1,000 live births)	2.4	2.4
Perinatal mortality rate (per 1,000 live births)	8.6	8.9
Child death rate (per 100,000 children aged 1-14)	28.4	28

Title V - Selected State-Determined MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Live births and fetal deaths from women with reported history of alcohol consumption	.68%	.77%
Children born with spina bifida and other neural tube defects (per 10,000 children)	4.4	6.0
Children at birth to 4 years old who die in residential fires (per 100,000 children)	3.9	3.6
Child care centers that have staff trained through Healthy Child Care Kansas	12%	30%

Title V Federal-State Block Grant Expenditures[4] by Category of Service[6]





State Assurance of Family Participation in CSHCN Program and Policy	
SCALE: 0 = not met; 3 = completely met	
Participate on task forces and offered training.	1
Financial support offered for parent groups.	1
Involved in Block Grant Application process.	1
Involved in inservice training of staff.	0
Hired for expertise as family member.	1
Members of diverse cultures involved.	0
Total Possible: 18 — FY 98 Total:	4

Selected FY 98 Title V and Other MCH Grant Annotations

KANSAS
Other FY 98 MCH Grant Programs

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

- **Healthy Children Project: School Drop-Out Prevention, Wichita Primary Care Center, Wichita, $49,984 (SPRANS-MCHIP-Healthy Tomorrows)**
- **Leadership in Occupational Therapy Service Systems (LOTSS), University of Kansas, Kansas City, $30,890 (SPRANS-Training-Occupational Therapy)**
- **State Systems Development Initiative, Kansas, Kansas Department of Health and Environment, Topeka, $100,000 (SPRANS-MCHIP-SSDI)**

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

Leadership Education in Neurodevelopmental Disabilities, University of Kansas, Kansas City, $535,674 (SPRANS-Training-LEND/Leadership Ed Neuro Dev)

This project enhances maternal and child health through interdisciplinary leadership education in neurodevelopmental and related disabilities and provides continuing education to professionals serving MCH populations and other agencies serving children with special health needs. Trainees each year experience a well-structured, supervised, and integrated core curriculum consisting of didactic and practicum experiences. Long-term followup of trainees samples leadership skills for services in maternal and child health–related fields.

Title V—COMMUNITY INTEGRATED SERVICE SYSTEMS (CISS—Title V)

Systems Building for Children with Special Health Care Needs in Child Care Settings, Kansas Department of Health and Environment, Topeka, $50,000 (CISS-CISS-Child Care Program)

The project strives to reach consensus regarding protocols for providing services to meet children's health needs in the child care setting; provide a manual for child care providers addressing protocols for providing services to children with special health needs (CSHN); and provide training for child care providers to assure that all children, including CSHN, will have access to quality child care services. A task force will build on interagency collaborations and define protocols for providing services to CSHN in child care settings. A "train-the-trainer" model will be used to assure that training is available at the local level across Kansas.

Title V—ABSTINENCE EDUCATION PROGRAM

Abstinence Education, Kansas Department of Health and Environment, Topeka, $391,185 (Abstinence Ed)

The planned activities are to decrease teen pregnancy rates for those aged 15-17 and the rate of live births among females aged 15-17 and to lower the occurrence of sexually transmitted diseases among teenagers aged 15-19 by implementing an abstinence education program that promotes the value of sexual abstinence until marriage, develops refusal skills, and improves the self-concept.

EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)

Kansas EMSC Implementation Project, Kansas Board of Emergency Medical Services, Topeka, $250,000 (EMSC-Implementation)

This project plans to evaluate Kansas' current pediatric capabilities and to develop a comprehensive 5-year emergency medical services plan for children. The goal of the project is to (1) improve the emergency care of children across the State through programs of public education and medical provider training and (2) further monitor the long-term impact of these eforts through enhanced prehospital recordkeeping.

Other Title V Grant Programs:
$1,157,733
Other MCH Grant Programs:
$880,821
TOTAL:
$2,038,554

HEALTHY START

Healthy Start/North-East Wichita, Wichita/Sedgwick County Department of Community Health, Wichita, $630,821 (Healthy Start-Community)

To address critical needs and to further collaborate efforts to reduce perinatal and infant mortality outcomes, this Healthy Start project has identified one major goal: Reduction of the incidence of infant mortality from 28.6 per 1,000 births to 17 per 1,000 births by January 2001. The four subgoals are to (1) initiate the implementation of a community plan for building client capacity through the identification and facilitation of assets and resources; (2) establish and implement a client-driven care coordination system for determining client assets and needs as well as accessing community resources to meet the needs; (3) increase first trimester prenatal care through increased client recruitment in 80 percent of the target population; and (4) decrease low birthweight to 10 percent in referred prenatal clients.

FOR MORE INFORMATION ON TITLE V:

Title V Program, contact:

Cassie Lauver, ACSW
Director
Bureau for Children, Youth and Families
Kansas Department of Health and Environment
900 SW Jackson, Suite 1052
Topeka, KS 66612-1220
Phone: (785) 296-1310
Fax: (785) 296-8626

Title V Program's services for Children with Special Health Care Needs, contact:

Jamey Kendall, RN, BSN
Director
Special Health Services
Kansas Department of Health and Environment
900 SW Jackson, Suite 1005
Topeka, KS 66612-1220
Phone: (785) 296-1316
Fax: (785) 296-8616

KENTUCKY

The MCH Federal-State Partnership

The Kentucky Department for Public Health administers the Title V programs, with 35% of it going for children with special health care needs. Other important services include SSDI/Disabled Children's Program, well child, prenatal, family planning, teen pregnancy prevention, nutrition, core health education, resource persons, genetics, metabolic services and lead poisoning prevention.

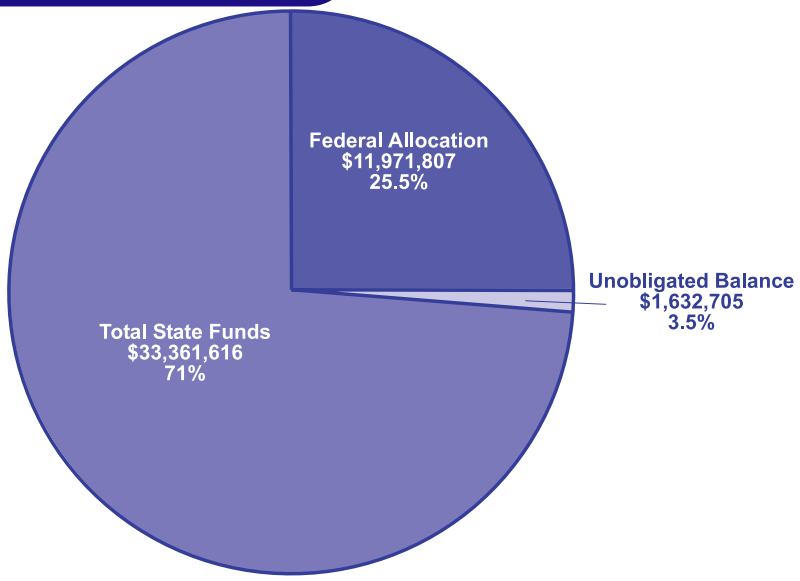
Title V Federal-State Block Grant Expenditures by Number of Individuals Served and Population Group[4]

Populations Served	Number of Individuals Served	Expenditures FY '98
Pregnant Women	32,324	$2,110,020
Infants (<1 year)	37,102	$ 1,900,689
Children (1 to 22 yrs)	171,995	$ 1,798,274
CSHCN (Special Needs)	16,060	$ 9,084,605
Others[3]	71,100	$ 30,545,809
Administration		$ 1,526,731
TOTALS	328,581	$ 46,966,128

State Population[5]
3,936,499

Live Births[5]
54,329

Title V Federal-State Block Grant Expenditures[4] by Source of Funds



MCH PARTNERSHIP FUNDS—FY 98[2]

Title V Federal-State Block Grant:	**$46,966,128**
Other Title V Grant Programs:	**$1,854,617**
Other MCH Grant Programs:	**$2,603,647**
TOTAL MCH Partnership Funds	**$51,424,392**

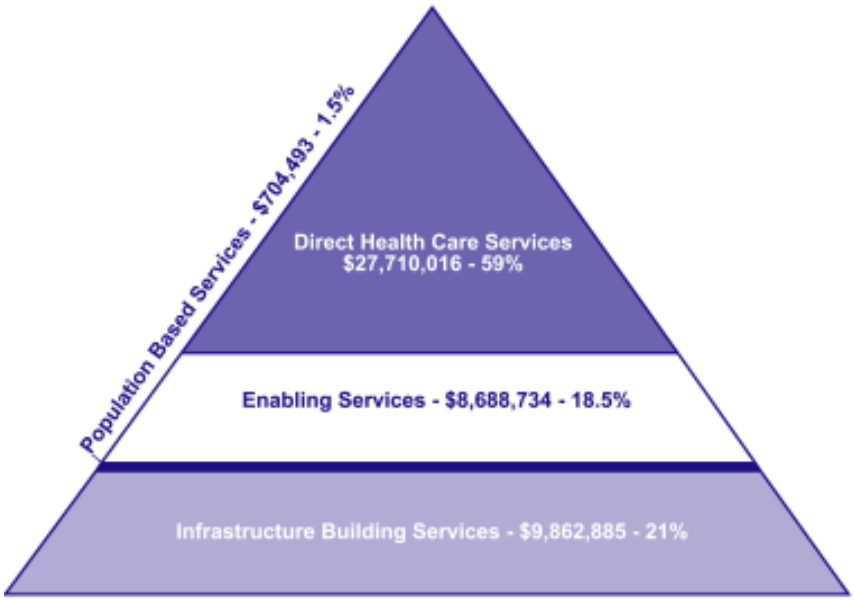
KENTUCKY

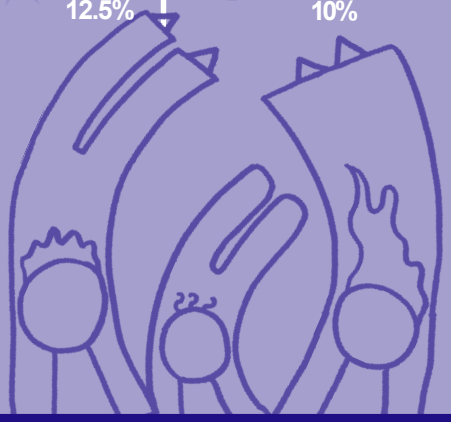
Title V - Selected National MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Number of specialty services for Children with Special Health Care Needs (CSHCN)	9 of 9	9 of 9
Percent of newborns screened for 4 major genetic disorders	99.5%	99.5%
Percent of children immunized (ages 19-35 months) against 9 diseases	79%	83%
Rate of births to teens aged 15-17 years (per 1,000 teens aged 15-17 years)	35.3	34
Rate of deaths to children aged 1-14 caused by motor vehicle crashes (per 100,000 children)	7.2	6.7
Percent of mothers who breast fed their infants at time of hospital discharge	20.5%	24%
Percent of newborns screened for hearing impairment before hospital discharge	45%	49%
State assurance of family participation in CSHCN programs & policies	3 of 18	8 of 18
Percent of very low birth weight live births	1.4%	1.2%
Percent of infants born to women who received first trimester prenatal care	85%	86%

Title V - National MCH Outcome Measures[7]	State 1998 Results	State Year 2000 Goal
Infant mortality rate (per 1,000 live births)	7.2	6.9
Ratio of black to white infant mortality	1.6	1.57
Neonatal mortality rate (per 1,000 live births)	4.6	4.3
Postneonatal mortality rate (per 1,000 live births)	2.6	2.58
Perinatal mortality rate (per 1,000 live births)	10.2	9.9
Child death rate (per 100,000 children aged 1-14)	29.6	26.8

Title V - Selected State-Determined MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Substantiated incidence of child abuse, neglect or dependency (per 1,000 children)	27.6	26
Families receiving support services and/or parenting assistance through home visiting programs	15%	18%
Counties with comprehensive child safety education and injury prevention programs	76%	81%
Children who are either above or below the recommended weight for height	12.5%	10%

Title V Federal-State Block Grant Expenditures[4] by Category of Service[6]





State Assurance of Family Participation in CSHCN Program and Policy	
SCALE: 0 = not met; 3 = completely met	
Participate on task forces and offered training.	2
Financial support offered for parent groups.	1
Involved in Block Grant Application process.	0
Involved in inservice training of staff.	0
Hired for expertise as family member.	0
Members of diverse cultures involved.	0
Total Possible: 18 — FY 98 Total:	3

KENTUCKY
Other FY 98 MCH Grant Programs

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

- Childhood Lead Poisoning Prevention Training and Resource Center Project, Jefferson County Health Department, Louisville, $112,879 (SPRANS-Genetics)
- Children's Healthcare Options Improved Through Collaborative Efforts and Services (CHOICES), Kentucky Commission for Children with Special Health Care Needs, Louisville, $0 (SPRANS-MCHIP)
- Commission for Children with Special Health Care Needs Comprehensive Sickle Cell Services, Commission for Children with Special Health Care Needs, Louisville, $53,300 (SPRANS-Genetics)
- Covington Young Families Project: A Community Responds to the Health and Social Support Needs of Adolescent Mothers and Their Children, St. Elizabeth Medical Center, Edgewood, $48,000 (SPRANS-MCHIP-Healthy Tomorrows)
- Kentucky State Systems Development Initiative, Kentucky Department of Public Health, Louisville, $100,000 (SPRANS-MCHIP-SSDI)
- Family Care Center Home Network, Lexington-Fayette Urban County Government, Lexington, $50,000 (SPRANS-MCHIP-Healthy Tomorrows)
- Kentucky Integrated Resources in Schools, Kentucky Department for Health Services, Frankfort, $150,000 (SPRANS-MCHIP-Mental Health of School-Age Children and Adolescents)

HEALTHY START

- Voices of Appalachia Healthy Start Project, Whitley County Health Department, Williamsburg, $307,448 (Healthy Start-Community)

Selected FY 98 Title V and Other MCH Grant Annotations

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

Choices Transition Project, Kentucky Department of Health, Louisville, $299,950 (SPRANS-MCHIP-Adolescent Health)

Youth with disabilities are much less likely than their nondisabled peers to finish high school, pursue postsecondary education, get jobs, or live independently. The purpose of the CHOICES Transition Project is to use the existing CHOICES infrastructure to develop models of preparation for transition into adult health care, work, and self-sufficiency for young people served by Shriners Hospitals and State Title V CSHCN agencies. The project builds on the foundation of the national public-private partnerships developed through CHOICES, which coordinate services of Shriners Hospitals, State Title V CSHCN, Early Intervention, and Vocational Rehabilitation programs.

Title V—COMMUNITY INTEGRATED SERVICE SYSTEMS (CISS—Title V)

Fun Play in Safe Areas, Lexington-Fayette County Health Department, Lexington, $50,000 (CISS-CISS-Child Care Program)

The project strives to increase safety awareness and practices in outdoor play areas in child care settings and expand the current structure and serve as a support system to the local and State infrastructure focusing on child care health and safety in Kentucky. By the end of the project year, 75 percent of the licensed child care centers and family homes will make at least three changes to increase safety in the play area.

Title V—ABSTINENCE EDUCATION PROGRAM

Kentucky Abstinence Education Project, Division of Maternal and Child Health, Frankfort, $990,488 (Abstinence Ed)

The Project is to teach Kentucky school-age children the value of sexual abstinence through a media campaign and educational and other activities.

Other Title V Grant Programs:
$1,854,617
Other MCH Grant Programs:
$2,603,647
TOTAL:
$4,458,264

EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)

EMS for Children in Kentucky, University of Kentucky, Lexington, $250,000 (EMSC-Implementation)

This project strives to provide education in the care of critically ill children to health care workers in rural areas of Kentucky. We will use existing data bases to provide epidemiologic data on severely injured children. These data can then be used to help organize and assess the care of children in Kentucky. The project will assess the costs, utilization, and barriers to access of followup care available to pediatric patients identified by continuing surveillance.

HEALTHY START

Louisville and Jefferson County Healthy Start Initiative, Jefferson County Health Department, Louisville, $2,046,199 (Healthy Start-Community)

The issue of infant mortality will be addressed through a coordinated, neighborhood-based consortium of prevention and early intervention services. Major goals include the following: (1) Reduce infant mortality in the project area, (2) increase initiation of prenatal care during the first trimester and improve clients' attitudes toward the importance of prenatal care and healthy lifestyles, (3) reduce the incidence of low birthweight infants, and (4) reduce birthrates, as well as pregnancy rates, to adolescents under age 18.

FOR MORE INFORMATION ON TITLE V:

Title V Program, contact:

James S. Davis, M.D., Director
Division of Adult & Child Health
275 East Main Street
Frankfort, KY 40621
Phone: (502) 564-4830
Fax: (502) 564-8389

Title V Program's services for Children with Special Health Care Needs, contact:

Ann Marks
Executive Director
Commission for Children with Special Health Care Needs
982 Eastern Parkway
Louisville, KY 40217
Phone: (502) 595-4459 ext. 267
Fax: (502) 595-5673

LOUISIANA

The MCH Federal-State Partnership

Louisiana's Title V program is administered by the State Sections of Maternal and Child Health and Children's Special Health Services. These programs are housed within the Office of Public Health's Division of Health Services. The Office of Public Health is one of the five major agencies within the Louisiana Department of Health and Hospitals.

The MCH program serves a large portion of the State's large medically indigent MCH population, providing personal health services and local public health functions at parish health units distributed throughout the State. In addition to direct service provision, MCH is involved in enabling, population-based, and infrastructure building services such as outreach, case management, screening, public education, policy development, and provider training.

CSHS has nine regional offices which serve as clinic sites.

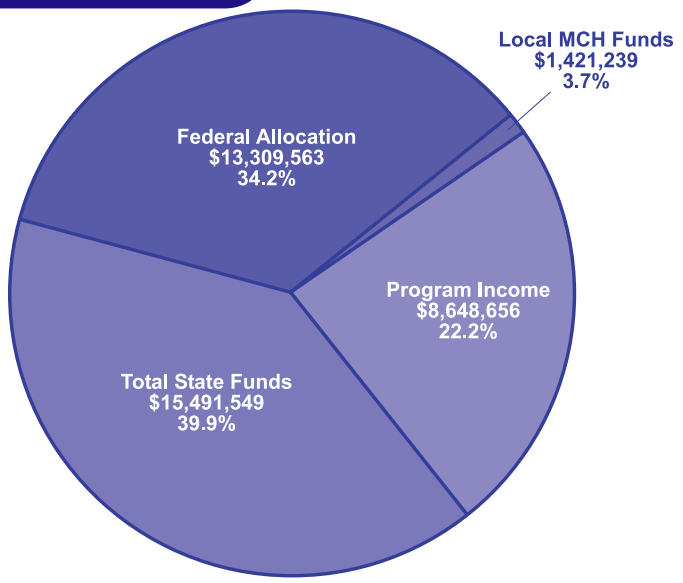
Title V Federal-State Block Grant Expenditures by Number of Individuals Served and Population Group[4]

Populations Served	Number of Individuals Served	Expenditures FY '98
Pregnant Women	55,205	$6,919,274
Infants (<1 year)	65,947	$ 7,809,260
Children (1 to 22 yrs)	65,267	$14,682,783
CSHCN (Special Needs)	8,466	$9,459,690
Others[3]	*	$0
Administration		*
TOTALS	194,885	$38,871,007

State Population[5]
4,368,967

Live Births[5]
66,888

Title V Federal-State Block Grant Expenditures[4] by Source of Funds



MCH PARTNERSHIP FUNDS—FY 98[2]

Title V Federal-State Block Grant:
$38,871,007

Other Title V Grant Programs:
$2,411,252

Other MCH Grant Programs:
$3,200,450

TOTAL MCH Partnership Funds
$44,482,709

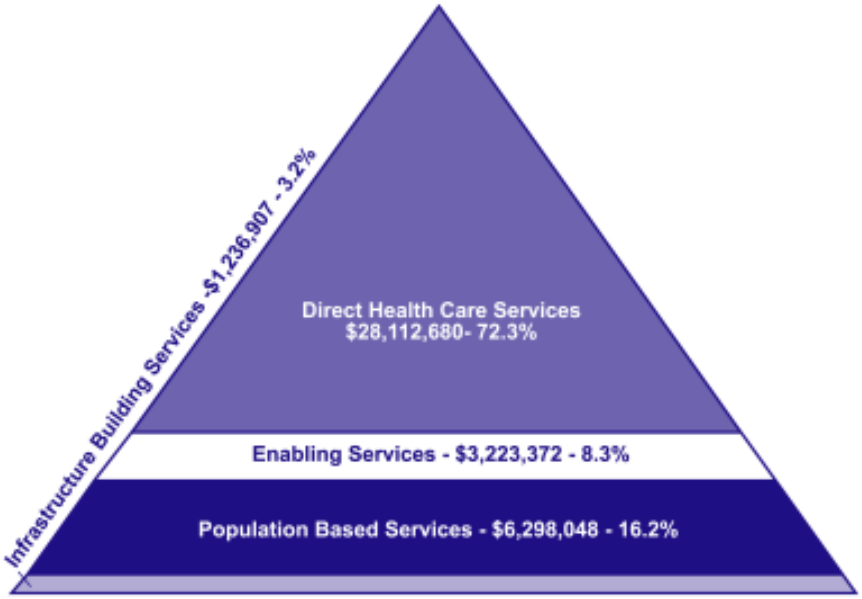
LOUISIANA

Title V - Selected National MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Number of specialty services for Children with Special Health Care Needs (CSHCN)	9 of 9	9 of 9
Percent of newborns screened for 4 major genetic disorders	95.8%	100%
Percent of children immunized (ages 19-35 months) against 9 diseases	82%	88%
Rate of births to teens aged 15-17 years (per 1,000 teens aged 15-17 years)	40.2	40.4
Rate of deaths to children aged 1-14 caused by motor vehicle crashes (per 100,000 children)	6.4	7
Percent of mothers who breast fed their infants at time of hospital discharge	37.3%	41%
Percent of newborns screened for hearing impairment before hospital discharge	51%	60%
State assurance of family participation in CSHCN programs & policies	16 of 18	18 of 18
Percent of very low birth weight live births	2.1%	1.82%
Percent of infants born to women who received first trimester prenatal care	81.9%	84%

Title V - National MCH Outcome Measures[7]	State 1998 Results	State Year 2000 Goal
Infant mortality rate (per 1,000 live births)	9.1	8.3
Ratio of black to white infant mortality	2.4	1.8
Neonatal mortality rate (per 1,000 live births)	5.9	5.0
Postneonatal mortality rate (per 1,000 live births)	3.2	3.1
Perinatal mortality rate (per 1,000 live births)	12.5	11.2
Child death rate (per 100,000 children aged 1-14)	32	35.5

Title V - Selected State-Determined MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Women who used alcohol or tobacco products during their pregnancy	16.7%	13%
SIDS cases that have a complete autopsy and death scene investigation	55%	75%
Children under 18 years who have been abused or neglected (per 1,000 children)	12.4	10
Licensed day care centers with a health consultant	31%	40%

Title V Federal-State Block Grant Expenditures[4] by Category of Service[6]



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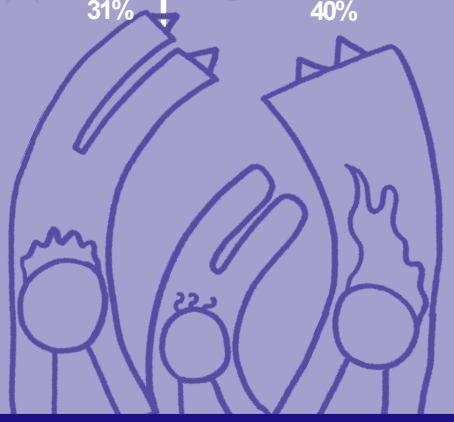


State Assurance of Family Participation in CSHCN Program and Policy	
SCALE: 0 = not met; 3 = completely met	
Participate on task forces and offered training.	3
Financial support offered for parent groups.	3
Involved in Block Grant Application process.	2
Involved in inservice training of staff.	2
Hired for expertise as family member.	3
Members of diverse cultures involved.	3
Total Possible: 18 FY 98 Total:	16

Selected FY 98 Title V and Other MCH Grant Annotations

LOUISIANA
Other FY 98 MCH Grant Programs

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

- **Community-Based Collaboration for the Expansion and Replication of an Interdisciplinary Early Childhood Clinic for Children at High Risk for Developmental Delay, Children's Special Health Services/MCH/OPH, New Orleans, $100,000 (SPRANS-MCHIP-SSDI)**
- **Louisiana: Healthy & Ready To Work, Louisiana State University, New Orleans, $187,465 (SPRANS-MCHIP-Adolescent Health)**
- **Louisiana Pediatric Pulmonary Center, Tulane University, New Orleans, $311,650 (SPRANS-Training-Pediatric Pulmonary Center)**

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

Transition to Adult Care for Adolescent Sickle Cell Patients, Tulane University, New Orleans, $134,287 (SPRANS-Genetics)

This project is intended to develop an effective program for transferring patients with sickle cell disease from child-centered pediatric care to adult-oriented care. The project uses a multidisciplinary approach to provide services to adolescent patients between the ages of 12 and 22 in the Sickle Cell Center of Southern Louisiana at Tulane Medical Center. The project centers around a transition clinic for sickle cell patients who are 15 to 22 years old, an educational program starting at 12 years old for adolescents and their parents, and the development and use of assessment tools to ascertain readiness of the patients for transition to adult-centered care.

Title V—COMMUNITY INTEGRATED SERVICE SYSTEMS (CISS—Title V)

State Systems Development for Healthy and Safe Child Care in Louisiana, Louisiana Office of Public Health, New Orleans, $50,000 (CISS-CISS-Child Care Program)

The project will establish a State process to determine the vision of healthy and safe child care environments in Louisiana and create a plan to achieve that vision. Increases will occur in (1) the number of child care providers using health care consultants, (2) linkages between child care centers and health and social support providers, (3) health promotion activities in child care centers, and (4) availability of child care service for children with special health needs.

Title V—ABSTINENCE EDUCATION PROGRAM

Louisiana Abstinence Education/Youth Development Initiative, Office of Public Health, Section of Maternal and Child Health, New Orleans, $1,627,850 (Abstinence Ed)

Louisiana's goals are to decrease the rates of pregnancy, birth, and STD's, to decrease risk behaviors, and to educate young people concerning the importance of attaining self-sufficiency before engaging in sexual activity.

EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)

Louisiana EMSC Enhancement, Louisiana Bureau of EMS, Baton Rouge, $112,450 (EMSC-Enhancement)

Prevention programs and increased lay/professional education were increased to impact Louisiana's high pediatric morbidity and mortality rates in all areas of injury and acute illness. The goals are to decrease the incidence and severity of pediatric trauma and acute, life-threatening illness, improve health care provider skills and their confidence levels in managing these patients, and ensure that critically ill or injured children receive optimum care from the most appropriate facility in a timely manner. Activities will include continued coalition building to establish working groups of individual interested in emergency medical services for children (EMSC) in all regions of the State, efforts aimed toward voluntary adoption of the EMSC council–recommended guidelines and protocols for pediatric emergency care, data collection with linkages through the continuum of care related to pediatric trauma and acute illness, and institutionalization of the EMSC program/activities in the regions to assure continuation beyond the project period.

Other Title V Grant Programs:
$2,411,252
Other MCH Grant Programs:
$3,200,450
TOTAL:
$5,611,702

HEALTHY START

Great Expectations/Healthy Start, City of New Orleans Health Department, New Orleans, $3,088,000 (Healthy Start-Mentor)

Great Expectations/Healthy Start Phase II is a comprehensive health and social services program that links community residents and leaders, community-based organizations, business leaders, governmental entities, health care advocates, and others to work toward the goal of reducing infant mortality in New Orleans. The major strategies from Phase I are retained in Phase II in three models: the Community Care Center, the Teen Awareness Center, and a transportation model. Goals are as follows: (1) Increasing the availability and quality of community-based perinatal services, (2) utilizing community residents as outreach workers to bring pregnant women into the perinatal care system and to track and monitor their care, (3) providing case management services for high-risk pregnant women and at-risk infants to reduce risk factors that result in poor pregnancy outcomes, (4) facilitating health system improvements through coordination between providers, (5) involving community in owning and solving problems that contribute to infant mortality and poor health status, and (6) using micro level marketing and community events to increase awareness about GE/HS and create community support.

FOR MORE INFORMATION ON TITLE V:

Title V Program, contact:

Joan Wightkin, MPH
MCH Administrator
Office of Public Health
325 Loyola Avenue Room 612
New Orleans, LA 70112
Phone: (504) 568-5073
Fax: (504) 568-8162

Title V Program's services for Children with Special Health Care Needs, contact:

Linda Rose, MCD
CSHS Administrator
Office of Public Health
325 Loyola Avenue Room 607
New Orleans, LA 70112
Phone: (504) 568-5055
Fax: (504) 568-7529

MAINE

The MCH Federal-State Partnership

The Title V program is administered through the Division of Community and Family Health in the Bureau of Health within the Department of Human Services. Programs included in Title V are: Oral Health, Childhood injury Prevention and Control, Teen and Young Adult Health, Women and Children's Preventive Health Services, Coordinated Care Service for Children with Special Health Needs, Genetics, SSDI, and MCH Nutrition.

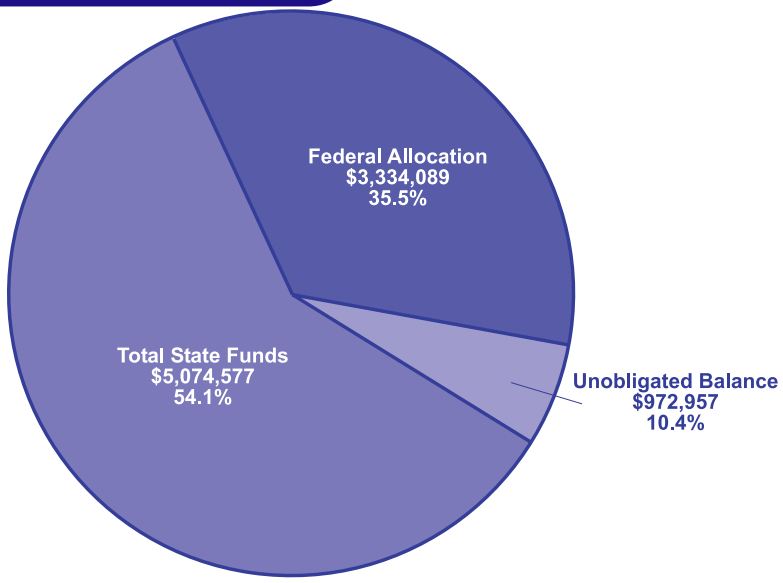
Title V Federal-State Block Grant Expenditures by Number of Individuals Served and Population Group[4]

Populations Served	Number of Individuals Served	Expenditures FY '98
Pregnant Women	7,975	$500,384
Infants (<1 year)	13,384	$1,089,336
Children (1 to 22 yrs)	87,116	$3,255,698
CSHCN (Special Needs)	2,247	$3,430,198
Others[3]	*	$932,252
Administration		$173,755
TOTALS	110,722	$9,381,623

State Population[5]
1,244,250

Live Births[5]
13,733

Title V Federal-State Block Grant Expenditures[4] by Source of Funds



MCH PARTNERSHIP FUNDS—FY 98[2]

Title V Federal-State Block Grant:
$9,381,623

Other Title V Grant Programs:
$782,664

Other MCH Grant Programs:
$76,000

TOTAL MCH Partnership Funds
$10,240,287

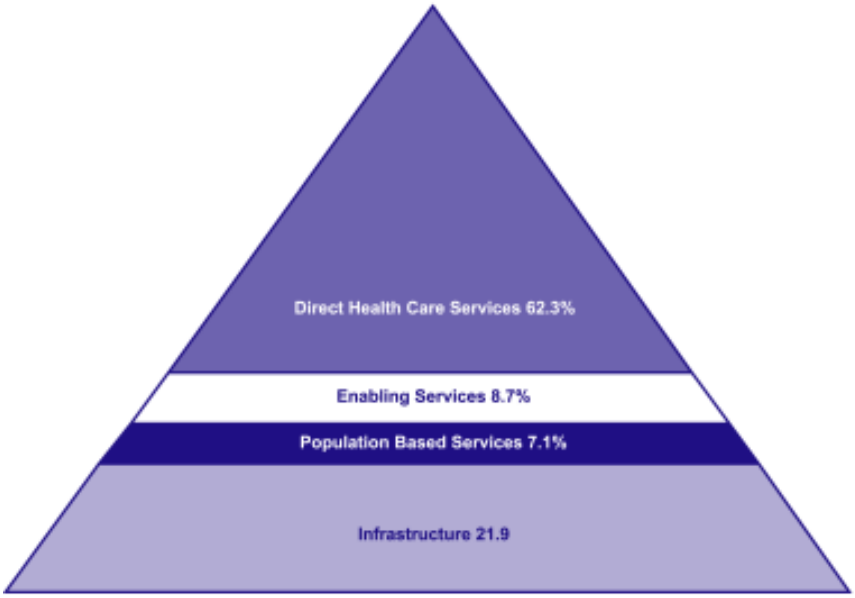
MAINE

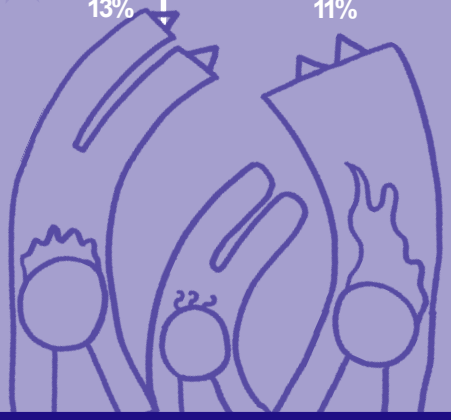
Title V - Selected National MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Number of specialty services for Children with Special Health Care Needs (CSHCN)	8 of 9	9 of 9
Percent of newborns screened for 4 major genetic disorders	99.3%	99%
Percent of children immunized (ages 19-35 months) against 9 diseases	86%	87%
Rate of births to teens aged 15-17 years (per 1,000 teens aged 15-17 years)	11.2	16
Rate of deaths to children aged 1-14 caused by motor vehicle crashes (per 100,000 children)	5.1	4.7
Percent of mothers who breast fed their infants at time of hospital discharge	59.2%	66%
Percent of newborns screened for hearing impairment before hospital discharge	14%	24%
State assurance of family participation in CSHCN programs & policies	7 of 18	9 of 18
Percent of very low birth weight live births	1%	1%
Percent of infants born to women who received first trimester prenatal care	88.4%	90%

Title V - National MCH Outcome Measures[7]	State 1998 Results	State Year 2000 Goal
Infant mortality rate (per 1,000 live births)	5.1[97]	5.5
Ratio of black to white infant mortality	0[97]	2.68
Neonatal mortality rate (per 1,000 live births)	3.4[97]	4.0
Postneonatal mortality rate (per 1,000 live births)	1.8[97]	1.6
Perinatal mortality rate (per 1,000 live births)	3.1[97]	4.5
Child death rate (per 100,000 children aged 1-14)	21.6[97]	20.4

Title V - Selected State-Determined MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Mothers who breast fed infants at 6 months of age	25.5%	34%
Children 6-8 years old who need dental treatment	28%[96]	20%
Deaths caused by motor vehicle accidents (per 100,000 15 to 21-year-olds)	27.9	27
Children and adolescents who are overweight	13%	11%

Title V Federal-State Block Grant Expenditures[4] by Category of Service[6]





State Assurance of Family Participation in CSHCN Program and Policy	
SCALE: 0 = not met; 3 = completely met	
Participate on task forces and offered training.	3
Financial support offered for parent groups.	3
Involved in Block Grant Application process.	0
Involved in inservice training of staff.	0
Hired for expertise as family member.	0
Members of diverse cultures involved.	1
Total Possible: 18 — FY 98 Total:	7

* Data not available

Selected FY 98 Title V and Other MCH Grant Annotations

MAINE
Other FY 98 MCH Grant Programs

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

- Homeless and At-Risk Youth Health Services, Portland Public Health Division, Portland, $49,950 (SPRANS-MCHIP-Healthy Tomorrows)
- Maine Adolescent Transition Project, Maine Bureau of Health, Augusta, $176,767 (SPRANS-MCHIP-Adolescent Health)
- Maine State Level Partnerships for Mental Health in Schools, Maine Department of Human Services, Augusta, $150,000 (SPRANS-MCHIP-Mental Health of School-Age Children and Adolescents)
- MCH Continuing Education and Development Training, University of Southern Maine, Portland, $33,480 (SPRANS-Training-Continuing Education)
- Pediatric Partnership To Protect Children in Rural Maine, The Spurwink Clinic, Portland, $49,999 (SPRANS-MCHIP-Healthy Tomorrows)

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

State Systems Development Initiative, Maine Department of Human Services, Augusta, $100,000 (SPRANS-MCHIP-SSDI)

The purpose of Maine's State Systems Development Initiative (SSDI) Project is to strengthen existing community-based systems of care for mothers and children through the use of a computer network. Cooperating State and community-based health and social service agencies, private providers, and consumer families use the network to transmit and collect client-specific and/or statistical planning/monitoring information. The network is both secure and rapid in its transmissions. Maine is a rural State where long travel distances, limited public transportation, and the concentration of specialty services in more urban areas, create challenges for families to access health care and other MCH services. Maine SSDI established a computer online service called the "Pine Tree State Bulletin Board" (PTBBS), which enables confidential transmission of client-specific referral and other medical information, posting of public information about health and social service opportunities and initiatives, rapid retrieval of data from providers and grantee agencies, and direct messaging between consumers, State and local agencies, and providers. The PTBBS is accessible by computer modem from toll-free telephone lines within Maine and by Telnet/Internet access. The SSDI Program also develops software and provides technical assistance to cooperating community-based agencies to assist them in the collection, entry, and transmittal of data to program managers at the Bureau of Health.

Title V—COMMUNITY INTEGRATED SERVICE SYSTEMS (CISS—Title V)

Health Systems Development in Child Care, Main Department of Human Services, Augusta, $50,000 (CISS-CISS-Child Care Program)

Support services will be developed to help child care providers meet a higher level of health and safety standards. The project will pilot health services/child care partnerships that would allow the State to determine how to effectively incorporate health care services into child care settings. Expanded and ongoing support will be given to child care providers and families caring for children with special health needs. Goals and objectives will be measured on a quarterly basis.

Title V—ABSTINENCE EDUCATION PROGRAM

Maine's Abstinence Education Media Campaign, Maine Department of Human Services, Augusta, $172,468 (Abstinence Ed)

The goal of the project is to increase public awareness statewide of the issues of adolescent sexuality focusing on abstinence as a method of reducing adolescent pregnancy. The goal will be achieved through a television media campaign that focuses on the target group of all adolescents ages 14 and under and their parents. The impact of the campaign will be evaluated through surveys and focus groups.

Other Title V Grant Programs:
$782,664
Other MCH Grant Programs:
$76,000
TOTAL:
$858,664

EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)

Maine EMSC Partnership Project, Maine Board of Emergency Medical Service, Augusta, $76,000 (EMSC-PRTNER)

The goal of this project is to complete the institutionalization of emergency medical services for children into Maine's EMS system and create a new capacity in the system to help prevent youth suicide. A partnership between Maine EMS and Medical Care Development, Inc. will arrange for four 2-day training sessions to prepare regional trainers to conduct suicide prevention training for ambulance attendants and emergency room personnel in all six EMS regions. The project will contract with suicide prevention experts at the University of New England to conduct the sessions for the trainers and will pay for the EMS instructors who receive this instruction to offer courses in their respective EMS regions to ambulance and targeted emergency room personnel. In addition to the suicide prevention training, the project will support the regions by offering an EMSC refresher course that will be coordinated by the training director at Maine EMS.

FOR MORE INFORMATION ON TITLE V:

Title V Program, contact:

Valerie J. Ricker, MSN, MS, NP
Director, Family Health Programs
151 Capitol Street 11 State House Station
Augusta, ME 04333-0011
Phone: (207) 287-5396
Fax: (207) 287-4631

Title V Program's services for Children with Special Health Care Needs, contact:

Toni Wall
Program Manager, CSHN
151 Capitol Street 11 State House Station
Augusta, ME 04333-0011
Phone: (207) 287-3311
Fax: (207) 287-5355

MARSHALL ISLANDS

The MCH Federal-State Partnership

The Constitution of the Marshall Islands designates the Ministry of Health and Environment (MOHE) as the "state" health agency. The MOHE is the only legislatively authorized agency that provides health care to the people of the Marshall Islands. The Bureau of Primary Health Care (PHC) is one of five major bureaus within MOHE and is responsible for all preventive and primary care programs. The Division of Public Health is under the PHC Bureau and includes the MCH/CSHCN Program. This program provides health and health-related services for mothers, infants, children, adolescents, and their families.

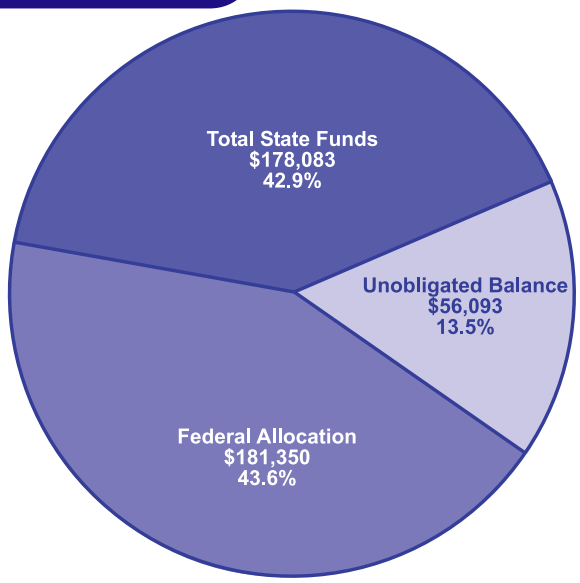
Title V Federal-State Block Grant Expenditures by Number of Individuals Served and Population Group[4]

Populations Served	Number of Individuals Served	Expenditures FY '98
Pregnant Women	1,650	$108,722
Infants (<1 year)	1,650	$88,678
Children (1 to 22 yrs)	38,027	$101,454
CSHCN (Special Needs)	245	$75,122
Others[3]	0	$0
Administration		$41,550
TOTALS	41,572	$415,526

State Population[5]
60,000 (UN report)

Live Births[5]
2,745 ('97 Snapshot)

Title V Federal-State Block Grant Expenditures[4] by Source of Funds



MCH PARTNERSHIP FUNDS—FY 98[2]

Title V Federal-State Block Grant:	**$415,526**
Other Title V Grant Programs:	**$150,000**
Other MCH Grant Programs:	**$0**
TOTAL MCH Partnership Funds	**$565,526**

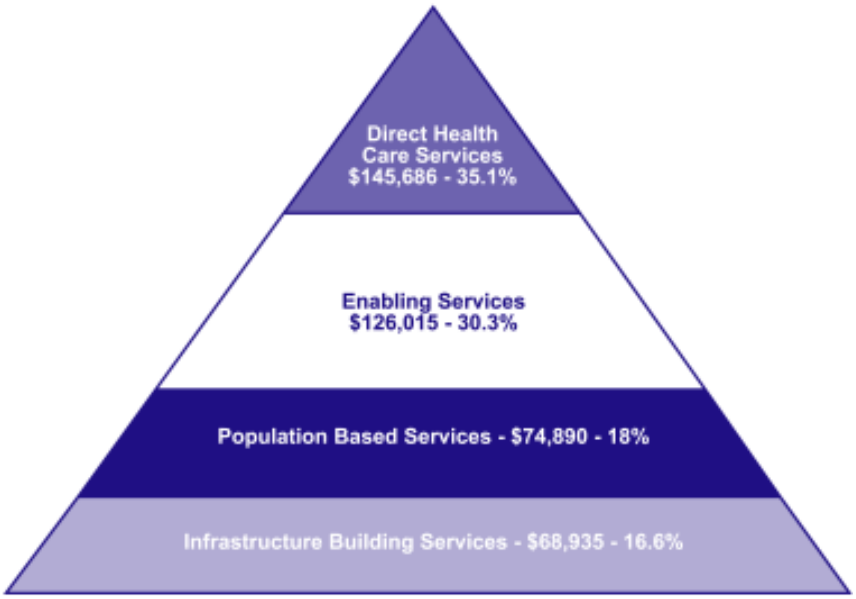
MARSHALL ISLANDS

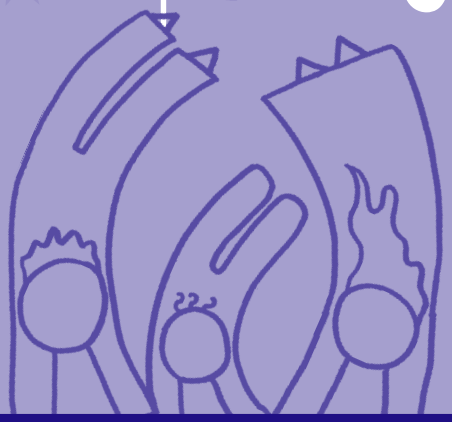
Title V - Selected National MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Number of specialty services for Children with Special Health Care Needs (CSHCN)	8 of 9	9 of 9
Percent of newborns screened for 4 major genetic disorders	▲	▲
Percent of children immunized (ages 19-35 months) against 9 diseases	81%	90%
Rate of births to teens aged 15-17 years (per 1,000 teens aged 15-17 years)	17.6	100
Rate of deaths to children aged 1-14 caused by motor vehicle crashes (per 100,000 children)	16.6	0
Percent of mothers who breast fed their infants at time of hospital discharge	98.5%	99%
Percent of newborns screened for hearing impairment before hospital discharge	▲	▲
State assurance of family participation in CSHCN programs & policies	8 of 18	15 of 18
Percent of very low birth weight live births	.2%	0%
Percent of infants born to women who received first trimester prenatal care	33%	50%

Title V - National MCH Outcome Measures[7]	State 1998 Results	State Year 2000 Goal
Infant mortality rate (per 1,000 live births)	25.5	25
Ratio of black to white infant mortality	▲	▲
Neonatal mortality rate (per 1,000 live births)	15.2	10
Postneonatal mortality rate (per 1,000 live births)	6.7	8
Perinatal mortality rate (per 1,000 live births)	28.5	23
Child death rate (per 100,000 children aged 1-14)	92.5	25

Title V - Selected State-Determined MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
*	*	*

Title V Federal-State Block Grant Expenditures[4] by Category of Service[6]





State Assurance of Family Participation in CSHCN Program and Policy	
SCALE: 0 = not met; 3 = completely met	
Participate on task forces and offered training.	3
Financial support offered for parent groups.	1
Involved in Block Grant Application process.	1
Involved in inservice training of staff.	1
Hired for expertise as family member.	1
Members of diverse cultures involved.	1
Total Possible: 18 FY 98 Total:	8

* Data not available

▲ Data not required

Selected FY 98 Title V and Other MCH Grant Annotations

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

Community-Based Maternal and Child Health Education Project for Systems Development, Bureau of Primary Health Care, Majuro, $100,000 (SPRANS-MCHIP-SSDI)

The goal of this State Systems Development Initiative (SSDI) project is to establish community-based health education systems in which the community provides active support for services in maternal and child health programs including breastfeeding and preventive services programs. For the Ministry of Health and Environment (MOHE) to provide accurate feedback for the communities, it is essential that medical record systems be established in the dispensaries. Data collected will be used to work with communities to establish ways to strengthen preventive services programs. In addition, the MOHE realizes the significance of the SSDI project, and it is essential that ministry is in compliance with all the requirements for the project.

Title V—COMMUNITY INTEGRATED SERVICE SYSTEMS (CISS—Title V)

CISS Project To Enhance Services to Pregnant Women, Infants, and Children by Improvement on Health Information Systems, RMI Ministry of Health and Environment, Majuro, $50,000 (CISS-CISS-COG)

The goal of this project is to computerize the health information system to increase access and thereby enhance “one-stop” shopping of existing integrated services to the population, especially pregnant women, infants, and children—including those with special needs—and their families. We hope to achieve our goal by using our own staff to improve the existing health information system towards self-reliance. When desired knowledge is lacking among the staff, outside consultation will be used. This initiative is designed to be shared with the entire Nation when accepted.

Other Title V Grant Programs:
$150,000
Other MCH Grant Programs:
$0
TOTAL:
$150,000

FOR MORE INFORMATION ON TITLE V:

Title V Program, contact:

Ms. Justina Langidrik, MPH
Asst. Secretary of Health and Environment
Ministry of Health and Environment
PO Box 16
Majuro, MH 96960
Phone: (692) 625-3360
Fax: (692) 625-3432

Title V Program's services for Children with Special Health Care Needs, contact:

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MCH Coordinator
Ministry of Health and Environment
PO Box 16
Majuro, MH 96960
Phone: (692) 625-3360
Fax: (692) 625-3432

To help families learn about maternal and child health care.

MARYLAND

The MCH Federal-State Partnership

The Maryland Department of Health and Mental Hygiene is the designated Title V Agency in the State. There is no designated MCH Administration, however, all of the MCH program components are in the Community and Public Health Administration.

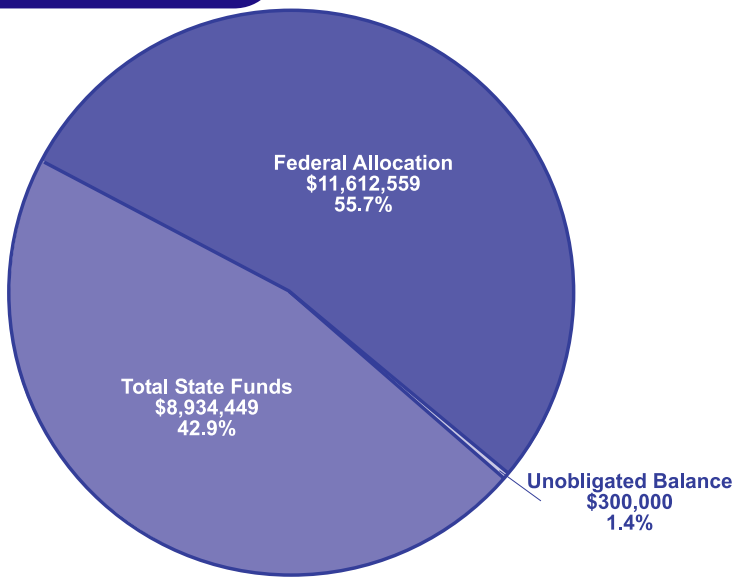
Title V Federal-State Block Grant Expenditures by Number of Individuals Served and Population Group[4]

Populations Served	Number of Individuals Served	Expenditures FY '98
Pregnant Women	70,151	$4,347,678
Infants (<1 year)	69,214	$0
Children (1 to 22 yrs)	57,864	$8,907,414
CSHCN (Special Needs)	14,125	$7,394,570
Others[3]	0	$0
Administration		$197,346
TOTALS	211,354	$20,847,008

State Population[5]
5,134,808

Live Births[5]
71,972

Title V Federal-State Block Grant Expenditures[4] by Source of Funds



MCH PARTNERSHIP FUNDS—FY 98[2]

Title V Federal-State Block Grant:
$20,847,008

Other Title V Grant Programs:
$7,055,665

Other MCH Grant Programs:
$5,092,177

TOTAL MCH Partnership Funds
$32,994,850

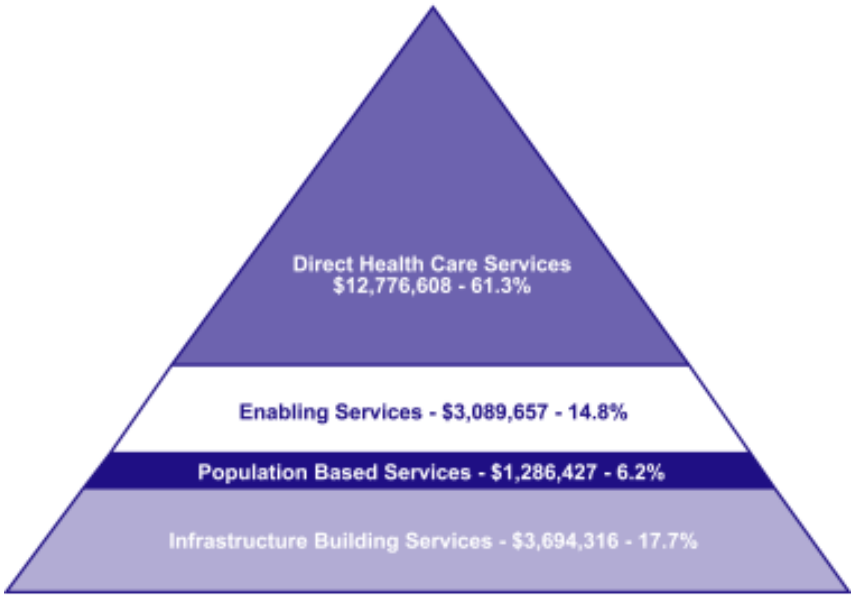
MARYLAND

Title V - Selected National MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Number of specialty services for Children with Special Health Care Needs (CSHCN)	8 of 9	8 of 9
Percent of newborns screened for 4 major genetic disorders	109%	100%
Percent of children immunized (ages 19-35 months) against 9 diseases	80%	84%
Rate of births to teens aged 15-17 years (per 1,000 teens aged 15-17 years)	28.1	28.5
Rate of deaths to children aged 1-14 caused by motor vehicle crashes (per 100,000 children)	2.4	3.1
Percent of mothers who breast fed their infants at time of hospital discharge	58.1[97]	65%
Percent of newborns screened for hearing impairment before hospital discharge	7.9%	50%
State assurance of family participation in CSHCN programs & policies	6 of 18	12 of 18
Percent of very low birth weight live births	2%[97]	1.9%
Percent of infants born to women who received first trimester prenatal care	88.9%[97]	90.0%

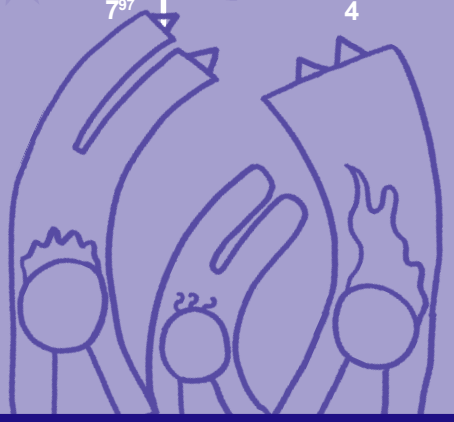
Title V - National MCH Outcome Measures[7]	State 1998 Results	State Year 2000 Goal
Infant mortality rate (per 1,000 live births)	8.6[97]	7.8
Ratio of black to white infant mortality	3[97]	1.9
Neonatal mortality rate (per 1,000 live births)	6.2	5.0
Postneonatal mortality rate (per 1,000 live births)	2.4[97]	2.3
Perinatal mortality rate (per 1,000 live births)	14.4[97]	12.4
Child death rate (per 100,000 children aged 1-14)	23.1[97]	22.5

Title V - Selected State-Determined MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Hospitalization for asthma rate among children aged 0-9 (per 10,000)	61.9[97]	45
Women who do not smoke during pregnancy	88.9%	90%
Perinatal health care organizations participating in statewide perinatal data system	92%	100%
Death rate of children aged 1-4 caused by sickle cell disease (per 1,000)	7[97]	4

Title V Federal-State Block Grant Expenditures[4] by Category of Service[6]



* Data not available



State Assurance of Family Participation in CSHCN Program and Policy	
SCALE: 0 = not met; 3 = completely met	
Participate on task forces and offered training.	1
Financial support offered for parent groups.	0
Involved in Block Grant Application process.	1
Involved in inservice training of staff.	0
Hired for expertise as family member.	3
Members of diverse cultures involved.	1
Total Possible: 18 — FY 98 Total:	6

MARYLAND
Other FY 98 MCH Grant Programs

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

- Advancing Education and Public Policy Development for Women's Health and Perinatal Concerns, Johns Hopkins University , Baltimore, $675,000 (SPRANS-Training-Continuing Education)
- Advancing Family-Centered Care: A Training and Technical Assistance Project, Institute for Family-Centered Care, Bethesda, $0 (SPRANS-MCHIP)
- Advancing Mental Health Services in Schools, University of Maryland, Baltimore, $274,567 (SPRANS-MCHIP-Mental Health of School-Age Children and Adolescents)
- Alliance of Genetic Support Groups, Alliance of Genetic Support Groups, Chevy Chase, $186,728 (SPRANS-Genetics)
- Behavioral Pediatrics Training at Johns Hopkins, Johns Hopkins University, Baltimore, $110,485 (SPRANS-Training-Behavioral Pediatrics)
- Behavioral Pediatrics Training, University of Maryland at Baltimore, Baltimore, $112,631 (SPRANS-Training-Behavioral Pediatrics)
- Children's Safety Network Economics and Insurance Resource Center, National Public Services Research Institute, Landover, $43,750 (SPRANS-MCHIP)
- Data Utilization and Enhancement, The Johns Hopkins University, Baltimore, $25,000 (SPRANS-MCHIP-Data)
- Development of a Comprehensive Maternal Child Health Service System, Maryland Department of Health and Mental Hygiene, Baltimore, $100,000 (SPRANS-MCHIP-SSDI)
- Evaluating the Cost–Effectiveness of a Statewide Program of Coordinated Comprehensive Care for Children With Sickle Cell Disease, Maryland Department of Health and Mental Hygiene, Baltimore, $140,000 (SPRANS-Genetics)
- Evaluation of Hawaii's Healthy Start Program, Johns Hopkins University, Baltimore, $125,301 (SPRANS-Research)
- Graduate Education in Adolescent Health Care, University of Maryland at Baltimore, Baltimore, $93,680 (SPRANS-Training-Adolescent Health)
- Healthy Tomorrows Parenting Program, Johns Hopkins Bayview Medical Center, Baltimore, $50,000 (SPRANS-MCHIP-Healthy Tomorrows)
- Healthy Tomorrows Program for Children, Spanish Catholic Center, Inc., Silver Spring, $50,000 (SPRANS-MCHIP-Healthy Tomorrows)
- Injury Prevention in an Urban Pediatric Clinic, Johns Hopkins University, Baltimore, $322,922 (SPRANS-Research)
- Maryland Perinatal Outcome Review Program, Maryland Department of Health and Mental Health, Baltimore, $140,310 (SPRANS-MCHIP-FIMR)
- Maternal and Child Health Science Consortium, Johns Hopkins University, Baltimore, $277,500 (SPRANS-Training-Continuing Education)

Selected FY 98 Title V and Other MCH Grant Annotations

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

Perinatal Care System Development to Reduce Infant Mortality on Maryland's Eastern Shore, Maryland Department of Health and Mental Hygiene, Baltimore, $150,000 (SPRANS-MCHIP-PN)

The Maryland MCHIP Project will establish an effective, regional perinatal care system in a five-county area on the Eastern Shore. Perinatal health indicators including infant mortality will improve as a result. Key objectives of the project are to establish formal systems structures, to develop quality of care standards, and to engage the community in promoting the health of woman and infants. Formal systems structures will include a Regional Perinatal Board, a Regional Perinatal Coordinator, and local Healthy Mothers/Healthy Babies coalitions. Continuous quality improvement activities, provider education programs, and the development of preconception health and smoking cessation interventions are the primary activities that will be conducted. Community involvement and coalition building result from strategies based on a community-based needs assessment.

Title V—COMMUNITY INTEGRATED SERVICE SYSTEMS (CISS—Title V)

Reducing Preterm Birth by Bacterial Vaginosis Screening, The Johns Hopkins University, Baltimore, $265,518 (CISS-Research)

The goal of this community-based intervention study is to determine the effect of a screening/treatment program for bacterial vaginosis (BV) that will be integrated into existing prenatal services. The program will identify and treat 2,500 asymptomatic and symptomatic pregnant African-American women with BV from four east Baltimore community clinics to reduce preterm and low-birthweight births. Partners of asymptomatic women in the treatment arm will also be assessed and treated whenever possible.

Title V—ABSTINENCE EDUCATION PROGRAM

Maryland Abstinence Education and Coordination, Maryland Department of Health and Mental Hygiene, Office of Children's Health, Baltimore, $535,712 (Abstinence Ed)

The goal of the Maryland Abstinence Education Program is to reduce the rates of sexual activity among pre-teens and early adolescents. Activities include developing new abstinence education programs in the context of after school programs, supporting a statewide abstinence media campaign, establishing an abstinence education coordinating committee, forming an Advisory Group, and evaluating the Program.

Other Title V Grant Programs:
$7,055,665
Other MCH Grant Programs:
$5,092,177
TOTAL:
$12,147,842

EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)

Maryland EMSC Partnership, Maryland Institute for Emergency Medical Services Systems, Baltimore, $99,539 (EMSC-PRTNER)

This project plans to establish partnerships and increase collaboration with existing partners to enhance the emergency medical services for children (EMSC) program at the Maryland Institute for Emergency Medical Services Systems (MEIMSS). This effort will become an integral part of the statewide emergency medical services (EMS) and EMSC programs in Maryland. These partnerships will focus on two specific projects: (1) Expanding injury prevention initiatives at the State, regional, and local levels based on injury patterns, and creating a written and online resource document for EMS providers; and (2) developing a faculty group and instructor resources based on existing continuing education workshops on children with special health care needs. Training conferences will be held in the five regions of the State to increase the availability of the workshop across Maryland.

HEALTHY START

Baltimore City Healthy Start, Baltimore City Health Department, Baltimore, $4,992,638 (Healthy Start-Mentor)

The Baltimore City Healthy Start Project has had the goal of reducing the infant mortality (IMR) of 20.1 in the Healthy Start Project Area by 50 percent over a 5-year period during the demonstration phase of the Healthy Start project. Baltimore's IMR is one of the highest rates among U.S. cities, attributable to barriers to care and high-risk lifestyles resulting in the lack of early and continuing prenatal care and low birthweight births. Baltimore's Healthy Start activities to address these problems during Phase II of the program include the provision of case management and care coordination services to women in two target areas within the project area, offering very intensive door-to-door outreach and recruitment to ensure all pregnant women are enrolled, and operating two Neighborhood Healthy Start Centers providing a host of support and collocated services to promote healthy birth outcomes.

MARYLAND
Other FY 98 MCH Grant Programs

- Maternal and Child Health Social Work Training Project, University of Maryland at
- Baltimore, Baltimore, $125,365 (SPRANS-Training-Social Work)
- Maternal and Child Health Training Program in Neurodevelopmental Disabilities, The Johns Hopkins University, Baltimore, $1,368,969 (SPRANS-Training-LEND/ Leadership Ed Neuro Dev)
- National Policy Center on Managed Care Policy and Children with Special Health Care Needs, Johns Hopkins University, Baltimore, $350,000 (SPRANS-MCHIP-Managed Care/ COOP)
- New Bridges to Improved Child Health, Department of Women's and Children's Services, Baltimore, $50,000 (SPRANS-MCHIP-Healthy Tomorrows)
- Partnership for Genetic Services MARHGN Pilot Program, Alliance of Genetic Support Groups, Chevy Chase, $107,886 (SPRANS-Genetics)
- Poverty and the Ecology of African-American Children, Johns Hopkins University, Baltimore, $331,473 (SPRANS-Research)
- Preventing Mental Health Problems in Ill Children, The Johns Hopkins University, Baltimore, $368,640 (SPRANS-Research)
- Promoting Psychosocial Child Health Supervision and Care, Johns Hopkins University, Baltimore, $12,000 (SPRANS-Training-Continuing Ed/Collaborative Office Rounds)
- Three-Generation Intervention Among Adolescent Mothers, University of Maryland School of Medicine, Baltimore, $200,523 (SPRANS-Research)
- Training Program in Maternal and Child Health, Johns Hopkins University, Baltimore, $411,705 (SPRANS-Training-School of Public Health)

Title V—COMMUNITY INTEGRATED SERVICE SYSTEMS (CISS—Title V)

- Health Systems Development in Child Care, Department of Human Resources, Baltimore, $50,000 (CISS-CISS-Child Care Program)

FOR MORE INFORMATION ON TITLE V:

Title V Program, contact:

Bonnie Birkel, C.R.N.P., M.P.H.
Director, Center for Maternal and Child Health
Maryland Department of Health and Mental Hygiene
201 W. Preston Street
Baltimore, MD 21201
Phone: (410) 767-6721
Fax: (410) 333-5223

Title V Program's services for Children with Special Health Care Needs, contact:

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Baltimore, MD 21201
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Fax: (410) 333-5047

MASSACHUSETTS

The MCH Federal-State Partnership

The Massachusetts Title V Maternal and Child Health Services Block Grant Program – the Bureau of Family and Community Health (BFCH), Massachusetts Department of Public Health – conducts a statewide assessment of needs, develops policies, plans, and programs to improve the health of women, infants, children, adolescents and families in Massachusetts. It also administers WIC, Early Intervention (Part C., IDEA), major portions of the Preventive Health and Health Services Block Grant, the Massachusetts Tobacco Control Program, and a number of chronic disease prevention and health promotion programs. The Bureau is committed to protecting and improving the health status, functional status and quality of life of Massachusetts residents across the life span, with special focus on at-risk populations, low-income groups, and cultural and linguistic minorities. To this end, the Bureau focuses its efforts and resources on health promotion, systems building, quality improvement, and assurance of access to preventive, primary and specialized health services.

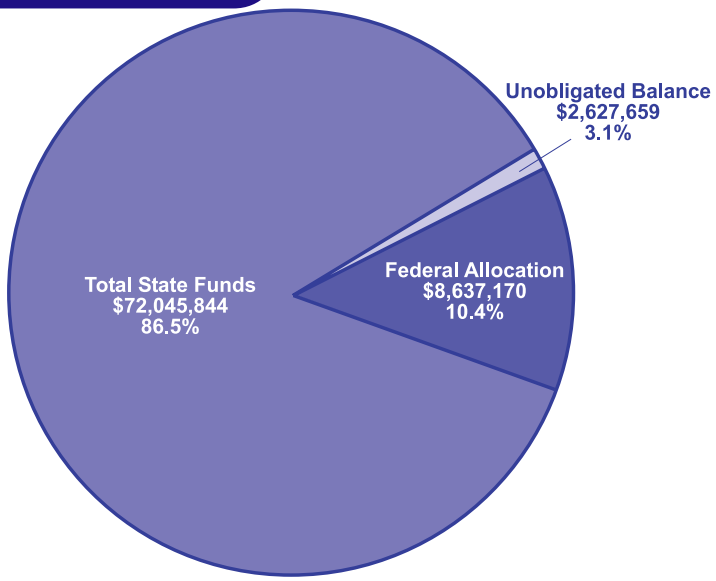
Title V Federal-State Block Grant Expenditures by Number of Individuals Served and Population Group[4]

Populations Served	Number of Individuals Served	Expenditures FY '98
Pregnant Women	11,838	$10,058,561
Infants (<1 year)	11,859	$2,626,294
Children (1 to 22 yrs)	240,585	$37,207,233
CSHCN (Special Needs)	22,988	$29,315,473
Others[3]	39,924	$2,903,866
Administration		$1,199,246
TOTALS	327,194	$83,310,673

State Population[5]
6,147,132

Live Births[5]
81,411

Title V Federal-State Block Grant Expenditures[4] by Source of Funds



MCH PARTNERSHIP FUNDS—FY 98[2]

Title V Federal-State Block Grant:
$83,310,673

Other Title V Grant Programs:
$6,755,082

Other MCH Grant Programs:
$2,909,064

TOTAL MCH Partnership Funds
$92,974,819

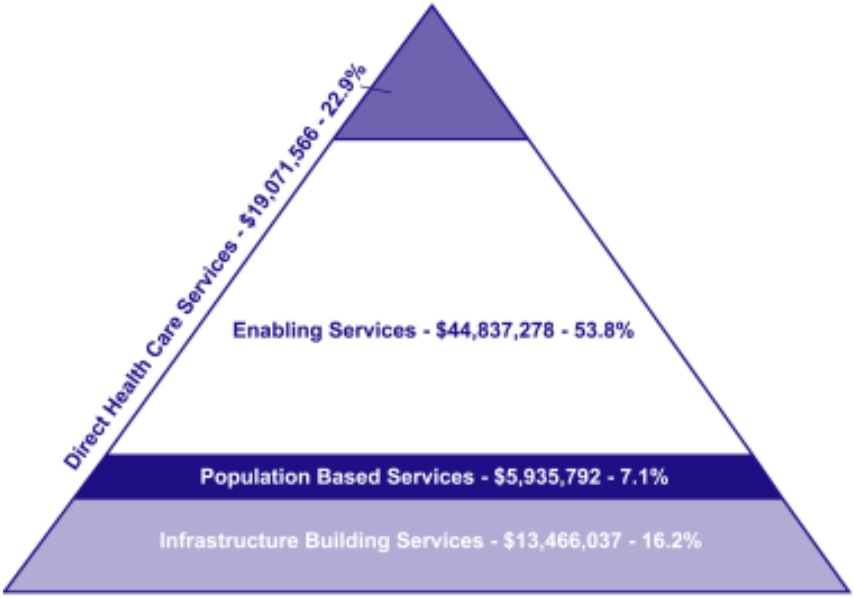
MASSACHUSETTS

Title V - Selected National MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Number of specialty services for Children with Special Health Care Needs (CSHCN)	9 of 9[97]	9 of 9
Percent of newborns screened for 4 major genetic disorders	100%[97]	100%
Percent of children immunized (ages 19-35 months) against 9 diseases	79%	90%
Rate of births to teens aged 15-17 years (per 1,000 teens aged 15-17 years)	19[97]	18
Rate of deaths to children aged 1-14 caused by motor vehicle crashes (per 100,000 children)	1.8[97]	1.3
Percent of mothers who breast fed their infants at time of hospital discharge	66.3%	70%
Percent of newborns screened for hearing impairment before hospital discharge	35%	90%
State assurance of family participation in CSHCN programs & policies	13 of 18[97]	15 of 18
Percent of very low birth weight live births	1.4%[97]	1.35%
Percent of infants born to women who received first trimester prenatal care	83.5%[97]	86%

Title V - National MCH Outcome Measures[7]	State 1998 Results	State Year 2000 Goal
Infant mortality rate (per 1,000 live births)	5.3[97]	5.2
Ratio of black to white infant mortality	2.1[97]	2.2
Neonatal mortality rate (per 1,000 live births)	4[97]	4
Postneonatal mortality rate (per 1,000 live births)	1.3[97]	1.2
Perinatal mortality rate (per 1,000 live births)	8.7[97]	8.3
Child death rate (per 100,000 children aged 1-14)	15.3[97]	17

Title V - Selected State-Determined MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
The degree to which children with special health care needs and their families have appropriate health care management plans	9	22
Medicaid enrolled children and youth receivieng annual preventive dental service	*	40%
Women who report not smoking during their current pregnancy	*	88%
The rate (per 100,000) of chlamydia cases among females aged 15 through 19.	*	1200

Title V Federal-State Block Grant Expenditures[4] by Category of Service[6]



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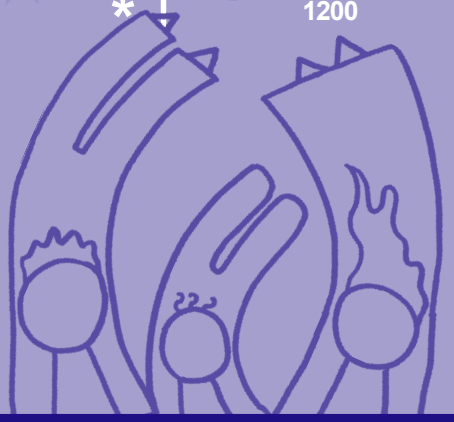


State Assurance of Family Participation in CSHCN Program and Policy	
SCALE: 0 = not met; 3 = completely met	
Participate on task forces and offered training.	2
Financial support offered for parent groups.	3
Involved in Block Grant Application process.	1
Involved in inservice training of staff.	3
Hired for expertise as family member.	3
Members of diverse cultures involved.	1
Total Possible: 18 FY 98 Total:	13

MASSACHUSETTS
Other FY 98 MCH Grant Programs

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

- Boston University Occupational Therapy Leadership Center, Boston University, Boston, $131,794 (SPRANS-Training-Occupational Therapy)
- Bright Futures Resource Center for Curricula, Boston Children's Hospital, Boston, $68,593 (SPRANS-Training-Continuing Education)
- Case Management to Provide Family Support and Preventive Services Following Infant Deaths, Boston City Hospital, Boston, $75,000 (SPRANS-MCHIP-SIDS)
- Comprehensive Care for Cooley's Anemia, Thalassemia, Institute for Community Inclusion, Boston, $244,286 (SPRANS-Genetics)
- COR Substance Abuse Network Program, Boston Children's Hospital, Boston, $12,000 (SPRANS-Training-Continuing Ed/ Collaborative Office Rounds)
- Development of an Integrated Transition Program in Hemoglobinopathies for Adolescent Patients, Brigham and Women's Hospital, Boston, $134,263 (SPRANS-Genetics)
- Early Intervention Collaborative Study: Age 10 Followup, Brandeis University, Waltham, $262,389 (SPRANS-Research)
- Ensuring Quality: Monitoring the Impact of Managed Care and Health Care Reform on Children with Special Health Care Needs and Their Families, Massachusetts Health Research Institute, Inc., Boston, $205,000 (SPRANS-MCHIP-Managed Care/Health Care Reform)
- FIRSTLink Data Utilization and Enhancement Initiative, Massachusetts Department of Public Health, Boston, $94,700 (SPRANS-MCHIP-Data)
- Guiding Appropriate Pediatric Services (GAPS) for Children With Special Health Care Needs and Their Families, University of Massachusetts Medical School, Worcester, $204,940 (SPRANS-MCHIP-Integrated Services)
- Harvard Maternal and Child Community Health Science Consortium, Harvard University, Boston, $100,000 (SPRANS-Training-Continuing Education)
- Injury Prevention for Pregnant and Parenting Teens: A Home Visiting Model, New England Medical Center, Boston, $50,000 (SPRANS-MCHIP-Healthy Tomorrows)
- Innovations in Care, Children's Hospital, Boston, $79,513 (SPRANS-MCHIP-Integrated Services)
- Interdisciplinary Leadership for M.R. Personnel (Developmental Evaluation Center in the Institute for Community Inclusion), Children's Hospital, Boston, $517,557 (SPRANS-Training-LEND/ Leadership Ed Neuro Dev)

Selected FY 98 Title V and Other MCH Grant Annotations

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

Children's Safety Network: Adolescent Violence Prevention Resource Center, Education Development Center, Inc., Newton, $181,287 (SPRANS-MCHIP)

The Education Development Center (EDC) operates an Adolescent Violence Prevention Resource Center to provide State MCH agencies with information, resources, materials, and technical assistance that will result in developing new programs and improving current efforts throughout the health system and within communities. The resource center's ultimate mission—to improve the science and practice of youth violence prevention—is being accomplished in collaboration with the Maternal and Child Health Bureau. Evaluation activities will determine: (1) What information, resources, technical assistance, and training State MCH agencies and others need to improve their ability to prevent and reduce adolescent violence, and how those needs evolve over time; (2) how

Title V—COMMUNITY INTEGRATED SERVICE SYSTEMS (CISS—Title V)

Massachusetts FIRSTLink Community Organization Project , Massachusetts Department of Public Health, Boston, $50,000 (CISS-CISS-COG)

This project seeks to develop community capacity to implement the FIRSTLink system statewide. FIRSTLink is a universal, prospective computerized screening of birth certificate information to identify newborns and families with potentially adverse health or developmental outcomes, and to link these infants with community-based services. Community resource teams receive the FIRSTLink referral online, contact the families, and offer a home visit, through which linkage to local health care and family support resources is made. The community organization project will convene and facilitate community planning teams to plan and implement the linkage component and provide technical assistance to these teams in effective collaboration and provision of family-centered, culturally competent services.

Title V—ABSTINENCE EDUCATION PROGRAM

Abstinence Education, Massachusetts Department of Public Health, Boston, $739,012 (Abstinence Ed)

The media campaign will significantly increase the percentage of youth who remain abstinent, particularly in minority and Hispanic communities, by increasing self-esteem and community support. Target groups include preteens, parents, and young males aged 20-24. Media messages may include radio, brochures, and posters.

Other Title V Grant Programs:
$6,755,082
Other MCH Grant Programs:
$2,909,064
TOTAL:
$9,664,146

EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)

Children's Safety Network National Injury and Violence Prevention Resource Center , Education Development Center, Inc., Newton, $237,727 (EMSC/ MCHIP-Children's Safety Network)

The long-term goal of the Children's Safety Network at the Education Development Center (CSN-EDC) is to ensure that objectives in the Maternal and Child Health Bureau 10-year plan for injury prevention are addressed and that MCH agencies make measurable progress toward meeting the "Healthy People 2000" objectives. The primary target groups are MCH directors, State MCH injury contacts, injury prevention liaisons in the 10 Public Health Service regional offices, State adolescent health coordinators, the Association of Maternal and Child Health Programs, and new Injury Prevention Targeted Resource Centers. Process and outcome evaluations include an annual analysis of CSN-EDC's computerized Contact Forms Database, monthly progress reports, resource material evaluations by target audiences, and written workshop evaluations.

HEALTHY START

Boston Healthy Start Initiative, Trustees of Health and Hospitals of the City of Boston, Inc., Boston, $2,521,000 (Healthy Start-Mentor)

Infant mortality is a significant health problem in Boston, the emotional aspects of which are further exacerbated by wide racial disparities in the presence of some of the world's most renowned medical institutions. The Boston Healthy Start Initiative (BHSI) seeks to address the problem through the empowerment of individuals, families, and communities; the enhancement of services, access and utilization; and the establishment of a more coordinated service system and program linkages. Targeting those neighborhoods with the highest infant mortality rates, BHSI has outlined seven outcome objectives that will reduce infant mortality by 50 percent by 1997. The objectives include reducing low birthweight births, decreasing postdischarge infant mortality, increasing utilization of health services, increasing community participation in BHSI, establishing coordination and linkages among service providers, improving social conditions of project area residents, and increasing culturally and ethnically appropriate public information and health education materials.

MASSACHUSETTS
Other FY 98 MCH Grant Programs

- Leadership Education in Adolescent Health, Children's Hospital of Boston, Boston, $347,734 (SPRANS-Training-Adolescent Health)
- Leadership Education in Behavioral Pediatrics, Children's Hospital of Boston, Boston, $231,329 (SPRANS-Training-Behavioral Pediatrics)
- Managed Care Enhancement Project, Massachusetts Department of Public Health, Boston, $50,000 (SPRANS-MCHIP)
- Massachusetts Bright Futures Campaign: A State Systems Development Initiative, Massachusetts Department of Public Health, Boston, $100,000 (SPRANS-MCHIP-SSDI)
- Massachusetts Initiative for Youth with Disabilities, Massachusetts Department of Health, Boston, $189,395 (SPRANS-MCHIP-Adolescent Health)
- Maternal and Child Health Training Grant, Boston University, Boston, $326,117 (SPRANS-Training-School of Public Health)
- Maternal and Child Health Training, Harvard University, Boston, $298,407 (SPRANS-Training-School of Public Health)
- MCH Leadership Education in Behavioral Pediatrics, Boston University, Boston, $120,863 (SPRANS-Training-Behavioral Pediatrics)
- MCH Regional Continuing Education Program, Boston University, Boston, $31,247 (SPRANS-Training-Continuing Education)
- Mothers' Mentors Project, Medical Foundation, Boston, $50,000 (MCHIP-Healthy Tomorrows)
- New England Regional Genetics Group (NERGG), Massachusetts Health Research Institute, Inc., Boston, $267,888 (SPRANS-Genetics)
- Preschool Asthma Education Project, Boston Medical Center, Boston, $49,691 (SPRANS-MCHIP-Healthy Tomorrows)
- Project Healthy Asian Teens, South Cove Community Health Center, Boston, $50,000 (SPRANS-MCHIP-Healthy Tomorrows)
- Project SEED, Dimock Community Health Center, Roxbury, $50,000 (SPRANS-MCHIP-Healthy Tomorrows)
- Promoting Injury Prevention Through Innovative Approaches, Harvard University, Boston, $29,793 (SPRANS-Training-Continuing Education)
- Region I Comprehensive Hemophilia Care Program, Medical Center of Central Massachusetts – Memorial, Worcester, $340,969 (SPRANS-Hemophilia)
- Resources for FAS: Charting the Future, Boston University School of Medicine, Concord, $24,983 (SPRANS-Training-Continuing Education)
- Serving the Underserved: Curricular Development, Boston Children's Hospital, Boston, $68,611 (SPRANS-Training-Continuing Education)
- Shriver Center University Affiliated Program Neurology Service, Massachusetts General Hospital, Waltham, $532,708 (SPRANS-Training-LEND/Leadership Ed Neuro Dev)

Other FY98 MCH Grant Programs

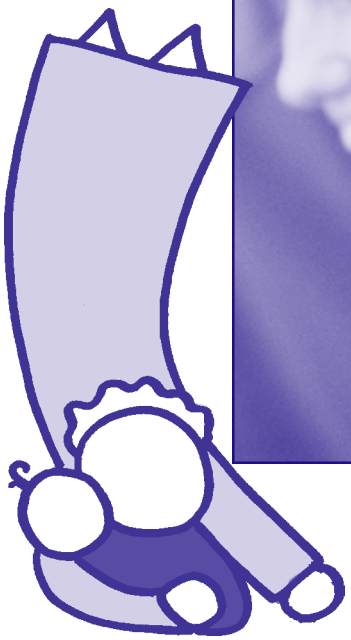
- Social Context of Puerto Rican Child Health and Growth, Wellesley College, Wellesley, $251,843 (SPRANS-Research)
- Training Program in Behavioral and Developmental Pediatrics, University of Massachusetts, Worcester, $43,170 (SPRANS-Training-Behavioral Pediatrics)

Title V—COMMUNITY INTEGRATED SERVICE SYSTEMS (CISS—Title V)

- Links for Families, Boston Medical Center, Boston, $50,000 (CISS-CISS-COG)
- Maternal and Child Health Services Federal Set-Aside Program, City of Holyoke Board of Health, Holyoke, $50,000 (CISS-CISS-COG)
- Max Care: Maximizing the Health and Safety of Children in Out-of-Home Care, Massachusetts Department of Public Health, Boston, $50,000 (CISS-CISS-Child Care Program)

EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)

- Enhancing Emergency Medical Services for Children in Massachusetts, Massachusetts Department of Health, Boston, $101,000 (EMSC-Enhancement)
- Medical Care of Children During Disaster, University of Massachusetts Medical Center, Worcester, $49,337 (EMSC/TRNG-Continuing Education)



FOR MORE INFORMATION ON TITLE V:

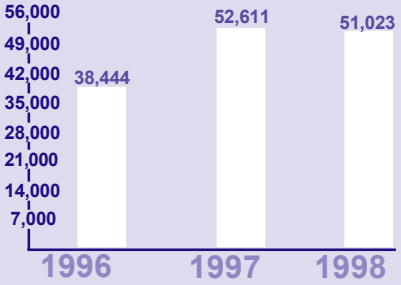
Title V Program, contact:

Sally A. Fogerty
Assistant Commissioner
Massachusetts Department of Public Health
250 Washington Street, 5th floor
Boston, MA 02108-4619
Phone: (617) 624-6090
Fax: (617) 624-6020

Title V Program's services for Children with Special Health Care Needs, contact:

Sally A. Fogerty
Assistant Commissioner
Massachusetts Department of Public Health
250 Washington Street, 5th floor
Boston, MA 02108-4619
Phone: (617) 624-6090
Fax: (617) 624-6020

State Hotline Calls/Year



To help families learn about maternal and child health care.

1-800-311-BABY;
en espanol: 1-800-504-7081

MICHIGAN

The MCH Federal-State Partnership

Michigan's MCH program is administered by the Department of Community Health through the Community Living, Children and Families and Medical Services Administrations. Services under the authority of the Community Living, Children and Families Administration include family planning, adolescent health, oral health, WIC, childhood lead poisoning prevention, prenatal care, prenatal care wraparound services, newborn screening, child health, and MCH HIV/AIDS. Services under the authority of the Medical Services Administration include Children's Special Health Care Services.

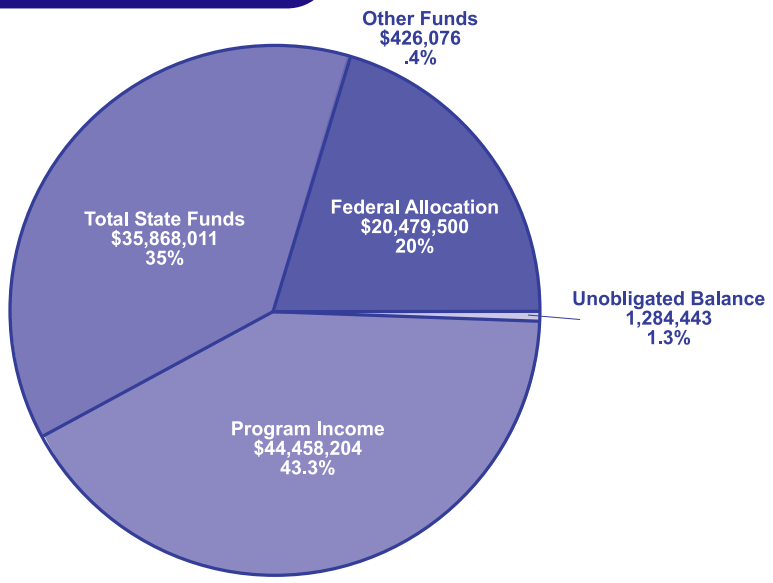
Title V Federal-State Block Grant Expenditures by Number of Individuals Served and Population Group[4]

Populations Served	Number of Individuals Served	Expenditures FY '98
Pregnant Women	120,475	$58,200
Infants (<1 year)	132,518	$44,458,204
Children (1 to 22 yrs)	2,279,091	$14,098,594
CSHCN (Special Needs)	27,550	$34,139,719
Others[3]	108,074	$ 9,714,621
Administration		$ 46,896
TOTALS	2,667,708	$102,516,234

State Population[5]
9,817,242

Live Births[5]
133,666

Title V Federal-State Block Grant Expenditures[4] by Source of Funds



MCH PARTNERSHIP FUNDS—FY 98[2]

Title V Federal-State Block Grant:
$102,516,234

Other Title V Grant Programs:
$3,683,287

Other MCH Grant Programs:
$2,260,651

TOTAL MCH Partnership Funds
$108,460,172

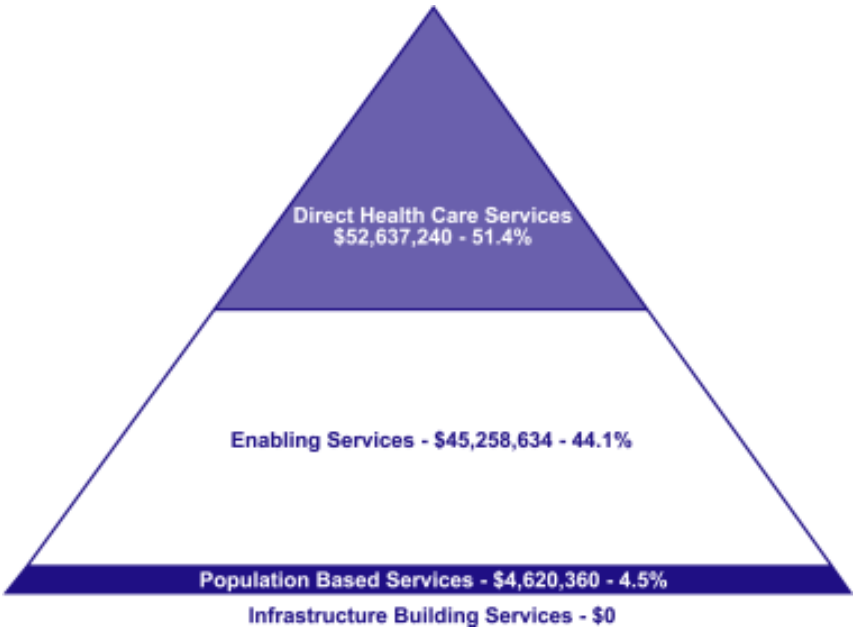
MICHIGAN

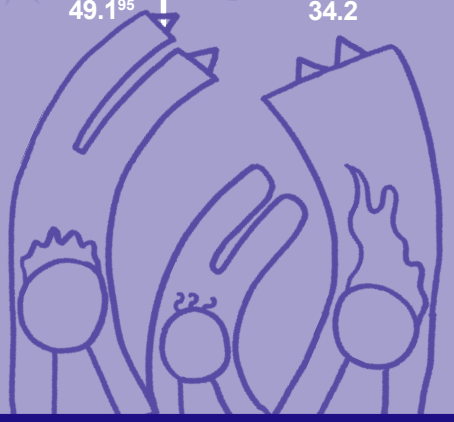
Title V - Selected National MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Number of specialty services for Children with Special Health Care Needs (CSHCN)	9 of 9	9 of 9
Percent of newborns screened for 4 major genetic disorders	100%	100%
Percent of children immunized (ages 19-35 months) against 9 diseases	79.8%	90%
Rate of births to teens aged 15-17 years (per 1,000 teens aged 15-17 years)	25.4[97]	28.4
Rate of deaths to children aged 1-14 caused by motor vehicle crashes (per 100,000 children)	5.1[97]	4.7
Percent of mothers who breast fed their infants at time of hospital discharge	56.8%[97]	60%
Percent of newborns screened for hearing impairment before hospital discharge	25.1%	65%
State assurance of family participation in CSHCN programs & policies	17 of 18	18 of 18
Percent of very low birth weight live births	1.6%[97]	1.4%
Percent of infants born to women who received first trimester prenatal care	81.2%[97]	85%

Title V - National MCH Outcome Measures[7]	State 1998 Results	State Year 2000 Goal
Infant mortality rate (per 1,000 live births)	8.1[97]	7.5
Ratio of black to white infant mortality	2.9[97]	2.3
Neonatal mortality rate (per 1,000 live births)	5.6[97]	4.5
Postneonatal mortality rate (per 1,000 live births)	2.5[97]	2.5
Perinatal mortality rate (per 1,000 live births)	10.3[97]	9
Child death rate (per 100,000 children aged 1-14)	25.5[97]	25

Title V - Selected State-Determined MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Term low birth weight births in Michigan	2.8%[95]	2.6%
Pregnancies that are unintended	49.4%[95]	45%
Black pre-term births in Michigan	18.5%[95]	17.5%
Rate of pregnancy to female teenagers aged 15-17 (per 1,000)	49.1[95]	34.2

Title V Federal-State Block Grant Expenditures[4] by Category of Service[6]





State Assurance of Family Participation in CSHCN Program and Policy	
SCALE: 0 = not met; 3 = completely met	
Participate on task forces and offered training.	3
Financial support offered for parent groups.	3
Involved in Block Grant Application process.	2
Involved in inservice training of staff.	3
Hired for expertise as family member.	3
Members of diverse cultures involved.	3
Total Possible: 18 — FY 98 Total:	17

MICHIGAN
Other FY 98 MCH Grant Programs

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

- Collaborative Office Rounds, University of Michigan, Ann Arbor, $12,000 (SPRANS-Training-Continuing Ed/Collaborative Office Rounds)
- Family Health Continuum Project, Saginaw Cooperative Hospitals, Inc., Saginaw, $174,000 (SPRANS-MCHIP-PN)
- Fellowship Program in Dental Care for Special Pediatric Populations, University of Michigan, Ann Arbor, $37,148 (SPRANS-Training-Pediatric Denistry)
- FOCUS at Ele's Place, Ele's Place, Lansing, $49,895 (SPRANS-MCHIP-Healthy Tomorrows)
- Madres y Niños Colonia Health Program, Midwest Migrant Health Information Office, Monroe, $50,000 (SPRANS-MCHIP-Healthy Tomorrows)
- Michigan Evaluation of Children with Special Health Care Needs Managed Care Arrangements, Michigan Department of Public Health, Lansing, $150,000 (SPRANS-MCHIP-Managed Care/Health Care Reform)
- Michigan Fetal and Infant Mortality Review Support Program, Michigan Department of Community Health, Lansing, $149,962 (SPRANS-MCHIP-FIMR)
- Region V-East Hemophilia Comprehensive Care Network, Hemophilia Foundation of Michigan, Ann Arbor, $393,485 (SPRANS-Hemophilia)
- State Systems Development Initiative, Michigan Department of Community Health, Lansing, $100,000 (SPRANS-MCHIP-SSDI)

Title V—COMMUNITY INTEGRATED SERVICE SYSTEMS (CISS—Title V)

- Health Systems Development in Child Care, Michigan Department of Health, Lansing, $50,000 (CISS-CISS-Child Care Program)

HEALTHY START

- Detroit Healthy Start Program, City of Detroit Health Department, Detroit, $821,000 (Healthy Start-Mentor)
- Healthy Start in Kalamazoo, Kalamazoo County Human Services Department, Nazareth, $624,843 (Healthy Start-Community)

Selected FY 98 Title V and Other MCH Grant Annotations

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

West Michigan Community Interactive Information System, Butterworth Health System, Grand Rapids, $249,439 (SPRANS-MCHIP-Data)

The purpose of this project is to use information technology to determine needs, focus interventions, and assess the effectiveness of services to improve the health and development of vulnerable women and children. Three goals are identified: (1) Create a community infrastructure, linked to decision-making bodies, to support the development of an integrated information system; (2) use information technology to create a community-based MCH information system that can be accessed by multiple stakeholders to enhance data analytic capabilities; and (3) improve maternal and child health by assisting the community to enhance data collection, focus interventions, and assess the effectiveness of services.

Title V—COMMUNITY INTEGRATED SERVICE SYSTEMS (CISS—Title V)

Improving Health/Development of Low Income Pregnant Women, Butterworth Health System, Grand Rapids, $367,798 (CISS-Research)

The goal of the study is to evaluate MOMS (Mothers Offering Mothers Support), an intervention program that uses a peer support team consisting of a case management nurse, a paid health advocate, and volunteer mothers. The peer support network maintains weekly contact with low-income pregnant women at clinics, in homes, and in a variety of community locations. The study will compare women who receive the current standard of care provided by prenatal and maternal support services with women who receive care through MOMS. Data on stress, depression, social support, life course development, health risk behavior, self-esteem, parenting and infant development, and mastery will be collected for 500 women at 4 different clinic sites.

Title V—ABSTINENCE EDUCATION PROGRAM

Michigan Abstinence Partnership (MAP), Michigan Department of Community Health, Lansing, $1,899,560 (Abstinence Ed)

MAP aims to improve the lives of Michigan's children by encouraging them to lead healthier lifestyles—avoiding risky behaviors such as sexual activity and the use of alcohol, tobacco, and other drugs. MAP, through its committee structure and local coalitions, will provide information, positive media influences, skill-building opportunities, and a supportive environment for children aged 9-14 years.

EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)

Michigan's Pediatric Emergency Development System (M-PEDS), Michigan Department of Public Health and the University of Michigan, Lansing, $118,053 (EMSC-Enhancement)

The project's short-term goal is to develop and pilot a system of emergency medical services for children (EMSC) in three rural northern Michigan MCAs that have limited access to pediatric specialty and critical care. The long-term goal is to implement the pilot project throughout Michigan, forming a statewide EMSC system that provides optimal pediatric emergency care to all children. Hospitals throughout the State of Michigan will be accessed and classified as to their ability to care for critically ill and injured children; patient needs will also be matched to hospital resources and transfer distances will be limited if possible.

Other Title V Grant Programs:
$3,683,287
Other MCH Grant Programs:
$2,260,651
TOTAL:
$5,943,938

HEALTHY START

Maajtaag Mnobmaabzid (A Start of a Healthy Life), Inter-Tribal Council of Michigan, Inc., Sault Ste. Marie, $696,755 (Healthy Start-Community)

To address the high incidence of health risk behaviors for infant mortality within the rural Michigan Native America tribal communities, the Inter-Tribal Council of Michigan, Inc., as a consortium of the federally recognized tribes, has identified the following goals: (1) Reduce the incidence of high-risk behaviors within the target population; (2) enhance available services through increased collaboration with local and surrounding area health care agencies; (3) reduce the high-risk behaviors among the adolescent population; and (4) increase cultural sensitivity among health care providers. The consortium will be extended to increase participation of local project area consumers and agency health care service providers. Together, consortium members will work with project staff to ensure that objectives and goals are achieved.

FOR MORE INFORMATION ON TITLE V:

Title V Program, contact:

Virginia Harmon
Deputy Director, Community Living, Children & Families
Michigan Department of Community Health
3423 North ML King, Jr. Blvd., P.O. Box 30195
Lansing, MI 48909
Phone: (517) 335-9371
Fax: (517) 335-8560

Title V Program's services for Children with Special Health Care Needs, contact:

Jane Finn
Director, Children's Special Health Care Services Plan Division
Michigan Department of Community Health Medical Services Admin.,
Capitol Commons Center
400 South Pine, P.O. Box 30479
Lansing, MI 48909
Phone: (517) 241-8207
Fax: (517) 241-8970

FEDERATED STATES OF MICRONESIA

The MCH Federal-State Partnership

Since the National Government of the Federated States of Micronesia is designated as a 'state' agency for receiving all U. S. Federal funds, the Division of Health Services of the Department of Health, Education and Social Affairs, administers the Title V funds. From the FSM National Government, Title V funds are allotted to each State Governor as the direct allottee. However, it is the Director of Health Services who becomes the sub-allottee of these funds from the Governor's office. Although the allotment advice issued by the Governor's office does not bear the MCH Coordinator's name, each State MCH Coordinator is ultimately responsible for the administration of Title V funds in order to ensure that planned activities and primary care and preventive services for mothers, pregnant women, infants, children, adolescents and children with special health care needs are met. Children with Special Health Care Needs Program is based at each state public health and under the direct supervision of the MCH Coordinator.

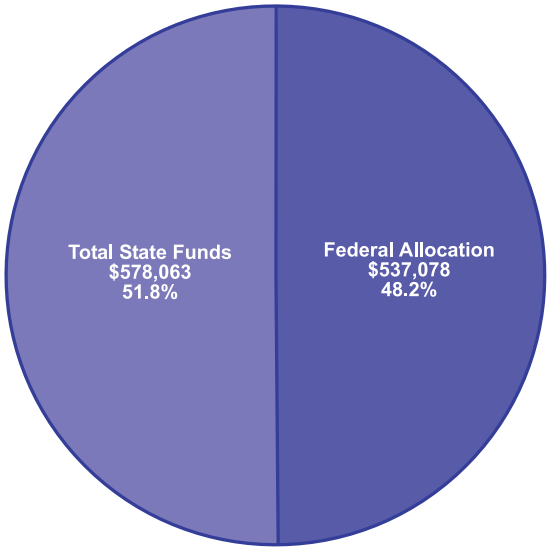
Title V Federal-State Block Grant Expenditures by Number of Individuals Served and Population Group[4]

Populations Served	Number of Individuals Served	Expenditures FY '98
Pregnant Women	2,874	$190,404
Infants (<1 year)	2,744	$144,835
Children (1 to 22 yrs)	48,082	$245,111
CSHCN (Special Needs)	707	$248,453
Others[3]	5,407	$169,840
Administration		$116,498
TOTALS	59,814	$1,115,141

State Population[5]
114,000 (U.N. report)

Live Births[5]
3.624 ('97 snapshot)

Title V Federal-State Block Grant Expenditures[4] by Source of Funds



MCH PARTNERSHIP FUNDS—FY 98[2]

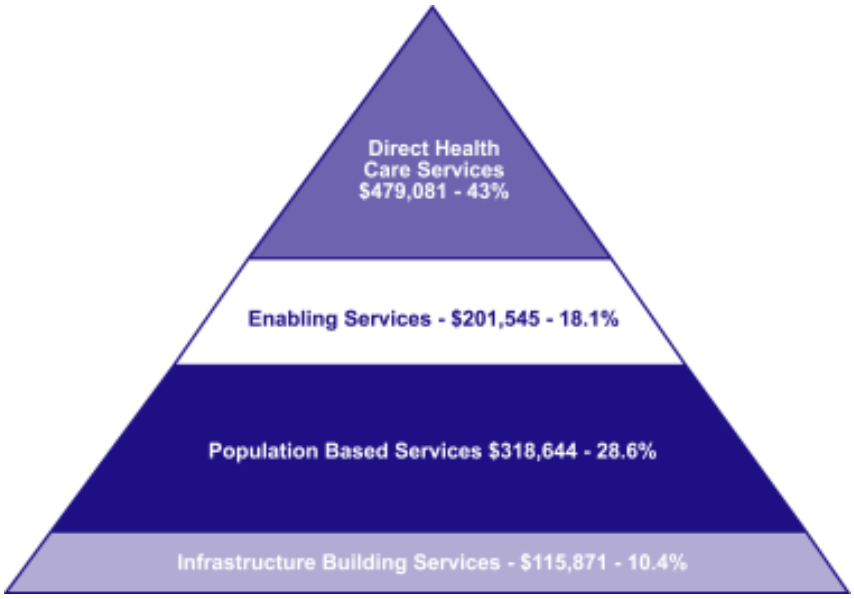
Title V Federal-State Block Grant:	**$1,115,141**
Other Title V Grant Programs:	**$92,083**
Other MCH Grant Programs:	**$ 0**
TOTAL MCH Partnership Funds	**$1,207,224**

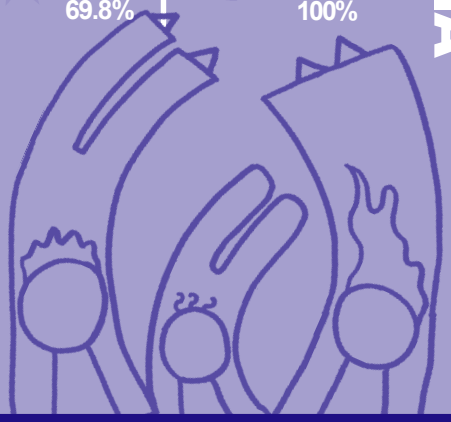
Title V - Selected National MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Number of specialty services for Children with Special Health Care Needs (CSHCN)	6 of 9	9 of 9
Percent of newborns screened for 4 major genetic disorders	▲	▲
Percent of children immunized (ages 19-35 months) against 9 diseases	74.3%	70%
Rate of births to teens aged 15-17 years (per 1,000 teens aged 15-17 years)	34.5	22
Rate of deaths to children aged 1-14 caused by motor vehicle crashes (per 100,000 children)	9.3	6.5
Percent of mothers who breast fed their infants at time of hospital discharge	93.9%	100%
Percent of newborns screened for hearing impairment before hospital discharge	▲	▲
State assurance of family participation in CSHCN programs & policies	7 of 18	10 of 18
Percent of very low birth weight live births	*	*
Percent of infants born to women who received first trimester prenatal care	20.3%	26%

Title V - National MCH Outcome Measures[7]	State 1998 Results	State Year 2000 Goal
Infant mortality rate (per 1,000 live births)	21.5	22
Ratio of black to white infant mortality	▲	▲
Neonatal mortality rate (per 1,000 live births)	14.9	15
Postneonatal mortality rate (per 1,000 live births)	6.6	7
Perinatal mortality rate (per 1,000 live births)	*	*
Child death rate (per 100,000 children aged 1-14)	51.4	16

Title V - Selected State-Determined MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Pregnant women screened for Hepatitis B surface antigen	52.1%	57%
Women in the MCH Program who received a Pap smear, appropriate referrals for treatment when positive, and follow-up after referral	15.6%	21%
Infants who were exclusively breast fed at 6 months of age	48.1%	52%
Head Start Program children surveyed to determine the rate of decayed, missing, or filled teeth	69.8%	100%

Title V Federal-State Block Grant Expenditures[4] by Category of Service[6]





State Assurance of Family Participation in CSHCN Program and Policy	
SCALE: 0 = not met; 3 = completely met	
Participate on task forces and offered training.	2
Financial support offered for parent groups.	1
Involved in Block Grant Application process.	0
Involved in inservice training of staff.	1
Hired for expertise as family member.	1
Members of diverse cultures involved.	2
Total Possible: 18 — FY 98 Total:	7

* Data not available

▲ Data not required

Selected FY 98 Title V and Other MCH Grant Annotations

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

Federated States of Micronesia State Systems Development Initiative Project, Federated States of Micronesia Department of Health Services, Palikir, Pohnpei, $92,083 (SPRANS-MCHIP-SSDI)

The overall goal of this project is to (1) develop a community-based, primary care–focused, prevention-oriented, comprehensive, and integrated system of interagency services for children and their families and (2) ensure the development of an administrative infrastructure and staff training needed to implement the system in all four States of the Federated States of Micronesia. The project will complete the development of policy and procedures for individual family service planning (incorporating the principles of family-centered care and providing intervention services) and components of the MCH system of services for infants, young children, and preschool children (including educational modules for parents and followup services).

Other Title V Grant Programs:
$92,083
Other MCH Grant Programs:
$0
TOTAL:
$92,083

FOR MORE INFORMATION ON TITLE V:

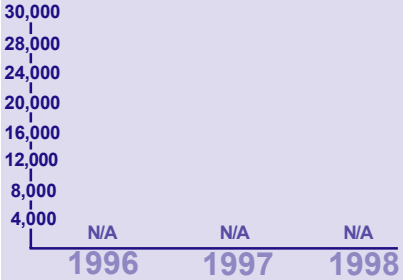
Title V Program, contact:

Eliuel K. Pretrick, M.O., M.P.H..
Secretary
Division of Health Services, Department of HESA
P. O. Box PS 70
Palikir, Pohnpei, FM 96941
Phone: (691) 320-2619/-2643/-2872
Fax: (691) 320-5362

Title V Program's services for Children with Special Health Care Needs, contact:

Jeff Benjamin
MCH Coordinator
Division of Health Services, Department of HESA
P. O. Box PS 70
Palikir, Pohnpei, FM 96941
Phone: (691) 320-2619/2643/2872
Fax: (691) 320-5263

State Hotline Calls/Year



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1-800-311-BABY;
en espanol: 1-800-504-7081

MINNESOTA

The MCH Federal-State Partnership

The Minnesota Department of Health administers the Title V program. Examples of programs under the control of the Family Health Division Director include: the MCH Special Projects grant program; the Family Planning Special Projects grant program; the Minnesota Education Now and Babies Later (ENABL) program; the State System Development Initiative; the Community Integrated Service System project; the Minnesota Children with Special Health Needs program; the Supplemental Nutrition Programs; Abstinence Education; the American Stop Smoking Intervention Study (ASSIST) project and the Tobacco Free Communities for Children project; the Coordinated School Health Project; Part C (formerly Part H); the Minnesota Healthy Beginnings amd targeted home visiting programs; the infant mortality reduction initiative; the Lactation Friendly Workplace program; the Follow Along program; the oral health program; an array of injury prevention projects; the Fitness Fever program; the Power Plus program; and the WOLF project.

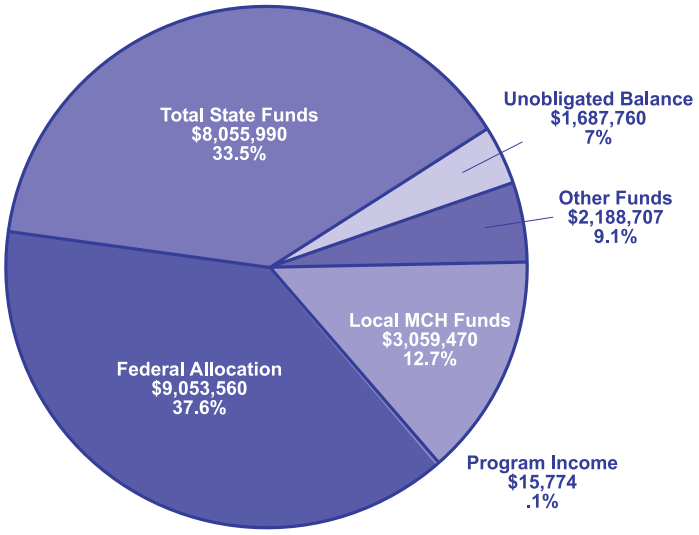
Title V Federal-State Block Grant Expenditures by Number of Individuals Served and Population Group[4]

Populations Served	Number of Individuals Served	Expenditures FY '98
Pregnant Women	11,985	$6,425,908
Infants (<1 year)	63,623	$ 1,084,051
Children (1 to 22 yrs)	25,770	$6,882,619
CSHCN (Special Needs)	7,309	$7,224,000
Others[3]	4,915	$781,902
Administration		$1,662,781
TOTALS	113,602	$24,061,261

State Population[5]
4,725,419

Live Births[5]
65,202

Title V Federal-State Block Grant Expenditures[4] by Source of Funds



MCH PARTNERSHIP FUNDS—FY 98[2]

Title V Federal-State Block Grant:
$24,061,261

Other Title V Grant Programs:
$4,193,109

Other MCH Grant Programs:
$208,286

TOTAL MCH Partnership Funds
$28,462,656

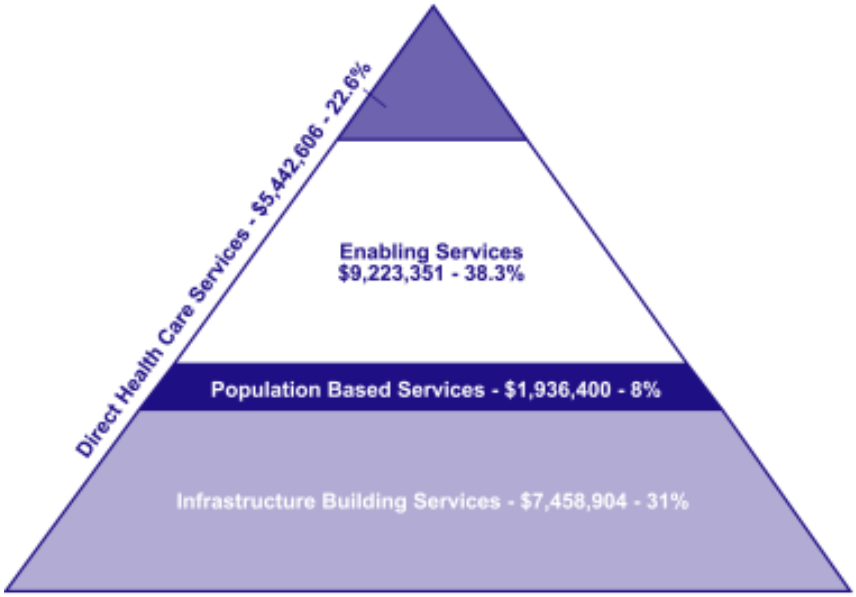
MINNESOTA

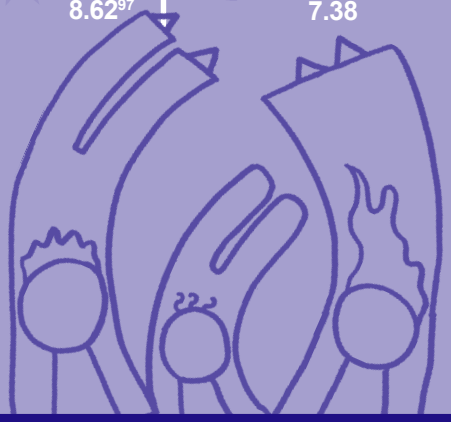
Title V - Selected National MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Number of specialty services for Children with Special Health Care Needs (CSHCN)	9 of 9	9 of 9
Percent of newborns screened for 4 major genetic disorders	98.7%	100%
Percent of children immunized (ages 19-35 months) against 9 diseases	83%	90%
Rate of births to teens aged 15-17 years (per 1,000 teens aged 15-17 years)	17.8[97]	18.1
Rate of deaths to children aged 1-14 caused by motor vehicle crashes (per 100,000 children)	4.6[97]	2.9
Percent of mothers who breast fed their infants at time of hospital discharge	72%[97]	75%
Percent of newborns screened for hearing impairment before hospital discharge	22%	85%
State assurance of family participation in CSHCN programs & policies	6 of 18	13 of 18
Percent of very low birth weight live births	1.1[97]	1.05%
Percent of infants born to women who received first trimester prenatal care	84.1%	90.41%

Title V - National MCH Outcome Measures[7]	State 1998 Results	State Year 2000 Goal
Infant mortality rate (per 1,000 live births)	5.9[97]	5.45
Ratio of black to white infant mortality	3.2[97]	1.55
Neonatal mortality rate (per 1,000 live births)	3.7[97]	3.4
Postneonatal mortality rate (per 1,000 live births)	2.2[97]	2.14
Perinatal mortality rate (per 1,000 live births)	6.8[97]	7.12
Child death rate (per 100,000 children aged 1-14)	21[97]	16

Title V - Selected State-Determined MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Number of local public health agencies which track children with identified risk factors which may lead to chronic illness/disability	63	65
Children with disabilities placed in out of home placement due to disability	2.0%	1.9%
Women who use alcohol, tobacco, and other drugs during pregnancy	12.9%[97]	12.08%
Incidence of substantiated child maltreatment by persons responsible for child care (per 1,000)	8.62[97]	7.38

Title V Federal-State Block Grant Expenditures[4] by Category of Service[6]





State Assurance of Family Participation in CSHCN Program and Policy	
SCALE: 0 = not met; 3 = completely met	
Participate on task forces and offered training.	0
Financial support offered for parent groups.	2
Involved in Block Grant Application process.	0
Involved in inservice training of staff.	1
Hired for expertise as family member.	3
Members of diverse cultures involved.	0
Total Possible: 18 — FY 98 Total:	6

Selected FY 98 Title V and Other MCH Grant Annotations

MINNESOTA
Other FY 98 MCH Grant Programs

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

- Adolescent Health Training Program, University of Minnesota, Minneapolis, $345,796 (SPRANS-Training-Adolescent Health)
- Adolescent Nursing Graduate Training Program, University of Minnesota, Minneapolis, $164,508 (SPRANS-Training-Nursing)
- Children With Special Health Care Needs and Their Families: Building on Cultural Strengths, University of Minnesota, Minneapolis, $24,987 (SPRANS-Training-Continuing Education)
- Collaborative Office Rounds—Pediatrics, Child Psychiatry, University of Minnesota, Minneapolis, $12,000 (SPRANS-Training-Continuing Ed/Collaborative Office Rounds)
- Continuing Education in Maternal Nutrition, University of Minnesota, Minneapolis, $53,201 (SPRANS-Training-Continuing Education)
- Does Education Limit Lead Burden?, University of Minnesota School of Medicine, Minneapolis, $164,599 (SPRANS-Research)
- Does Lead Burden Alter Neuropsychological Development?, University of Minnesota School of Medicine, Minneapolis, $340,116 (SPRANS-Research)
- Establishment of Habitat Health Services, University of Minnesota, Duluth, $50,000 (SPRANS-MCHIP-Healthy Tomorrows)
- Institute for Leadership in Adolescent Health, University of Minnesota, Minneapolis, $29,739 (SPRANS-Training-Continuing Education)
- Maternal and Child Health Training Program, University of Minnesota, Minneapolis, $323,434 (SPRANS-Training-School of Public Health)
- Minnesota State and Local Partnership for Mental Health in Schools, Minneapolis Public Schools, Minneapolis, $150,000 (SPRANS-MCHIP-Mental Health of School-Age Children and Adolescents)
- Minnesota's State Systems Development Initiative , Minnesota Department of Health, Minneapolis, $100,000 (SPRANS-MCHIP-SSDI)
- North Star Elementary School-Based Community Health Center, Minneapolis Department of Health and Family Support, Minneapolis, $50,000 (SPRANS-MCHIP-Healthy Tomorrows)
- Project ACCORD, Advancing Child Centered Outcomes Through Relationship Development, Minnesota Department of Health, Minneapolis, $144,526 (SPRANS-MCHIP-Managed Care/Health Care Reform)
- Project Connect: Connecting Providers with Health Care Reform Information Benefiting Youth with Special Health Needs, National Center for Youth with Disabilities, Minneapolis, $154,903 (SPRANS-MCHIP-Managed Care/Health Care Reform)

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

Ready 2 Work Family Center Community Transition Services, Pacer Center Inc., Minneapolis, $189,395 (SPRANS-MCHIP-Adolescent Health)

Employment is the main concern for youth with chronic illness and disabilities, according to the first large survey of Minnesota youth with disabilities done collaboratively in 1995 by PACER Center's Project Youth and Minnesota Children with Special Health Care Needs (MCSHCN). Despite this priority, 71 percent of people with disabilities of working age are unemployed. Youth with disabilities planning transition from school to work face many obstacles to finding employment, including a system of services that are fragmented and do not meet the needs of individuals. The need for providing transition services on a community level that truly address the priorities and concerns of youth is apparent. PACER Center's project, Ready to Work: Family-Centered Community Transition Services (Project FACCTS), addresses the need to develop comprehensive family-centered community-based transition services for youth with disabilities.

Title V—COMMUNITY INTEGRATED SERVICE SYSTEMS (CISS—Title V)

Project Connect, Mille Lacs County Public Health, Milaca, $50,000 (CISS-CISS-COG)

The overall goal of this project is to develop a seamless continuum of integrated services for pregnant women and for children including children with special health needs (CSHN) in Mille Lacs County. Project objectives include enhancing service coordination and integration among service providers in Mille Lacs County; increasing the capacity of service providers to deliver appropriate and consistent mental health, chemical health, and parenting screenings, interventions, referrals, and preventive strategies; and providing technical assistance to service providers for the development of coordinated outreach activities to target families in rural populations. The objectives of Project Connect will be accomplished through organization, developent, and training of the newly-formed Community Connections Concil of psychosocial service providers in Mille Lacs County, and by bolstering the infrastructure of service provision in the county through telecommunications systems development.

Title V—ABSTINENCE EDUCATION PROGRAM

Abstinence Education in Minnesota, Minnesota Department of Health, Division of Family Health, Minneapolis, $613,756 (Abstinence Ed)

The project will use a community health promotion approach to reduce adolescent pregnancy and promote a standard of abstinence for youth 14 and under. This will be accomplished through a statewide media campaign for parents/caregivers and grants to communities for activities targeting youth.

Other Title V Grant Programs:
$4,193,109
Other MCH Grant Programs:
$208,286
TOTAL:
$4,401,395

EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)

PED Skills Transfer and Retention: EMS Team Approach, Minnesota Department of Health, Minneapolis, $108,286 (EMSC-Enhancement)

This project develops a system that reinforces training and skills retention through practice, improves the availability of equipment, increases understanding of correct procedures, and supports outcome-based data review. We strive to improve access to outcome data for prehospital providers by developing reports using local data for each participating agency and to enable prehospital providers to design a training delivery system for pediatric emergency care based on local needs. We will develop and evaluate a continuous quality improvement process for prehospital providers, which will demonstrate whether skills can be transferred and retained and which will also identify what factors improve outcomes.

TRAUMATIC BRAIN INJURY

Minnesota Plan for the Integration of Traumatic Brain Injury, Minnesota Department of Human Services, St. Paul, $100,000 (Traumatic Brain Injury-Implementation)

Minnesota's vision of services for persons with traumatic brain injury (TBI) is based on a model service delivery system that is coordinated by an Interagency Leadership Council consisting of representation from consumers and State agencies. The next logical steps that must be completed to achieve the vision are (1) formalizing interagency collaboration to improve access and comprehensiveness of services, (2) cross-referencing the fragmented data collection system to provide a more comprehensive picture of the needs of persons with TBI, and (3) developing a replicable predischarge model to be used by acute care hospitals to anticipate and address potential problems that the person with TBI may have in community reintegration.

MINNESOTA

Other FY 98 MCH Grant Programs

- Project Dialogue: Conflict Resolution for Minnesota Families of Children with Special Health Needs, Pathfinder Resources, Inc., St. Paul, $150,000 (SPRANS-MCHIP-Managed Care/Health Care Reform)
- Prospective Investigation of Twin Gestation, University of Minnesota, Minneapolis, $264,779 (SPRANS-Research)
- Public Health Nutrition Training Grant, University of Minnesota, Minneapolis, $122,440 (SPRANS-Training-Nutrition)
- University of Minnesota, University of Minnesota, Minneapolis, $184,697 (SPRANS-Research)

Title V—COMMUNITY INTEGRATED SERVICE SYSTEMS (CISS—Title V)

- Community Partners for Healthy Families, Meeker, McLeod, Sibley Community Health Services, Litchfield, $50,000 (CISS-CISS-COG)
- Countywide Integration of a Social Services System, Beltrami County Public Health Nursing Service, Bemidji, $50,000 (CISS-CISS-COG)
- FamilyNet Shared Information System, Cass County/Leech Lake Reservation Children's Initiative, Walker, $50,000 (CISS-CISS-COG)
- Health Care Without Borders, Clay County Public Health, Moorhead, $50,000 (CISS-CISS-COG)
- Minnesota Caring for Children with Special Health Needs, Minnesota Department of Health, St. Paul, $50,000 (CISS-CISS-Child Care Program)
- Minnesota's Statewide Community Integrated Service System Initiative for Primary and Special Health Care Needs of Women and Children, Minnesota Department of Health, Minneapolis, $50,000 (CISS-CISS-COG)
- Nursing Education: Children With Special Health Needs, University of Minnesota, Minneapolis, $210,233 (CISS/TRNG-Nursing)

FOR MORE INFORMATION ON TITLE V:

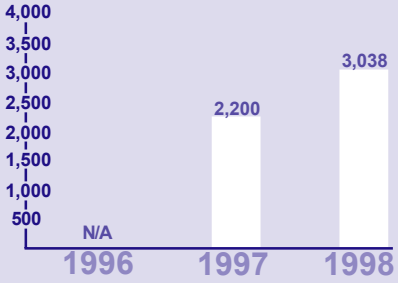
Title V Program, contact:

Jan Jernell
Director, Division of Family Health
Minnesota Department of Health
P.O. Box 64882
85 East Seventh Place
St. Paul, MN 55164-0882
Phone: (651) 281-9883
Fax: (651) 215-8953

Title V Program's services for Children with Special Health Care Needs, contact:

Phyllis Wright-Slaughter
Supervisor, Research and Policy Unit
Minnesota Department of Health
P.O. Box 64882
85 East Seventh Place
St. Paul, MN 55164-0882
Phone: (651) 281-9966
Fax: (651) 215-8953

State Hotline Calls/Year



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en espanol: 1-800-504-7081

MISSISSIPPI

The MCH Federal-State Partnership

The Mississippi State Department of Health is the state agency responsible for administering the Title V Program in Mississippi. MCH Block Grant funds are allocated in the MSDH central office to the Bureau of Women's Health, and the Bureau of Child/Adolescent Health. The Children's Medical Program, which is the program of services for Children With Special Health Care Needs, is located organizationally within the Bureau of Child/Adolescent Health. All are located organizationally with the Office of Personal Health Services (OPHS), which is responsible for all maternal and child health functions. These two OPHS bureaus provide services for the three major populations targeted by the MCH Block Grant: pregnant women and infants, children and adolescents, and children with special health care needs. The OPHS is also responsible for administering the statewide family planning program and the Women, Infants and Children Supplemental Food Program (WIC).

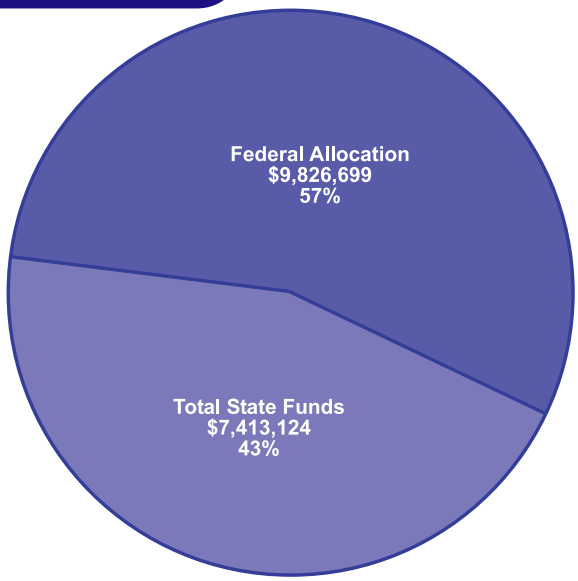
Title V Federal-State Block Grant Expenditures by Number of Individuals Served and Population Group[4]

Populations Served	Number of Individuals Served	Expenditures FY '98
Pregnant Women	14,985	$5,000,628
Infants (<1 year)	42,831	$ 0
Children (1 to 22 yrs)	44,322	$3,544,162
CSHCN (Special Needs)	6,249	$7,913,327
Others[3]	65,387	$ 0
Administration		$781,706
TOTALS	173,774	$17,239,823

State Population[5]
2,752,092

Live Births[5]
42,939

Title V Federal-State Block Grant Expenditures[4] by Source of Funds



MCH PARTNERSHIP FUNDS—FY 98[2]

Title V Federal-State Block Grant:
$17,239,823

Other Title V Grant Programs:
$1,385,195

Other MCH Grant Programs:
$241,619

TOTAL MCH Partnership Funds
$18,866,637

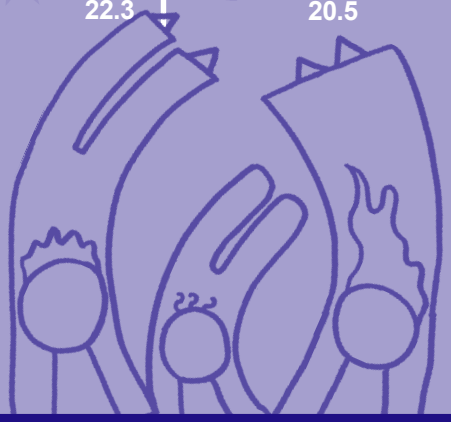
MISSISSIPPI

Title V - Selected National MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Number of specialty services for Children with Special Health Care Needs (CSHCN)	7 of 9	9 of 9
Percent of newborns screened for 4 major genetic disorders	99.8%	99.9%
Percent of children immunized (ages 19-35 months) against 9 diseases	84.2%	90%
Rate of births to teens aged 15-17 years (per 1,000 teens aged 15-17 years)	47.2	46.9
Rate of deaths to children aged 1-14 caused by motor vehicle crashes (per 100,000 children)	11.2	8.5
Percent of mothers who breast fed their infants at time of hospital discharge	41.7%	38%
Percent of newborns screened for hearing impairment before hospital discharge	94%	98.5%
State assurance of family participation in CSHCN programs & policies	7 of 18	13 of 18
Percent of very low birth weight live births	2%	2.1%
Percent of infants born to women who received first trimester prenatal care	80.1%	81.6%

Title V - National MCH Outcome Measures[7]	State 1998 Results	State Year 2000 Goal
Infant mortality rate (per 1,000 live births)	10.2	10.0
Ratio of black to white infant mortality	2.3	2.0
Neonatal mortality rate (per 1,000 live births)	6.2	6.1
Postneonatal mortality rate (per 1,000 live births)	4	3.9
Perinatal mortality rate (per 1,000 live births)	12.4	12.3
Child death rate (per 100,000 children aged 1-14)	42	36.2

Title V - Selected State-Determined MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Prevalence of infants born with neural tube defects	3%	4.4%
Children testing positive for genetic disorders who received appropriate treatment and follow-up	73%	78%
Adolescents' use of tobacco products	30.3%	29%
The rate of repeat births (per 1,000) for teenagers less than 19 years old	22.3	20.5

Title V Federal-State Block Grant Expenditures[4] by Category of Service[6]



State Assurance of Family Participation in CSHCN Program and Policy	
SCALE: 0 = not met; 3 = completely met	
Participate on task forces and offered training.	2
Financial support offered for parent groups.	2
Involved in Block Grant Application process.	1
Involved in inservice training of staff.	0
Hired for expertise as family member.	1
Members of diverse cultures involved.	1
Total Possible: 18 — FY 98 Total:	7

Selected FY 98 Title V and Other MCH Grant Annotations

MISSISSIPPI
Other FY 98 MCH Grant Programs

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

- Improving Mississippi's Hemoglobinopathy Screening Followup Project, Mississippi State Department of Health, Jackson, $123,675 (SPRANS-Genetics)
- Partners in Action for a Total Health System (PATHS), Mississippi State Department of Health, Hattiesburg, $100,000 (SPRANS-MCHIP-SSDI)

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

Mississippi Fetal and Infant Mortality Review Project, Mississippi State Department of Health, Jackson, $142,229 (SPRANS-MCHIP-FIMR)

The Mississippi fetal and infant mortality rate (FIMR) project will reduce infant mortality in the State by establishing a data base of practice patterns and other salient factors that have contributed to infant mortality in the counties in the project area. The FIMR project also will establish standards for continuation of the FIMR process throughout the State. The State intends to publish the information gleaned from the project as a means of educating the lay and medical communities about the contributing factors to infant mortality.

Title V—COMMUNITY INTEGRATED SERVICE SYSTEMS (CISS—Title V)

Maternal and Child Health Services Federal Set-Aside Program, Coastal Family Health Center, Biloxi, $50,000 (CISS-CISS-COG)

The project aims to establish a community coalition charged with the development, implementation, and analysis of a local maternal and child health needs assessment. The activities to follow the needs assessment are the improvement of integrated service systems, the enhancement of local perinatal health services, and restructuring of preventive health services for women and children.

Title V—ABSTINENCE EDUCATION PROGRAM

Mississippi Statewide Plan for the Provision of Abstinence Education, Mississippi State Department of Health, Jackson, $1,062,752 (Abstinence Ed)

The program will provide community-based abstinence education services to teens 10-19 years of age. The effort will have a profound effect in the reduction of problems such as low birth weight infants, infant mortality, and sexually transmitted diseases. Contracts will be established with local organizations for the provision of these services.

EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)

Emergency Medical Services for Children, Mississippi State Department of Health, Jackson, $50,000 (EMSC-Plan)

The goals of this project are to evaluate Mississippi's current pediatric capabilities and to develop a comprehensive 5-year emergency medical services for children (EMSC) plan. This project seeks to complement the existing emergency medical services (EMS) established in Mississippi by creating an EMSC coordinated system. The hiring of a State EMSC coordinator wil be accomplished first. The EMS advisory council will make recommendations to a coalition of individuals who are active in pediatrics, and the State Department of Health will make subsequent appointments. A needs assessment will be formulated and distributed throughout the State.

Other Title V Grant Programs:
$1,385,195
Other MCH Grant Programs:
$241,619
TOTAL:
$1,626,814

HEALTHY START

Delta Futures: A Healthy Start Initiative, Mississippi Primary Health Care Association, Jackson, $125,000 (Healthy Start-Mentor)

The Mississippi Healthy Start Initiative aims to achieve these goals: (1) Reduce infant mortality by 20 percent in eight rural counties in the Mississippi Delta region; (2) increase to at least 90 percent the proportion of all pregnant African-American women who receive prenatal care in the first trimester of pregnancy; (3) increase by 50 percent the number of adolescents who use family planning for the project area; (4) provide efficient and effective screening tests for genetic disorders and disabling conditions for all infants; and (5) increase to 95 percent the proportion of the population that completes the basic immunization series by age 2. The administrative project staff will be in a central location so that they can provide support to the project area and the county coordinators.

TRAUMATIC BRAIN INJURY

Mississippi's Statewide Traumatic Brain Injury Planning Project, Mississippi Department of Rehabilitation Services, Jackson, $66,619 (Traumatic Brain Injury-Plan)

The purpose of the project is to develop a strategic plan for the statewide provision of TBI services. A survey of current needs and resources will be obtained. Results will be used by representatives from multiple agencies and organizations, including consumers and their families, to jointly develop an action plan to generate a statewide comprehensive community-based system of care.

FOR MORE INFORMATION ON TITLE V:

Title V Program, contact:

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Bureau Director
Mississippi State Department of Health Office of Personal Health Services
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Jackson, MS 39215
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Title V Program's services for Children with Special Health Care Needs, contact:

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Jackson, MS 39215
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Fax: (601) 987-5560

MISSOURI

The MCH Federal-State Partnership

The administration of the MCH Block Grant is under the direction of the Director of the Division of Maternal, Child and Family Health within the Missouri Department of Health. The Title V program supports needs assessment and activities designed to improve the health status of women, particularly mothers and women of reproductive age, and infants and children, including children with special health care needs. Funds are directed to supporting essential Maternal and Child Health services and prevention programs. Services under Title V administrative control include abstinence only initiatives (Project Delay), family planning, alternatives to abortion, Missouri School-Age Children's Health Services Program, community water fluoridation, disabilities prevention and injury control activities, and the Adult Head Injury Services program. Numerous other programs and services funded through the MCH Block Grant, general revenue, and other funds are under the Title V Director's control and include Medicaid case management services, Elks Mobile Dental Unit and others.

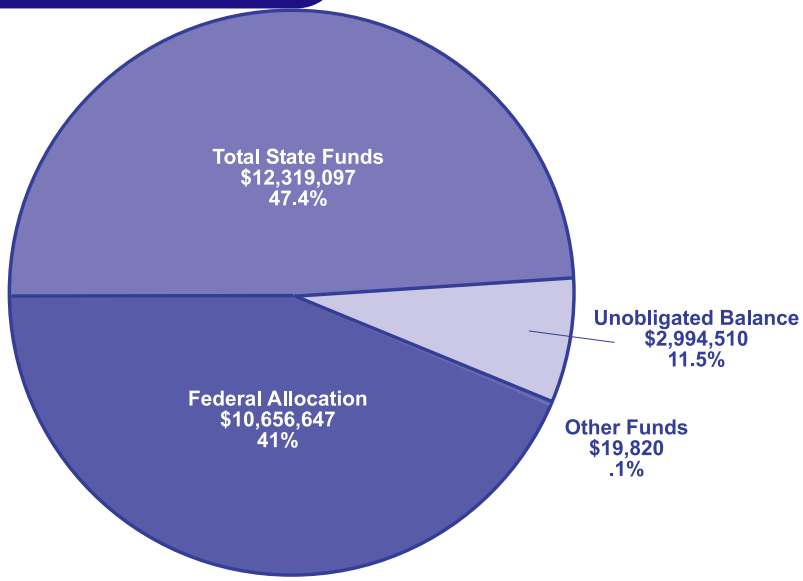
Title V Federal-State Block Grant Expenditures by Number of Individuals Served and Population Group[4]

Populations Served	Number of Individuals Served	Expenditures FY '98
Pregnant Women	1,028	$2,317,667
Infants (<1 year)	77,987	$3,684,628
Children (1 to 22 yrs)	38,059	$7,343,312
CSHCN (Special Needs)	5,647	$6,957,058
Others[3]	41,708	$4,459,356
Administration		$1,228,053
TOTALS	164,429	$25,990,074

State Population[5]
5,438,559

Live Births[5]
75,358

Title V Federal-State Block Grant Expenditures[4] by Source of Funds



MCH PARTNERSHIP FUNDS—FY 98[2]

Title V Federal-State Block Grant:
$25,990,074

Other Title V Grant Programs:
$2,030,131

Other MCH Grant Programs:
$1,770,217

TOTAL MCH Partnership Funds
$29,790,422

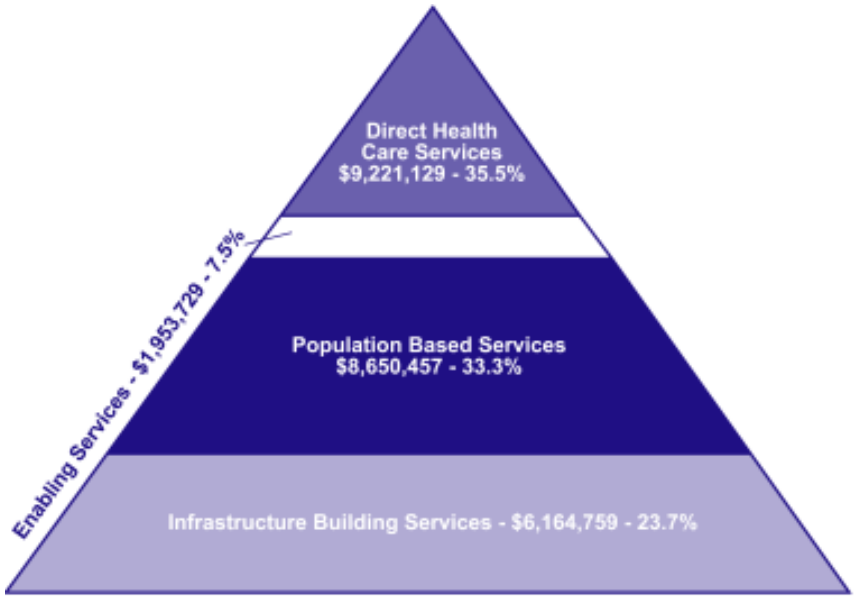
MISSOURI

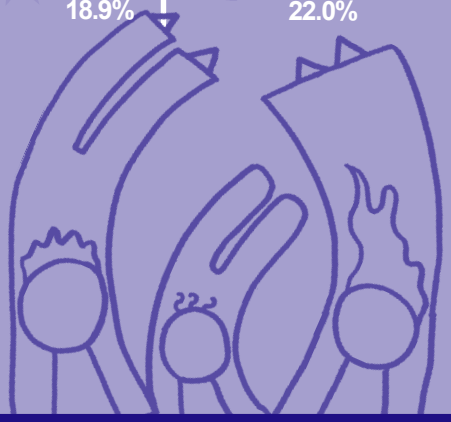
Title V - Selected National MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Number of specialty services for Children with Special Health Care Needs (CSHCN)	9 of 9	9 of 9
Percent of newborns screened for 4 major genetic disorders	100.4%	100%
Percent of children immunized (ages 19-35 months) against 9 diseases	83%	90%
Rate of births to teens aged 15-17 years (per 1,000 teens aged 15-17 years)	29.1	29
Rate of deaths to children aged 1-14 caused by motor vehicle crashes (per 100,000 children)	6.4	3.2
Percent of mothers who breast fed their infants at time of hospital discharge	52.3%	64%
Percent of newborns screened for hearing impairment before hospital discharge	2.3	50%
State assurance of family participation in CSHCN programs & policies	10 of 18	14 of 18
Percent of very low birth weight live births	1.4%	1.00%
Percent of infants born to women who received first trimester prenatal care	84.9%	89%

Title V - National MCH Outcome Measures[7]	State 1998 Results	State Year 2000 Goal
Infant mortality rate (per 1,000 live births)	7.6	7.0
Ratio of black to white infant mortality	2.7	1.8
Neonatal mortality rate (per 1,000 live births)	4.9	4.4
Postneonatal mortality rate (per 1,000 live births)	2.7	2.3
Perinatal mortality rate (per 1,000 live births)	10.8	10.3
Child death rate (per 100,000 children aged 1-14)	27.3	25

Title V - Selected State-Determined MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Women with inadequate prenatal care	11.0%	10.0%
Inadequate spacing (less than 18 months)	10.5%	10.2%
Women who have reported smoking during pregnancy	19.0%	17.5%
Child care facilities receiving health and safety consultation	18.9%	22.0%

Title V Federal-State Block Grant Expenditures[4] by Category of Service[6]





State Assurance of Family Participation in CSHCN Program and Policy	
SCALE: 0 = not met; 3 = completely met	
Participate on task forces and offered training.	3
Financial support offered for parent groups.	2
Involved in Block Grant Application process.	2
Involved in inservice training of staff.	1
Hired for expertise as family member.	1
Members of diverse cultures involved.	1
Total Possible: 18 — FY 98 Total:	10

MISSOURI
Other FY 98 MCH Grant Programs

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

- Choices of Life for Adolescence Success, Washington University, St. Louis, $127,310 (SPRANS-Research)
- Family Friends: Neighborhood Volunteer Corps, Children's Mercy Hospital, Kansas City, $50,000 (SPRANS-MCHIP-Healthy Tomorrows)
- Missouri Partnership for Leadership Education, University of Missouri, Columbia, $285,000 (SPRANS-Training-LEND/Leadership Ed Neuro Dev)
- Mom/Kid Trial: A Multicomponent Abuse Prevention Program, University of Missouri, Columbia, $323,530 (SPRANS-Research)
- State Systems Development Initiative 2000, Missouri Department of Health, Jefferson City, $100,000 (SPRANS-MCHIP-SSDI)

Title V—COMMUNITY INTEGRATED SERVICE SYSTEMS (CISS—Title V)

- A Community Collaboration on Relevant Decisions (ACCORD), University of Missouri, Kansas City, Kansas City, $50,000 (CISS-CISS-COG)

HEALTHY START

- Missouri Bootheel Healthy Start Project, SIDS Resources, Inc., St. Louis, $652,359 (Healthy Start-Community)

Selected FY 98 Title V and Other MCH Grant Annotations

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

Reduce Death in Infancy, Sudden Infant Death Syndrome Resources, Inc., St. Louis, $75,000 (SPRANS-MCHIP-SIDS)

The project goals are to: (1) Support families following an infant's death in the six-county area by expanding SIDS Resources, Inc.'s existing comprehensive and integrated systems of information and counseling services to include all families who experience an infant death and (2) provide updated preventive information aimed at reducing infant mortality in this region. Measures used to achieve these goals will include establishing systems for project collection, analysis, and evaluation; expanding the system of professional education; and disseminating project results to appropriate national, State, and local agencies.

Title V—COMMUNITY INTEGRATED SERVICE SYSTEMS (CISS—Title V)

Healthy Child Care Missouri, Missouri Department of Health, Jefferson City, $50,000 (CISS-CISS-Child Care Program)

Ensuring safe, healthy, and developmentally appropriate environments for children in licensed and license-exempt child care facilities is the overall goal of the Healthy Child Care Missouri. One objective for the first year is to increase the use of child care nurse consultation program services statewide to improve the child health and safety knowledge and practices of child care providers and children and families served. Future objectives include assisting child care facilities to comply with health and safety child care licensing rules; and increasing linkages at the community level between child care providers and health services and resources.

Title V—ABSTINENCE EDUCATION PROGRAM

Missouri Department of Health, Division of Maternal, Child and Family Health, Jefferson City, $969,291 (Abstinence Ed)

A major goal of this project is the delay of early sexual activity, using strategies of public awareness, abstinence-only education, STD prevention education, and parent-child sexuality education.

HEALTHY START

Kansas City Healthy Start, Heart of America United Way, Kansas City, $1,570,254 (Healthy Start-Community)

This project seeks to improve the health outcomes for pregnant women and their infants through (1) expansion of a consortium structure to involve more consumers in community planning to prevent infant mortality; (2) coordination of services across providers to meet clients' assessed needs; (3) an outreach program to recruit pregnant women and families into the program; (4) education for risk factors associated with infant mortality; and (5) services to adolescents that promote pregnancy prevention and improve health care and parenting skills for pregnant and parenting adolescents. The area selected has high infant mortality rates and a large number of families with low incomes.

Other Title V Grant Programs:
$2,030,131
Other MCH Grant Programs:
$1,770,217
TOTAL:
$4,452,707

TRAUMATIC BRAIN INJURY

Missouri Traumatic Brain Injury Demonstration Project, Missouri Department of Health, Jefferson City, $199,963 (Traumatic Brain Injury-Implementation)

The goal of the project is a planned, comprehensive community-based collaboration of traumatic brain injury (TBI) survivors, their families, and service providers to achieve outcomes of community inclusion, independent living/housing, competitive employment, and satisfaction. Connecting people to resources, reinforcing collaboration, and comprehensive supports drive the project model. Programs and activities include the Early Intervention and Mentor Network; the TBI Leadership Academy; the Person-Centered Planning Process, Personal Futures Planning; educational resources and materials; utilization of distance learning resources; and a local community-based crisis intervention team for children and adults.

FOR MORE INFORMATION ON TITLE V:

Title V Program, contact:

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Missouri Department of Health Division of Maternal, Child and Family Health
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920 Wildwood Drive
Jefferson City, MO 65102-0570
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Fax: (573) 526-5348

Title V Program's services for Children with Special Health Care Needs, contact:

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Division Director
Missouri Department of Health Division of Maternal, Child and Family Health
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Jefferson City, MO 65102-0570
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Fax: (573) 526-5348

MONTANA

The MCH Federal-State Partnership

Title V supports services administered by the Family and Community Health Bureau in the Health Policy and Services Division, in the Montana Department of Public Health and Human Services. Other programs/services in the administrative control of the Family and Community Health Bureau includes Title X Family Planning, WIC, CISS Healthy Child Care, SSDI project on Data Integration, Abstinence , Lead Prevention, Genetics Services and Newborn Screening.

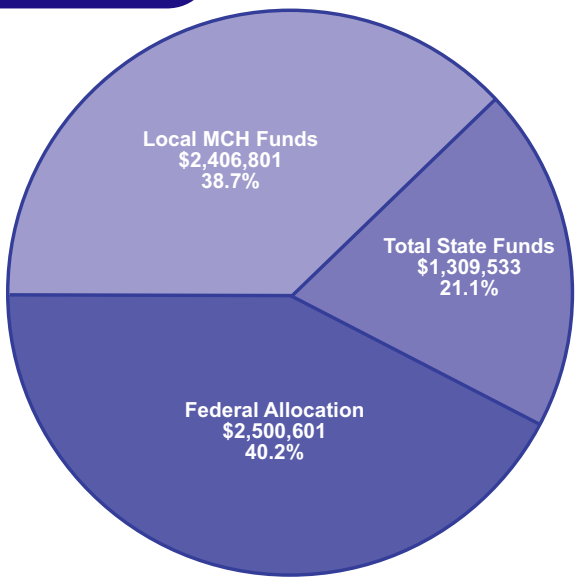
Title V Federal-State Block Grant Expenditures by Number of Individuals Served and Population Group[4]

Populations Served	Number of Individuals Served	Expenditures FY '98
Pregnant Women	5,314	$1,369,718
Infants (<1 year)	7,229	$737,692
Children (1 to 22 yrs)	49,386	$1,686,940
CSHCN (Special Needs)	1,379	$1,500,453
Others[3]	16,736	$703,944
Administration		$218,188
TOTALS	80,044	$6,216,935

State Population[5]
880,453

Live Births[5]
10,795

Title V Federal-State Block Grant Expenditures[4] by Source of Funds



MCH PARTNERSHIP FUNDS—FY 98[2]

Title V Federal-State Block Grant:	**$6,216,935**
Other Title V Grant Programs:	**$384,546**
Other MCH Grant Programs:	**$286,641**
TOTAL MCH Partnership Funds	**$6,888,122**

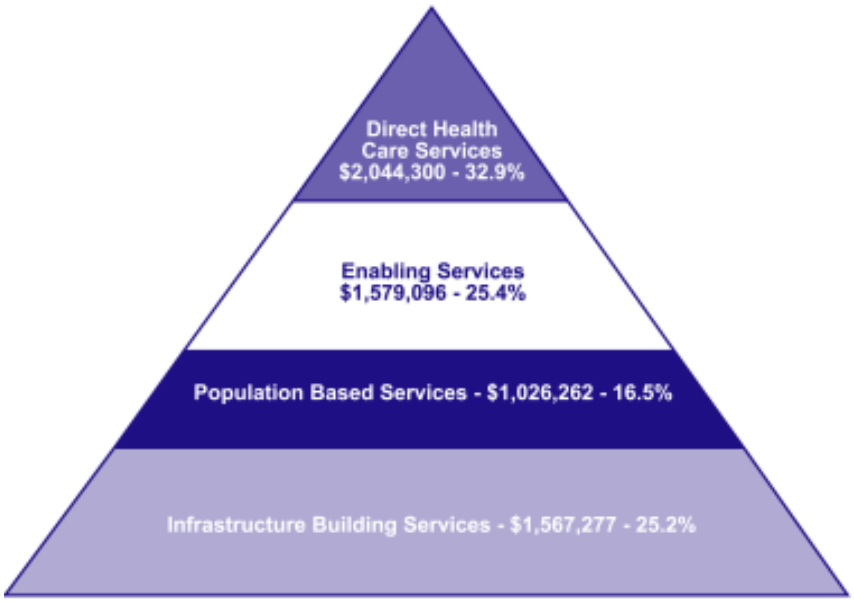
MONTANA

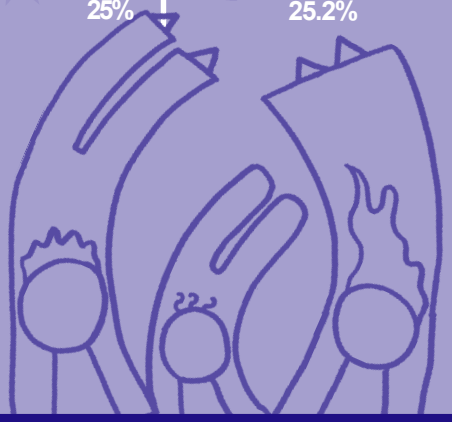
Title V - Selected National MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Number of specialty services for Children with Special Health Care Needs (CSHCN)	6 of 9	6 of 9
Percent of newborns screened for 4 major genetic disorders	99%	99.9%
Percent of children immunized (ages 19-35 months) against 9 diseases	88.4%	90%
Rate of births to teens aged 15-17 years (per 1,000 teens aged 15-17 years)	19.4	23
Rate of deaths to children aged 1-14 caused by motor vehicle crashes (per 100,000 children)	4.5	7
Percent of mothers who breast fed their infants at time of hospital discharge	72.5%	72%
Percent of newborns screened for hearing impairment before hospital discharge	29.9%	33%
State assurance of family participation in CSHCN programs & policies	5 of 18	10 of 18
Percent of very low birth weight live births	1%	1%
Percent of infants born to women who received first trimester prenatal care	82%	83%

Title V - National MCH Outcome Measures[7]	State 1998 Results	State Year 2000 Goal
Infant mortality rate (per 1,000 live births)	6.4	7.0
Ratio of black to white infant mortality	1	1
Neonatal mortality rate (per 1,000 live births)	3.8	4.5
Postneonatal mortality rate (per 1,000 live births)	2.6	2.61
Perinatal mortality rate (per 1,000 live births)	10	8
Child death rate (per 100,000 children aged 1-14)	17.8	15

Title V - Selected State-Determined MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Rate of firearm deaths among youth aged 15-19	7.86	5.7
Women reporting alcohol use in pregnancy	1.8%	2%
Infants who are breast fed at 6 months	37.7%	39%
Medicaid eligible children receiving dental services as part of comprehensive services	25%	25.2%

Title V Federal-State Block Grant Expenditures[4] by Category of Service[6]





State Assurance of Family Participation in CSHCN Program and Policy	
SCALE: 0 = not met; 3 = completely met	
Participate on task forces and offered training.	3
Financial support offered for parent groups.	1
Involved in Block Grant Application process.	0
Involved in inservice training of staff.	0
Hired for expertise as family member.	0
Members of diverse cultures involved.	1
Total Possible: 18 — FY 98 Total:	5

Selected FY 98 Title V and Other MCH Grant Annotations

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

Maternal and Child Health Data Integration Projection, Montana Department of Public Health and Human Services, Helena, $100,000 (SPRANS-MCHIP-SSDI)

Montana's MCH Data Integration Project addresses local public health services providers' need to share appropriate client information among relevant MCH-related programs in order to more completely and efficiently serve clients. The project also addresses local and State needs to assess the effectiveness of programs in addressing public health concerns. The development of Montana's Integrated Data for Evaluation and Assessment (MT IDEA) system in the Department of Public Health and Human Services will serve to pull together the client service information of Family Planning; the Special Supplemental Nutrition Program for Women, Infants and Children (WIC); Immunization; Montana's initiative with high-risk pregnancies; Children with Special Health Care Needs (CSHCN); Early and Periodic Screening, Diagnostic and Treatment (EPSDT), Partnership to Strengthen Families (child abuse prevention), and the Dental programs. It will link statewide systems to the integrated program system, including Aid to Families with Dependent Children, medicaid, and vital statistics. It provides a bridge to the integration of the Federal Individuals with Disabilities Education Act, Part H services with Title V services.

Title V—COMMUNITY INTEGRATED SERVICE SYSTEMS (CISS—Title V)

Blackfeet PRIDE (Prenatal & Infant Development Education) Project, Blackfeet Tribe Head Start Program, Browning, $48,107 (CISS-CISS-COG)

The Blackfeet PRIDE Project, using the home-based approach, will focus on prenatal and infant development. At least 20 Blackfeet pregnant women will participate in a Comprehensive Wellness Program. These participants will support the need for similar programs to begin focusing on early health prevention and intervention. Local agencies will link services through interagency agreements, especially when families are in high-risk categories. Cultural elements will be implemented within all phases of training, using the Parent Handbook as a resource guide.

Healthy Child Care Montana, Montana Department of Public Health & Human Services, Helena, $50,000 (CISS-CISS-Child Care Program)

Forging collaborative partnerships between health care and public health providers to implement the action steps is the project's primary goal. Objectives include developing a new or modifying the existing Missoula curriculum for public health staff to use in working with child care providers; and increasing the number of county public health agencies who provide a comprehensive health and safety resource for child care providers from fewer than 10 to a minimum of 25 by September 30, 1999.

Title V—ABSTINENCE EDUCATION PROGRAM

Assets for Abstinence, Montana Department of Public Health and Human Services, $186,439 (Abstinence Ed)

"Assets for Abstinence" is a comprehensive, structured program that gives youth the tools to postpone sexual activity and helps parents educate, inform, and teach family values to their children. This will be accomplished through a local community asset-building program, which names and nurtures the core experiences needed for healthy development. The centerpieces of this approach will be a peer education program and train-the-trainers component that will use accessible, qualified resource people in participating communities.

Other Title V Grant Programs:
$384,546
Other MCH Grant Programs:
$286,641
TOTAL:
$671,187

EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)

Montana EMSC Data, Injury Prevention, and Training Program, Montana Department of Health and Environmental Sciences, Helena, $153,760 (EMSC-Implementation)

This project strives to: (1) Improve pediatric data by establishing an automated statewide prehospital data collection system; (2) make Montana a "safe State" by developing a coordinated statewide, data–driven injury prevention program in the department of health and environmental sciences; and (3) improve pediatric emergency education of emergency health care providers by taking advantage of current alternative technologies. A family-centered approach to prevention and public information will be used. The Utah EMSC interrupted linear video workbooks will be reformatted to interactive CD-ROM.

Montana Establishing an EMS Continuum of Excellence, Montana Department of Public Health and Human Services, EMS and Injury Prevention Section, Helena, $132,881 (EMSC-Target)

This project seeks to establish an EMS Continuum of Excellence and a commitment to quality as the underlying philosophy for the strategic planning, operation, management, and improvement of all components of Montana's emergency medical services (EMS) system, including the provision of emergency medical care to pediatric patients. The project will serve as a national model for a statewide system of quality improvement (QI) that is integral to the overall statewide EMS system management structure. The objectives of the project are to (1) ingrain the philosophy of quality for all components of Montana's EMS system; (2) establish and reward EMS services and facilities of excellence, share these best practices with other services, and modify EMS licensing rules to provide for licensing of services based on maintenance of a QI system; (3) improve the information and analysis components of the trauma care and EMS delivery system; (4) develop the system capability both locally and statewide to develop and monitor measurable performance indicators, and use this information to improve the EMS Continuum of Excellence; and (5) improve the medical direction component of Montana's EMS Continuum of Excellence.

FOR MORE INFORMATION ON TITLE V:

Title V Program, contact:

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Title V Program's services for Children with Special Health Care Needs, contact:

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NEBRASKA

The MCH Federal-State Partnership

The Nebraska Title V Maternal and Child Health Services Block Grant is administered by the Perinatal and Child Health Program, which is in the Family Health Division of Preventive and Community Health within the newly formed Nebraska Health and Human Services System. The PCH Program conducts a statewide assessment of needs, develops policies, plans, and programs to improve the health of women, infants, children, adolescents and families in Nebraska. The Family Health Division also administers WIC, CSFP, Family Planning, Immunizations, School Health, Newborn Screening and Genetics, PRAMS, and Adolescent Health. The Title V/Children With Special Health Care Needs Program, known as the Medically Handicapped Children's Program, is located in the Special Services for Children and Adults Division within the Office of Individual and Community Services. Other programs administered by this Division include the Aged and Disabled Medicaid Waiver which also serves children, Early Intervention Medicaid Waiver, Early Intervention Program (co-administered with the Dept. of Education, Special Education Branch), Medicaid in Public Schools Program, and the Katie Beckett plan amendment.

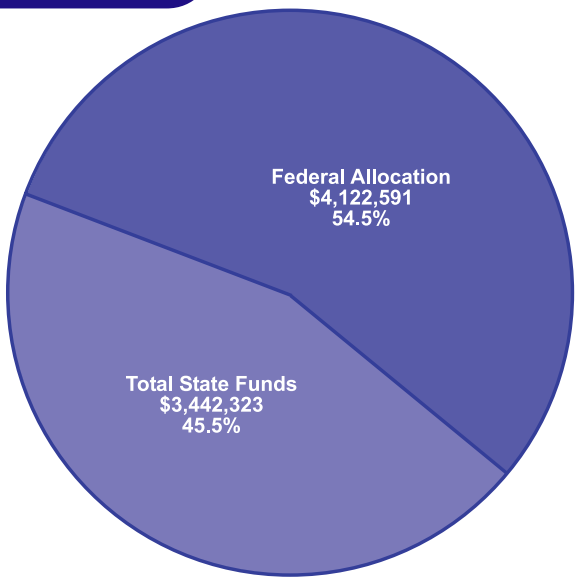
Title V Federal-State Block Grant Expenditures by Number of Individuals Served and Population Group[4]

Populations Served	Number of Individuals Served	Expenditures FY '98
Pregnant Women	3,550	$1,671,099
Infants (<1 year)	3,581	$751,957
Children (1 to 22 yrs)	23,730	$2,240,407
CSHCN (Special Needs)	4,097	$2,019,460
Others[3]	24,692	$681,991
Administration		$200,000
TOTALS	59,650	$7,564,914

State Population[5]
1,662,719

Live Births[5]
23,534

Title V Federal-State Block Grant Expenditures[4] by Source of Funds



MCH PARTNERSHIP FUNDS—FY 98[2]
Title V Federal-State Block Grant: **$7,564,914**
Other Title V Grant Programs: **$1,016,122**
Other MCH Grant Programs: **$490,000**
TOTAL MCH Partnership Funds **$9,071,036**

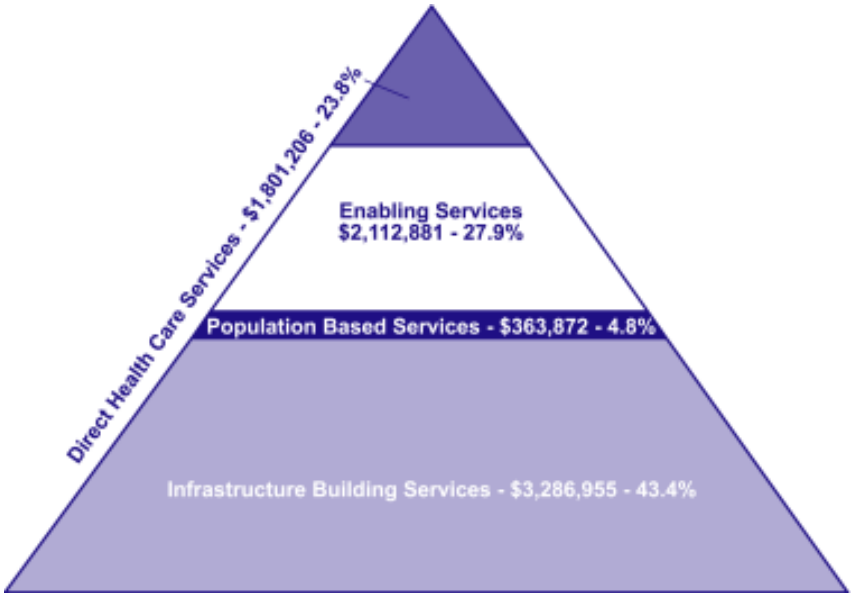
NEBRASKA

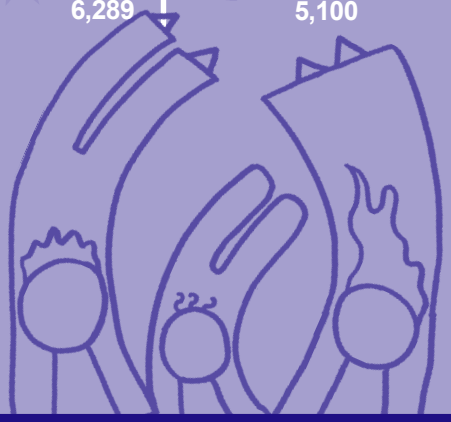
Title V - Selected National MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Number of specialty services for Children with Special Health Care Needs (CSHCN)	9 of 9	9 of 9
Percent of newborns screened for 4 major genetic disorders	100%	100%
Percent of children immunized (ages 19-35 months) against 9 diseases	75%	90%
Rate of births to teens aged 15-17 years (per 1,000 teens aged 15-17 years)	20.6	20
Rate of deaths to children aged 1-14 caused by motor vehicle crashes (per 100,000 children)	6.5	5
Percent of mothers who breast fed their infants at time of hospital discharge	57.1%	75%
Percent of newborns screened for hearing impairment before hospital discharge	12.4%	25%
State assurance of family participation in CSHCN programs & policies	12 of 18	14 of 18
Percent of very low birth weight live births	1.3%	1
Percent of infants born to women who received first trimester prenatal care	83.6%	90%

Title V - National MCH Outcome Measures[7]	State 1998 Results	State Year 2000 Goal
Infant mortality rate (per 1,000 live births)	7.3	7.7
Ratio of black to white infant mortality	2.9	1.3
Neonatal mortality rate (per 1,000 live births)	4.8	5.3
Postneonatal mortality rate (per 1,000 live births)	2.5	2.6
Perinatal mortality rate (per 1,000 live births)	10.4	10
Child death rate (per 100,000 children aged 1-14)	23.8	18.0

Title V - Selected State-Determined MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Incidence of confirmed SIDS cases (per 1,000 live births) among African American and Native American infants	3.3	3
Childbearing age women who report smoking in the last 30 days	25.1%	21%
Incidence of neural tube defects (per 10,000 live births)	4.25	3.5
Hospitalizations for injuries (per 100,000 birth to 14) (intentional and unintentional)	6,289	5,100

Title V Federal-State Block Grant Expenditures[4] by Category of Service[6]





State Assurance of Family Participation in CSHCN Program and Policy	
SCALE: 0 = not met; 3 = completely met	
Participate on task forces and offered training.	2
Financial support offered for parent groups.	2
Involved in Block Grant Application process.	3
Involved in inservice training of staff.	1
Hired for expertise as family member.	3
Members of diverse cultures involved.	1
Total Possible: 18 — FY 98 Total:	12

Selected FY 98 Title V and Other MCH Grant Annotations

NEBRASKA
Other FY 98 MCH Grant Programs

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

- **Family Empowerment and Service Coordination on the Information Superhighway, Center on Children, Families, and the Law, Lincoln, $0 (SPRANS- MCHIP-Managed Care/Health Care Reform)**
- **Municipal Maternal and Child Health Partners Project, University of Nebraska, Omaha, $178,900 (SPRANS-MCHIP-PIC)**
- **Nebraska State Systems Development Initiative, Nebraska Department of Health, Lincoln, $100,000 (SPRANS-MCHIP-SSDI)**

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

Monroe-Meyer Rehabilitation Institute Interdisciplinary Training Program, University of Nebraska, Omaha, $441,045 (SPRANS-Training-LEND/ Leadership Ed Neuro Dev)

This project provides community-based and center-based, family-centered, interdisciplinary training in 14 disciplines to graduate students and postdoctoral fellows intent on attaining future health careers. The program addresses the critical health care needs of Nebraskans while at the same time it provides leadership training at the preprofessional and continuing education level. Programs and materials developed at the Monroe-Meyer Rehabilitation Institute are disseminated nationally and regionally.

Title V—COMMUNITY INTEGRATED SERVICE SYSTEMS (CISS—Title V)

Access to Health Care & Child Care Through Resource & Referral Services, Nebraska Department of Social Services, Lincoln, $50,000 (CISS-CISS-Child Care Program)

The goals of this project are to (1) link child care providers and the families they serve with preventive and primary health care services within their local communities and (2) improve the health and well-being of children through access to appropriate, safe, child care. Annual analysis of the indicators and surveys will make up a significant portion of the evaluation.

Title V—ABSTINENCE EDUCATION PROGRAM

Nebraska Abstinence Education Grant Program, Nebraska Department of Health and Human Services, Lincoln, $246,177 (Abstinence Ed)

Nebraska's Abstinence Education Grant Program will focus on reducing the risk of adolescent pregnancy and sexually transmitted diseases among youth through community-based, family-centered, collaborative abstinence education models, and a statewide information campaign. An ongoing evaluation of five community projects is included.

Other Title V Grant Programs:
$1,016,122
Other MCH Grant Programs:
$490,000
TOTAL:
$1,506,122

EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)

Ensuring the Future for Nebraska's Children, Nebraska Department of Health and Human Services, Lincoln, $50,000 (EMSC-Plan)

The goals of the project are to access and evaluate Nebraska's current emergency capabilities and develop a 5-year comprehensive emergency medical services for children (EMSC) plan. The outcome will be the integration of children's unique needs into every component of Nebraska's EMS systems. These goals will be accomplished through contact with key medical personnel having expertise in pediatric trauma and health care. An EMSC advisory committee appointed by the Nebraska Director of Health, along with numerous surveys from other EMSC programs throughout the Nation, will provide expert firsthand data valuable to the Nebraska program.

HEALTHY START

North Omaha Healthy Start, Housing Authority of the City of Omaha, Omaha, $440,000 (Healthy Start-Community)

The proposed North Omaha Healthy Start Initiative will address infant mortality within the ENE area by focusing on the barriers to prenatal and infant health care caused by fragmented health and social service systems.

FOR MORE INFORMATION ON TITLE V:

Title V Program, contact:

Paula Eurek, RD
Administrator, Family Health Division
Services Agency of the NE Health and Human Services System
301 Centennial Mall South
Lincoln, NE 68509-5044
Phone: (402) 471-3980
Fax: (402) 471-7049

Title V Program's services for Children with Special Health Care Needs, contact:

Mary Jo Iwan
Administrator, Special Services for Children & Adults Division
Services Agency of the NE Health and Human Services System
301 Centennial Mall South
Lincoln, NE 68509-5044
Phone: (402) 471-9345
Fax: (402) 471-9455

NEVADA

The MCH Federal-State Partnership

Nevada's Title V Program is administered through the Bureau of Family Health Services, which resides within the Nevada Department of Human Resources, State Health Division. Programs and initiatives address areas of prenatal care, including perinatal substance abuse prevention and Baby Your Baby, children with special health care needs, including newborn screening and multidisciplinary specialty clinics, and children and adolescents, including adolescent clinics, dental services, teen pregnancy prevention and injury prevention. Title V also supervises the WIC Program and Special Children's Clinics in Reno and Las Vegas, which provide early intervention services for affected children and their families.

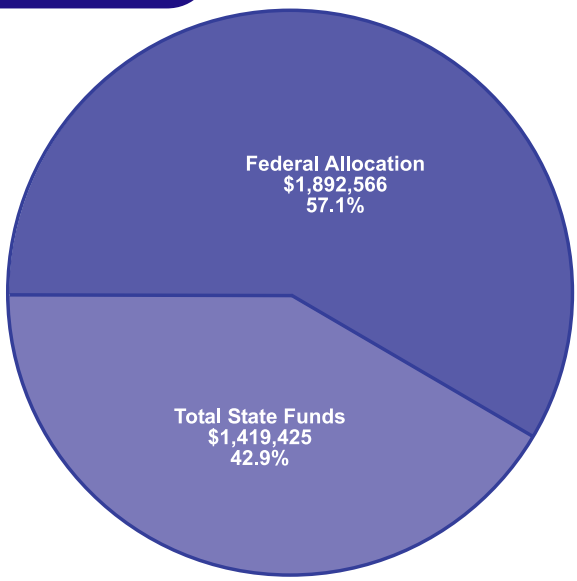
Title V Federal-State Block Grant Expenditures by Number of Individuals Served and Population Group[4]

Populations Served	Number of Individuals Served	Expenditures FY '98
Pregnant Women	5,463	$808,892
Infants (<1 year)	28,219	$ 0
Children (1 to 22 yrs)	21,181	$768,109
CSHCN (Special Needs)	7,148	$1,643,540
Others[3]	*	$ 0
Administration		$91,450
TOTALS	62,011	$3,311,991

State Population[5]
1,746,898

Live Births[5]
28,669

Title V Federal-State Block Grant Expenditures[4] by Source of Funds



MCH PARTNERSHIP FUNDS—FY 98[2]

Title V Federal-State Block Grant:	**$3,311,991**
Other Title V Grant Programs:	**$337,534**
Other MCH Grant Programs:	**$75,000**
TOTAL MCH Partnership Funds	**$3,724,525**

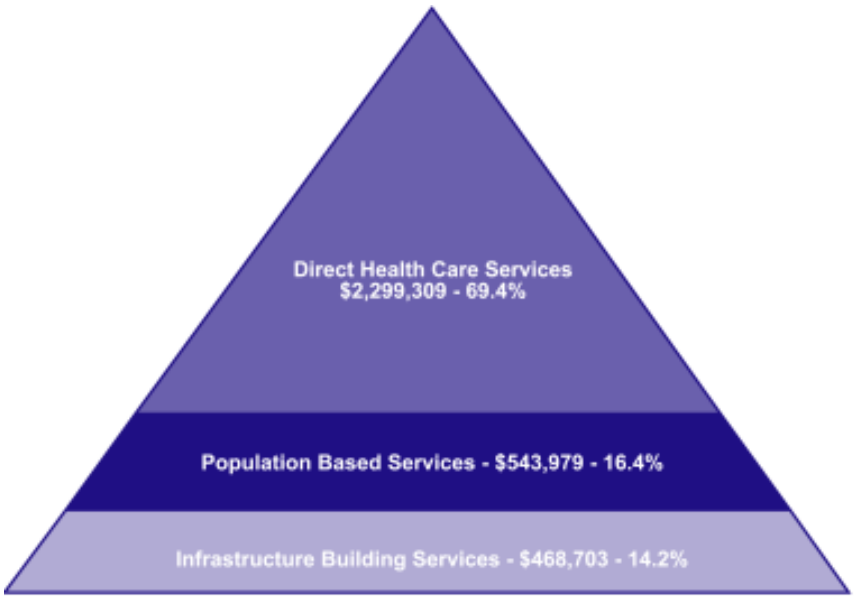
NEVADA

Title V - Selected National MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Number of specialty services for Children with Special Health Care Needs (CSHCN)	9 of 9	9 of 9
Percent of newborns screened for 4 major genetic disorders	99.8%	99%
Percent of children immunized (ages 19-35 months) against 9 diseases	73%	78%
Rate of births to teens aged 15-17 years (per 1,000 teens aged 15-17 years)	36.2	37
Rate of deaths to children aged 1-14 caused by motor vehicle crashes (per 100,000 children)	3.8	4.5
Percent of mothers who breast fed their infants at time of hospital discharge	51%	53%
Percent of newborns screened for hearing impairment before hospital discharge	0%	30%
State assurance of family participation in CSHCN programs & policies	8 of 18	12 of 18
Percent of very low birth weight live births	1.3%	1%
Percent of infants born to women who received first trimester prenatal care	76.7%	79%

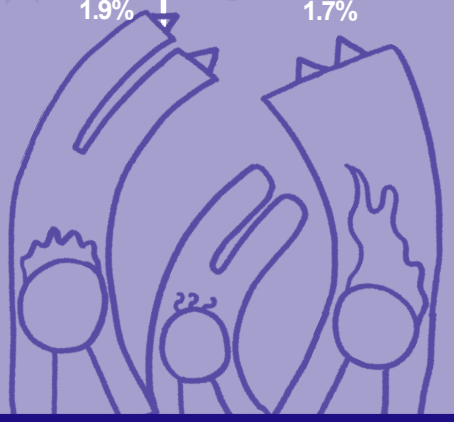
Title V - National MCH Outcome Measures[7]	State 1998 Results	State Year 2000 Goal
Infant mortality rate (per 1,000 live births)	6.9	6.0
Ratio of black to white infant mortality	2.7	1.3
Neonatal mortality rate (per 1,000 live births)	3.4	3.8
Postneonatal mortality rate (per 1,000 live births)	3.5	2.4
Perinatal mortality rate (per 1,000 live births)	9	9
Child death rate (per 100,000 children aged 1-14)	24	25

Title V - Selected State-Determined MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
CSHCN access to case management and enabling services	50.7%	50%
Substantiated incidence of child abuse and neglect cases for children ages 0-19 (per 1,000)	19	15
Rate of hospital discharge (per 100,000 youth) for intentional injury	148.8	140
Degree to which the Nevada MCH Prenatal program supports or pays for prenatal care, including dental care, not otherwise or accessible to its clients	1.9%	1.7%

Title V Federal-State Block Grant Expenditures[4] by Category of Service[6]



* Data not available



State Assurance of Family Participation in CSHCN Program and Policy	
SCALE: 0 = not met; 3 = completely met	
Participate on task forces and offered training.	2
Financial support offered for parent groups.	2
Involved in Block Grant Application process.	3
Involved in inservice training of staff.	1
Hired for expertise as family member.	3
Members of diverse cultures involved.	1
Total Possible: 18 — FY 98 Total:	12

Selected FY 98 Title V and Other MCH Grant Annotations

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

Nevada Maternal and Child Health State Systems Development Initiative Primary Care Development Project, Nevada State Health Division, Carson City, $100,000 (SPRANS-MCHIP-SSDI)

The purpose of Nevada's Maternal and Child Health State Systems Development Initiative Primary Care Development Project was to develop a statewide, comprehensive, community-based primary health care system for underserved children and their families. The project was collocated with the Primary Care Cooperative Agreement in the Primary Care Development Center within the Nevada State Health Division. The project's goals included the following: (1) Improve access to primary health care and preventive care services for Nevadans by expanding the number of community health centers that treat children and pregnant women; (2) increase the number of primary care providers available to care for Nevadans by expanding health professions training opportunities and educating more midlevel practitioners; and (3) promote universal access to primary health care and preventive care for Nevada's children and adolescents. Activities included needs assessments, targeted community development, support for designating underserved areas (federal Health Professional Shortage Areas and MUA/Ps), strengthening the NHSC, production of the Nevada Primary Care Access Plan, development of data for the Title V Block Grant, and maintenance of the Primary Care Data Base. Materials developed included the Nevada Primary Care Access Plan and the structure of the Primary Care Data Base.

Nevada State Planning and Fluoridation Systems Development, Nevada Department of Human Resources, Carson City, $30,000 (SPRANS-MCHIP-Fluoride)

The goal of Nevada's State Planning and Fluoridation Systems Development Project is to promote the fluoridation of Nevada's community water systems. Activities include an assessment of a 1997 effort to pass mandating legislation. Based on the assessment, an educational campaign with a multimedia component to promote community water systems fluoridation will be developed and implemented. A Resource and Policy Assistance Center for Community Water Systems Fluoridation will also be developed and made available to the public. Existing oral health community and State committees and coalitions will be expanded to support the campaign.

Title V—COMMUNITY INTEGRATED SERVICE SYSTEMS (CISS—Title V)

Nevada HSDCC Project, Nevada Department of Human Resources, Carson City, $50,000 (CISS-CISS-Child Care Program)

A resource library of videotapes and other materials will be developed to provide effective onsite training to caregivers in child care settings. In addition to purchasing or obtaining such materials that pertain to appropriate subject matters, the project will develop and produce videotapes and other materials for training in State-specific subjects, including the social and health care service systems and the appropriate methods for families to access such services. Effectiveness of the training will be evaluated by giving pretraining and post-training tests at the time of initial testing and at subsequent testings.

Other Title V Grant Programs:
$337,534
Other MCH Grant Programs:
$75,000
TOTAL:
$412,534

Title V—ABSTINENCE EDUCATION PROGRAM

Abstinence Education to Reduce Teen Pregnancy in Nevada, Nevada State Department of Human Resources, Division of Health, Carson City, $157,534 (Abstinence Ed)

Through a statewide media campaign, school-based assemblies, and local-level developed and directed activities, sexual abstinence will be promoted to reduce Nevada's pre-teen and teen pregnancy rates.

TRAUMATIC BRAIN INJURY

Nevada Cares Project, Nevada Department of Employment, Training and Rehabilitation, Carson City, $75,000 (Traumatic Brain Injury-Plan)

The project seeks to reassess Nevada's approach for dealing with survivors of traumatic brain injury (TBI). Project activities are to (1) update the 1989 and 1990 State needs assessments of TBI services, funding streams, resource availability, barriers, and policy recommendations; (2) update the statewide action plan to ensure a comprehensive community-based system of care; (3) develop a replicable, predischarge model to be used in acute care sites; (4) examine and report policies, practices, attitudes, and funding constraints; (5) identify and plan for cultural issues related to effective systems access and service delivery; and (6) determine the feasibility and cost to fully implement the Centers for Disease Control and Prevention Guidelines for Surveillance of Central Nervous System Injury within the Nevada Head Trauma Registry.

FOR MORE INFORMATION ON TITLE V:

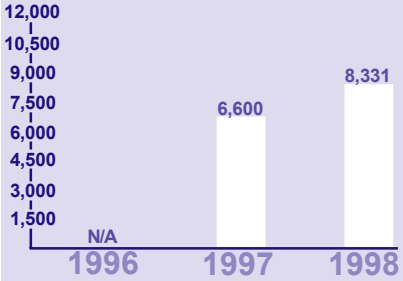
Title V Program, contact:

Judith M. Wright
Bureau Chief
Nevada State Health Division Bureau of Family Health Services
505 E. King Street, Room 200
Carson City, NV 89702-4792
Phone: (775) 684-4285
Fax: (775) 684-4245

Title V Program's services for Children with Special Health Care Needs, contact:

Gloria Deyhle, RN
MCH/CSHCN Nurse Consultant
Nevada State Health Division Bureau of Family Health Services
505 E. King Street, Room 200
Carson City, NV 89702-4792
Phone: (775) 684-4285
Fax: (775) 684-4245

State Hotline Calls/Year



To help families learn about maternal and child health care.

1-800-311-BABY;
en espanol: 1-800-504-7081

NEW HAMPSHIRE

The MCH Federal-State Partnership

The Title V Program is located within the Office of Community and Public Health (OCPH). Administration of the MCH Block Grant is assigned jointly to the Bureau of Maternal & Child Health (BMCH) for services to women, infants and children and to the Bureau of Special Medical Services(SMSB) for services to children with special health care needs. The state's Family Planning Program also resides in the BMCH. SMSB is also responsible for managing the Catastrophic Illness Program for adults with specific chronic diseases and the Ryan White Title II Home Care Program for persons with HIV/AIDS.

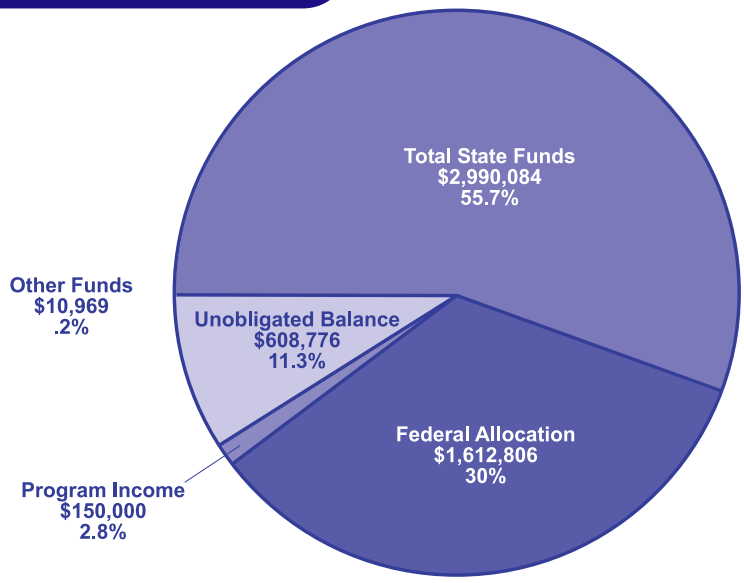
Title V Federal-State Block Grant Expenditures by Number of Individuals Served and Population Group[4]

Populations Served	Number of Individuals Served	Expenditures FY '98
Pregnant Women	1,906	$310,126
Infants (<1 year)	1,456	$ 310,126
Children (1 to 22 yrs)	19,686	$1,085,115
CSHCN (Special Needs)	4,238	$3,050,313
Others[3]	*	$581,223
Administration		$35,732
TOTALS	27,286	$5,372,635

State Population[5]
1,185,048

Live Births[5]
14,429

Title V Federal-State Block Grant Expenditures[4] by Source of Funds



MCH PARTNERSHIP FUNDS—FY 98[2]
Title V Federal-State Block Grant: **$5,372,635**
Other Title V Grant Programs: **$865,722**
Other MCH Grant Programs: **$437,833**
TOTAL MCH Partnership Funds **$6,676,190**

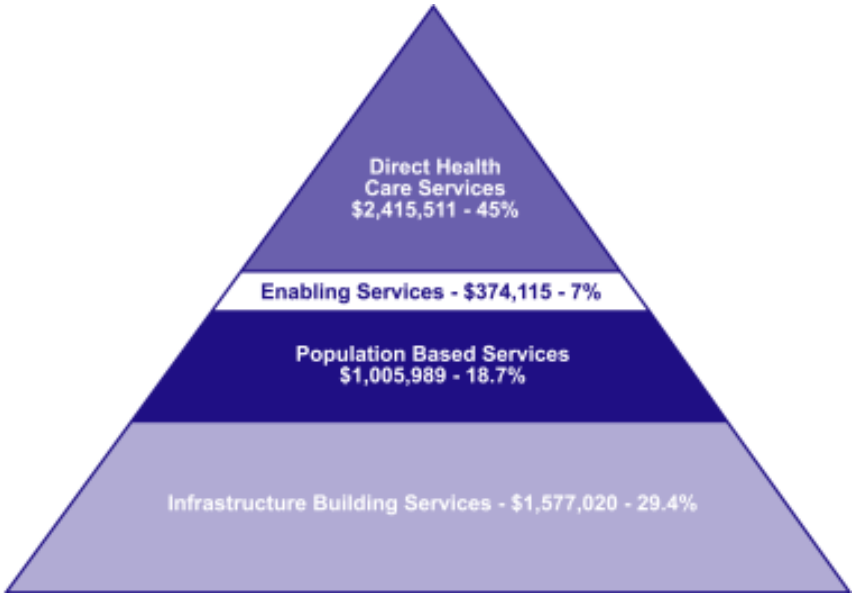
NEW HAMPSHIRE

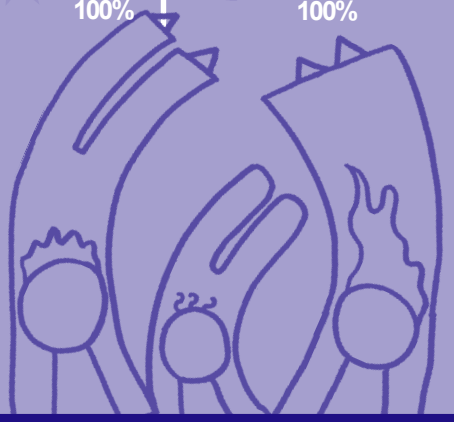
Title V - Selected National MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Number of specialty services for Children with Special Health Care Needs (CSHCN)	9 of 9	9 of 9
Percent of newborns screened for 4 major genetic disorders	97.7%	99.2%
Percent of children immunized (ages 19-35 months) against 9 diseases	82%	90%
Rate of births to teens aged 15-17 years (per 1,000 teens aged 15-17 years)	14	13.5
Rate of deaths to children aged 1-14 caused by motor vehicle crashes (per 100,000 children)	3	2.8
Percent of mothers who breast fed their infants at time of hospital discharge	62.9%	65%
Percent of newborns screened for hearing impairment before hospital discharge	22.9%	25%
State assurance of family participation in CSHCN programs & policies	16 of 18	18 of 18
Percent of very low birth weight live births	1.1%	.8%
Percent of infants born to women who received first trimester prenatal care	89.6%	90%

Title V - National MCH Outcome Measures[7]	State 1998 Results	State Year 2000 Goal
Infant mortality rate (per 1,000 live births)	5	5
Ratio of black to white infant mortality	*	*
Neonatal mortality rate (per 1,000 live births)	3.5	3.5
Postneonatal mortality rate (per 1,000 live births)	1.5	1.5
Perinatal mortality rate (per 1,000 live births)	7.9	8.5
Child death rate (per 100,000 children aged 1-14)	18.2	18.2

Title V - Selected State-Determined MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Pregnant women attending State-funded prenatal clinics who have an HIV test	72%	95%
Women statewide who smoked during pregnancy	16.3%[96]	12%
Deaths of teens aged 15-19 caused by motor vehicle crashes (per 100,000)	19.8[96]	18
Families whose infant is suspected to have died of SIDS who have received NH SIDS Program Services	100%	100%

Title V Federal-State Block Grant Expenditures[4] by Category of Service[6]





State Assurance of Family Participation in CSHCN Program and Policy	
SCALE: 0 = not met; 3 = completely met	
Participate on task forces and offered training.	3
Financial support offered for parent groups.	3
Involved in Block Grant Application process.	3
Involved in inservice training of staff.	3
Hired for expertise as family member.	3
Members of diverse cultures involved.	1
Total Possible: 18 — FY 98 Total:	16

* Data not available

NEW HAMPSHIRE
Other FY 98 MCH Grant Programs

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

- Collaborative Study Group: Psychosocial-Developmental Aspects of Child Health, Dartmouth College, Hanover, $11,836 (SPRANS-Training-Continuing Ed/ Collaborative Office Rounds)
- Health and Education Leadership Project: Support of Students With Chronic Health Conditions Through School Principal Leadership Training, Dartmouth College, Lebanon, $24,913 (SPRANS-Training-Continuing Education)
- New Hampshire Alliance for Maternal and Child Health Interdisciplinary Leadership Education in Neurodevelopmental and Related Disabilities Program, Dartmouth University, Lebanon, $441,045 (SPRANS-Training-LEND/Leadership Ed Neuro Dev)
- New Hampshire Systems Development Initiative, New Hampshire Division of Public Health Services, Concord, $100,000 (SPRANS-MCHIP-SSDI)
- Rural Medical Home Improvement Project, Hood Center for Family Support, Lebanon, $107,987 (SPRANS-MCHIP-Integrated Services)

Title V—COMMUNITY INTEGRATED SERVICE SYSTEMS (CISS—Title V)

- New Hampshire Home Visiting Network and Development Project, New Hampshire Department of Health and Human Services, Concord, $50,000 (CISS-CISS-COG)

EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)

- Children With Special Health Care Needs Targeted Issues, Dartmouth College, Hanover, $59,461 (EMSC-PRTNER)
- What Constitutes "Appropriate" Use of EMSC for Children in Managed Care, University of New Hampshire, Durham, $150,000 (EMSC-Target)

Selected FY 98 Title V and Other MCH Grant Annotations

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

New Hampshire Oral Health Project, New Hampshire Department of Health and Human Services, Concord, $30,000 (SPRANS-MCHIP-Fluoride)

The New Hampshire Oral Health Project seeks to ultimately improve the oral health of the children of New Hampshire by hiring a part-time dental health coordinator to be a central resource for preventive oral health efforts and assist the State and communities to develop community water fluoridation efforts by collaborating with the public and private sectors.

Seacoast HealthNet, Seacoast HealthNet, Exeter, $50,000 (SPRANS-MCHIP-Healthy Tomorrows)

Seacoast HealthNet, a network of health care professionals that provides improved access to medical care for uninsured, low-income residents in 21 towns of the Seacoast area of New Hampshire, is using a Healthy Tomorrows grant to extend the health education it is able to provide to parents and children. Three home health educators extend the breadth and effectiveness of the education begun by the care coordinators during enrollment, and corresponding educational sessions for providers help ensure coordination of what families learn and what providers emphasize during health supervision visits. As families and providers become better partners in the management of specific ambulatory care sensitive conditions, rates at which children are hospitalized for these diagnoses are expected to fall.

Title V—COMMUNITY INTEGRATED SERVICE SYSTEMS (CISS—Title V)

New Hampshire Child Health/Child Care Project, Community Health Institute, Concord, $49,941 (CISS-CISS-Child Care Program)

The overarching goal of the project is to build a system for assuring health and social support services in child care environments. A two-pronged approach will be taken using the strategies of capacity building, training, and networking. The project will have major areas of emphasis for each of the 3 years: Access to primary health care and health screenings, general health issues, and prevention of injuries in the child care setting; children with special health care needs and linking with social and emotional support services; and health and safety education for children, parents and staff, and working with family child care providers.

EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)

New Hampshire Emergency Medical Services for Children Targeted Issues, Dartmouth College, Trustees of Dartmouth Medical School, Hanover, $149,872 (EMSC-Target)

This project plans to implement the pediatric section of the statewide trauma plan and create a pediatric trauma care system in New Hampshire. The project will (1) identify and designate all acute care facilities in the State by level of pediatric care according to the trauma plan, (2) develop a cordinated system of interfacility transfer and transport according to the plan, (3) educate medical professionals regarding the appropriate use of the plan and the role they will play in its success, and (4) familiarize the public with the pediatric trauma system.

Other Title V Grant Programs:
$865,722
Other MCH Grant Programs:
$437,833
TOTAL:
$1,303,555

TRAUMATIC BRAIN INJURY

New Hampshire TBI Planning Project, New Hampshire Division of Developmental Services, Concord, $78,500 (Traumatic Brain Injury-Plan)

The goals of the project are to identify the unmet needs of traumatic brain injury (TBI) survivors and their families and to plan an infrastructure of services that will significantly enhance the capacity of both State and private organizations to work collaboratively and effectively across disciplines and agencies for the benefit of New Hampshire's survivors of TBI and their families. Activities include organization of a statewide TBI advisory board representing survivors and their families and the continuum of care of services; expansion of the role and responsibilities of the Division of Developmental Services, Acquired Brain Injury Services, and the designated staff person to include planning activities for all TBI survivors regardless of the survivor's age at onset of injury; development of statewide needs assessment surveys to assess the needs of consumers, families, professionals, and providers; and development of a statewide action plan to address the needs of TBI survivors and their families based on the results of the statewide survey.

FOR MORE INFORMATION ON TITLE V:

Title V Program, contact:

Joan Ascheim
Bureau Chief
Office of Community and Public Health
Bureau of Maternal & Child Health
6 Hazen Drive
Concord, NH 03301
Phone: (603) 271-4516
Fax: (603) 271-4519

Title V Program's services for Children with Special Health Care Needs, contact:

Jane Hybsch RN, MHA
Bureau Chief
Office of Community and Public Health
Special Medical Services Bureau
6 Hazen Drive
Concord, NH 03301
Phone: (603) 271-4596
Fax: (603) 271-4902

NEW JERSEY

The MCH Federal-State Partnership

In New Jersey the administration of the MCH Block Grant, including the program for children with special health care needs, is organizationally located within the Department of Health and Senior Services, Division of Family Health Services. The division's organization is based on function, rather than categorical programs. Two service units, within the Division of Family Health Services, have direct responsibility for MCH activities: Maternal, Child and Community Health MCCH) has oversight of the Maternal and Child Health Consortiums (MCHC), the Healthy Mothers Healthy Babies Coalitions (HMHB), FAS risk reduction perinatal addiction services, HealthStart, the Black Infant Mortality Reduction Awareness Campaign, comprehensive maternity services and outreach and education, preventive and primary care services including child and adolescent health services, oral health, childhood lead poisoning prevention services, Title X-family planning, breast and cervical cancer control initiative, the primary care cooperative agreement, medical home project (SSDI), and the federally qualified health center (FQHC) expansion program. Special Child and Adult Health Services (SCAHS) administers programs and services to assure that all persons with special health needs have access to comprehensive, community based, culturally competent and family centered care. The Birth Defects registry provides for early identification and surveillance. Newborn screening follow-up is within SCAHS. Specialized pediatric evaluation and treatment services are managed by SCAHS along with community based case management services for children with special health care needs. Services for adults include hereditary disorders, diabetes control, Huntington's disease, and chronic renal disease. The MCH Epidemiology Program is under the Office of the Medical Director within the Office of the Assistant Commissioner.

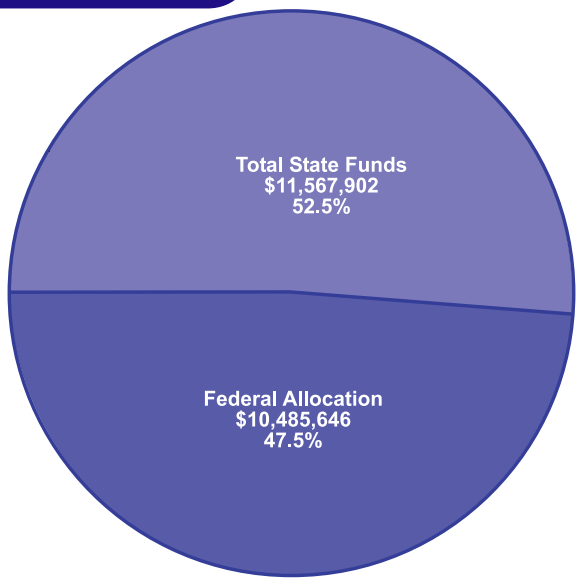
Title V Federal-State Block Grant Expenditures by Number of Individuals Served and Population Group[4]

Populations Served	Number of Individuals Served	Expenditures FY '98
Pregnant Women	110,465	$3,098,440
Infants (<1 year)	110,465	$ 2,065,628
Children (1 to 22 yrs)	128,943	$ 7,335,197
CSHCN (Special Needs)	67,839	$ 8,581,631
Others[3]	30,788	*
Administration		$972,652
TOTALS	448,500	$22,053,548

State Population[5]
8,115,011

Live Births[5]
114,550

Title V Federal-State Block Grant Expenditures[4] by Source of Funds



MCH PARTNERSHIP FUNDS—FY 98[2]
Title V Federal-State Block Grant: **$22,053,548**
Other Title V Grant Programs: **$1,355,791**
Other MCH Grant Programs: **$2,482,700**
TOTAL MCH Partnership Funds **$25,892,039**

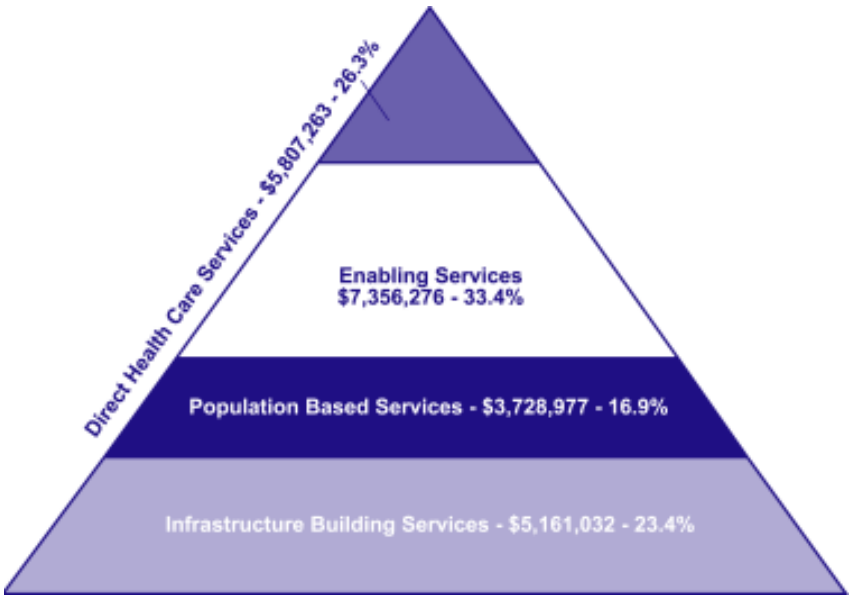
NEW JERSEY

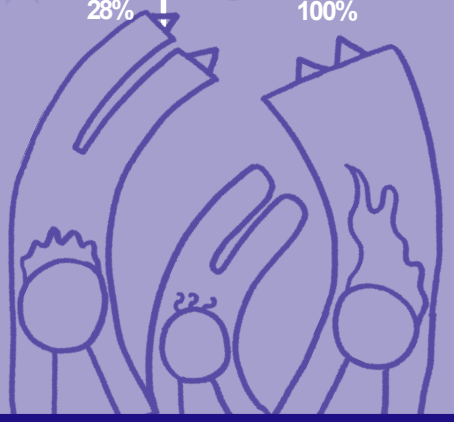
Title V - Selected National MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Number of specialty services for Children with Special Health Care Needs (CSHCN)	8 of 9	9 of 9
Percent of newborns screened for 4 major genetic disorders	99.8%	99%
Percent of children immunized (ages 19-35 months) against 9 diseases	78%	90%
Rate of births to teens aged 15-17 years (per 1,000 teens aged 15-17 years)	20.6	20.1
Rate of deaths to children aged 1-14 caused by motor vehicle crashes (per 100,000 children)	2.7	2.4
Percent of mothers who breast fed their infants at time of hospital discharge	42.6%	55%
Percent of newborns screened for hearing impairment before hospital discharge	29.9%	50%
State assurance of family participation in CSHCN programs & policies	16 of 18	16 of 18
Percent of very low birth weight live births	1.6%	1.6%
Percent of infants born to women who received first trimester prenatal care	77.6%	90%

Title V - National MCH Outcome Measures[7]	State 1998 Results	State Year 2000 Goal
Infant mortality rate (per 1,000 live births)	5.8	5.0
Ratio of black to white infant mortality	2.6	2.3
Neonatal mortality rate (per 1,000 live births)	4.2	4.3
Postneonatal mortality rate (per 1,000 live births)	1.6	1.9
Perinatal mortality rate (per 1,000 live births)	11.5	11.0
Child death rate (per 100,000 children aged 1-14)	18.5	19.1

Title V - Selected State-Determined MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Repeat pregnancies among adolescents 15-19 years of age	*	18%
Black preterm infants in New Jersey	*	18%
Newborns with confirmed positive biochemical screening tests receiving appropriate treatment	100%	100%
Implementation of commmunity-based fetal and infant mortality reviews	28%	100%

Title V Federal-State Block Grant Expenditures[4] by Category of Service[6]





State Assurance of Family Participation in CSHCN Program and Policy	
SCALE: 0 = not met; 3 = completely met	
Participate on task forces and offered training.	3
Financial support offered for parent groups.	3
Involved in Block Grant Application process.	2
Involved in inservice training of staff.	3
Hired for expertise as family member.	2
Members of diverse cultures involved.	3
Total Possible: 18 — FY 98 Total:	16

* Data not available

Selected FY 98 Title V and Other MCH Grant Annotations

NEW JERSEY
Other FY 98 MCH Grant Programs

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

- Expanding Resources and Improving Genetic Services Using the Mid-Atlantic Regional Human Genetics Network (MARHGN): A Seven-State Consortium, University of Medicine and Dentistry of New Jersey, Newark, $239,138 (SPRANS-Genetics)
- Incorporating Genetics into Primary Care Practice, University of Medicine and Dentistry of New Jersey, Newark, $123,582 (SPRANS-Genetics)
- New Jersey Project: Providing a Health Care Home in a "Neighborhood of Services," New Jersey Department of Health, Trenton, $100,000 (SPRANS-MCHIP-SSDI)

HEALTHY START

- Healthy Start for Essex County, New Jersey State Department of Health, Trenton, $307,841 (Healthy Start-Mentor)

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

Trenton Loves Children - Home Visitor Project, City of Trenton, Trenton, $50,000 (SPRANS-MCHIP-Healthy Tomorrows)

The project seeks to improve the health and well-being of families with infants and young children by tracking health measures, and providing in-home assessment, education, and support for appropriate use of primary health care and essential social support services; and reevaluate the role of the local public health agency in response to the impending changes in health care and the move to managed care in New Jersey by working with the State agencies for Health and Human Services. Health outcome measures (prenatal visits, gestational age, birthweight, immunization status by age 2, lead screening, developmental assessments, vision and hearing testing) will be improved for infants, children, and families participating in the project.

Title V—ABSTINENCE EDUCATION PROGRAM

New Jersey Abstinence Education Project, New Jersey Department of Health and Senior Services, Trenton, $843,071 (Abstinence Ed)

The New Jersey Abstinence Education Project will develop or enhance youth groups, community education, mentoring, and/or parenting skills building programs. The project will target children and adolescents who are 10-14 years of age who live in high need areas of the State. The Project will strive to increase the number of youth who postpone initiation of sexual intercourse; reduce the number of teenage pregnancies and teenage births; enhance an adolescent's ability to reject unwanted sexual advances, and provide parents/families with an opportunity for skills training in parent/child communication.

EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)

New Jersey EMS for Children Program Partnership, New Jersey Department of Health and Senior Services, Trenton, $75,000 (EMSC-PRTNER)

This project seeks to support emergency medical services for children (EMSC) efforts in New Jersey by using Federal funds to partially support the EMSC program manager position and to print New Hampshire's PACE (Planning to Avoid Childhood Emergencies) and Colorado's ECHO (Everyone Can Help Others) materials. Federal funds would supplement, not supplant, existing State EMSC funds, which could be used for the following initiatives: (1) A data base to link trained educators in head and spinal cord injury prevention with speakers who are physically impaired and with secondary schools; (2) a pediatric injury prevention program, targeting children who are currently in or recently discharged from pediatric rehabilitation, to decrease recidivism; and (3) a pediatric pedestrian safety program.

Other Title V Grant Programs:
$1,355,791
Other MCH Grant Programs:
$2,482,700
TOTAL:
$3,838,491

HEALTHY START

Camden Healthy Start Project, Southern New Jersey Perinatal Cooperative, Pennsauken, $2,099,859 (Healthy Start-Community)

The Camden Healthy Start Project is a coordinated, collaborative effort of health and social service providers, city agencies, community-based organizations, other voluntary agencies, community leaders, and consumers. This comprehensive proposal will decrease infant mortality and low birthweight births as well as increase access and utilization of health and social services particularly in the area of maternal and child health. The existing Healthy Mothers/Healthy Babies effort of outreach will be greatly enhanced through the addition of the Momobile under the Outreach Model of Intervention. In addition, the Risk Prevention and Reduction Model will specifically address substance use and abuse as they affect women, their infants, and their families. There will be an expansion of hours of services, transportation, child care, and treatment locations throughout the city of Camden. The Adolescent Program model will expand the School-Based Youth Services Program and after-school programs to prevent and reduce the number of adolescent pregnancies but also provide a significant and effective program for adolescent males.

FOR MORE INFORMATION ON TITLE V:

Title V Program, contact:

Celeste Andriot Wood
Director of Community Health Services
PO Box 364 50 East State Street
Trenton, NJ 08625-0364
Phone: (609) 984-1384
Fax: (609) 292-9599

Title V Program's services for Children with Special Health Care Needs, contact:

Marilyn Gorney-Daley, D.O.
Acting Director of Special Child & Adult Health Services
PO Box 364 50 East State Street
Trenton, NJ 08625-0364
Phone: (609) 984-0755
Fax: (609) 292-9599

NEW MEXICO

The MCH Federal-State Partnership

The Family Health Bureau of the Public Health Division, New Mexico Department of Health, administers the Title V MCH Program. It comprises the Bureau Chief; the MCH Medical Director; and programs with staff for MCH Epidemiology, Maternal & Child Health unit including County MCH Councils, Adolescent Health/Youth Development, and the Children's Medical Services serving CSHCN. The Title V Block Grant administers contracts that include the Maternal and Infant Care (MIC) Project of the University of New Mexico in Albuquerque. Title V funds support immunization services, an epidemiologist position in Vital Records Title V data needs and for the linked Medicaid +live birth analysis project, and a health educator position in the Childhood Injury Prevention program in the EMS/Injury Prevention Bureau. Programs with other funding sources that serve the MCH population and that are in the Family Health Bureau include the Nutrition and WIC Programs, Dental Health Program, Families FIRST Perinatal Case Management and Title X Family Planning.

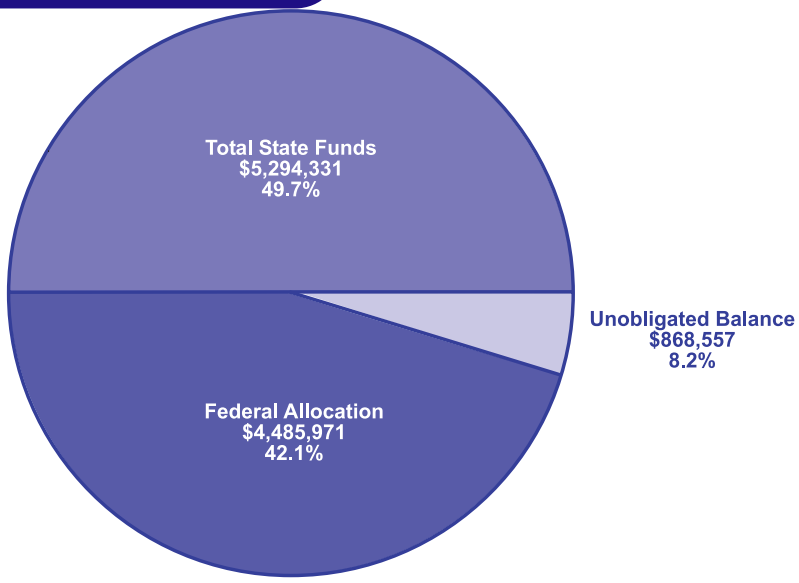
Title V Federal-State Block Grant Expenditures by Number of Individuals Served and Population Group[4]

Populations Served	Number of Individuals Served	Expenditures FY '98
Pregnant Women	5,105	$1,857,635
Infants (<1 year)	26,226	$504,204
Children (1 to 22 yrs)	95,805	$3,655,293
CSHCN (Special Needs)	12,256	$4,631,727
Others[3]	26,540	$0
Administration		$0
TOTALS	165,932	$10,648,859

State Population[5]
1,736,931

Live Births[5]
27,318

Title V Federal-State Block Grant Expenditures[4] by Source of Funds



MCH PARTNERSHIP FUNDS—FY 98[2]

Title V Federal-State Block Grant:	**$10,648,859**
Other Title V Grant Programs:	**$2,248,603**
Other MCH Grant Programs:	**$75,000**
TOTAL MCH Partnership Funds	**$12,972,462**

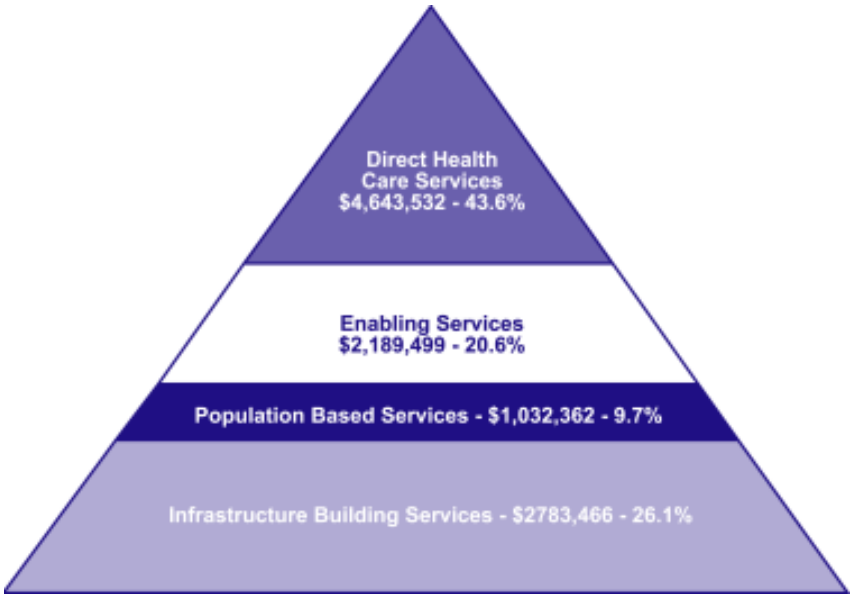
NEW MEXICO

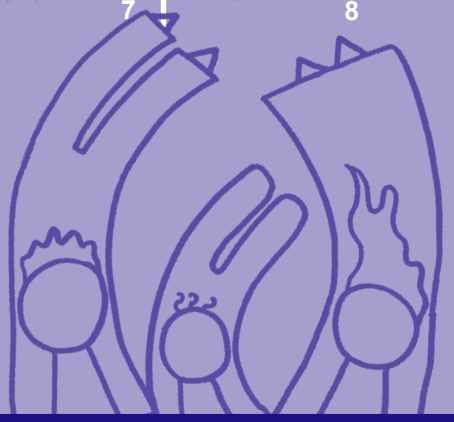
Title V - Selected National MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Number of specialty services for Children with Special Health Care Needs (CSHCN)	8 of 9	8 of 9
Percent of newborns screened for 4 major genetic disorders	100.8%	100%
Percent of children immunized (ages 19-35 months) against 9 diseases	78%	76%
Rate of births to teens aged 15-17 years (per 1,000 teens aged 15-17 years)	48.3	44
Rate of deaths to children aged 1-14 caused by motor vehicle crashes (per 100,000 children)	7.9	8.5
Percent of mothers who breast fed their infants at time of hospital discharge	73%	75%
Percent of newborns screened for hearing impairment before hospital discharge	92.6%	100%
State assurance of family participation in CSHCN programs & policies	11 of 18	16 of 18
Percent of very low birth weight live births	1.1%	1.0%
Percent of infants born to women who received first trimester prenatal care	63.8%	70%

Title V - National MCH Outcome Measures[7]	State 1998 Results	State Year 2000 Goal
Infant mortality rate (per 1,000 live births)	7	7
Ratio of black to white infant mortality	1.6	1.6
Neonatal mortality rate (per 1,000 live births)	4.2	4.5
Postneonatal mortality rate (per 1,000 live births)	2.8	2.5
Perinatal mortality rate (per 1,000 live births)	6.4	4.7
Child death rate (per 100,000 children aged 1-14)	30.1	28

Title V - Selected State-Determined MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Counties adopting the conceptual framework of Healthy Youth/Healthy Communities through an Assets/Resiliency model approach when working with youth	48%	60%
First newborns/moms receiving support services/parenting through community home visiting/ support programs	17%[97]	26%
State Title V program has a coordinated program of maternal, fetal, infant, and child death review	2	4
State has a program for birth defects prevention and surveillance	7	8

Title V Federal-State Block Grant Expenditures[4] by Category of Service[6]





State Assurance of Family Participation in CSHCN Program and Policy	
SCALE: 0 = not met; 3 = completely met	
Participate on task forces and offered training.	2
Financial support offered for parent groups.	2
Involved in Block Grant Application process.	1
Involved in inservice training of staff.	2
Hired for expertise as family member.	3
Members of diverse cultures involved.	1
Total Possible: 18 — FY 98 Total:	11

NEW MEXICO
Other FY 98 MCH Grant Programs

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

- Cultural Aspects of Health Care, University of New Mexico, Albuquerque, $30,000 (SPRANS-Training-Continuing Education)
- Double Rainbow: Integrated Service System Helping Families Reach the Pot of Gold, Southwest Communication Resources, Bernalillo, $115,658 (SPRANS-MCHIP-Integrated Services)
- Family Voices, Family Voices, Algodones, $210,000 (SPRANS-MCHIP-Managed Care/Health Care Reform)
- Family Voices Partnership for Information and Communication , Family Voices, Inc., Algodones, $124,998 (SPRANS-MCHIP-PIC)
- New Mexico Interdisciplinary Leadership Education in Neurodevelopmental and Related Disabilities (LEND) Program, University of New Mexico, Albuquerque, $441,045 (SPRANS-Training-LEND/ Leadership Ed Neuro Dev)
- New Mexico State Systems Development Initiative , New Mexico Department of Health, Santa Fe, $100,000 (SPRANS-MCHIP-SSDI)
- Pediatric Pulmonary Center, University of New Mexico, Albuquerque, $283,557 (SPRANS-Training-Pediatric Pulmonary Center)
- Puentes Program (Taos Teen Parent Support Program), Presbyterian Medical Services, Santa Fe, $49,977 (SPRANS-MCHIP-Healthy Tomorrows)
- Southwest/Rocky Mountain MCH Institute Network, University of New Mexico, Albuquerque, $25,000 (SPRANS-Training-Continuing Education)

Title V—COMMUNITY INTEGRATED SERVICE SYSTEMS (CISS—Title V)

- Community Managed Care Project, Valencia County Coalition for Families, Children, and Communities, Los Lunas, $50,000 (CISS-CISS-COG)
- Community Oversight of a Local Child Health System, Northern New Mexico Health Care Alliance, Las Vegas, $50,000 (CISS-CISS-COG)

Selected FY 98 Title V and Other MCH Grant Annotations

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

Helping Indian Children of Albuquerque, All Indian Pueblo Council, Inc., Albuquerque, $50,000 (SPRANS-MCHIP-Healthy Tomorrows)

The first goal of this project is to improve access to and use of health care and related resources by urban Indian children and their families. The second goal is to improve the health status, functional ability, and developmental capability of urban Indian children with limiting conditions and special needs. This long-term health status goal, relevant to “Healthy People 2000” objectives, relates directly to problems inherent in the current health system (i.e., inadequate access to and utilization of services).

New Mexico Mental Health Advocates for Students, New Mexico Department of Health, Santa Fe, $150,000 (SPRANS-MCHIP-Mental Health of School-Age Children and Adolescents)

New Mexico children suffer from a very high rate of risk factors for serious emotional disturbance, including poverty, domestic violence, and substance abuse. The State of New Mexico would include primary mental health care as a component of overall primary health care in school-based health centers, but currently lacks the State-level collaborative infrastructure necessary to coordinate and administrate this service statewide. The goals set for the proposed project reflect the health system changes required to develop a sufficient infrastructure at the State level to expand mental health services in the schools. The project ultimately proposes a wide range of basic objectives that are expected to improve health and education for students in both their family and community environments, while also addressing the factors that result in high-risk behaviors. Specific objectives include the development of advocacy and networking efforts to increase the public awareness of children’s mental health needs and the role that school could play in service delivery, the hiring of a State-level project coordinator, an orientation conference, and as-needed trainings for school districts statewide, and the establishment of permanent funding sources for school-based mental health within each participating State agency.

Title V—COMMUNITY INTEGRATED SERVICE SYSTEMS (CISS—Title V)

Health Systems Development in Child Care Program, New Mexico Department of Health, Santa Fe, $50,000 (CISS-CISS-Child Care Program)

The project seeks to develop a comprehensive system for health care in child care settings in New Mexico that coordinates services provided by many agencies. We will increase immunization rates for children; conduct health education and safety education and promotion programs for children, families, and child care providers; and expand and provide ongoing support to child care providers and families caring for children with special needs.

Other Title V Grant Programs:
$2,248,603
Other MCH Grant Programs:
$75,000
TOTAL:
$2,323,603

Title V—ABSTINENCE EDUCATION PROGRAM

Abstinence Through Assets Initiative, New Mexico Department of Health, Santa Fe, $518,368 (Abstinence Ed)

The project purpose is to develop assets within youth, families, and communities supporting abstinence from sexual, age inappropriate behavior, which places youth at risk for pregnancy, sexual abuse, and sexually transmitted disease. Multiple opportunities will be provided for family and youth participation in the planning, implementation, and evaluation of the project both on the State and local level.

EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)

EMSC State Partnership Grant for New Mexico, New Mexico Department of Health, Santa Fe, $75,000 (EMSC-PRTNER)

The initial goal of this project is to accomplish a statewide emergency medical services for children (EMSC) needs assessment and develop a strategic plan for EMSC as a new component of the recently adopted Emergency Medical Services (EMS) 2000/2005 Plan. The project is designed to ensure that the comprehensive emergency care needs of children are appropriately addressed by the overall EMS and trauma care system in a State where children of all ages have a disproportionately high rate of injury.

FOR MORE INFORMATION ON TITLE V:

Title V Program, contact:

Marilyn Sakara
Acting Chief, Family Health Bureau, Public Health Division
New Mexico Department of Health
1190 St. Francis Drive
Santa Fe, NM 87502-6110
Phone: (505) 476-8587
Fax: (505) 476-8512

Title V Program's services for Children with Special Health Care Needs, contact:

Marilyn Sakara,
Children's Medical Services Program Manager
Family Health Bureau
Public Health Division
New Mexico Department of Health
1190 St Francis Drive
Santa Fe, NM 87502-6110
Phone: (505) 827-2548
Fax: (505) 827-1697

NEW YORK

The MCH Federal-State Partnership

The New York State Department of Health's Division of Family and Local Health administers the Title V Maternal and Child Health Services Block Grant in New York State. The Title V program supports needs assessment, policy development and activities designed to improve the health status of women, particularly those of reproductive age, as well as infants and children, including children with special health care needs. Funds are directed at supporting essential "gap-filling" maternal and child health services, prevention programs, and safety net services for the uninsured. The Division of Family and Local Health includes the Bureaus of Women's Health, Child and Adolescent Health, Dental Health and Local Health Services. This division provides the leadership and direction for the majority of Title V and Title V-related programs, including Family Planning, Adolescent Pregnancy Prevention, Lead Poisoning Prevention, School-Based Health Centers, Sudden Unexplained Infant Death Program, Early Intervention and the Physically Handicapped Children's Care Coordination/Case Management Program.

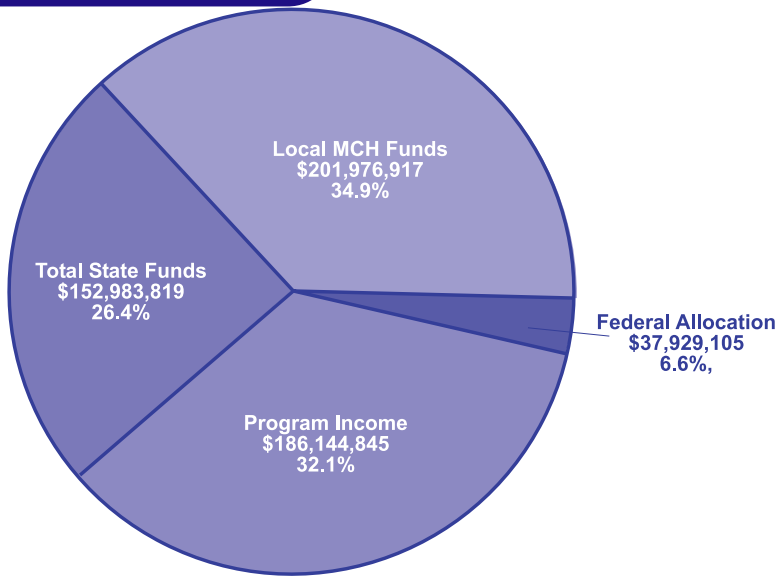
Title V Federal-State Block Grant Expenditures by Number of Individuals Served and Population Group[4]

Populations Served	Number of Individuals Served	Expenditures FY '98
Pregnant Women	424,516	$48,864,112
Infants (<1 year)	259,192	$96,890,731
Children (1 to 22 yrs)	5,492,930	$42,666,276
CSHCN (Special Needs)	60,763	$328,377,306
Others[3]	302,709	$33,284,527
Administration		$28,951,734
TOTALS	6,540,110	$579,034,686

State Population[5]
18,175,301

Live Births[5]
258,207

Title V Federal-State Block Grant Expenditures[4] by Source of Funds



MCH PARTNERSHIP FUNDS—FY 98[2]

Title V Federal-State Block Grant:
$579,034,686

Other Title V Grant Programs:
$9,193,637

Other MCH Grant Programs:
$7,767,225

TOTAL MCH Partnership Funds
$595,995,548

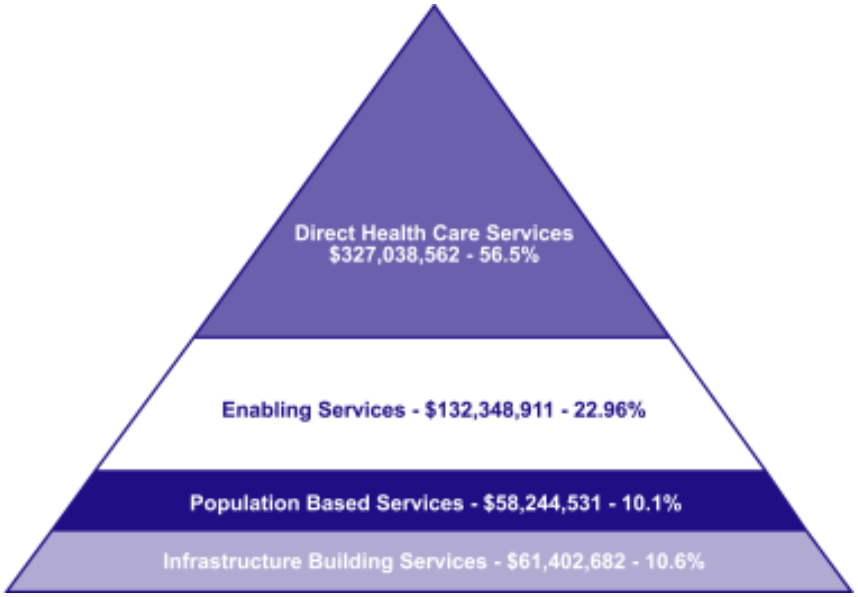
NEW YORK

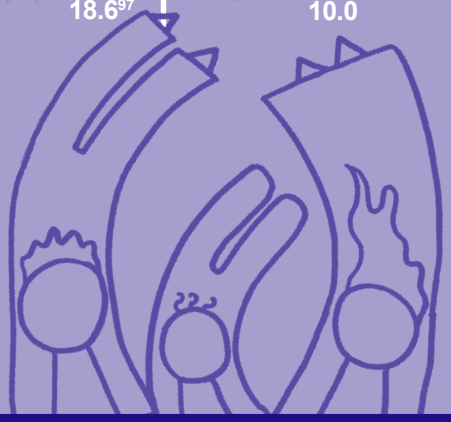
Title V - Selected National MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Number of specialty services for Children with Special Health Care Needs (CSHCN)	9 of 9	9 of 9
Percent of newborns screened for 4 major genetic disorders	100%	100%
Percent of children immunized (ages 19-35 months) against 9 diseases	68%	72%
Rate of births to teens aged 15-17 years (per 1,000 teens aged 15-17 years)	23.2[97]	18
Rate of deaths to children aged 1-14 caused by motor vehicle crashes (per 100,000 children)	2.7[97]	1.9
Percent of mothers who breast fed their infants at time of hospital discharge	58.9%[97]	64%
Percent of newborns screened for hearing impairment before hospital discharge	11%[97]	18%
State assurance of family participation in CSHCN programs & policies	7 of 18[97]	18 of 18
Percent of very low birth weight live births	1.6%[97]	1.1%
Percent of infants born to women who received first trimester prenatal care	73.1%[97]	78%

Title V - National MCH Outcome Measures[7]	State 1998 Results	State Year 2000 Goal
Infant mortality rate (per 1,000 live births)	6.7[97]	6.6
Ratio of black to white infant mortality	2[97]	1.8
Neonatal mortality rate (per 1,000 live births)	4.7[97]	4.9
Postneonatal mortality rate (per 1,000 live births)	2[97]	1.8
Perinatal mortality rate (per 1,000 live births)	13.3[97]	11.5
Child death rate (per 100,000 children aged 1-14)	20.1[97]	21

Title V - Selected State-Determined MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Black births less than 2.5 kg (per 100 live births)	11.8%[97]	11%
Hospitalizations for self-inflicted injuries for 10- to 19- year olds (per 100,000)	70.3[97]	72
Hospitalization rate for asthma in children aged birth to 14 years (per 100,000)	513.3[97]	420
Women who smoke during pregnancy (per 100 women)	18.6[97]	10.0

Title V Federal-State Block Grant Expenditures[4] by Category of Service[6]





State Assurance of Family Participation in CSHCN Program and Policy	
SCALE: 0 = not met; 3 = completely met	
Participate on task forces and offered training.	2
Financial support offered for parent groups.	1
Involved in Block Grant Application process.	1
Involved in inservice training of staff.	1
Hired for expertise as family member.	1
Members of diverse cultures involved.	1
Total Possible: 18 — FY 98 Total:	7

NEW YORK
Other FY 98 MCH Grant Programs

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

- Alternatives for Developmental Screening in Primary Care, Medical and Health Research Association of New York City, Inc., New York, $127,850 (SPRANS-Research)
- Birth Record Enhancements of the New York State Medicaid Managed Care Encounter System, New York State Department of Health, Albany, $67,500 (SPRANS-MCHIP-Data)
- Childhood Disability: Assessing Equity of Different Definitions, Albert Einstein College of Medicine, Bronx, $37,500 (SPRANS-MCHIP-Data)
- Comprehensive Care for Infants and Children with Sickle Cell Disease, Brookdale University Hospital and Medical Center, Brooklyn, $166,834 (SPRANS-Genetics)
- Data Utilization and Enhancement of Data Systems for Maternal Child Health Programs, Monroe County Health Department, Rochester, $67,500 (SPRANS-MCHIP-Data)
- Education Program in Genetics for Primary Care Providers, Cornell University, New York, $125,000 (SPRANS-Genetics)
- Effect on Breastfeeding of Pacifiers and Bottle Feeding, University of Rochester, Rochester, $241,781 (SPRANS-Research)
- Family Professional Training and Information Center, New York State Department of Health and Health Research, Inc., Albany, $0 (SPRANS-MCHIP)
- Family Support After an Infant Loss Home Visit Program, Monroe County Department of Health, Rochester, $75,759 (SPRANS-MCHIP-SIDS)
- Geographic Information System to Enhance and Support Maternal and Child Health Data Analysis for Developing Comprehensive Systems of Care, New York State Department of Health, Albany, $67,500 (SPRANS-MCHIP-Data)
- Harlem Adolescent and Child Total Services, Northern Manhattan Network, New York, $50,000 (SPRANS-MCHIP-Healthy Tomorrows)
- Healthy Tomorows Partnership for Children, East Harlem Pediatric Asthma Working Group, New York, $49,741 (SPRANS-MCHIP-Healthy Tomorrows)
- Home Nursing to Avoid Pediatric Hospitalization, University of Rochester, Rochester, $327,207 (SPRANS-Research)
- Improved Prenatal Detection of the Fragile X Mutation, Research Foundation for Mental Hygiene, Inc., Staten Island, $116,617 (SPRANS-Research)
- Improving Access to Genetic Screening and Counseling for Tay-Sachs and Other Relevant Diseases in the Hasidic Community, New York State Department of Health and Health Research, Inc., Rensselaer, $99,125 (SPRANS-Genetics)

Selected FY 98 Title V and Other MCH Grant Annotations

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

Managed Care for Children With Special Health Care Needs, New York State Department of Health and Health Research, Inc., Rensselaer, $158,826 (SPRANS-MCHIP-Managed Care/Health Care Reform)

The purpose of the project is to develop guidelines and outcome indicators for asthma, spina bifida, and sickle cell disease for managed care providers. The delivery of services in a managed care framework can be beneficial for children with special health care needs (CSHCN) because they will have access to a primary provider on a continuous basis, there are no lifetime caps, and the managed care organization has access to a network of specialty providers. However, experience to date has suggested that managed care organizations often do not have the proper providers within the network and they do not have experience in determining medically necessary services. Bringing parents, specialists, and managed care organizations together with the State's DOH and DSS in a collaborative model, the project will develop guidelines and outcome indicators to assist managed care plans in improving access to medically necessary services.

Title V—COMMUNITY INTEGRATED SERVICE SYSTEMS (CISS—Title V)

New York City–Wide Perinatal Association, Brooklyn Perinatal Network, Inc., Brooklyn, $50,000 (CISS-CISS-COG)

The Collaborative of Perinatal Networks will be established by five community-based perinatal networks in the New York City metro region, representing Bronx, Brooklyn, Manhattan, Queens, and Suffolk. The collaborative will coordinate service delivery and consolidate administrative functions to attract managed care contracts in this era of diminished public health funding. The project will address community needs for an integrated city-wide vehicle to coordinate services; coordinate analysis of community and citywide needs; and develop cost-effective community-based, service delivery systems, administrative systems, and a management information system.

Title V—ABSTINENCE EDUCATION PROGRAM

Abstinence Education, New York State Department of Health, Albany, $3,377,584 (Abstinence Ed)

The past 10 years have seen a rise in adolescent pregnancy in New York State. Goals of the project are to develop and implement a 1) statewide, large-scale media campaign through a public/private partnership with major advertising agencies and 2) a community-based initiative to reduce adolescent pregnancy through a competitive solicitation.

EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)

New York City Emergency Medical Services for Children Resources , New York University School of Medicine, New York, $150,000 (EMSC-Target)

The goals of this emergency medical services for children project are to (1) create, distribute, and evaluate the "Teaching Resource for Instructors in Prehospital Pediatrics for Paramedics and Intermediate EMTs" (TRIPP-PIE); and (2) institute both a plan to update the TRIPP and the TRIPP-PIE on a regular basis and a system to nationally apprise EMT and paramedic instructors of significant changes in prehospital pediatric patient care strategies as they are developed. Project objectives are to (1) develop and distribute the TRIPP-PIE, (2) measure its effectiveness through the evaluation tool being developed, and (3) implement the plan for updating the teaching resource.

Other Title V Grant Programs:
$9,193,637

Other MCH Grant Programs:
$7,767,225

TOTAL:
$16,960,862

HEALTHY START

Healthy Start/New York City, Medical and Health Research Association of New York City, Inc., New York, $2,546,000 (Healthy Start-Mentor)

Healthy Start/NYC (HS/NYC) is a coordinated, collaborative, community-driven effort of health and social services providers; city and State agencies; community leaders, clients, residents, and organizations; and other voluntary agencies whose goal is to significantly reduce infant mortality and improve maternal and child health in three impoverished, inner city areas. HS/NYC seeks to (1) increase the number of Service Area (SA) women aged 10–44 who benefit from health care and social services, by providing comprehensive case management services that are culturally and linguistically sensitive; (2) ensure that every SA pregnant woman receives prompt, affordable prenatal care via case management and by strengthening the links among providers offering this service and other health care and social services; and (3) strengthen, empower, and mobilize HS/NYC's communities so they take responsibility for infant mortality and join forces to eradicate it. To achieve its aims, HS/NYC has expanded and enhanced existing city, State, and community-based initiatives. The project's community-based social/health case management programs have served a cumulative total of more than 12,000 families. The dynamic interplay among project area and service area lead agency initiatives is a unique feature of HS/NYC that assures both central accountability and community leadership.

TRAUMATIC BRAIN INJURY

New York State Traumatic Brain Injury Demonstration Program for Culturally-Competent Services in New York City, New York State Department of Health , Troy, $195,550 (Traumatic Brain Injury-Implementation)

Minority individuals with traumatic brain injury (TBI) in New York State have a distinct need for culturally competent discharge materials. In addition, these individuals and their families have a pressing need for support groups led by peers. Both a plan to educate health care providers about TBI and improve the flow of services for people with TBI and a sophisticated tracking system that equalizes information and provides access to services at all provider sites are essential. This project will address those problems and offer solutions at four selected hospital sites in diverse communities within the New York City area.

NEW YORK

Other FY 98 MCH Grant Programs

- Interdisciplinary Leadership Education in Neurodevelopmental and Related Disabilities (LEND) Project, Westchester Institute for Human Development, Valhalla, $522,479 (SPRANS-Training-LEND/Leadership Ed Neuro Dev)
- Interdisciplinary Leadership Education Project, University of Rochester, Rochester, $442,770 (SPRANS-Training-LEND/Leadership Ed Neuro Dev)
- Interdisciplinary Leadership Training in Neurodevelopmental and Related Disabilities, Albert Einstein College of Medicine, Bronx, $441,045 (SPRANS-Training-LEND/Leadership Ed Neuro Dev)
- Mount Sinai-Cornell University Regional Hemophilia Diagnostic and Treatment Centers, Mount Sinai School of Medicine, New York, $650,003 (SPRANS-Hemophilia)
- Network Coordination and Communication for the Genetics Network of the Empire State (GENES), Health Research, Inc./New York State Dept. of Health, Albany, $299,797 (SPRANS-Genetics)
- New York Hospital - Cornell Medical Center Cooley's Anemia Project for Comprehensive Care, New York Hospital, New York, $279,658 (SPRANS-Genetics)
- Pediatric Pulmonary Center Maternal and Child Health Bureau Training Grant, Mount Sinai School of Medicine, New York, $369,165 (SPRANS-Training-Pediatric Pulmonary Center)
- Program To Promote Access and Utilization of Genetics and Maternal Health Services in the Asian Community, New York Hospital , New York , $125,000 (SPRANS-Genetics)
- Rochester MCH Leadership Education in Adolescent Health, University of Rochester, Rochester, $299,362 (SPRANS-Training-Adolescent Health)

Other FY98 MCH Grant Programs

- Social Work Training in Maternal and Child Health Care, Syracuse University, Syracuse, $28,624 (SPRANS-Training-Social Work)
- State Systems Development Initiative, New York State Department of Health, Albany, $100,000 (SPRANS-MCHIP-SSDI)
- To Improve and Integrate Health Services Within a Community or Geographic Area for Infants and Young Children with Sickle Cell Disease Identified Through State Newborn Screening Programs, Children's Hospital of Buffalo, Buffalo, $88,225 (SPRANS-Genetics)
- Training Program in Behavioral Pediatrics, Albert Einstein College of Medicine, Bronx, $191,185 (SPRANS-Training-Behavioral Pediatrics)

Title V—COMMUNITY INTEGRATED SERVICE SYSTEMS (CISS—Title V)

- Health Systems Development in Child Care Program, New York State Department of Health and Health Research, Inc., Albany, $50,000 (CISS-CISS-Child Care Program)
- Homeless High-Risk Youth Community Integrated Service System, Empire State Coalition of Youth and Family Services, Inc., New York, $50,000 (CISS-CISS-COG)
- Rochester Early Enhancement Project: Community Systems Building, Primary Mental Health Project, Inc., Rochester, $50,000 (CISS-CISS-COG)

EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)

- New York State Department of Health Emergency Medical Services for Children Program, New York State Department of Health, Troy, $73,425 (EMSC-PRTNER)

HEALTHY START

- Buffalo Healthy Start Initiative, Buffalo Regional Task Force for Comprehensive Prenatal-Perinatal Services Network Development Inc., Buffalo, $702,364 (Healthy Start-Community)
- Downstate Healthy Families Connections Project, Center for Children and Families, Inc., New York, $1,824,629 (Healthy Start-Community)
- Healthy Start Rochester, Perinatal Network of Monroe County, Inc., Rochester, $916,489 (Healthy Start-Community)
- Syracuse Healthy Start Initiative, Onondaga County Health Department, Syracuse, $1,358,768 (Healthy Start-Community)

FOR MORE INFORMATION ON TITLE V:

Title V Program, contact:

George T. DiFerdinando, M.D., M.P.H.
Director, Division of Family and Local Health
New York State Department of Health
Corning Tower Room 890
Albany, NY 12237-0657
Phone: (518) 473-7922
Fax: (518) 473-2015

Title V Program's services for Children with Special Health Care Needs, contact:

Christopher Kus, M.D.
Director, Bureau of Child and Adolescent Health
New York State Department of Health
Corning Tower Room 219
Albany, NY 12237-0618
Phone: (518) 474-2084
Fax: (518) 473-8673

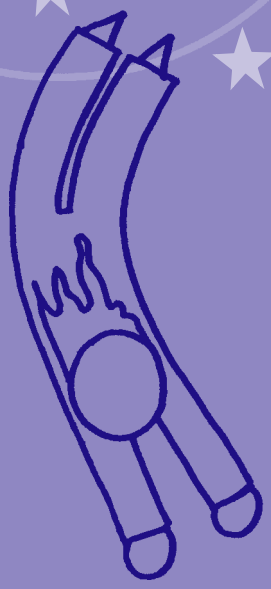
To help families learn about maternal and child health care.

1-800-311-BABY;
en espanol: 1-800-504-7081

NORTH CAROLINA

The Maternal and Child Health Block Grant is administered by the NC Department of Health and Human Services, Division of Public Health, Women's and Children's Health Section.

The MCH Federal-State Partnership



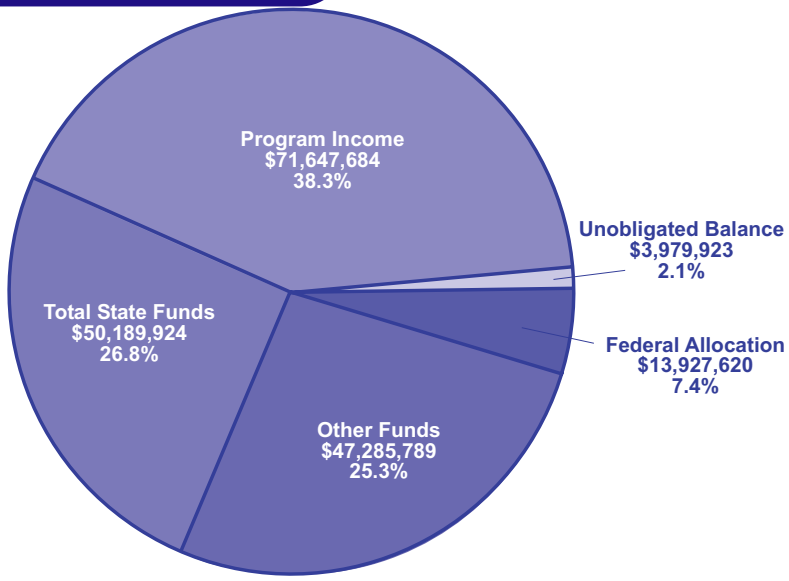
Title V Federal-State Block Grant Expenditures by Number of Individuals Served and Population Group[4]

Populations Served	Number of Individuals Served	Expenditures FY '98
Pregnant Women	72,103	$48,146,061
Infants (<1 year)	125,227	$19,439,212
Children (1 to 22 yrs)	172,674	$49,049,895
CSHCN (Special Needs)	64,787	$54,651,580
Others[3]	143,897	$14,938,326
Administration		$805,866
TOTALS	578,688	$187,030,940

State Population[5]
7,546,493

Live Births[5]
111,688

Title V Federal-State Block Grant Expenditures[4] by Source of Funds



MCH PARTNERSHIP FUNDS—FY 98[2]
Title V Federal-State Block Grant: **$187,030,940**
Other Title V Grant Programs: **$5,405,993**
Other MCH Grant Programs: **$284,567**
TOTAL MCH Partnership Funds **$192,721,500**

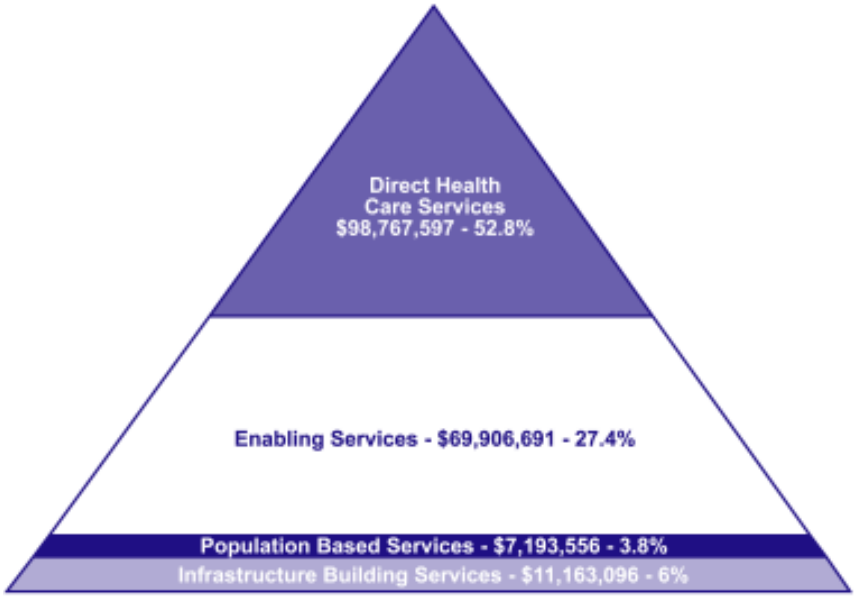
NORTH CAROLINA

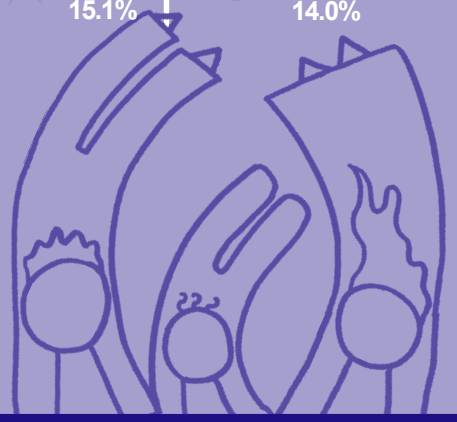
Title V - Selected National MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Number of specialty services for Children with Special Health Care Needs (CSHCN)	9 of 9	9 of 9
Percent of newborns screened for 4 major genetic disorders	100%	100%
Percent of children immunized (ages 19-35 months) against 9 diseases	83%	90%
Rate of births to teens aged 15-17 years (per 1,000 teens aged 15-17 years)	40.7	42.5
Rate of deaths to children aged 1-14 caused by motor vehicle crashes (per 100,000 children)	0	3.5
Percent of mothers who breast fed their infants at time of hospital discharge	40%	75%
Percent of newborns screened for hearing impairment before hospital discharge	24.4%	75%
State assurance of family participation in CSHCN programs & policies	10 of 18	14 of 18
Percent of very low birth weight live births	1.9%	1.7%
Percent of infants born to women who received first trimester prenatal care	83%	85%

Title V - National MCH Outcome Measures[7]	State 1998 Results	State Year 2000 Goal
Infant mortality rate (per 1,000 live births)	9.2	8.4
Ratio of black to white infant mortality	2.7	1.9
Neonatal mortality rate (per 1,000 live births)	6.5	5.9
Postneonatal mortality rate (per 1,000 live births)	2.8	2.6
Perinatal mortality rate (per 1,000 live births)	14.5	13
Child death rate (per 100,000 children aged 1-14)	29.8	28

Title V - Selected State-Determined MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Children less than 6 with elevated lead blood levels	3.3%	.8%
Women who gained more than 15 pounds during pregnancy	87%	100%
Children in regulated child care settings served by a qualified child care health consultant	43.4%	85%
Women who smoke during pregnancy	15.1%	14.0%

Title V Federal-State Block Grant Expenditures[4] by Category of Service[6]





State Assurance of Family Participation in CSHCN Program and Policy	
SCALE: 0 = not met; 3 = completely met	
Participate on task forces and offered training.	2
Financial support offered for parent groups.	2
Involved in Block Grant Application process.	2
Involved in inservice training of staff.	2
Hired for expertise as family member.	1
Members of diverse cultures involved.	1
Total Possible: 18 — FY 98 Total:	10

NORTH CAROLINA
Other FY 98 MCH Grant Programs

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

- African-American Children's Transition to School, University of North Carolina, Chapel Hill, $213,509 (SPRANS-Research)
- Beyond Year 2000: Public Health Social Work Practice, University of North Carolina at Chapel Hill, Chapel Hill, $25,000 (SPRANS-Training-Continuing Education)
- Clinical Center for the Study of Development and Learning, University of North Carolina at Chapel Hill, Chapel Hill, $580,260 (SPRANS-Training-LEND/ Leadership Ed Neuro Dev)
- Enhancing Data Utilization Skills Through Information Technology, University North Carolina at Chapel Hill, Chapel Hill, $250,000 (SPRANS-MCHIP-Data)
- Future of Pediatric Education II Project, Education of the Pediatrician Workgroup, Wakeforest University School of Medicine, Winston-Salem, $38,544 (SPRANS-Training-Continuing Education)
- MCH Public Health Social Work Leadership Training Center, University of North Carolina at Chapel Hill, Chapel Hill, $117,131 (SPRANS-Training-Social Work)
- Pediatric Dentistry Center, University of North Carolina at Chapel Hill, Chapel Hill, $171,904 (SPRANS-Training-Pediatric Denistry)
- Postgraduate Programs in Maternal and Child Health, University of North Carolina at Chapel Hill, Chapel Hill, $45,444 (SPRANS-Training-Physical Therapy)
- Public Health Nutrition Training: Maternal and Child Health Training Grant, University of North Carolina at Chapel Hill, Chapel Hill, $154,152 (SPRANS-Training-Nutrition)
- Role of Early Family Supports in Adult Self-Sufficiency, University of North Carolina at Chapel Hill, Chapel Hill, $169,065 (SPRANS-Research)
- Sickle Cell Young Child Health Initiative, University of North Carolina, Chapel Hill, $100,000 (SPRANS-Genetics)
- State Systems Development for Children and Adolescents, North Carolina Division of Maternal and Child Health, Raleigh, $100,000 (SPRANS-MCHIP-SSDI)
- Training Program in Maternal and Child Health, University of North Carolina at Chapel Hill, Chapel Hill, $384,489 (SPRANS-Training-School of Public Health)

EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)

- Southeastern Regional EMSC Conference, Duke University Medical Center, Durham, $24,601 (EMSC/TRNG-Continuing Education)

Selected FY 98 Title V and Other MCH Grant Annotations

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

Region IV North Comprehensive Hemophilia Centers, Wake Forest University, Winston-Salem, $367,661 (SPRANS-Hemophilia)

This hemophilia project has established four regional goals: (1) Regional services will support the hemophilia comprehensive care and prevention of complication activities at treatment centers in Region IV North; (2) comprehensive services will be provided for girls and women with congenital coagulation disorders; (3) hemophilia nurse coordinators will have a reevaluation of needs, and will receive technical assistance and professional support; and (4) comprehensive services will be provided for parents and their young children with coagulation disorders.

Title V—COMMUNITY INTEGRATED SERVICE SYSTEMS (CISS—Title V)

Healthy Child Care North Carolina Initiative, North Carolina Department of Environment, Health and Natural Resources, Raleigh, $50,000 (CISS-CISS-Child Care Program)

The Healthy Child Care North Carolina Initiative addresses health and safety issues related to child care through comprehensive statewide collaboration between the child care and health care communities. The goal of this initiative is to enhance the quality of child care by promoting linkages that increase the number of qualified health consultants available to child care providers and families while strengthening the quality of consultation through an integrated network of education at the State level. The program will provide training and awareness activities for pediatricians, local and regional health department staff, child care licensure consultants, social service child care coordinators, family practice physicians, dental health professionals, child care resource and referral agencies, Head Start, early intervention specialists, and child care providers. The objectives will be achieved through systematic, statewide planning, coordination, and collaboration with over 55 agencies, associations, institutions, and provider groups.

Title V—ABSTINENCE EDUCATION PROGRAM

Abstinence Education in North Carolina, NC Division of Maternal and Child Health, Raleigh, $1,151,876 (Abstinence Ed)

Reducing the rates of sexual activity, unintended pregnancies and out-of-wedlock births among teens are the goals. Enhancement of existing abstinence education programs in the public schools is the strategy.

EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)

North Carolina EMSC Partnership Grant, North Carolina Department of Health, Raleigh, $60,000 (EMSC-PRTNER)

The goals of this project are to (1) continue to improve the integration of primary care providers into the North Carolina emergency medical services for children (EMSC) system, (2) provide continuing education in pediatric emergency care for emergency medical services personnel and nurses, (3) develop a workshop on preparedness for pediatric emergencies in emergency departments, and (4) provide coordination and integration of EMSC activities.

Other Title V Grant Programs:
$5,405,993
Other MCH Grant Programs:
$284,567
TOTAL:
$5,690,560

HEALTHY START

Healthy Start Baby Love Plus, North Carolina Department of Health, Raleigh, $1,486,958 (Healthy Start-Community)

To address the most critical needs of pregnant women and infants in a seven-county area in rural eastern North Carolina, to promote community involvement in improving birth outcomes, and to reduce factors associated with high infant morbidity and mortality, the North Carolina Division of Maternal and Child Health and its consortium have identified five strategies to be carried out. They include the following: (1) Support and empower a Community-Based Consortium; (2) enhance existing care coordination; (3) provide casefinding services; (4) provide or enhance the provision of specialized services that will prevent and reduce both individual and systemic risk factors; and (5) provide facilitating services that will reduce barriers to accessing services.

TRAUMATIC BRAIN INJURY

TBI Project A.C.C.E.S.S., North Carolina Department of Human Resources, Raleigh, $199,966 (Traumatic Brain Injury-Implementation)

The goal of the project is to enhance the systems in place in North Carolina for the care, education, and support of child and adolescent survivors of TBI and their families. A replicable predischarge model that can be used in acute care sites will be developed. This model will build on appropriate and timely identification, care coordination, interagency collaboration, education and training, family support, and improved data collection for purposes of program monitoring, research, and outcomes evaluation. Specific program objectives are to (1) provide children whose injuries do not require hospitalization with appropriate and timely screening, intervention, education, and followup to help them function as closely as possible to their pre-injury capacity; (2) provide children whose injuries do require hospitalization with coordinated care and followup; (3) improve data collection systems; (4) provide families with information and support throughout the recovery process; (5) educate families and survivors, health care professionals, community service providers, and the general public through the design/dissemination of appropriate protocols, training, and education materials; and (6) design a model that can be maintained and replicated.

FOR MORE INFORMATION ON TITLE V:

Title V Program, contact:

Kevin Ryan, MD, MPH
Section Chief
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Women's and Children's Health Section
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Raleigh, NC 27699-1916
Phone: (919) 715-3400
Fax: (919) 715-3807

Title V Program's services for Children with Special Health Care Needs, contact:

Thomas J. Vitaglione, MPH
Head, Children and Youth Branch
NC Dept of Health and Human Services
Women's and Children's Health Section
Mail Center 1916
Raleigh, NC 27699-1916
Phone: (919) 715-3302
Fax: (919) 715-3187

NORTH DAKOTA

The MCH Federal-State Partnership

The Title V Program in North Dakota is administered by two state level departments. The Maternal and Child Health (MCH) Division of the North Dakota Department of Health (DoH) supervises programs related to women, infants, children, and adolescents while the Children's Special Health Services (CSHS) Division of the North Dakota Department of Human Services (DHS) administers programs related to children with special health care needs.

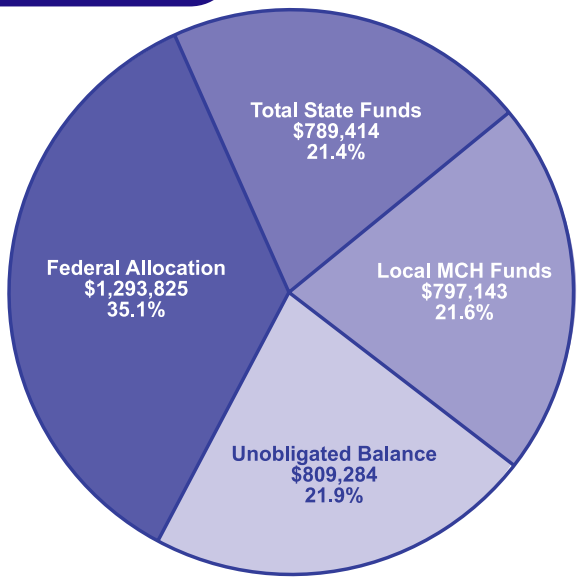
Title V Federal-State Block Grant Expenditures by Number of Individuals Served and Population Group[4]

Populations Served	Number of Individuals Served	Expenditures FY '98
Pregnant Women	2,760	$434,437
Infants (<1 year)	9,187	$844,739
Children (1 to 22 yrs)	90,088	$1,134,363
CSHCN (Special Needs)	1,799	$1,065,178
Others[3]	14,026	$123,200
Administration		$87,749
TOTALS	117,860	$3,689,666

State Population[5]
638,244

Live Births[5]
7,932

Title V Federal-State Block Grant Expenditures[4] by Source of Funds



MCH PARTNERSHIP FUNDS—FY 98[2]

Title V Federal-State Block Grant:
$3,689,666

Other Title V Grant Programs:
$276,220

Other MCH Grant Programs:
$247,647

TOTAL MCH Partnership Funds
$4,213,533

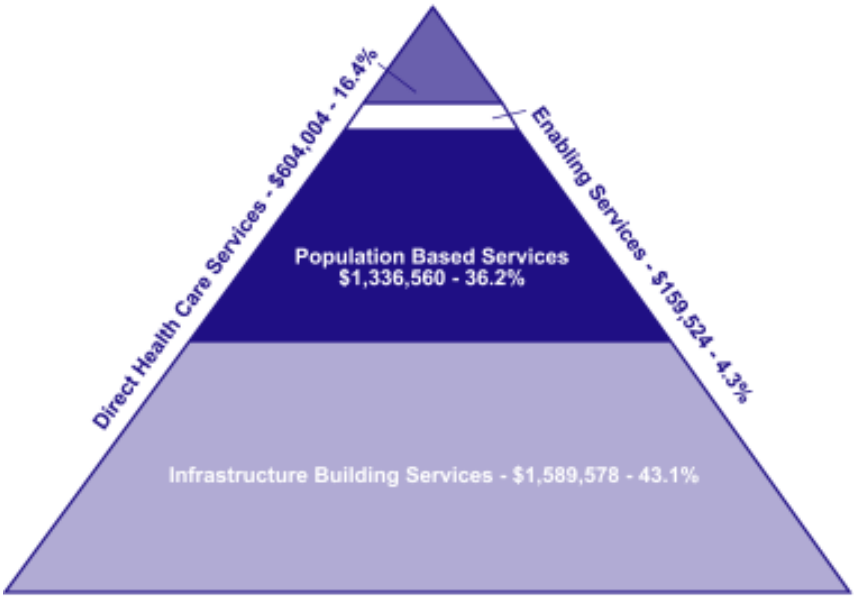
NORTH DAKOTA

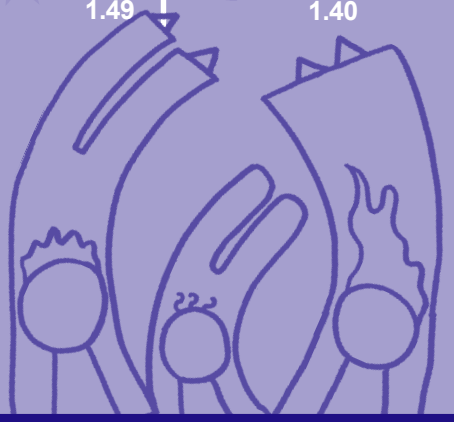
Title V - Selected National MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Number of specialty services for Children with Special Health Care Needs (CSHCN)	8 of 9	8 of 9
Percent of newborns screened for 4 major genetic disorders	100%	100%
Percent of children immunized (ages 19-35 months) against 9 diseases	83%	83.5%
Rate of births to teens aged 15-17 years (per 1,000 teens aged 15-17 years)	16.9	16.8
Rate of deaths to children aged 1-14 caused by motor vehicle crashes (per 100,000 children)	4.1	4.1
Percent of mothers who breast fed their infants at time of hospital discharge	57.7%	59%
Percent of newborns screened for hearing impairment before hospital discharge	39%	41%
State assurance of family participation in CSHCN programs & policies	10 of 18	12 of 18
Percent of very low birth weight live births	1%	1%
Percent of infants born to women who received first trimester prenatal care	84%	85.5%

Title V - National MCH Outcome Measures[7]	State 1998 Results	State Year 2000 Goal
Infant mortality rate (per 1,000 live births)	6.2	5.8
Ratio of black to white infant mortality	2.1	2.1
Neonatal mortality rate (per 1,000 live births)	3.8	3.4
Postneonatal mortality rate (per 1,000 live births)	2.4	2.2
Perinatal mortality rate (per 1,000 live births)	9.2	9.0
Child death rate (per 100,000 children aged 1-14)	37.3	37.1

Title V - Selected State-Determined MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Rate of abuse and neglect in infants and children from birth to age 5 (per 1,000)	6.1	6.0
Medicaid-eligible children who receive dental services as part of their comprehensive services	32.8%	33.5%
Ratio of school nurses to students in North Dakota (per 1,000)	.62	.82
Ratio of Native American infant mortality rate to white infant mortality rate (per 1,000)	1.49	1.40

Title V Federal-State Block Grant Expenditures[4] by Category of Service[6]





State Assurance of Family Participation in CSHCN Program and Policy	
SCALE: 0 = not met; 3 = completely met	
Participate on task forces and offered training.	3
Financial support offered for parent groups.	2
Involved in Block Grant Application process.	1
Involved in inservice training of staff.	1
Hired for expertise as family member.	2
Members of diverse cultures involved.	1
Total Possible: 18 — FY 98 Total:	10

Selected FY 98 Title V and Other MCH Grant Annotations

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

North Dakota State Systems Development Initiative, North Dakota State Department of Health , Bismarck, $100,000 (SPRANS-MCHIP-SSDI)

The North Dakota State Systems Development Initiative (SSDI) is a means by which the Maternal and Child Health and Children's Special Health Services State agencies can combine efforts to develop and implement systems of services to meet the primary preventive health care needs of all children and their families at the community level. This involves the development of a State-level infrastructure that supports the development of systems at the community level that will meet the physical health care needs as well as the psychological and social health related needs of children and their families. North Dakota's SSDI promotes incorporation of all key programs that address the health care needs of children and their families into the State-level systems development infrastructure to ensure a holistic approach to meet the health care needs of North Dakota's children and families. This is accomplished by working with the State, Regional, and Tribal Children's Services Coordinating Committees as well as State-level and community agencies including local public health departments and county social service offices.

Title V—COMMUNITY INTEGRATED SERVICE SYSTEMS (CISS—Title V)

North Dakota Health Systems Development in Child Care Program, North Dakota Department of Human Services, Bismarck, $50,000 (CISS-CISS-Child Care Program)

Goals of the project are to provide safe and healthy child care environments for North Dakota's children including those with special health needs; make available information regarding immunizations and easily accessible immunizations for children in child care settings; make available access to quality health, dental, and developmental screening and comprehensive followup for children in child care; and provide health and mental health consultation, support, and education for children and families receiving child care services and child care providers. Ongoing support will be expanded and provided for the child care providers and families caring for children with special health needs.

Other Title V Grant Programs:
$276,220
Other MCH Grant Programs:
$247,647
TOTAL:
$523,867

Title V—ABSTINENCE EDUCATION PROGRAM

North Dakota Abstinence Education Project, Maternal and Child Health Division, Bismarck, $126,220 (Abstinence Ed)

Reduction in teen sexual activity, which results in teen pregnancy, out-of-wedlock births, sexually transmitted diseases, and other associated health problems is the goal of this project. This will be done within the local communities by enhancing the awareness and knowledge about the importance of educating youth in abstaining from sexual activity outside of marriage. Possible activities include: the use of the "Baby Think It Over" program, use of existing services, and enhancement of current school health programs through educational materials and lectures.

EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)

North Dakota EMSC Planning Grant, University of North Dakota, Grand Forks, $247,647 (EMSC-Implementation)

We will initiate a planning process leading toward the introduction of a statewide emergency medical services for children (EMSC) program. One objective is to establish an EMSC advisory board and four EMSC task force committees with representation from health care providers. The project will be completed in sequential stages: Organization; data collection and analysis; assessment and recommendation; and coalition building and agenda setting,. Dissemination of the report will be a key element in building a statewide coalition around the issue of EMSC. Further, it will lay the groundwork for a process of intervention and change to come later in the implementation stage.

FOR MORE INFORMATION ON TITLE V:

Title V Program, contact:

Sandra L. Anseth, R.N., B.S.N.
Director
Division of Maternal and Child Health
N.D. Department of Health
600 East Boulevard Avenue, Dept. 301
Bismarck, ND 58505-0200
Phone: (701) 328-2493
Fax: (701) 328.1412

Title V Program's services for Children with Special Health Care Needs, contact:

Tamara Gallup-Millner, R.N., B.S.N.
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Children's Special Health Services
N.D. Department of Human Services
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NORTHERN MARIANA ISLANDS

The MCH Federal-State Partnership

Title V funds are administered by the Maternal and Child Health Program under the Division of Public Health in the CNMI. It provides preventive and primary services for pregnant women, mothers, infants, children, adolescents, and children with special health care needs. It conducts needs assessment , develops policies, plans and programs to improve the quality of health for all of the population in maternal and child health. The program works with other programs in ensuring provision of services, i.e., it collaborates with the Public School System in early intervention program. Funds are used to ensure delivery of health care services, i.e., recruitment of personnel, and enables the Program to perform health education and outreach activities.

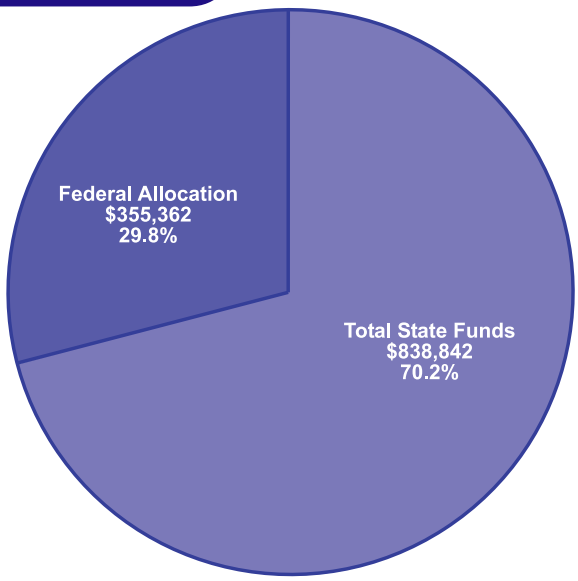
Title V Federal-State Block Grant Expenditures by Number of Individuals Served and Population Group[4]

Populations Served	Number of Individuals Served	Expenditures FY '98
Pregnant Women	1,201	$267,625
Infants (<1 year)	1,421	$175,633
Children (1 to 22 yrs)	15,876	$175,633
CSHCN (Special Needs)	448	$478,532
Others[3]	5,764	$ 0
Administration		$96,781
TOTALS	24,710	$1,194,204

State Population[5]
70,000 (UN report)

Live Births[5]
1,462

Title V Federal-State Block Grant Expenditures[4] by Source of Funds



MCH PARTNERSHIP FUNDS—FY 98[2]

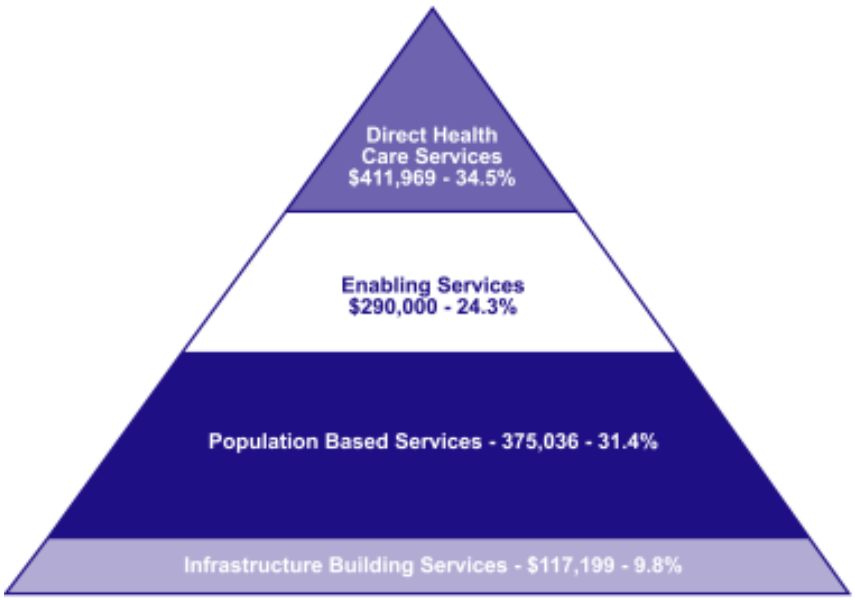
Title V Federal-State Block Grant:	**$1,194,204**
Other Title V Grant Programs:	**$1,044**
Other MCH Grant Programs:	**$176,044**
TOTAL MCH Partnership Funds	**$1,371,292**

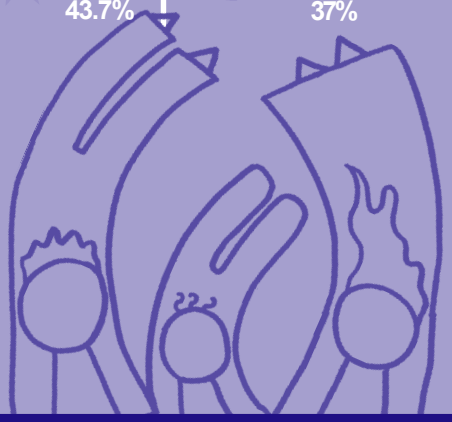
Title V - Selected National MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Number of specialty services for Children with Special Health Care Needs (CSHCN)	8 of 9	9 of 9
Percent of newborns screened for 4 major genetic disorders	▲	▲
Percent of children immunized (ages 19-35 months) against 9 diseases	86.3%	94%
Rate of births to teens aged 15-17 years (per 1,000 teens aged 15-17 years)	27.8	20
Rate of deaths to children aged 1-14 caused by motor vehicle crashes (per 100,000 children)	0	20.9
Percent of mothers who breast fed their infants at time of hospital discharge	97.2%	100%
Percent of newborns screened for hearing impairment before hospital discharge	▲	▲
State assurance of family participation in CSHCN programs & policies	8 of 18	9 of 18
Percent of very low birth weight live births	.6%	.6%
Percent of infants born to women who received first trimester prenatal care	22.7%	25.2%

Title V - National MCH Outcome Measures[7]	State 1998 Results	State Year 2000 Goal
Infant mortality rate (per 1,000 live births)	8.4	7.2
Ratio of black to white infant mortality	▲	▲
Neonatal mortality rate (per 1,000 live births)	7.7	6.9
Postneonatal mortality rate (per 1,000 live births)	.7	1.5
Perinatal mortality rate (per 1,000 live births)	13.4	6.1
Child death rate (per 100,000 children aged 1-14)	35.9	32.77

Title V - Selected State-Determined MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Degree to which state provides nutrition education information to students aged 5-12	19.8%	45%
Overweight school-aged children	52%	24%
Pregnant women screened for chlamydia	17%	18%
Mothers who breast fed their infants at 6 weeks and at 4 months	43.7%	37%

Title V Federal-State Block Grant Expenditures[4] by Category of Service[6]





State Assurance of Family Participation in CSHCN Program and Policy	
SCALE: 0 = not met; 3 = completely met	
Participate on task forces and offered training.	3
Financial support offered for parent groups.	1
Involved in Block Grant Application process.	2
Involved in inservice training of staff.	1
Hired for expertise as family member.	0
Members of diverse cultures involved.	1
Total Possible: 18 — FY 98 Total:	8

* Data not available ▲ Data not required

Selected FY 98 Title V and Other MCH Grant Annotations

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

Maternal and Child Health Services Federal Set-Aside Program, Commonwealth of the Northern Mariana Islands Department of Public Health and Environmental Services, Saipan, $98,856 (SPRANS-MCHIP-SSDI)

This project seeks to improve, upgrade, and expand three major local maternal and child health (MCH) initiatives: (1) Surveillance and data gathering with the Commonwealth Health Center computer information system, (2) community-based educational programs for mothers and children, and (3) expanded outreach services. These initiatives will enhance the current MCH Block Grant activities in the Commonwealth of the Northern Mariana Islands. The project will prove replicable in the other Micronesian governments and will serve as a model tracking system to ensure that all children, young adults, and mothers receive comprehensive health care.

EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)

Emergency Medical Services for Children Planning Grant, Commonwealth of the Northern Mariana Islands Department of Public Safety, Saipan, $175,000 (EMSC-Implementation)

The project goal is to extend emergency medical services and trauma systems linking prehospital, hospital, and rehabilitation services to prevent death and long-term disability. This project will determine the most culturally appropriate methods to improve access to health care for pediatric target groups by developing mechanisms to reduce language barriers and educate adults to pediatric services available, how to more quickly access the system and how they may be more involved by learning to provide services themselves within their subpopulations.

Other Title V Grant Programs:
$1,044
Other MCH Grant Programs:
$176,044
TOTAL:
$177,088

FOR MORE INFORMATION ON TITLE V:

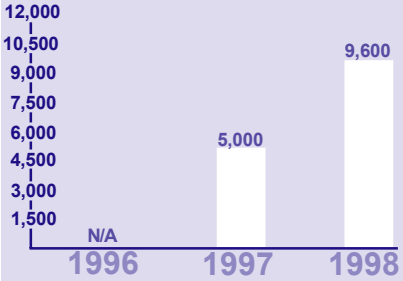
Title V Program, contact:

Margarita Torres-Aldan
Maternal and Child Health Coordinator
P.O. BOX 409 Chalan Kanoa
Saipan, MP 96950
Phone: (670) 234-8950 extension 2022
Fax: (670) 233-0214

Title V Program's services for Children with Special Health Care Needs, contact:

Margarita Torres-Aldan
Maternal and Child Health Coordinator
P.O. BOX 409 Chalan Kanoa
Saipan, MP 96950
Phone: (670) 234-8950 extension 2022
Fax: (670) 233-0214

State Hotline Calls/Year



To help families learn about maternal and child health care.

1-800-311-BABY;
en espanol: 1-800-504-7081

OHIO

The MCH Federal-State Partnership

The Ohio Department of Health administers the Title V Program. The Department conducts a statewide assessment of needs, develops policies, plans and implements programs to improve the health of women, infants, children, adolescents and families in Ohio. Programs within the Title V administrative structure which are coordinated with the MCH Block grant include: Oral Health Services programs to improve access to dental care; Part C Early Intervention program including Ohio Early Start (birth to three at-risk services) and the Welcome Home Newborn Visitation Program; Title X family planning services; WIC program; Primary Care and Rural Health Services; AIDS Client Resources; and CDC's School Health Infrastructure Grant and Childhood Lead Poison Prevention Program.

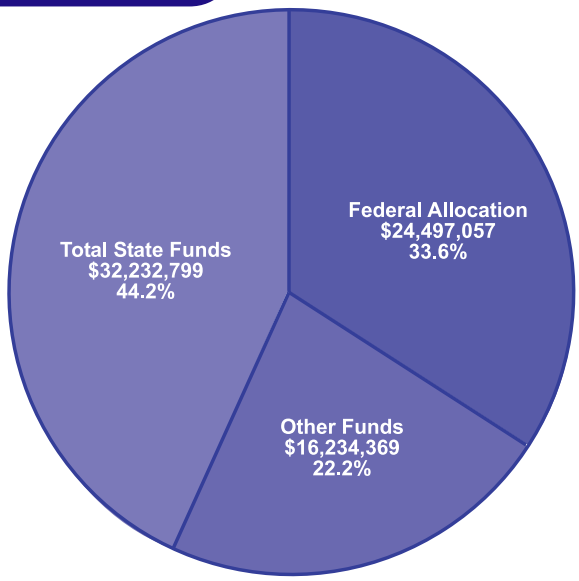
Title V Federal-State Block Grant Expenditures by Number of Individuals Served and Population Group[4]

Populations Served	Number of Individuals Served	Expenditures FY '98
Pregnant Women	20,562	$11,163,526
Infants (<1 year)	152,567	$4,742,675
Children (1 to 22 yrs)	55,646	$23,348,552
CSHCN (Special Needs)	31,572	$32,687,973
Others[3]	35,283	$0
Administration		$1,021,499
TOTALS	295,630	$72,964,225

State Population[5]
11,209,493

Live Births[5]
152,794

Title V Federal-State Block Grant Expenditures[4] by Source of Funds



MCH PARTNERSHIP FUNDS—FY 98[2]

Title V Federal-State Block Grant:
$72,964,225

Other Title V Grant Programs:
$4,847,600

Other MCH Grant Programs:
$2,581,000

TOTAL MCH Partnership Funds
$80,392,825

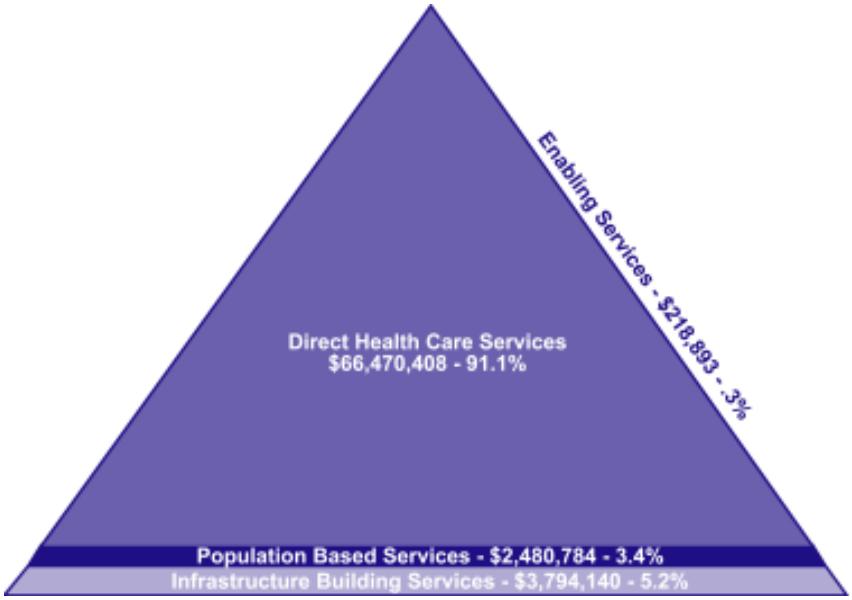
OHIO

Title V - Selected National MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Number of specialty services for Children with Special Health Care Needs (CSHCN)	8 of 9	9 of 9
Percent of newborns screened for 4 major genetic disorders	98%[97]	100%
Percent of children immunized (ages 19-35 months) against 9 diseases	76.2%	85%
Rate of births to teens aged 15-17 years (per 1,000 teens aged 15-17 years)	28.4	26.9
Rate of deaths to children aged 1-14 caused by motor vehicle crashes (per 100,000 children)	4.3	3
Percent of mothers who breast fed their infants at time of hospital discharge	53.9%	53%
Percent of newborns screened for hearing impairment before hospital discharge	8%	9%
State assurance of family participation in CSHCN programs & policies	18 of 18	18 of 18
Percent of very low birth weight live births	1.5%[97]	1.36%
Percent of infants born to women who received first trimester prenatal care	84.8%[97]	87%

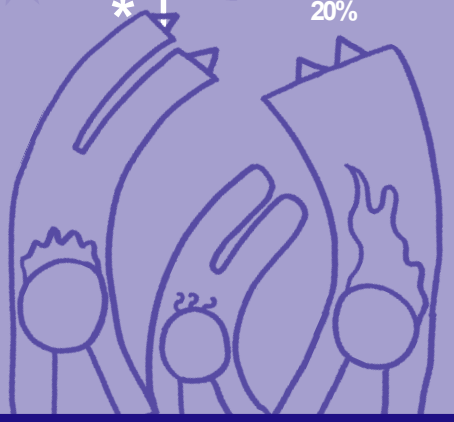
Title V - National MCH Outcome Measures[7]	State 1998 Results	State Year 2000 Goal
Infant mortality rate (per 1,000 live births)	7.8[97]	7.0
Ratio of black to white infant mortality	2.4[97]	2.1
Neonatal mortality rate (per 1,000 live births)	5.2[97]	5.0
Postneonatal mortality rate (per 1,000 live births)	2.6[97]	2.4
Perinatal mortality rate (per 1,000 live births)	14.9[97]	14.4
Child death rate (per 100,000 children aged 1-14)	24.3[97]	24.8

Title V - Selected State-Determined MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Women receiving adequate prenatal care according to the Kotelchuck Index	47.8%	48.0%
Unintended pregnancy rate in women of childbearing age (per 1,000)	840.2	725
Children and adults who receive genetic evaluation and counseling through a regional comprehensive genetic center (per 100)	19.1[97]	20.6
Children with obvious need for dental care	*	20%

Title V Federal-State Block Grant Expenditures[4] by Category of Service[6]



* Data not available



State Assurance of Family Participation in CSHCN Program and Policy	
SCALE: 0 = not met; 3 = completely met	
Participate on task forces and offered training.	3
Financial support offered for parent groups.	3
Involved in Block Grant Application process.	3
Involved in inservice training of staff.	3
Hired for expertise as family member.	3
Members of diverse cultures involved.	3
Total Possible: 18 — FY 98 Total:	18

OHIO
Other FY 98 MCH Grant Programs

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

- Behavioral Pediatrics Fellowship Training, Case Western Reserve University, Cleveland, $111,115 (SPRANS-Training-Behavioral Pediatrics)
- Children with Special Health Care Needs Continuing Education Institute, Children's Hospital, Columbus , $229,932 (SPRANS-MCHIP-Managed Care/Health Care Reform)
- Collaborative Office Rounds, Case Western Reserve University, Cleveland, $11,999 (SPRANS-Training-Continuing Ed/ Collaborative Office Rounds)
- Fellowship Training in Behavioral Pediatrics, Columbus Children's Hospital, Columbus, $42,415 (SPRANS-Training-Behavioral Pediatrics)
- Interdisciplinary Training Project in Adolescent Health Care, Children's Hospital Medical Center, Cincinnati, $336,889 (SPRANS-Training-Adolescent Health)
- Ohio Systems Development Initiative, Ohio Department of Health, Columbus, $100,000 (SPRANS-MCHIP-SSDI)
- Pediatric Health Supervision to Promote Literacy, Case Western Reserve University, Cleveland, $68,510 (SPRANS-Research)
- Psychiatry Study Groups for Public/ Private Pediatricians, Children's Hospital Medical Center, Cincinnati, $12,000 (SPRANS-Training-Continuing Ed/ Collaborative Office Rounds)
- Psychosocial Sequelae of Bronchopulmonary Dysplasia and Very Low Birthweight-Phase Two, Case Western Reserve University, Cleveland, $390,715 (SPRANS-Research)
- Resident Curriculum in Developmental-Behavioral Pediatrics, Children's Hospital, Columbus, $39,931 (SPRANS-Training-Continuing Education)
- Toledo Healthy Tomorrows, Toledo Hospital Children's Medical Center of Northwest Ohio, Toledo, $50,000 (SPRANS-MCHIP-Healthy Tomorrows)
- University Affiliated Cincinnati Center for Developmental Disorders (UACCDD) Maternal and Child Health Interdisciplinary Leadership Education for Health Professionals Caring for Children With Neurodevelopmental and Related Disabilities (MCH LEND), University of Cincinnati, Cincinnati, $883,587 (SPRANS-Training-LEND/Leadership Ed Neuro Dev)
- Violence Prevention Training Institute, Wright State University, Dayton, $189,333 (SPRANS-Training-Continuing Education)
- Web Site for Developmental and Behavioral Pediatrics, Children's Hospital, Columbus, Columbus, $68,412 (SPRANS-Training-Continuing Education)

Selected FY 98 Title V and Other MCH Grant Annotations

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

Hamilton County Transitions Project: Phase One, Lighthouse Youth Services Inc., Cincinnati, $189,395 (SPRANS-MCHIP-Adolescent Health)

Following upon an extensive needs assessment process, Hamilton County Adolescent Transitions will undertake a program designed to help fill gaps in local transitions planning efforts. The program will provide training for youth, parents, and professionals, operate an Information and Referral Center, work with a target group of youth involved in public systems to ensure transition planning is carried out and meets individual needs, and establish a collaborative group to support communications between and among youth, parents, and professionals.

Title V—COMMUNITY INTEGRATED SERVICE SYSTEMS (CISS—Title V)

Grandparent/Grandchildren Initiative, Wright State University, Dayton, $50,000 (CISS-CISS-COG)

Current public policy does not support the special concerns of children in the permanent but not legal custody of a grandparent. Frequently, grandparents cannot register their grandchildren for school or obtain adequate health care. The Grandparent/Grandchildren Initiative through the Center for Healthy Communities in Dayton, OH, will convene a communitywide network of policymakers and service providers to develop a coordinated, more responsive system of services for "skip generation" families in the community. Goals of the project are to accurately access the extent of the skip generation population in the community, increase awareness and knowledge of skip generation family concerns among service providers, and make necessary changes in public policy to better support skip generation families.

Title V—ABSTINENCE EDUCATION PROGRAM

Ohio's Abstinence Education Program, Ohio Department of Health, Columbus, $2,091,299 (Abstinence Ed)

The Ohio Department of Health intends "to provide abstinence education, and where appropriate, mentoring, counseling, and adult supervision to promote abstinence from sexual activity, with a focus on groups that are likely to bear children out of wedlock." Ohio's teen pregnancy problem is overwhelming. Complicating the issue is the varying cultural and economic differences found in each of the 88 counties. Ohio plans to build upon the existing model of local autonomy developed by the Ohio Wellness Block Grant in pregnancy prevention programming. Ohio will provide Federal funds to interested agencies through a competitive grant process. Successful applicants will "custom" design and implement programs that have an abstinence-only message.

Other Title V Grant Programs:
$4,847,600
Other MCH Grant Programs:
$2,581,000
TOTAL:
$7,428,600

OHIO
Other FY 98 MCH Grant Programs

Title V—COMMUNITY INTEGRATED SERVICE SYSTEMS (CISS—Title V)

- **Ohio's Health Systems Development in Child Care Project, Ohio Department of Human Services, Columbus, $50,000 (CISS-CISS-Child Care Program)**

EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)

Enhancement of the State of Ohio's EMSC System, Ohio Department of Public Safety, Columbus, $60,000 (EMSC-PRTNER)

The project goals are to (1) improve and standardize care for out-of-hospital pediatric patients through the use of standardized emergency medical technician (EMT) protocols, with particular attention to the EMT-Basics; (2) raise the level of understanding of emergency medical services directors in Ohio concerning pediatric care provided by the EMT-Basics; (3) raise the understanding among EMTs, school nurses, and child care center providers of children with special health care needs; (4) improve and standardize first-aid training for child care center personnel through the development and implementation of an updated training curriculum and training program; and (5) raise the level of understanding among child care center providers concerning the importance of injury prevention and up-to-date first-aid training.

HEALTHY START

Greater Cleveland Healthy Family/Healthy Start Project, Cleveland Department of Public Health, Cleveland, $2,521,000 (Healthy Start-Mentor)

The Greater Cleveland Healthy Family/Healthy Start Consortium's goal is the reduction of infant mortality rates among the city's highest risk populations of women. The consortium consists of institutional health care and social service providers, volunteers, clergy, residents, managed care organizations, and project participants and area residents who participant in the grassroots Neighborhood Consortia. The consortium's strategies in Phase II of the Healthy Start Initiative include enrollment of at-risk pregnant and parenting women in the community into outreach supportive services; prevention education and enrollment of adolescents within the school system; education and advocacy on the part of incarcerated women; and education of project staff, providers, and the community at large regarding the preventable causes of infant mortality.

FOR MORE INFORMATION ON TITLE V:

Title V Program, contact:

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246 N. High Street
Columbus, OH 43215
Phone: (614) 466-1663
Fax: (614) 728-3616

Title V Program's services for Children with Special Health Care Needs, contact:

James Bryant, M.D.
Chief, Bureau for Children with Medical Handicaps
Ohio Department of Health
246 N. High Street
Columbus, OH 43215
Phone: (614) 466-1700
Fax: (614) 728-3616

OKLAHOMA

The MCH Federal-State Partnership

The Title V Program is administered by two state agencies. The Oklahoma State Department of Health (OSDH) administers programs for women, infants and children; the Department of Human Services (DHS) administers the program for children with special health care needs. The OSDH Dental Service provides the Dental Education program. The Maternal and Child Health Service includes the following programs: Adolescent Health, School Health, Behavioral Health, Child Abuse Prevention, Lead Poisoning Prevention, Early Childhood Development, Family Planning, Health and Safety in Child Care, Immunization, MCH Assessment and Systems Development, Maternity, Newborn Hearing Screening, Newborn Metabolic Disorder Screening, Birth Defects Registry, Genetics Service Network, Nutrition, Pediatrics, Social Work, Regional MCH Systems staff, Early Intervention, Speech, Language and Audiology, and Sudden Infant Death. DHS, Family Support Services, includes three programs: Supplemental Security Income - Disabled Children's Program, CSHCN, and Crippled Children's Program.

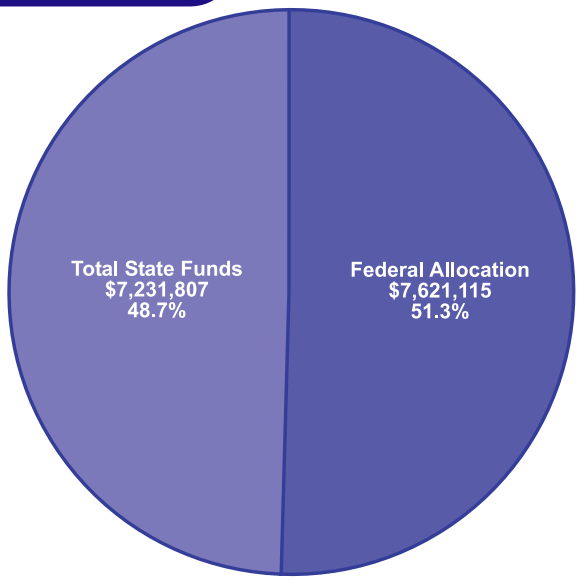
Title V Federal-State Block Grant Expenditures by Number of Individuals Served and Population Group[4]

Populations Served	Number of Individuals Served	Expenditures FY '98
Pregnant Women	6,025	$3,862,918
Infants (<1 year)	48,160	$1,681,068
Children (1 to 22 yrs)	10,228	$3,511,186
CSHCN (Special Needs)	16,727	$3,881,419
Others[3]	65,366	$519,943
Administration		$ 1,396,388
TOTALS	146,506	$14,852,922

State Population[5]
3,346,713

Live Births[5]
49,461

Title V Federal-State Block Grant Expenditures[4] by Source of Funds



MCH PARTNERSHIP FUNDS—FY 98[2]

Title V Federal-State Block Grant:	**$14,852,922**
Other Title V Grant Programs:	**$1,515,975**
Other MCH Grant Programs:	**1,455,053**
TOTAL MCH Partnership Funds	**$17,823,950**

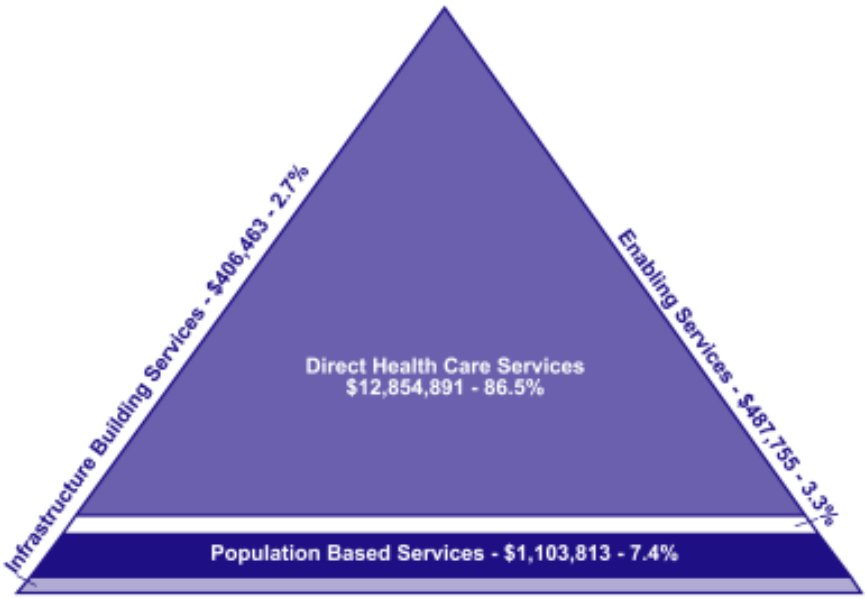
OKLAHOMA

Title V - Selected National MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Number of specialty services for Children with Special Health Care Needs (CSHCN)	9 of 9	9 of 9
Percent of newborns screened for 4 major genetic disorders	100%	100%
Percent of children immunized (ages 19-35 months) against 9 diseases	78%	90%
Rate of births to teens aged 15-17 years (per 1,000 teens aged 15-17 years)	36.6	33.4
Rate of deaths to children aged 1-14 caused by motor vehicle crashes (per 100,000 children)	6.5	6.5
Percent of mothers who breast fed their infants at time of hospital discharge	62.1%	60.5%
Percent of newborns screened for hearing impairment before hospital discharge	11.2%	40%
State assurance of family participation in CSHCN programs & policies	11 of 18	18 of 18
Percent of very low birth weight live births	1.2%	1.00%
Percent of infants born to women who received first trimester prenatal care	78.3%	82%

Title V - National MCH Outcome Measures[7]	State 1998 Results	State Year 2000 Goal
Infant mortality rate (per 1,000 live births)	7.5	7.4
Ratio of black to white infant mortality	2.3	1.6
Neonatal mortality rate (per 1,000 live births)	4.5	4.7
Postneonatal mortality rate (per 1,000 live births)	2.9	2.7
Perinatal mortality rate (per 1,000 live births)	11.4	9.4
Child death rate (per 100,000 children aged 1-14)	32.7	26

Title V - Selected State-Determined MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Women who have an unintended pregnancy (mistimed or unwanted) resulting in a live birth	46.7%	45%
Neural tube defects among live births in OK (per 1,000)	5.19	6.5
Adolescents, grades 9-12, smoking tobacco products	33.0%	32%
Fathers who are involved in the care-giving of their newborns	*	*

Title V Federal-State Block Grant Expenditures[4] by Category of Service[6]



State Assurance of Family Participation in CSHCN Program and Policy	
SCALE: 0 = not met; 3 = completely met	
Participate on task forces and offered training.	2
Financial support offered for parent groups.	2
Involved in Block Grant Application process.	1
Involved in inservice training of staff.	2
Hired for expertise as family member.	2
Members of diverse cultures involved.	2
Total Possible: 18 — FY 98 Total:	11

* Data not available

Selected FY 98 Title V and Other MCH Grant Annotations

OKLAHOMA
Other FY 98 MCH Grant Programs

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

- **Leadership in Pediatric Physical Therapy Education, University of Oklahoma, College of Allied Health, Oklahoma City, $125,805 (SPRANS-Training-Physical Therapy)**
- **Oklahoma Leadership Education Program in Neurodevelopmental Disabilities and Related Disorders, University of Oklahoma, Oklahoma City, $300,000 (SPRANS-Training-LEND/Leadership Ed Neuro Dev)**
- **Training Program in Communication Disorders, University of Oklahoma, Oklahoma City, $133,333 (SPRANS-Training-Communication Disorders)**

Title V—COMMUNITY INTEGRATED SERVICE SYSTEMS (CISS—Title V)

- **Capacity Building Within Oklahoma's MCH Program: Assisting Local Communities To Improve Their Service Systems, Oklahoma State Department of Health, Oklahoma City, $50,000 (CISS-CISS-COG)**

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

Oklahoma State Systems Development Initiative, Oklahoma State Department of Health, Oklahoma City, $100,000 (SPRANS-MCHIP-SSDI)

The primary construct of this State Systems Development Initiative (SSDI) is to provide support for Oklahoma communities engaged in systems development concerning children with special health needs and their families. Within this construct, two principal ongoing activities will be maintained: Building capacity within local communities to perform local needs assessments and enhancing local leadership skills necessary for translating local needs into policy and improved systems intervention.

Title V—COMMUNITY INTEGRATED SERVICE SYSTEMS (CISS—Title V)

Oklahoma Health Systems Development in Child Care, Oklahoma Department of Health, Oklahoma City, $50,000 (CISS-CISS-Child Care Program)

In keeping with the "Healthy People 2000" goals and the Oklahoma MCHB Title V Block Grant plan for the pediatric population and their families, the long-term goals of this initiative are to: Decrease the morbidity and mortality from injuries in the 0–6 population attending child care programs in the State; decrease the incidence of communicable disease in the 0–6 population attending licensed facilities in the State; and establish a clearly defined vision to address the health and safety needs of children in child care and their families. Short-term goals are to: Strengthen and expand collaborative efforts in Oklahoma to provide healthy and safe child care environments; implement the Healthy Child Care Campaign in Oklahoma; and address the need for appropriate and available child care for children with special needs.

Title V—ABSTINENCE EDUCATION PROGRAM

Oklahoma Abstinence Education Project Abstract, Oklahoma State Department of Health, Oklahoma City, $756,837 (Abstinence Ed)

This project is to reduce teen pregnancy and sexually transmitted disease rates by delaying the onset of sexual intercourse. Community-based projects from among selected medically accurate and age-appropriate curricula will be funded to promote sexual abstinence among youth 9-14 years of age.

EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)

EMSC State Partnership , University of Oklahoma, Oklahoma City, $60,000 (EMSC-PRTNER)

The goals and objectives of this project are to (1) continue to work toward allocation and appropriation of State funds for emergency medical services for children (EMSC) in Oklahoma through the current EMSC Resource Center Act of 1995; (2) implement injury prevention curriculums for prehospital providers; (3) increase public awareness of appropriate use of the 911 system, and develop strategies to disseminate this information to primary care providers, clinics, and health maintenance organizations; and (4) continue to develop, implement, and update pediatric continuing education programs in collaboration with State agencies.

HEALTHY START

Tulsa Healthy Start Initiative, Tulsa City-County Health Department, Tulsa, $1,320,131 (Healthy Start-Community)

To address the more critical needs of Tulsa's maternal and infant population and to

Other Title V Grant Programs:
$1,515,975
Other MCH Grant Programs:
$1,455,053
TOTAL:
$2,971,028

reduce factors associated with high infant mortality rates, consortium planners of the Tulsa Healthy Start initiative set its goal as reduction of the infant mortality rate of the project area by 50 percent. Its subgoals are to increase the rate of entry into first trimester care by 20 percent; decrease the rate of unintended pregnancies by 5 percent; increase the utilization rate of WIC for women by 23 percent, for infants by 25 percent, and for children by 47 percent; and to increase the rate of completed immunizations by children 2 years of age by 10 percent. The Tulsa Area Perinatal Coalition will expand its activities in partnership with Tulsa City-County Health Department to support each project goal, subgoal, and objective. Consortium membership recruitment, development of an information management system, expansion of care coordination and case management through existing consortium members and field-based services, door-to-door and school-linked outreach and client recruitment, expansion of existing translation and transportation services, and social marketing in support of community awareness and reduction in missed prenatal and well-baby appointments will form core project activities. Selected activities derive from data that substantiate identified needs for enhanced and expanded services in problem domains corresponding to each core activity.

TRAUMATIC BRAIN INJURY

Oklahoma Traumatic Brain Injury Services Planning Project, Oklahoma State Department of Health, Oklahoma City, $74,922 (Traumatic Brain Injury-Plan)

The overall goal of this project is to establish the infrastructure and an action plan to implement a statewide system of comprehensive and coordinated services for persons with traumatic brain injury. Services must (1) ensure access; (2) include all relevant disciplines and provide for consumer participation; (3) ensure cultural competence of consumers and providers in the system; (4) effectively use public, private, and government resources; and (5) build core capacity so that the system or services will be sustained beyond the project period. Although the degree of consequent disability relates directly to the location and severity of the brain injury, appropriate acute, rehabilitation, and ongoing community-based services are essential to reduce the survivor's level of impairment, impede the disabling process, and provide opportunities for the patient and the family to learn ways to maintain health, independence, and quality of life, including physical, psychosocial, and cultural dimensions.

FOR MORE INFORMATION ON TITLE V:

Title V Program, contact:

Edd D. Rhoades, MD, MPH,
Chief, Maternal and Child Health Service
Oklahoma State Department of Health
1000 N.E. Tenth Street
Oklahoma City, OK 73117-1299
Phone: (405) 271-4477
Fax: (405) 271-1011

Title V Program's services for Children with Special Health Care Needs, contact:

Raymond Haddock
Division Administrator, Family Support Services
Oklahoma Department of Human Services
P.O. Box 25352
Oklahoma City, OK 73125
Phone: (405) 521-3079
Fax: (405) 521-4158

OREGON

The MCH Federal-State Partnership

The Oregon State Health Division, of the Dept of Human Resources, administers the Title V Program. The services located in the Title V agency include grants to counties, policy and program development and evaluation, population-based assessment and surveillance, and leadership and coordination of health systems and services for MCH populations, including high-risk pregnant women, infants and children, adolescents, and children with special health care needs.

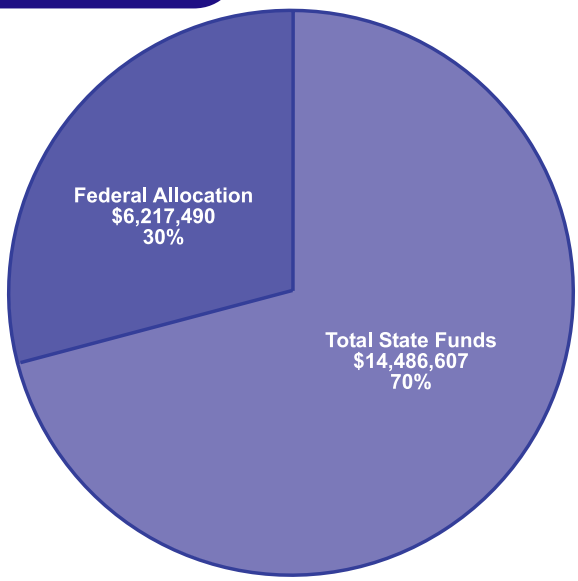
Title V Federal-State Block Grant Expenditures by Number of Individuals Served and Population Group[4]

Populations Served	Number of Individuals Served	Expenditures FY '98
Pregnant Women	35,729	$2,867,985
Infants (<1 year)	14,118	$5,337,756
Children (1 to 22 yrs)	27,227	$7,180,720
CSHCN (Special Needs)	7,748	$3,258,894
Others[3]	*	$1,613,661
Administration		$445,081
TOTALS	84,822	$20,704,097

State Population[5]
3,281,974

Live Births[5]
45,273

Title V Federal-State Block Grant Expenditures[4] by Source of Funds



MCH PARTNERSHIP FUNDS—FY 98[2]
Title V Federal-State Block Grant: **$20,704,097**
Other Title V Grant Programs: **$2,814,634**
Other MCH Grant Programs: **$1,979,154**
TOTAL MCH Partnership Funds **$25,497,885**

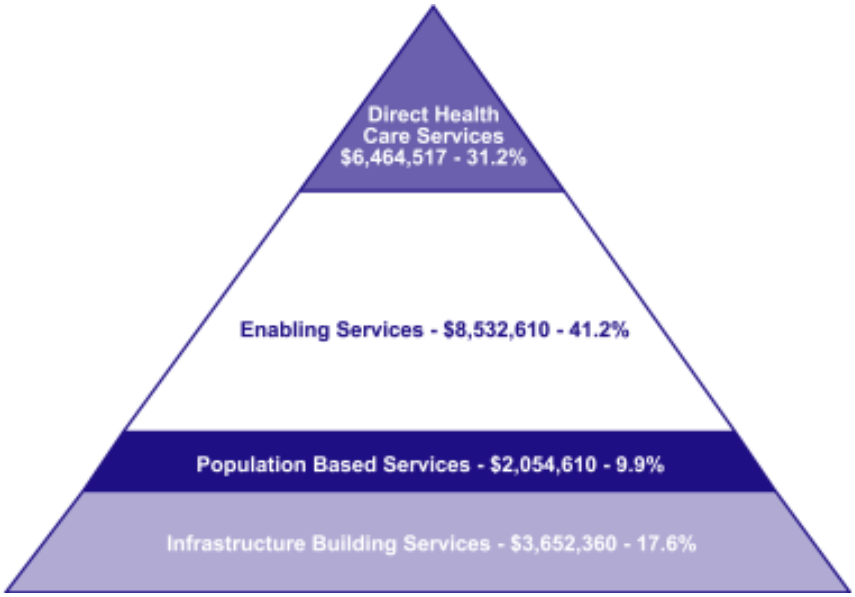
OREGON

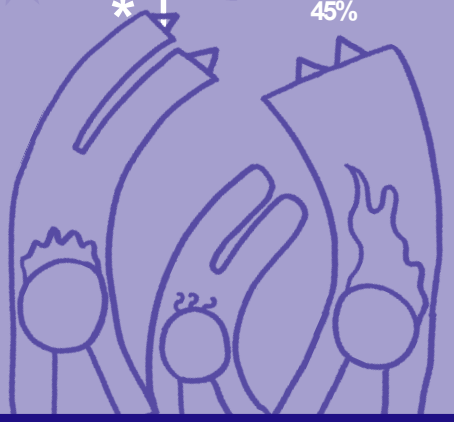
Title V - Selected National MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Number of specialty services for Children with Special Health Care Needs (CSHCN)	9 of 9	9 of 9
Percent of newborns screened for 4 major genetic disorders	100%	100%
Percent of children immunized (ages 19-35 months) against 9 diseases	75%	90%
Rate of births to teens aged 15-17 years (per 1,000 teens aged 15-17 years)	26.4	25
Rate of deaths to children aged 1-14 caused by motor vehicle crashes (per 100,000 children)	4.8[97]	4
Percent of mothers who breast fed their infants at time of hospital discharge	66%[97]	75%
Percent of newborns screened for hearing impairment before hospital discharge	12.2%	19%
State assurance of family participation in CSHCN programs & policies	5 of 18	10 of 18
Percent of very low birth weight live births	.9%	1%
Percent of infants born to women who received first trimester prenatal care	79.9%	90%

Title V - National MCH Outcome Measures[7]	State 1998 Results	State Year 2000 Goal
Infant mortality rate (per 1,000 live births)	5.6[97]	5.2
Ratio of black to white infant mortality	1.5[97]	3.1
Neonatal mortality rate (per 1,000 live births)	3.4[97]	2.9
Postneonatal mortality rate (per 1,000 live births)	2.2[97]	1.9
Perinatal mortality rate (per 1,000 live births)	8.2[97]	8.7
Child death rate (per 100,000 children aged 1-14)	23.7[97]	22

Title V - Selected State-Determined MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Pregnancies among women 15-44 that are intended	52%	57%
8th graders free of involvement in the previous month from tobacco	*	85%
Low income children 1-4 with iron deficiency	*	16%
CSHCN receiving care coordination services	*	45%

Title V Federal-State Block Grant Expenditures[4] by Category of Service[6]





State Assurance of Family Participation in CSHCN Program and Policy	
SCALE: 0 = not met; 3 = completely met	
Participate on task forces and offered training.	2
Financial support offered for parent groups.	1
Involved in Block Grant Application process.	1
Involved in inservice training of staff.	1
Hired for expertise as family member.	0
Members of diverse cultures involved.	0
Total Possible: 18 — FY 98 Total:	5

* Data not available

OREGON
Other FY 98 MCH Grant Programs

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

- Building Community-Based Systems of Care for Maternal and Child Health, Oregon Health Division, Portland, $100,000 (SPRANS-MCHIP-SSDI)
- Community Consultants in the Care of Children with Special Health Care Needs, Oregon Health Sciences University, Portland, $0 (SPRANS-MCHIP-Managed Care/Health Care Reform)
- Community Perinatal Service Systems Development Project, Oregon State Health Division, Portland, $187,370 (SPRANS-MCHIP)
- Community Solutions Project, Oregon Health Sciences University, Portland, $189,395 (SPRANS-MCHIP-Adolescent Health)
- Community Water Floridation Planning for Oregon, Oregon Department of Human Resources, Portland, $30,000 (SPRANS-MCHIP-Fluoride)
- Higher Education Curricula for Integrated Service Programs, Teaching Research Division , Monmouth, $285,000 (SPRANS-MCHIP-Integrated Services)
- Kids' Clinic, Eugene School District 4J, Eugene, $50,000 (SPRANS-MCHIP-Healthy Tomorrows)
- Latino Medical Access Coalition, Well Child Care Project, Sacred Heart Medical Center Foundation, Eugene, $50,000 (SPRANS-MCHIP-Healthy Tomorrows)
- Maternal and Child Health Leadership Education in Oregon, Oregon Health Sciences University, Portland, $613,409 (SPRANS-Training-LEND/Leadership Ed Neuro Dev)
- Next Steps: The Oregon Spina Bifida Project—Building a Community-Based Health Delivery System for Children with Special Health Care Needs, Oregon Health Sciences University, Portland, $0 (SPRANS-MCHIP)
- Pacific Northwest Regional Genetics Group (PacNoRGG), Oregon Health Sciences University, Eugene, $264,911 (SPRANS-Genetics)
- Region X Comprehensive Hemophilia Diagnosis and Treatment Centers , Oregon Health Sciences University, Portland, $208,661 (SPRANS-Hemophilia)
- Triggering 'Need to Know': Barriers to Learning Genetics, Oregon Health Sciences University, Portland, $124,935 (SPRANS-Genetics)

Selected FY 98 Title V and Other MCH Grant Annotations

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

Families as Participants: Working Within a Managed Care System, Oregon Health Sciences University, Portland, $150,877 (SPRANS-MCHIP-Managed Care/Health Care Reform)

The Families as Participants Project: Working Within a Managed Care System (FAP) is funded to promote partnerships between families of children with special health care needs (CSHCN) and managed care plans (MCPs). The project works to ensure that family input, cultural appropriateness, and services available to CSHCNs will not be neglected as health care reform is enacted. Information and mentoring will be provided for diverse families of CSHCN to help them become responsible consumers, and to make their needs and preferences heard at the individual and the policy level. As FAP helps both CSHCN families and MCPs learn of the needs and limitations of the other, it is intended that MCPs will develop systems for open and clear communication with all enrollees. Effective collaboration will promote the development of procedures in which problems are resolved to both parties' satisfaction.

Title V—COMMUNITY INTEGRATED SERVICE SYSTEMS (CISS—Title V)

Community Outreach and Action for Children Who Are Hispanic (COACH), Oregon Health Sciences University, Portland , $50,000 (CISS-CISS-COG)

The project seeks to increase access to and use of health and related services for these children in a Hispanic community in Oregon and to increase the cultural competence of care providers and the service system that serves these children. A community health worker outreach program based on the Promotora model of working with community members to increase use of health services will be developed within the Care Coordination Program and a cultural competence plan will be developed in the Oregon Services for Children with Special Health Needs service delivery system.

Title V—ABSTINENCE EDUCATION PROGRAM

Oregon Students Today Aren't Ready for Sex (STARS), Oregon Health Division, Portland, $460,076 (Abstinence Ed)

STARS' purpose is to reduce teen pregnancy through an abstinence-only education program delivered to 6th and 7th grade students by teen leaders who help students learn and practice the refusal skills they need to resist peer pressure and delay sexual involvement. The goal of the STARS program is to assist in achieving the Oregon Benchmark of 15 pregnancies per 1,000 females aged 10-17 years of age by the year 2000.

EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)

Oregon Improvements for Emergency Medical Services for Children, Oregon Health Division, Portland, $75,000 (EMSC-PRTNER)

To integrate with more modern data base managers, the Oregon Trauma Registry (OTR) must be updated to a more compatible format. Data elements specific to medically ill children will be integrated into the pediatric component of the OTR, which now collects data on injured children only. The new data base will be named the Oregon Trauma/EMSC Registry, and it will collect information on children with either an injury or a medical ailment. Data from the updated registry will be used to further establish statewide standards and policy for emergency medical, trauma, and critical care services for children. Registry information will also be used by State and local entities to assess and plan strategies for the prevention of injury and illness, evaluate and monitor quality of care, and conduct research on emergency medical services for children.

Other Title V Grant Programs:
$2,814,634
Other MCH Grant Programs:
$1,979,154
TOTAL:
$4,793,788

OREGON
Other FY 98 MCH Grant Programs

Title V—COMMUNITY INTEGRATED SERVICE SYSTEMS (CISS—Title V)

- **Integrating Public Health Into Child Care, Oregon Department of Health, Portland, $50,000 (CISS-CISS-Child Care Program)**

HEALTHY START

- **Multnomah County Health Department, Multnomah County Health Department, Portland, $914,972 (Healthy Start-Community)**

HEALTHY START

Healthy Start Phase II Replication Initiative for White City, Oregon, Jackson County Department of Health and Human Services, Medford, $919,211 (Healthy Start-Community)

The most salient objectives of this project in rural White City, OR, are to (1) complete initial risk assessment on all clients, both prenatal women and infants, and assist 90 percent of those who need special risk reduction referral services to obtain helpful and appropriate followup; (2) ensure that all women of childbearing age, as well as pregnant women, have adequate and affordable access to primary and perinatal health care services; (3) significantly reduce the infant mortality rate; (4) significantly reduce the number of infants with positive drug screens at birth; (5) significantly increase infant birthweights; (6) significantly increase the rates of adequate prenatal care; (7) significantly decrease the incident rate of adolescent pregnancies; and (8) significantly improve child nutrition and growth rates for children ages birth to 5 years.

TRAUMATIC BRAIN INJURY

Improving Access to Services for Individuals With TBI in Oregon, Oregon Department of Education, Salem, $69,971 (SPRANS-Traumatic Brain Injury-Plan)

The goals of the project are to (1) conduct a statewide needs assessment to identify gaps in available services and barriers to accessing existing services for individuals with traumatic brain injury (TBI) in Oregon and their families and (2) develop an action plan to improve access to services for this population by making currently fragmented services more accessible and coordinated.

FOR MORE INFORMATION ON TITLE V:

Title V Program, contact:

Donalda Dodson, R.N., M.P.H.
Center Director
Center for Child and Family Health
Oregon Health Division
800 N.E. Oregon Street, Suite 825
Portland, OR 97232
Phone: (503) 731-4398
Fax: (503) 731-4083

Title V Program's services for Children with Special Health Care Needs, contact:

Clifford J. (Jerry) Sells, M.D., M.P.H.
Director
Child Development and Rehabilitation Center
P.O. Box 574
Portland, OR 97207
Phone: (503) 494-8369
Fax: (503) 434-6868

PALAU

The MCH Federal-State Partnership

The MCH Title V fund is administered by the Director of the Bureau of Public Health under the Direction of the Ministry of Health. The Ministry of Health's finance office works closely with the National Treasury which is under the Ministry of Administration in monitoring the funds. The National Treasury is responsible for preparation and timely submission of the annual Financial Status Reports. The MCH program works with other entities of the Ministry of Health in data collection, needs assessment and surveys, as well as promotional activities. The Director of Public Health works closely with the Minister of Health in policy development as well as program plans effecting services for women, pregnant women and mothers, children, adolescent, children with special health needs, and families. A team consisting of the Chief of the Division of Primary and Preventive Services, administrator, and coordinator, assist the Director in the implementation of program plans. The Interagency office serves as the link for all other agencies in providing coordinated services for children with special needs including those who are at risk for developing disabling condition.

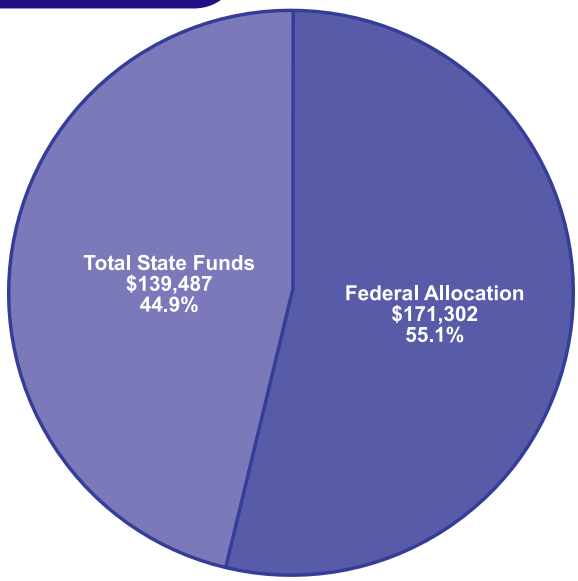
Title V Federal-State Block Grant Expenditures by Number of Individuals Served and Population Group[4]

Populations Served	Number of Individuals Served	Expenditures FY '98
Pregnant Women	474	$51,391
Infants (<1 year)	397	$17,130
Children (1 to 22 yrs)	6,621	$25,695
CSHCN (Special Needs)	261	$51,391
Others[3]	*	$148,052
Administration		$17,130
TOTALS	7,753	$310,789

State Population[5]
19,000 (U.N. Report)

Live Births[5]
377 (based on CIA estimate 19.88 births/1000)

Title V Federal-State Block Grant Expenditures[4] by Source of Funds



MCH PARTNERSHIP FUNDS—FY 98[2]
Title V Federal-State Block Grant: **$310,789**
Other Title V Grant Programs: **$149,995**
Other MCH Grant Programs: **$ 0**
TOTAL MCH Partnership Funds **$460,784**

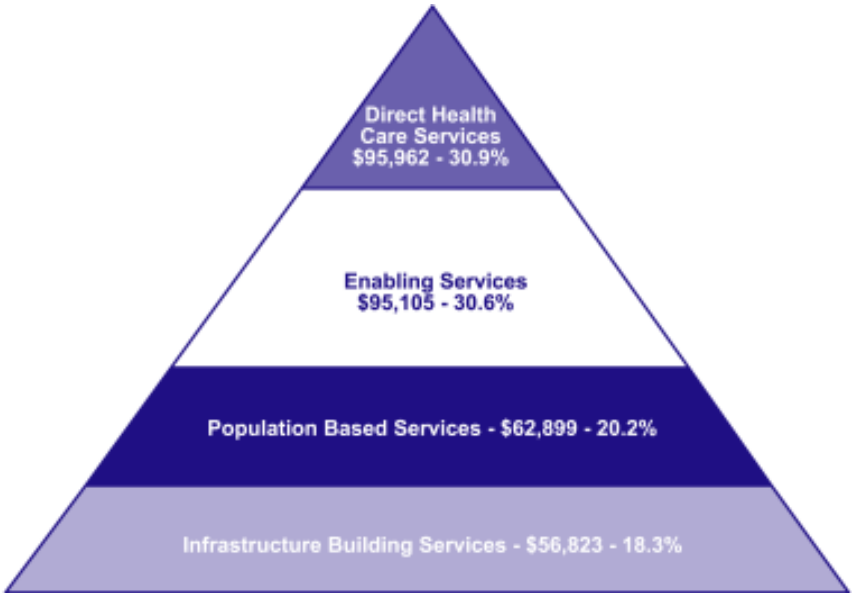
PALAU

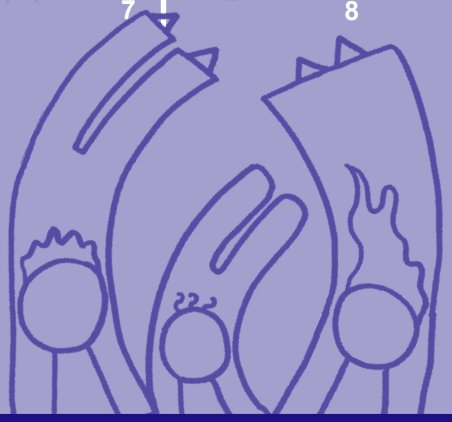
Title V - Selected National MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Number of specialty services for Children with Special Health Care Needs (CSHCN)	9 of 9	9 of 9
Percent of newborns screened for 4 major genetic disorders	*	*
Percent of children immunized (ages 19-35 months) against 9 diseases	97%	99%
Rate of births to teens aged 15-17 years (per 1,000 teens aged 15-17 years)	16.2	19.8
Rate of deaths to children aged 1-14 caused by motor vehicle crashes (per 100,000 children)	0	20
Percent of mothers who breast fed their infants at time of hospital discharge	100%	100%
Percent of newborns screened for hearing impairment before hospital discharge	*	*
State assurance of family participation in CSHCN programs & policies	11 of 18	14 of 18
Percent of very low birth weight live births	.4%	1%
Percent of infants born to women who received first trimester prenatal care	31.4%	65%

Title V - National MCH Outcome Measures[7]	State 1998 Results	State Year 2000 Goal
Infant mortality rate (per 1,000 live births)	10.7	8.8
Ratio of black to white infant mortality	*	*
Neonatal mortality rate (per 1,000 live births)	10.7	4
Postneonatal mortality rate (per 1,000 live births)	0	3
Perinatal mortality rate (per 1,000 live births)	14.3	10.9
Child death rate (per 100,000 children aged 1-14)	66.7	32

Title V - Selected State-Determined MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Mothers who exclusively breastfeed their babies up to age 3 months and 6 months	56%	75%
Children aged 13-14 and 16-17 who receive risk behavior assessment and counseling as a part of their annual physical exam.	12%	40%
Anemia screening for infants born with low birth weight	80%	95%
Develop support system for parents and families that address their needs for parenting skills discipline, and other lifecycle issues	7	8

Title V Federal-State Block Grant Expenditures[4] by Category of Service[6]





State Assurance of Family Participation in CSHCN Program and Policy	
SCALE: 0 = not met; 3 = completely met	
Participate on task forces and offered training.	2
Financial support offered for parent groups.	2
Involved in Block Grant Application process.	2
Involved in inservice training of staff.	2
Hired for expertise as family member.	1
Members of diverse cultures involved.	2
Total Possible: 18 — FY 98 Total:	11

* Data not available

Selected FY 98 Title V and Other MCH Grant Annotations

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

Palau Interagency Coordinating Project, Ministry of Health, Koror, $100,000 (SPRANS-MCHIP-SSDI)

The primary goal of the project is to build on the progress made during the first project period and continue to make culturally relevant and sustainable advances in infrastructure development related to building systems of care for all children, including those with special needs and their families. Objectives include clinical management of children with special needs, public awareness of those with special needs, and disabilities legislation. Family and community involvement are emphasized in all aspects of the project.

Title V—COMMUNITY INTEGRATED SERVICE SYSTEMS (CISS—Title V)

Palau Child Care Center and Child Care Skills Training Facility, Republic of Palau, Koror, $49,995 (CISS-CISS-Child Care Program)

The Ministry of Health will incorporate the HSDCC funding into already existing plans for a child care program. We will: (1) Organize and staff a fully functioning child care center and; (2) develop an on-island Child Care Skills Training Center for people who provide child-centered services and anyone wishing to develop these skills for employment in the private sector. We will develop a child care skills curriculum and training modules, and identify on-island trainers to be used.

Other Title V Grant Programs:
$149,995
Other MCH Grant Programs:
$0
TOTAL:
$149,995

FOR MORE INFORMATION ON TITLE V:

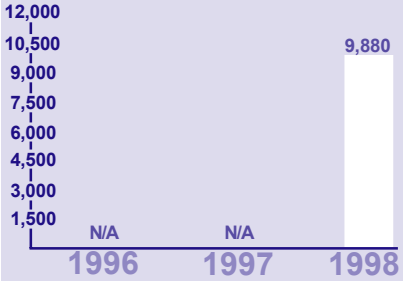
Title V Program, contact:

Caleb Tyn. Otto, MBBS, MHA
Director, Bureau of Public Health
P. O. Box 716
Koror, Palau , 96940
Phone: (680) 488-1757 or 488-3116
Fax: (680) 488-3115

Title V Program's services for Children with Special Health Care Needs, contact:

Joaquina Ulenghong
MCH Coordinator
P. O. Box 96940
Koror, Palau , 96940
Phone: (680) 488-1757 or 488-3116
Fax: (680) 488-3115

State Hotline Calls/Year



To help families learn about maternal and child health care.

1-800-311-BABY;
en espanol: 1-800-504-7081

PENNSYLVANIA

The MCH Federal-State Partnership

The Title V Maternal and Child Health Services Block Grant is administered by the Bureau of Family Health in the Pennsylvania Department of Health. Within the Bureau of Family Health, staff in the Divisions of Maternal and Child Health and Special Health Care Programs conduct a statewide assessment of needs, and develop plans and programs to improve the health of pregnant women, infants, and children, including children with special health care needs. The Bureau of Family Health also includes the state's WIC program.

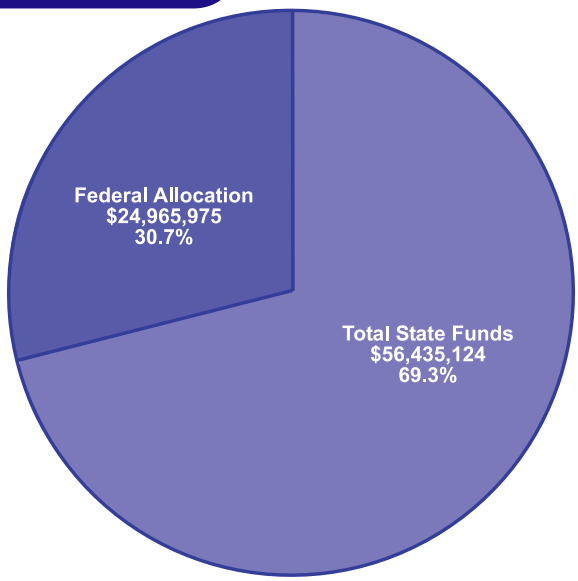
Title V Federal-State Block Grant Expenditures by Number of Individuals Served and Population Group[4]

Populations Served	Number of Individuals Served	Expenditures FY '98
Pregnant Women	43,667	$3,930,708
Infants (<1 year)	9,290	$2,798,803
Children (1 to 22 yrs)	67,084	$49,784,044
CSHCN (Special Needs)	33,593	$11,538,260
Others[3]	63,340	$11,935,696
Administration		$1,413,587
TOTALS	216,974	$81,401,099

State Population[5]
12,001,451

Live Births[5]
145,899

Title V Federal-State Block Grant Expenditures[4] by Source of Funds



MCH PARTNERSHIP FUNDS—FY 98[2]
Title V Federal-State Block Grant: **$81,401,099**
Other Title V Grant Programs: **$4,297,421**
Other MCH Grant Programs: **$8,789,391**
TOTAL MCH Partnership Funds **$94,487,911**

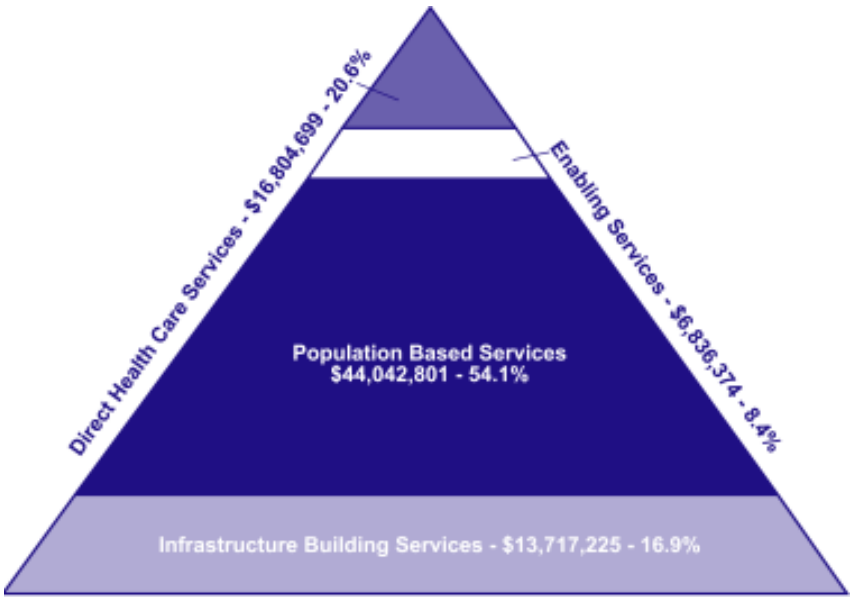
PENNSYLVANIA

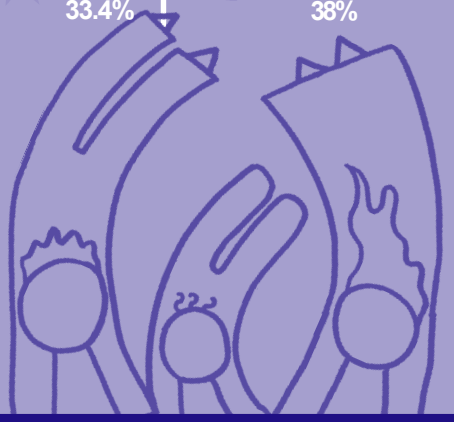
Title V - Selected National MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Number of specialty services for Children with Special Health Care Needs (CSHCN)	7 of 9	9 of 9
Percent of newborns screened for 4 major genetic disorders	100%	100%
Percent of children immunized (ages 19-35 months) against 9 diseases	80%	90%
Rate of births to teens aged 15-17 years (per 1,000 teens aged 15-17 years)	21.8	19
Rate of deaths to children aged 1-14 caused by motor vehicle crashes (per 100,000 children)	4.4	3.4
Percent of mothers who breast fed their infants at time of hospital discharge	55.1%	54%
Percent of newborns screened for hearing impairment before hospital discharge	10.4%	15%
State assurance of family participation in CSHCN programs & policies	11 of 18	18 of 18
Percent of very low birth weight live births	1.5%	1.2%
Percent of infants born to women who received first trimester prenatal care	82.4%	88%

Title V - National MCH Outcome Measures[7]	State 1998 Results	State Year 2000 Goal
Infant mortality rate (per 1,000 live births)	7.6	6.9
Ratio of black to white infant mortality	2.9	2.2
Neonatal mortality rate (per 1,000 live births)	5.3	5.0
Postneonatal mortality rate (per 1,000 live births)	2.3	2.2
Perinatal mortality rate (per 1,000 live births)	21.8	10.8
Child death rate (per 100,000 children aged 1-14)	21.8	19.3

Title V - Selected State-Determined MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Death rate among children (ages 1-14) resulting from unintentional injuries per 100,000	9.0[97]	8.8
Ratio of trained child care health consultants to the number of regulated child care centers	1:30[97]	1:24
Percent of child deaths (0-19) reviewed by a local child death review team	70%[97]	50%
Percent of sexually active teens aged 15-17 using Title V Family Planning Program	33.4%	38%

Title V Federal-State Block Grant Expenditures[4] by Category of Service[6]





State Assurance of Family Participation in CSHCN Program and Policy	
SCALE: 0 = not met; 3 = completely met	
Participate on task forces and offered training.	3
Financial support offered for parent groups.	2
Involved in Block Grant Application process.	0
Involved in inservice training of staff.	2
Hired for expertise as family member.	3
Members of diverse cultures involved.	1
Total Possible: 18 — FY 98 Total:	11

PENNSYLVANIA
Other FY 98 MCH Grant Programs

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

- Birth Defects Surveillance System, Pennsylvania Department of Health, Harrisburg, $99,129 (SPRANS-MCHIP-SSDI)
- Center for Leadership in Pediatric Physical Therapy, Allegheny University of the Health Sciences, Philadelphia, $123,087 (SPRANS-Training-Physical Therapy)
- Early Cortisol Replacement to Prevent BPD: Pilot Study, Pennsylvania State Universtiy, Hershey, $165,764 (SPRANS-Research)
- Establishing a Leadership Education in Neurodevelopmental and Related Disabilities Program at Children's Seashore House and University of Pennsylvania, Children's Seashore House, Philadelphia, $410,282 (SPRANS-Training-LEND/Leadership Ed Neuro Dev)
- Joint Public Health Social Work Training, University of Pittsburgh, Pittsburgh, $159,864 (SPRANS-Training-Social Work)
- Nurse-Midwives, Leaders in MCH Planning, University of Pennsylvania, Philadelphia, $198,737 (SPRANS-Training-Nursing)
- Preparing Pediatricians for Careers in Academic Behavioral Pediatrics: The MCH/PENN Partnership, Children's Hospital of Philadelphia, Philadelphia, $110,593 (SPRANS-Training-Behavioral Pediatrics)
- Project REACH: Replication, Education, and Action for Children's Health Care, University of Pittsburgh, Pittsburgh, $38,413 (SPRANS-Training-Continuing Education)
- Regional Hemophilia and Diagnostic Treatment Center, Thomas Jefferson University Hospital, Philadelphia, $574,098 (SPRANS-Hemophilia)
- University, Community, Leaders and Individuals with Disabilities: The "UCLID" Center at the University of Pittsburgh, University of Pittsburgh, Pittsburgh, $300,000 (SPRANS-Training-LEND/ Leadership Ed Neuro Dev)
- York City Project Girl Achieving Pure Potential, Crispus Attucks Association, York, $197,384 (SPRANS-MCHIP-Girl Power)

Title V—COMMUNITY INTEGRATED SERVICE SYSTEMS (CISS—Title V)

- Healthy Child Care Pennsylvania, Pennsylvania Chapter of the American Academy of Pediatrics, Rosemont, $50,000 (CISS-CISS-Child Care Program)

Selected FY 98 Title V and Other MCH Grant Annotations

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

York City Project Girl Achieving Pure Potential, Crispus Attucks Association, York, $197,384 (SPRANS-MCHIP-Girl Power)

Girls and young women are faced with many unique problems obstructing their paths to success. Negative gender-based messages can damage a girl's self-esteem, and disparities in education, economics, and health care can impede her ability to achieve and reach her goals. Girls living in impoverished communities and those faced with the problems of racism and lack of cultural diversity are in need of assistance to improve their self-esteem and encourage healthy life choices. The services offered through this program will empower girls to make smart decisions, respect one another, and reach for their full potential. Evaluation will focus on decreasing the rates of school dropouts, teen pregnancy, STD transmission, and risky behaviors.

Title V—COMMUNITY INTEGRATED SERVICE SYSTEMS (CISS—Title V)

Realizing the Potential for Integrating Managed Care and Community-Based Maternal and Child Health Services in Philadelphia, Philadelphia Department of Public Health, Philadelphia, $50,000 (CISS-CISS-COG)

The goal of the project is to facilitate the integration and coordination of community based maternal and child health support services with services provided under Medicaid managed care. There are four concert objectives to accomplish this goal: 1) to increase the ability of CBO's to operate in a managed care environment, and to improve their readiness to negotiate with. and market their services to, managed care organizations (MCO's); 2) to inform and educate Medicaid managed care organizations about the opportunities for, and the importance of collaborating with community-based agencies; 3) to establish an ongoing assessment process that will identify both the opportunities for, and the barriers to CBO and MCO collaboration and service system integration; and, 4) to create a mechanism for sharing information and promising CBO and MCO collaborative agreements, as well as identifying practical solutions to overcome barriers to such agreements.

Title V—ABSTINENCE EDUCATION PROGRAM

Pennsylvania Abstinence Education & Related Services, Pennsylvania Department of Health, Bureau of Maternal and Child Health, Harrisburg, $1,820,070 (Abstinence Ed)

The overall goal is to reduce pregnancies among teens, ages 15-17, without a corresponding increase in the abortion rate. Activities include community-driven abstinence education, mentoring, counseling, parental supervision programs, and services. Others include a statewide media campaign, professional, peer, and parent training and technical assistance, and curricula building within schools. The plan identifies the role of teens, parents, peers, professionals, school, government health departments, and media in abstinence education and related services and defines relevant strategies and interventions for each.

EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)

Predicting the Need for Hospitalization in Childhood Asthma, University of Pennsylvania, Philadelphia, $293,785 (EMSC/Research)

This project aims to (1) identify those signs and symptoms that are associated with the need for hospitalization in acute asthma of children and (2) develop and validate a clinical prediction rule to differentiate those children requiring admission from those capable of discharge. The creation of a new tool to improve accuracy

Other Title V Grant Programs:
$4,297,421
Other MCH Grant Programs:
$8,789,391
TOTAL:
$13,086,812

of prediction of short-term outcomes in acute childhood asthma will reduce both inappropriate admission and discharge, with enormous potential for reducing both economic costs and morbidity. Approximately 768 children, mostly African-American, ages 2 years and older, treated in the emergency department of the Children's Hospital of Philadelphia for acute asthma will comprise the sample for this study.

HEALTHY START

Healthy Start/Pittsburgh and Allegheny County, Allegheny County Health Department, Pittsburgh, $5,000,000 (Healthy Start-Mentor)

Healthy Start/Pittsburgh and Allegheny County is a collaborative, community-driven initiative to reduce the rate of infant mortality by 50 percent over 4 years through improved access to health services and holistic interventions to address quality of life issues affecting women of childbearing age. Strategies include expansion and coordination of health care and social services; outreach via media exposure, a telephone "Help Line," and indigenous workers; individualized case management and home visiting by core teams, public health nurses, and social workers; and monitored referral to a wide range of community-based services, including family planning, substance abuse treatment, transportation, and child care. Local specialty service needs are defined by the six regional consortia, and appropriate providers of the services are identified through an RFP process. Through ongoing collaboration with public officials, hospitals, community health centers, private practitioners, school districts, and health and human service agencies, Healthy Start has established professional partnerships as well as community-based networks to maximize existing resources, ensure increased accessibility to and acceptability of services to mothers at risk for poor pregnancy outcomes and their infants, and enhance the potential for continuation of services when Federal grant funding ends.

PENNSYLVANIA
Other FY 98 MCH Grant Programs

EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)

- **Applying Biomechanical Epidemiology to Injury Prediction, Children's Hospital of Philadelphia, Philadelphia, $ (EMSC)**
- **Developing a Pediatric Severity of Illness Model for Transport Systems Evaluation and Triage, University of Pittsburgh, Pittsburgh, $144,220 (EMSC-Target)**

HEALTHY START

- **Healthy Start Chester, Crozer-Keystone Health System, Chester, $384,823 (Healthy Start-Community)**
- **Healthy Start Initiative for Chester County, PA, Maternal and Child Health Consortium of Chester County, Inc., West Chester, $445,563 (Healthy Start-Community)**
- **Healthy Start Initiative, Philadelphia Department of Public Health, Philadelphia, $2,521,000 (Healthy Start-Mentor)**

FOR MORE INFORMATION ON TITLE V:

Title V Program, contact:

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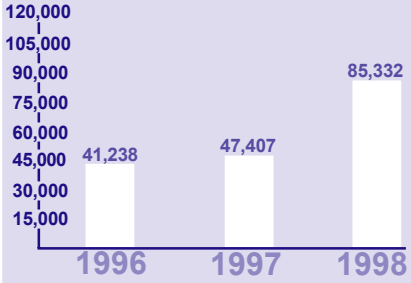
Acting Director
Bureau of Family Health Room
733 Health & Welfare Building
P.O. Box 90
Harrisburg, PA 17108
Phone: (717) 787-7192
Fax: (717) 772-0323

Title V Program's services for Children with Special Health Care Needs, contact:

C. Gail Stock
Director
Division of Special Health Care Programs Room
724 Health & Welfare Building
P.O. Box 90
Harrisburg, PA 17108
Phone: (717) 783-5436
Fax: (717) 772-0323

State Hotline Calls/Year



To help families learn about maternal and child health care.

1-800-311-BABY;
en espanol: 1-800-504-7081

PUERTO RICO

The MCH Federal-State Partnership

The Assistant Secretariat for Health Promotion and Protection of the PRDH administers the MCH/CSHCN programs. In Puerto Rico, Title V programs supports directs services not covered in the GIP and in areas out of the HCR. Title V funds are also used to support needs assessment and other activities geared to improve the health status of WCBA, infants, children and CSHCN. Among the most relevant programs which are implemented with Title V funds we want to high light the following: The Home Visiting Program, and the Comprehensive Adolescent Program. The Title V provide leadership and supervision to other related programs, such as SSDI, Healthy Start, Early Intervention and Abstinence Education and Perinatal Alcohol.

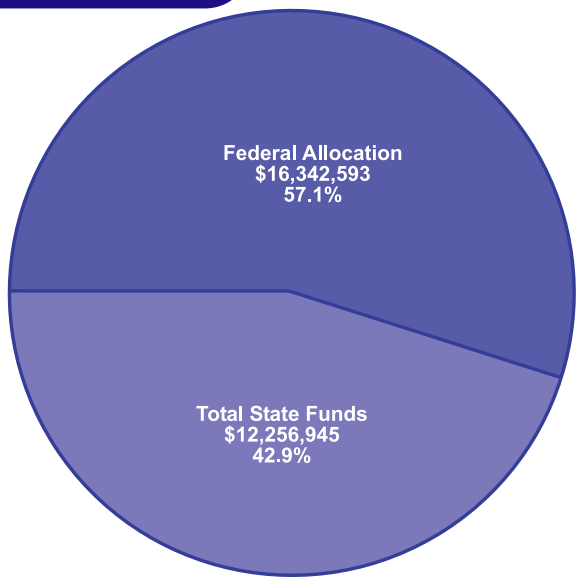
Title V Federal-State Block Grant Expenditures by Number of Individuals Served and Population Group[4]

Populations Served	Number of Individuals Served	Expenditures FY '98
Pregnant Women	26,865	$5,310,519
Infants (<1 year)	7,236	$3,156,658
Children (1 to 22 yrs)	22,323	$8,679,153
CSHCN (Special Needs)	10,123	$10,009,837
Others[3]	49,787	$0
Administration		$1,443,371
TOTALS	116,334	$28,599,538

State Population[5]
12,001,451

Live Births[5]
145,899

Title V Federal-State Block Grant Expenditures[4] by Source of Funds



MCH PARTNERSHIP FUNDS—FY 98[2]

Title V Federal-State Block Grant:
$28,599,538

Other Title V Grant Programs:
$2,052,757

Other MCH Grant Programs:
$1,171,175

TOTAL MCH Partnership Funds
$31,823,470

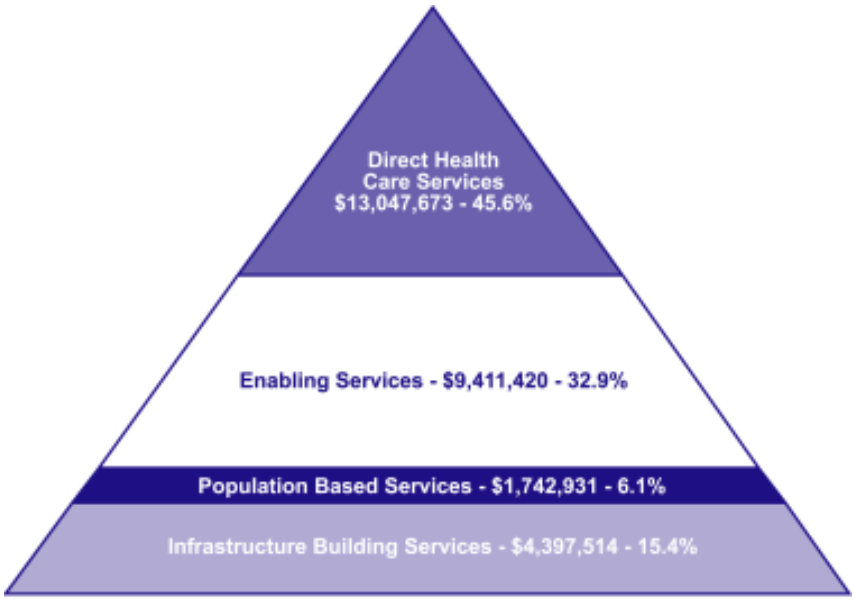
PUERTO RICO

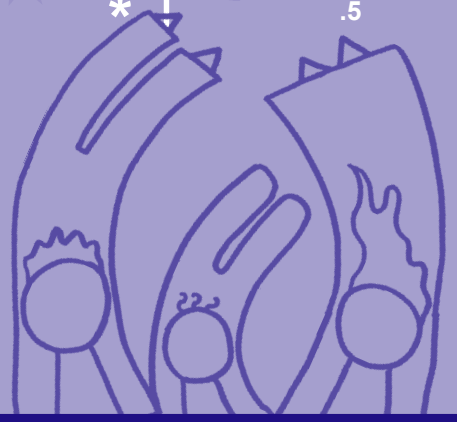
Title V - Selected National MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Number of specialty services for Children with Special Health Care Needs (CSHCN)	8 of 9	7 of 9
Percent of newborns screened for 4 major genetic disorders	96.5%	95%
Percent of children immunized (ages 19-35 months) against 9 diseases	87.9%	90%
Rate of births to teens aged 15-17 years (per 1,000 teens aged 15-17 years)	51.9	54
Rate of deaths to children aged 1-14 caused by motor vehicle crashes (per 100,000 children)	3.4	3.0
Percent of mothers who breast fed their infants at time of hospital discharge	48.4%	56%
Percent of newborns screened for hearing impairment before hospital discharge	1%[97]	5%
State assurance of family participation in CSHCN programs & policies	7 of 18	11 of 18
Percent of very low birth weight live births	1.3%	1.1%
Percent of infants born to women who received first trimester prenatal care	78.2%[97]	87%

Title V - National MCH Outcome Measures[7]	State 1998 Results	State Year 2000 Goal
Infant mortality rate (per 1,000 live births)	10.8	8.5
Ratio of black to white infant mortality	▲	▲
Neonatal mortality rate (per 1,000 live births)	8.1[97]	6.0
Postneonatal mortality rate (per 1,000 live births)	3.1[97]	2.5
Perinatal mortality rate (per 1,000 live births)	17[97]	15
Child death rate (per 100,000 children aged 1-14)	25.1[97]	25.5

Title V - Selected State-Determined MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Establish a home visiting program in at least 90% of the island by the year 2,000	*	90%
Incidence rate of neural tube defects (NTD's) (per 1,000)	*	1.3
Birth rate among girls 10-14 years of age (per 1,000)	*	2.1
Death rate for children aged 1-14 caused by asthma (per 1,000)	*	.5

Title V Federal-State Block Grant Expenditures[4] by Category of Service[6]





State Assurance of Family Participation in CSHCN Program and Policy	
SCALE: 0 = not met; 3 = completely met	
Participate on task forces and offered training.	2
Financial support offered for parent groups.	2
Involved in Block Grant Application process.	0
Involved in inservice training of staff.	2
Hired for expertise as family member.	1
Members of diverse cultures involved.	0
Total Possible: 18 — FY 98 Total:	7

* Data not available

▲ Data not required

Selected FY 98 Title V and Other MCH Grant Annotations

PUERTO RICO
Other FY 98 MCH Grant Programs

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

- **COFANI Medical Home of Coamo, COFANI Medical Home, Inc., Coamo, $50,000 (SPRANS-MCHIP-Healthy Tomorrows)**
- **Improvement of the Role of Primary Care Providers in the Delivery of Genetic Services in Puerto Rico, University of Puerto Rico, San Juan, $125,000 (SPRANS-Genetics)**
- **Maternal and Child Health Project, University of Puerto Rico, San Juan, $233,716 (SPRANS-Training-School of Public Health)**
- **Puerto Rico State Systems Development Initiative, Puerto Rico Department of Health, San Juan , $95,023 (SPRANS-MCHIP-SSDI)**

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

Increasing Breastfeeding in Puerto Rican Women, Centro Pediatrico de Lactancia y Crianza, Inc., San Juan, $50,000 (SPRANS-MCHIP-Healthy Tomorrows)

The purpose of Proyecto Lacta is to improve health status, functional ability, and developmental capabilities of medically indigent infants who receive services at the San Juan Public Health Clinics through the goal of increasing the breastfeeding rates, identified as being well below the goals of "Healthy People 2000." The objective of the project is to increase by 100 percent the exclusive breastfeeding rates at 1 month among the medically indigent through education of the health care professionals that serve this population, and provide affordable clinical services directly to the mother-infant pair with difficulties by a lactation consultant with supervision of a pediatrician. The first of yearly studies on breastfeeding rates in a private and a public hospital was completed, evaluated, and improved. The second study is underway. Education of health care professionals was performed in all CDTs through 1- to 2-hour small group programs. Staff has participated in activities coordinated by other community organizations as well as providing their expertise to governmental agencies. Telephone support for the health care professionals and mothers is provided. Spanish literature for patients and health care providers is available at the Web site.

Title V—COMMUNITY INTEGRATED SERVICE SYSTEMS (CISS—Title V)

Puerto Rico Health System Development in Child Care Project, Puerto Rico Department of Health, San Juan, $50,000 (CISS-CISS-Child Care Program)

The project aims to reduce the fragmentation of health services and support for families; increase the coordination between public and private agencies to decrease cost and to provide choices to clients; propitiate the participation of the people in child care centers as focal points of the communities; and increase the quality and accessibility of social and support resources. The project will be divided into three phases.

Title V—ABSTINENCE EDUCATION PROGRAM

Puerto Rico Abstinence Education Program, Puerto Rico Department of Health, San Juan, $1,449,018 (Abstinence Ed)

The purpose of the Puerto Rico Abstinence Education Program (PRAEP) is to reduce sexual engagement and its consequences among adolescents: The propose project is expected to reduce the increasing percentage of babies born to women under 20 years of age and school desertion because of pregnancy, among others. To achieve the goal and objectives, the following strategies will be implemented: an educational curriculum in grades 5 through 12; an educational-motivational program; mass communications; and socio-recreational activities; and a coalition.

Other Title V Grant Programs:
$2,052,757
Other MCH Grant Programs:
$1,171,175
TOTAL:
$3,223,932

EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)

EMSC and Families Program in Puerto Rico, University of Puerto Rico, San Juan, $227,216 (EMSC-Implementation)

The goals of this project in Puerto Rico are to (1) build up the capacity of the State emergency medical services system to address the needs of pediatric patients; (2) establish an adequate pediatric data base for outcome measurement and surveillance; (3) increase the level of knowledge, skills, and resources available for first-responders and hospital staff to care for children during the prehospital and emergency room phases of an emergency; and (4) provide support to established injury prevention initiatives. This project is the first serious effort to include emergency medical services for children within the framework of the family in the agenda of several agencies and the legislature in Puerto Rico.

HEALTHY START

Puerto Rico Healthy Start Program, Puerto Rico Department of Health, San Juan, $943,959 (Healthy Start-Community)

In pursuing the reduction of the high infant mortality rates in Puerto Rico, the MCH program and the Advisory Board identified the following five goals: (1) Promote early and continuous high-quality prenatal care and establish home visiting services for identified high-risk pregnant women; (2) reduce the percentage of unintended pregnancies and promote adequate spacing between pregnancies for participating women in the Home Visiting Program; (3) reduce unhealthy behaviors among pregnant women such as tobacco use, substance abuse, alcohol consumption, poor nutritional practices, and others; (4) promote healthy growth and development and improve infant health measures among participants of the Home Visiting Program; and (5) improve coordination mechanisms across the different levels of the health care system as well as with the network of agencies and community-based programs serving the MCH population.

FOR MORE INFORMATION ON TITLE V:

Title V Program, contact:

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MCH Director
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Fax: (787) 274-5523

Title V Program's services for Children with Special Health Care Needs, contact:

Naydamar Perez de Otero, MD, MPH
CSHCN Director
PO BOX 70184
San Juan, PR 00936
Phone: (787) 274-5660
Fax: (787) 274-5523

RHODE ISLAND

The MCH Federal-State Partnership

The Rhode Island Department of Health, Division of Family Health administers the Title V Program, including the Children with Special Health Care Needs programs. The Division is responsible for the assessment of health and developmental needs among children and young families, for planning effective systems and measures to address those needs, for evaluation of programs and policies affecting the health and development of children, and for management of maternal and child health programs providing prevention services to women and children through community agencies. In addition to the Title V Block Grant, Abstinence Education and State Systems Development Initiative, the Division administers the following federal programs: WIC and Farmers Market Nutrition; Title X Family Planning; IDEA Part C; CDC Disabilities and Health, Immunization, INPHO, and Lead Poisoning Prevention. The Division receives support from a number of private foundations and other sources including: Robert Wood Johnson's Making the Grade and All Kids Count.

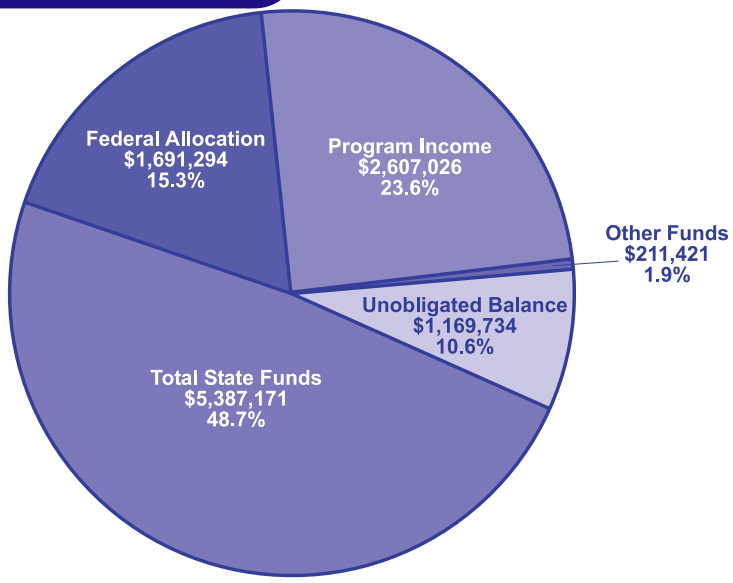
Title V Federal-State Block Grant Expenditures by Number of Individuals Served and Population Group[4]

Populations Served	Number of Individuals Served	Expenditures FY '98
Pregnant Women	1,757	$568,409
Infants (<1 year)	4,224	$3,115,454
Children (1 to 22 yrs)	39,725	$3,033,176
CSHCN (Special Needs)	3,700	$4,211,516
Others[3]	11,741	$0
Administration		$138,091
TOTALS	61,147	$11,066,646

State Population[5]
988,480

Live Births[5]
12,599

Title V Federal-State Block Grant Expenditures[4] by Source of Funds



MCH PARTNERSHIP FUNDS—FY 98[2]

Title V Federal-State Block Grant:	**$11,066,646**
Other Title V Grant Programs:	**$440,429**
Other MCH Grant Programs:	**$224,943**
TOTAL MCH Partnership Funds	**$11,732,018**

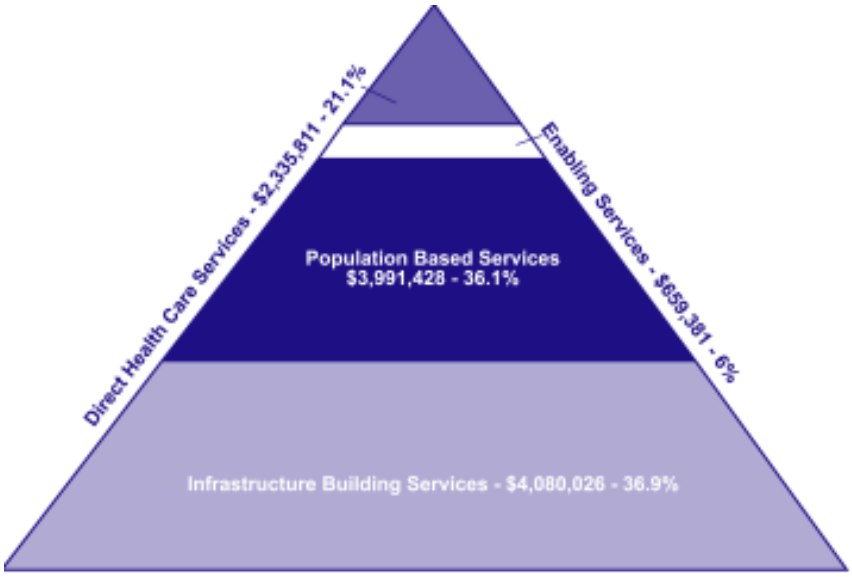
RHODE ISLAND

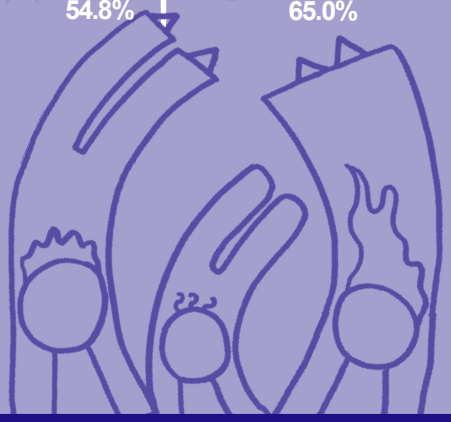
Title V - Selected National MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Number of specialty services for Children with Special Health Care Needs (CSHCN)	9 of 9	9 of 9
Percent of newborns screened for 4 major genetic disorders	99.8%	100%
Percent of children immunized (ages 19-35 months) against 9 diseases	81%	90%
Rate of births to teens aged 15-17 years (per 1,000 teens aged 15-17 years)	26.5	25
Rate of deaths to children aged 1-14 caused by motor vehicle crashes (per 100,000 children)	1.1	.5
Percent of mothers who breast fed their infants at time of hospital discharge	55.4%	65%
Percent of newborns screened for hearing impairment before hospital discharge	99.7%	100%
State assurance of family participation in CSHCN programs & policies	18 of 18	18 of 18
Percent of very low birth weight live births	1.6%	1.0%
Percent of infants born to women who received first trimester prenatal care	89.5%	92%

Title V - National MCH Outcome Measures[7]	State 1998 Results	State Year 2000 Goal
Infant mortality rate (per 1,000 live births)	7.6	5.5
Ratio of black to white infant mortality	2.8	1.3
Neonatal mortality rate (per 1,000 live births)	5.7	4.5
Postneonatal mortality rate (per 1,000 live births)	1.9	1.0
Perinatal mortality rate (per 1,000 live births)	10.3	7.5
Child death rate (per 100,000 children aged 1-14)	14.5	12

Title V - Selected State-Determined MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Children in child care, aged 18 months or older, who are up to date on their immunizations	87.4%	95%
Students in schools with health centers who are enrolled in school-based health centers	48.1%	70.0%
Children age 6 or less in at-risk population subgroups tested with lead levels greater than or equal to 10mg/dl	10.4%	9.5%
At-risk newborns who receive a home visit from the family outreach program during the early newborn period	54.8%	65.0%

Title V Federal-State Block Grant Expenditures[4] by Category of Service[6]





State Assurance of Family Participation in CSHCN Program and Policy	
SCALE: 0 = not met; 3 = completely met	
Participate on task forces and offered training.	3
Financial support offered for parent groups.	3
Involved in Block Grant Application process.	3
Involved in inservice training of staff.	3
Hired for expertise as family member.	3
Members of diverse cultures involved.	3
Total Possible: 18 — FY 98 Total:	18

Selected FY 98 Title V and Other MCH Grant Annotations

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

Brown University Leadership Education in Behavioral Pediatrics, Rhode Island Hospital, Providence, $110,837 (SPRANS-Training-Behavioral Pediatrics)

New training guidelines from the American Board of Pediatrics Residency Review Committee mandate that pediatric residencies include 2 months of behavioral pediatrics in their training programs. This project addresses the need for well-prepared pediatric academicians in behavioral pediatrics who can develop and lead these programs. It creates a model training program, through the collaboration of experts in the fields of child advocacy, public health, child psychiatry, adolescent medicine, behavioral research methodology, and biostatistics as well as behavioral, developmental, and primary care pediatrics. Fellows are mentored in the practice of behavioral pediatrics in a broad range of community and hospital-based settings. They develop a research project and carry it through to publication and presentation, and then use it to write a grant proposal. Community networks as well as academic programs are strengthened through collaborations and continuing education.

Foster Children's Assessment, Referral, and Care Coordination Project, Rhode Island Public Health Foundation, Providence, $50,000 (SPRANS-MCHIP-Healthy Tomorrows)

Approximately half of all foster children in Rhode Island experience difficulty in accessing primary medical care. The purpose of the project is to develop a cooperative system involving primary care physicians, foster parents, and state child protection agency caseworkers to ensure that all foster children have a "medical home." The project establishes procedures by which (1) a network of participating physicians is developed who will accept foster children in their medical practices; (2) the state child protection agency furnishes a community-based care coordination agency with names of families with newly placed foster children; (3) the care coordination agency contacts foster families, and provides home assessment visits and referral services, as needed; and (4) reports on services provided to the foster child's physician and caseworker. An initial pilot project has been successfully completed in a rural/suburban area and a statewide system is being established.

Pulling It All Together with Parents as Partners, Rhode Island Department of Health, Providence, $100,000 (SPRANS-MCHIP-SSDI)

Many families with newborns returning to high-risk environments in urban areas of Rhode Island are not being engaged by maternal and child health programs successfully. Teams of parents, community advocates, local service providers, and Family Health staff will assess qualitatively the real and perceived barriers to utilization of preventive services. Programs will redesign their methods for engaging families to ensure access and utilization of services that strengthen families and bring children to school ready to learn.

Title V—COMMUNITY INTEGRATED SERVICE SYSTEMS (CISS—Title V)

Rhode Island's Creative Linkages for Healthy Child Care Project, Children's Friend and Service/Child Care Training System, Pawtucket, $50,000 (CISS-CISS-Child Care Program)

Project goals are to develop a seamless system to promote the growth and development of all young children, including those with special health needs; have child care programs that provide quality safe and healthy environments for young children; and educate parents about the need for healthy and safe environments to

Other Title V Grant Programs:
$440,429
Other MCH Grant Programs:
$224,943
TOTAL:
$665,372

enhance their children's development. A coordinating committee will established, with representatives from the major State departments, consumers/parents, and child care directors.

Title V—ABSTINENCE EDUCATION PROGRAM

Men 2 B Mentoring Academy, Rhode Island Department of Health, Providence, $129,592 (Abstinence Ed)

This project intends to equip men who work with adolescent and pre-adolescent boys, in communities where teenagers are most likely to bear children out-of-wedlock, with the information, skills and support they need to move boys in positive directions. The project will maximize existing community assets by using State and local resources to provide training and support services to men who serve as role models and mentors in varied capacities. Training will focus on recognizing underlying factors associated with too early sexual intercourse and other adolescent risk-taking behaviors, developing resiliency factors and good character in youth, and identifying problems that require referrals for additional help.

EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)

A Model for the Coordination of EMS for Children with Special Health Care Needs, Rhode Island Department of Health, Providence, $224,943 (EMSC-Target)

The first project goal is to develop a functional model for regional emergency medical services (EMS) systems that coordinates emergency care of children with special health needs (CSHN), emphasizing communication, education, and cooperation among families, primary care and specialty physicians, local EMS providers, hospitals, and regional 911 centers. We will create and maintain a data base containing emergency medical information for CSHN. The second goal is to promote a family-centered approach to emergency care for CSHN. We will facilitate networking among parents of CSHN.

FOR MORE INFORMATION ON TITLE V:

Title V Program, contact:

William H. Hollinshead, MD, MPH
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3 Capitol Hill, Room 302
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Title V Program's services for Children with Special Health Care Needs, contact:

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SOUTH CAROLINA

The MCH Federal-State Partnership

The South Carolina Title V Maternal and Child Health Services Block Grant Program is coordinated through the Division of State and National Initiatives, Health Services, Department of Health and Environmental Control. This Division provides the leadership and coordination of the overall MCH activities in DHEC. Roles of the Title V program include conducting a statewide assessment of needs (led by the Branch of MCH Epidemiology within DHEC) developing policies, plans and programs to improve the health of women, infants, children, children with special health care needs, adolescents and families in South Carolina. Other programs within the administrative control of the Department include WIC, Family Planning (Title X), and the Individuals with Disabilities Act - IDEA (BabyNet) for children 0-3.

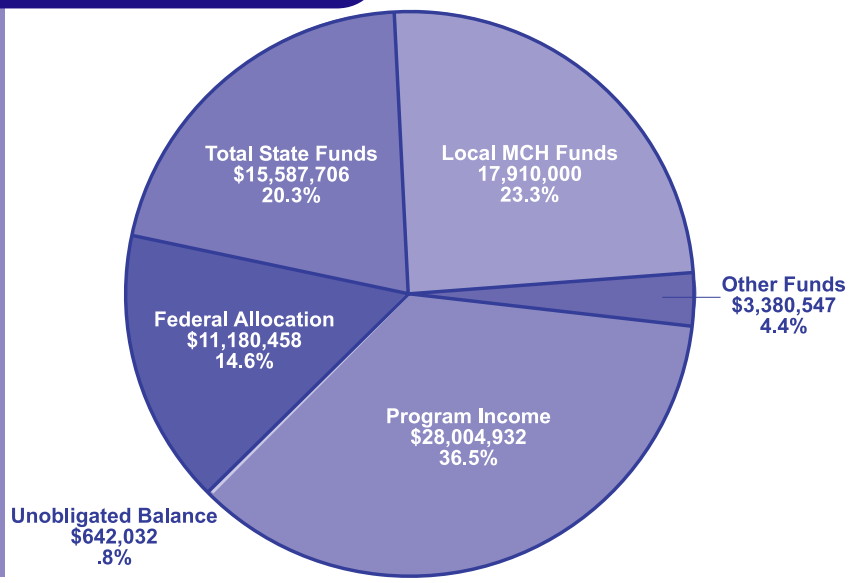
Title V Federal-State Block Grant Expenditures by Number of Individuals Served and Population Group[4]

Populations Served	Number of Individuals Served	Expenditures FY '98
Pregnant Women	21,498	$9,560,110
Infants (<1 year)	37,730	$4,307,575
Children (1 to 22 yrs)	161,257	$18,989,207
CSHCN (Special Needs)	13,589	$22,056,503
Others[3]	116,356	$21,792,280
Administration		$0
TOTALS	350,430	$76,705,675

State Population[5]
3,835,962

Live Births[5]
53,877

Title V Federal-State Block Grant Expenditures[4] by Source of Funds



MCH PARTNERSHIP FUNDS—FY 98[2]
Title V Federal-State Block Grant: **$76,705,675**
Other Title V Grant Programs: **$1,407,056**
Other MCH Grant Programs: **$4,071,759**
TOTAL MCH Partnership Funds **$82,184,490**

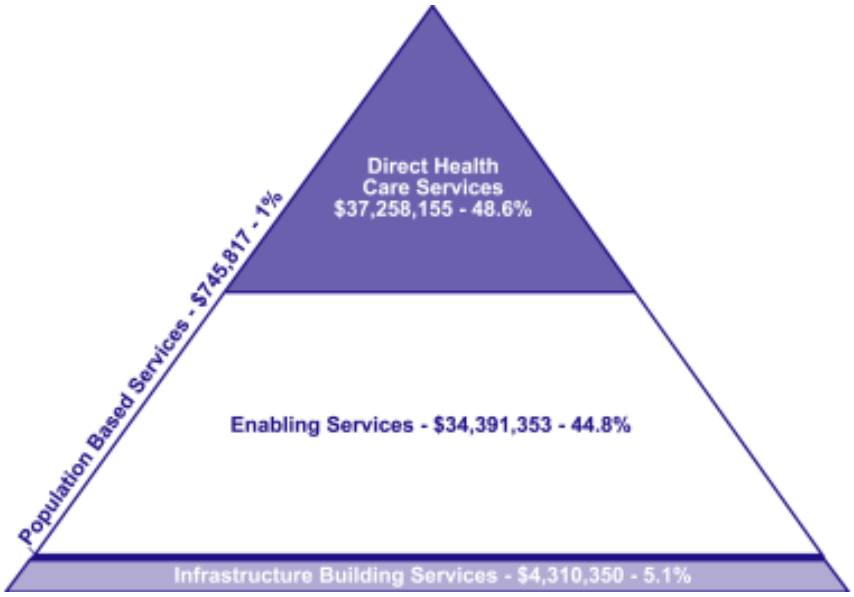
SOUTH CAROLINA

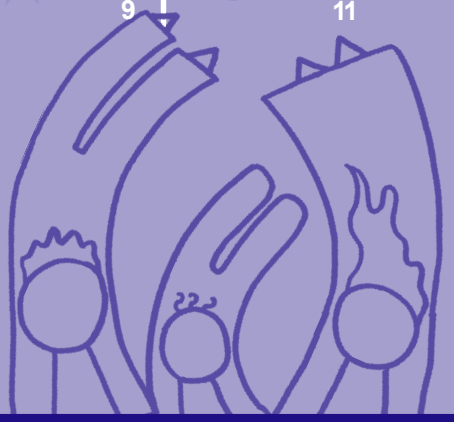
Title V - Selected National MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Number of specialty services for Children with Special Health Care Needs (CSHCN)	8 of 9	8 of 9
Percent of newborns screened for 4 major genetic disorders	99%	99%
Percent of children immunized (ages 19-35 months) against 9 diseases	91.8%	90%
Rate of births to teens aged 15-17 years (per 1,000 teens aged 15-17 years)	39.7	36
Rate of deaths to children aged 1-14 caused by motor vehicle crashes (per 100,000 children)	6.5[97]	7.4
Percent of mothers who breast fed their infants at time of hospital discharge	32.8%	37%
Percent of newborns screened for hearing impairment before hospital discharge	17.4%	60%
State assurance of family participation in CSHCN programs & policies	15 of 18	17 of 18
Percent of very low birth weight live births	1.9%[97]	1.7%
Percent of infants born to women who received first trimester prenatal care	80.5%[97]	87%

Title V - National MCH Outcome Measures[7]	State 1998 Results	State Year 2000 Goal
Infant mortality rate (per 1,000 live births)	9.5[97]	7.9
Ratio of black to white infant mortality	2.4[97]	2.2
Neonatal mortality rate (per 1,000 live births)	6.7[97]	5.7
Postneonatal mortality rate (per 1,000 live births)	2.7[97]	2.1
Perinatal mortality rate (per 1,000 live births)	17.2[97]	15.5
Child death rate (per 100,000 children aged 1-14)	27.6[97]	29.6

Title V - Selected State-Determined MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Medicaid newborns in the state receiving a DHEC home visit	*	77%
Infants from black women who entered prenatal care in the first trimester	*	77%
Medicaid children who have received a primary care service	*	87.9%
Degree to which the state assures a transition system is developed for children aging out of the CSHCN program	9	11

Title V Federal-State Block Grant Expenditures[4] by Category of Service[6]





State Assurance of Family Participation in CSHCN Program and Policy	
SCALE: 0 = not met; 3 = completely met	
Participate on task forces and offered training.	3
Financial support offered for parent groups.	2
Involved in Block Grant Application process.	1
Involved in inservice training of staff.	3
Hired for expertise as family member.	3
Members of diverse cultures involved.	3
Total Possible: 18 — FY 98 Total:	15

* Data not available

SOUTH CAROLINA
Other FY 98 MCH Grant Programs

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

- A Model for Integrated Health Serivces for Infants With Sickle Cell Anemia, Medical University of South Carolina, Charleston, $99,974 (SPRANS-Genetics)
- Neonatal Nutrition Training, Medical University of South Carolina, Charleston, $58,847 (SPRANS-Training-Nutrition)
- Program To Transition Patients With Sickle Cell Disease From Pediatrics to the Adult Care Setting, Medical University of South Carolina, Charleston, $76,308 (SPRANS-Genetics)
- Second Chance Club: A Family-Centered Intervention for Adolescent Mothers, Medical University of South Carolina, Charleston, $49,170 (SPRANS-MCHIP-Healthy Tomorrows)
- Stop the Hurt: Issues for Physicians Caring for Children, Medical University of South Carolina, Charleston, $12,000 (SPRANS-Training-Continuing Ed/ Collaborative Office Rounds)
- Working Together: Community Fetal, Infant, and Child Fatality Reviews, South Carolina Department of Health and Environmental Control, Columbia, $100,000 (SPRANS-MCHIP-SSDI)

HEALTHY START

- Healthy Start: A Rural Community Partnership, United Way of South Carolina, Columbia, $931,760 (Healthy Start-Mentor)
- Low Country Healthy Start: A Multi-County Partnership for the Reduction of Infant Mortality, South Carolina State Office of Rural Health, Columbia, $1,450,764 (Healthy Start-Community)

Selected FY 98 Title V and Other MCH Grant Annotations

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

Public-Academic Partnership for School-Based Health, South Carolina Department of Mental Health, Columbia, $149,000 (SPRANS-MCHIP-Mental Health of School-Age Children and Adolescents)

The ultimate goal of this project is to increase opportunities for children and youth to be full participants in education. Project objectives include improving the coordination of health and mental health services in school settings, involving students from a predominantly minority college in school health services, and demonstrating that improved coordination of and access to mental health services for school-age children will improve other aspects of the children's lives. The project will establish programs in two local school districts to demonstrate how communities can work together to address the mental health needs of students.

Title V—COMMUNITY INTEGRATED SERVICE SYSTEMS (CISS—Title V)

Health Systems Development in Child Care, South Carolina Department of Health, Columbia, $50,000 (CISS-CISS-Child Care Program)

The project seeks to develop a comprehensive system integrating health and other support services into child care; improve the quality of child care; and increase the supply of child care. A steering committee will develop recommendations that will be used to guide the development of a comprehensive plan for child care in the State, identify gaps, develop Memoranda of Agreement among agencies and organizations, produce a resource directory for child care programs and parents, and oversee a study with public policy recommendations on child care for Family Independence Act recipients.

Title V—ABSTINENCE EDUCATION PROGRAM

Abstinence Education, South Carolina Department of Health and Environmental Control, Columbia, $811,757 (Abstinence Ed)

Abstinence education interventions targeting unmarried pre-adolescents, adolescents, and males and females between 20-24 years of age will be funded. In 1994, among women of all ages and socioeconomic status having an unintended pregnancy, over 74 percent were not married. In October 1997, the State will develop a comprehensive, coordinated statewide plan to address unmarried sexual behavior.

EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)

Regionalization of Care for Pediatric Patients, South Carolina Department of Health and Environmental Control, Columbia, $75,000 (EMSC-PRTNER)

The overall goal for this project is to reduce the mortality and morbidity of pediatric medical and trauma patients by improving the regional systems of care for the pediatric patient in a State with a pediatric population at high risk for mortality and morbidity from childhood injury, trauma, and illness. Specific project objectives are to (1) increase pediatric training, (2) establish regional systems of care for pediatric emergencies through improved plans and protocols, (3) improve the current injury surveillance system, (4) conduct ongoing data analysis, and (5) pursue additional collaborative efforts.

Other Title V Grant Programs:
$1,407,056
Other MCH Grant Programs:
$4,071,759
TOTAL:
$5,478,815

HEALTHY START

Healthy Start Richland County South Carolina, Richland Memorial Hospital, Columbia, $1,544,235 (Healthy Start-Community)

This project is designed to address high infant mortality rates in an urban, low-income area of Richland County, SC, and to increase access to perinatal and well-child care. Richland Memorial Hospital, in collaboration with the Richland County Health Partners Consortium, plans to implement the following three models of intervention: (1) Community-Based Consortium, (2) Outreach and Client Recruitment, and (3) Enhanced Clinical Services. The models will address the inadequate supply of perinatal providers, develop a formal mechanism to link medical and social service providers with each other and with the community, address recruitment and retention of clients, develop employable skills and jobs for low-income women, and inform and educate the community.

TRAUMATIC BRAIN INJURY

South Carolina TBI State Planning Grant, South Carolina Department of Disabilities and Special Needs, Columbia, $70,000 (Traumatic Brain Injury-Plan)

Further development and strengthening of core capacity components in South Carolina for a service delivery system to benefit persons with TBI is the goal of this project. The objectives are to (1) establish a State-level TBI advisory committee with representatives of service providers and TBI consumer organizations to provide leadership and guidance for system development; (2) assist the efforts of TBI consumer organizations to provide information and support to TBI survivors and to effectively represent the TBI population in local and State forums; (3) conduct a statewide needs assessment that addresses the service and support needs of persons with TBI and their families; (4) complete a state action plan to provide practical guidance to relevant agencies concerning the direction and priorities for future development of comprehensive services and individual supports for persons with TBI; and (5) train service coordinators, service providers, and TBI consumer organizations in the principles and implementation of person-centered supports that will enhance and build capacity in the current and future service system for persons with TBI.

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SOUTH DAKOTA

The MCH Federal-State Partnership

The South Dakota Title V Maternal and Child Health Services Block Grant is administered through the Department of Health Division of Health and Medical Services Office of Family Health (OFH). The program conducts a statewide assessment of needs, develops policies, plans, and provides for programs to improve the health of women, infants, children, adolescents, and families in South Dakota. OFH is also responsible for WIC, family planning, coordinated school health, and public health nutrition.

Additional information regarding MCH programs as well as other programs administered by the division (i.e., communicable disease, immunizations, Ryan White, and disease prevention programs can be found at www.state.sd.us/doh.

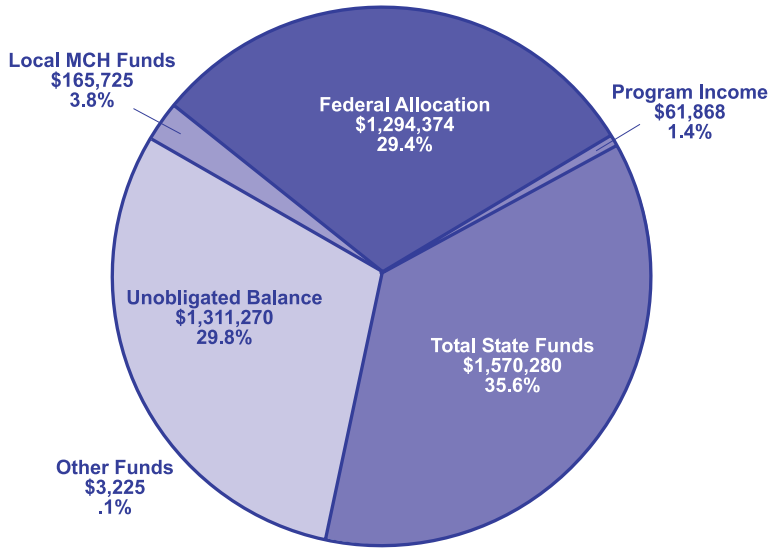
Title V Federal-State Block Grant Expenditures by Number of Individuals Served and Population Group[4]

Populations Served	Number of Individuals Served	Expenditures FY '98
Pregnant Women	3,739	$426,083
Infants (<1 year)	10,385	$564,808
Children (1 to 22 yrs)	52,374	$1,457,785
CSHCN (Special Needs)	5,576	$1,253,734
Others[3]	10,301	$481,915
Administration		$222,417
TOTALS	82,375	$4,406,742

State Population[5]
738,171

Live Births[5]
10,288

Title V Federal-State Block Grant Expenditures[4] by Source of Funds



MCH PARTNERSHIP FUNDS—FY 98[2]
Title V Federal-State Block Grant: **$4,406,742**
Other Title V Grant Programs: **$3,475,906**
Other MCH Grant Programs: **$124,952**
TOTAL MCH Partnership Funds **$8,007,600**

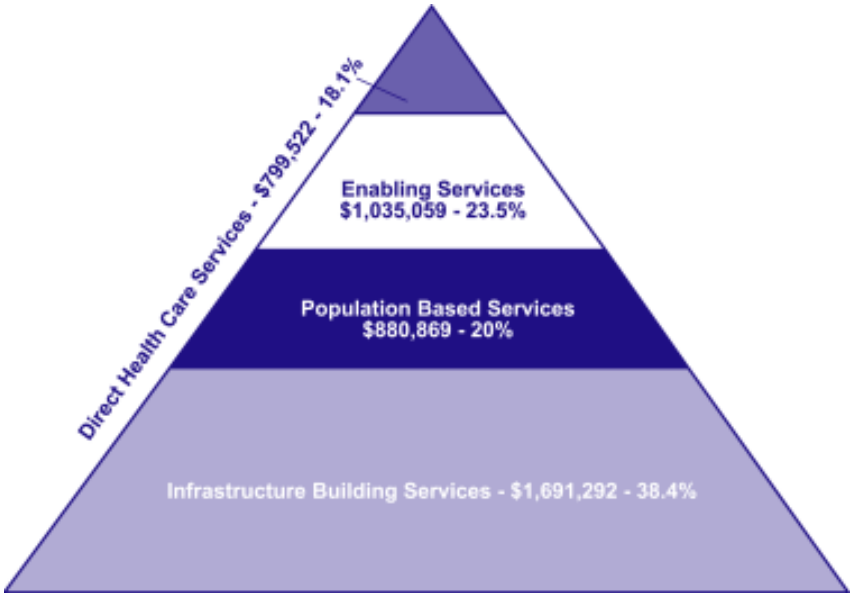
SOUTH DAKOTA

Title V - Selected National MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Number of specialty services for Children with Special Health Care Needs (CSHCN)	5 of 9	5 of 9
Percent of newborns screened for 4 major genetic disorders	99.9%	99%
Percent of children immunized (ages 19-35 months) against 9 diseases	77%	90%
Rate of births to teens aged 15-17 years (per 1,000 teens aged 15-17 years)	25.7	25.3
Rate of deaths to children aged 1-14 caused by motor vehicle crashes (per 100,000 children)	8.8	6.4
Percent of mothers who breast fed their infants at time of hospital discharge	62%	62.7%
Percent of newborns screened for hearing impairment before hospital discharge	47.4%	50%
State assurance of family participation in CSHCN programs & policies	6 of 18	8 of 18
Percent of very low birth weight live births	1.2%	1%
Percent of infants born to women who received first trimester prenatal care	82.4%	84%

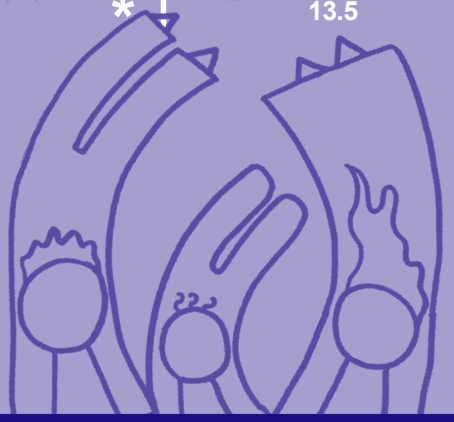
Title V - National MCH Outcome Measures[7]	State 1998 Results	State Year 2000 Goal
Infant mortality rate (per 1,000 live births)	8.9	6.5
Ratio of black to white infant mortality	2.5	.6
Neonatal mortality rate (per 1,000 live births)	4.5	3.6
Postneonatal mortality rate (per 1,000 live births)	4.5	2.9
Perinatal mortality rate (per 1,000 live births)	6.8	5.8
Child death rate (per 100,000 children aged 1-14)	35.2	28

Title V - Selected State-Determined MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Women on WIC or Babycare who smoked prior to pregnancy and report they stopped during pregnancy	*	40%
High school youth who self-report tobacco use in the past 30 days	*	38%
Children and adolescents who are overweight or obese	*	10%
The Native American infant mortality rate (per 1,000 live births)	*	13.5

Title V Federal-State Block Grant Expenditures[4] by Category of Service[6]



* Data not available



State Assurance of Family Participation in CSHCN Program and Policy	
SCALE: 0 = not met; 3 = completely met	
Participate on task forces and offered training.	1
Financial support offered for parent groups.	1
Involved in Block Grant Application process.	1
Involved in inservice training of staff.	1
Hired for expertise as family member.	0
Members of diverse cultures involved.	2
Total Possible: 18 — FY 98 Total:	6

Selected FY 98 Title V and Other MCH Grant Annotations

SOUTH DAKOTA
Other FY 98 MCH Grant Programs

EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)

- **EMSC Regional Conference, University of South Dakota School of Medicine, Sioux Falls, $25,297 (EMSC/TRNG-Continuing Education)**
- **South Dakota Leadership Education in Neurodevelopmental and Related Disabilities (LEND) Project, University of South Dakota, Sioux Falls, $441,045 (SPRANS-Training-LEND/Leadership Ed Neuro Dev)**
- South Dakota State Systems Development Initiative Application, South Dakota Department of Health, Pierre, $94,283 (SPRANS-MCHIP-SSDI)

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

Girl Neighborhood Power: Building Bright Futures for Success, Youth and Family Services, Rapid City, $200,000 (SPRANS-MCHIP-Girl Power)

The goals of the Girl Neighborhood Power project in four low-income neighborhoods in Rapid City are to reduce adolescent pregnancy by 20 percent to a rate of 44.5 per 1,000 adolescent girls by the year 2002 and to reduce current alcohol use by adolescent girls by 20 percent to 41.8 percent by the year 2002. To help girls successfully navigate adolescence and build healthy futures, the project seeks to help them identify academic and nonacademic interests, identify possible career goals, and become committed to their community. The racial composition of these neighborhoods is 79 percent white (4 percent Hispanic), 16 percent Native American, and 5 percent other races. Twenty-eight percent of the households in these neighborhoods have an annual income of less than $10,000. of Health, Pierre, $94,283 (SPRANS-MCHIP-SSDI)

Title V—COMMUNITY INTEGRATED SERVICE SYSTEMS (CISS—Title V)

Healthy Child Care South Dakota, South Dakota Department of Social Services, Pierre, $50,000 (CISS-CISS-Child Care Program)

The goal of the project is to expand established networking of the Family Resource Networks (FRNs) and the Early Childhood Enrichment (ECE) projects to achieve a centralized network and one-stop shopping for educational information, consultation, and health services for families and child care providers in South Dakota's communities and the nine reservation areas. Activities include the formation of a state-level internal working committee and five regional councils to increase statewide networking for promotion of safe and healthy child care environments and provision of high-quality, accessible information and services for families, children, and child care providers. Activities will also include efforts to provide screening services in each region and the reservations and to promote statewide awareness of healthy child care.

Title V—ABSTINENCE EDUCATION PROGRAM

Abstinence Education Grant, South Dakota Department of Health, Pierre, $169,578 (Abstinence Ed)

Although abstinence education efforts, in various forms, are currently underway in South Dakota, youth survey results and health statistics dealing with teenage sexual activity indicate that there continues to be a need for further abstinence based education. The goal of the South Dakota Department of Health's Abstinence Education Grant is to reduce teenage pregnancy and subsequently to reduce the health risks, both physical and psychological, that accompany early sexual activity. The majority of the first year's grant funds will be sub-granted out to local organizations and individuals who are committed to piloting abstinence based education programs and activities. Representatives from five State agencies will provide input into coordinating the project's activities and will work with the counselors, educators, families, and health care providers who will be responsible for educating our youth on the advantages of practicing abstinence.

Other Title V Grant Programs:
$3,475,906
Other MCH Grant Programs:
$124,952
TOTAL:
$3,600,858

EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)

Emergency Medical Services for Children System Enhancement, University of South Dakota, Sioux Falls , $99,655 (EMSC-Enhancement)

The project seeks to improve the pediatric data-collection component within the State emergency medical services (EMS) system; develop and implement pediatric triage and transport guidelines for the State; enhance the pediatric education component by providing instructor training for the medically underserved Native American population within the State and region; and move the South Dakota emergency medical services for children (EMSC) into a permanent position within the State department of health. Trauma-registry software will be purchased for the State.

HEALTHY START

Northern Plains Healthy Start, Aberdeen Area Tribal Chairmen's Health Board, Aberdeen, $2,521,000 (Healthy Start-Mentor)

The infant mortality rate for the Northern Plains Indians is 18.4 deaths per 1,000 live births, compared to the U.S. rate of 9.8 for all races. The goal of the project is to reduce infant mortality by 50 percent for the Northern Plains Indian population of 17 tribes and 2 Indian communities within the four States making up the area. Project activities are designed to ensure that (1) the community has access to providers; (2) individuals have transportation to services; (3) materials are designed and disseminated in culturally appropriate formats; (4) traditional Indian family values are acknowledged when providing direct health care services; and (5) community and home-based services for outreach, health education, case management, and tracking of program participants are provided.

FOR MORE INFORMATION ON TITLE V:

Title V Program, contact:

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South Dakota Department of Health
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Pierre, SD 57501-1700
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CSHS Program Administrator
South Dakota Department of Health
Division of Health and Medical Services
615 East Fourth Street
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Phone: (605) 773-3737
Fax: (605) 773-5942

TENNESSEE

The MCH Federal-State Partnership

Maternal and Child Health (MCH) is administered by the Health Service Administration Bureau of the TN Department of Health. MCH is responsible for Genetic and Newborn Screening Services; Women's Health including Family Planning, Prenatal Services and the Perinatal Regionalization System; Child and Adolescent Health Services including home visiting programs, Child Care Resource Centers and Child Fatality Review; Services for CSHCN are called Children Special Services (CSS) and are under the administration of MCH. In addition to payment of needed medical services not covered by other sources, CSS has a care coordination component and a parent network called the Parents Encouraging Parents Program . In 1998, CCS was assigned the responsibility for the Tennessee Technology Access Project (TTAP) which is funded by the Department of Education.

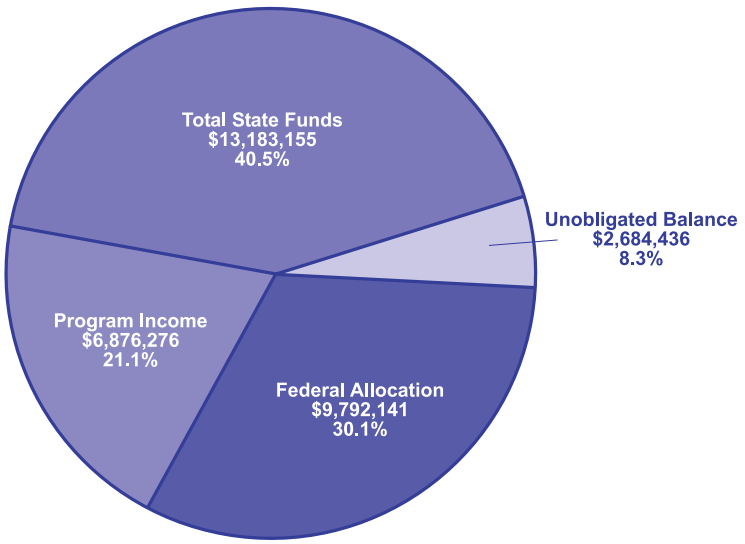
Title V Federal-State Block Grant Expenditures by Number of Individuals Served and Population Group[4]

Populations Served	Number of Individuals Served	Expenditures FY '98
Pregnant Women	24,153	$733,721
Infants (<1 year)	50,632	$1,572,263
Children (1 to 22 yrs)	267,485	$8,175,767
CSHCN (Special Needs)	4,695	$6,502,604
Others[3]	181,456	$13,355,470
Administration		$2,196,183
TOTALS	528,421	$32,536,008

State Population[5]
5,430,621

Live Births[5]
77,396

Title V Federal-State Block Grant Expenditures[4] by Source of Funds



MCH PARTNERSHIP FUNDS—FY 98[2]
Title V Federal-State Block Grant: **$32,536,008**
Other Title V Grant Programs: **$2,829,687**
Other MCH Grant Programs: **$74,999**
TOTAL MCH Partnership Funds **$35,440,694**

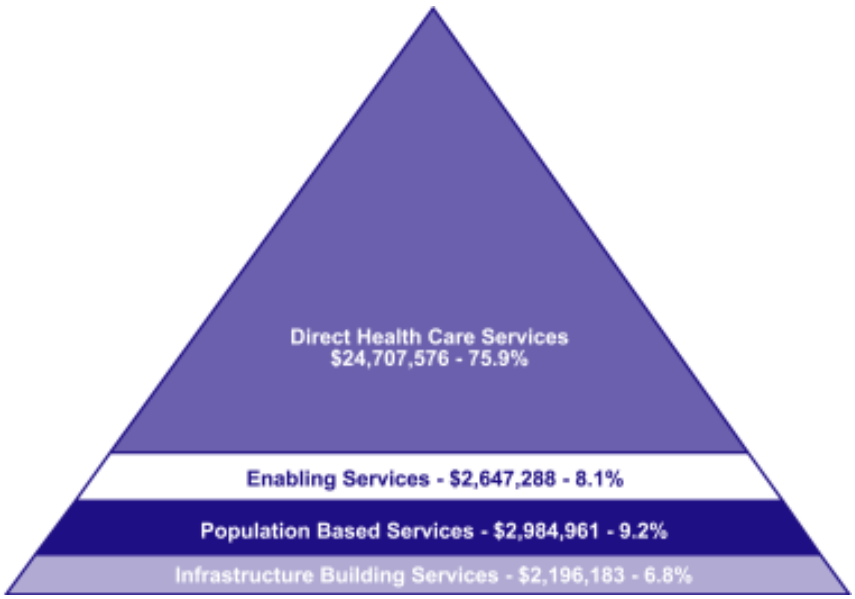
TENNESSEE

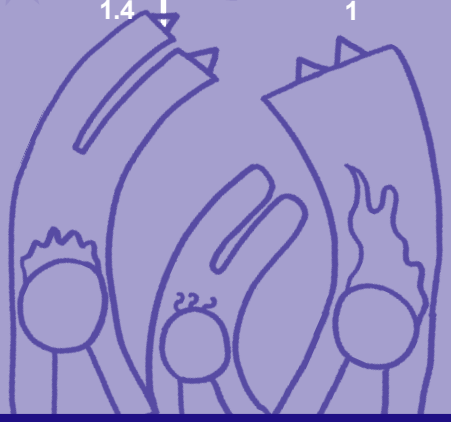
Title V - Selected National MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Number of specialty services for Children with Special Health Care Needs (CSHCN)	8 of 9	8 of 9
Percent of newborns screened for 4 major genetic disorders	100%	100%
Percent of children immunized (ages 19-35 months) against 9 diseases	86.6%	90%
Rate of births to teens aged 15-17 years (per 1,000 teens aged 15-17 years)	36	35
Rate of deaths to children aged 1-14 caused by motor vehicle crashes (per 100,000 children)	6.1	7.1
Percent of mothers who breast fed their infants at time of hospital discharge	53.9%	57.3%
Percent of newborns screened for hearing impairment before hospital discharge	53%	85%
State assurance of family participation in CSHCN programs & policies	12 of 18	14 of 18
Percent of very low birth weight live births	1.6%	1.5%
Percent of infants born to women who received first trimester prenatal care	84%	86%

Title V - National MCH Outcome Measures[7]	State 1998 Results	State Year 2000 Goal
Infant mortality rate (per 1,000 live births)	8.4	8.0
Ratio of black to white infant mortality	2.4	2.3
Neonatal mortality rate (per 1,000 live births)	5	4.8
Postneonatal mortality rate (per 1,000 live births)	3.3	3.2
Perinatal mortality rate (per 1,000 live births)	9	8.6
Child death rate (per 100,000 children aged 1-14)	28	27.6

Title V - Selected State-Determined MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Decrease number of neural tube defect births by 1 percent (per 100,000 live births) after 2 years of nutrition education at the local and regional levels in a calendar year	64%	62%
High school students using tobacco (cigarettes and smokeless tobacco)	38%	33%
High school students using alcohol	44%	39%
Cases of HIV infected infants (status reported by year of birth)	1.4	1

Title V Federal-State Block Grant Expenditures[4] by Category of Service[6]





State Assurance of Family Participation in CSHCN Program and Policy	
SCALE: 0 = not met; 3 = completely met	
Participate on task forces and offered training.	2
Financial support offered for parent groups.	3
Involved in Block Grant Application process.	0
Involved in inservice training of staff.	2
Hired for expertise as family member.	3
Members of diverse cultures involved.	2
Total Possible: 18 — FY 98 Total:	12

Selected FY 98 Title V and Other MCH Grant Annotations

TENNESSEE
Other FY 98 MCH Grant Programs

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

- Communication Disorders in Children, Vanderbilt University, Nashville, $166,667 (SPRANS-Training-Communication Disorders)
- Continuing Education for Rural Public Health Nurses, University of Tennessee at Chattanooga, Chattanooga, $25,000 (SPRANS-Training-Continuing Education)
- Graduate Training Program in Public Health Nutrition, University of Tennessee at Knoxville, Knoxville, $125,173 (SPRANS-Training-Nutrition)
- Interdisciplinary Leadership Training (InLeT) for Health Professionals Caring for Children With Neurodevelopmental and Related Disabilities, University of Tennessee, Memphis, Memphis, $815,595 (SPRANS-Training-LEND/Leadership Ed Neuro Dev)
- Interdisciplinary Leadership Training in Feeding of Children With Special Health Needs, University of Tennessee, Memphis, Memphis, $54,450 (SPRANS-Training-Continuing Education)
- OB/GYN Training for Family Medicine Residents, Meharry Medical College, Nashville, $163,233 (SPRANS-Training-Historically Black Colleges)
- Pediatrics-Child Psychiatry Continuing Education, Vanderbilt University, Nashville, $12,000 (SPRANS-Training-Continuing Ed/ Collaborative Office Rounds)

Title V—COMMUNITY INTEGRATED SERVICE SYSTEMS (CISS—Title V)

- Tennessee Health System Development in Child Care Program, Tennessee Department of Health, Nashville, $50,000 (CISS-CISS-Child Care Program)

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

Adolescent Risk Behavior Prevention Program, Girls Incorporated of Memphis, Memphis, $200,000 (SPRANS-MCHIP-Girl Power)

This project by Girls Incorporated of Memphis and Girl Neighborhood Power will provide girls ages 9–14 the skills and experience necessary to make positive, healthy choices; to attain economic independence; to avoid risky behaviors; and to develop as competent contributing members of our society. Specific activities will be informal and interactive with targeted learning objectives. Girls will learn refusal skills, employment-seeking techniques, how to access health services, self-protection, conflict resolution, and handling personal relationships. They will meet role models who are working in career areas of interest to them, who are community leaders, and who live in their neighborhoods. These activities will be conducted in a safe, challenging, and girl-centered environment.

State Systems Development Initiative, Tennessee Department of Health, Nashville, $100,000 (SPRANS-MCHIP-SSDI)

The SSDI project goal is to ensure the highest level of quality services to mothers, children, and their families, through establishment of an integrated data management system that addresses MCH/CSHCN issues and meets Federal, State, and local needs. The approach has been to develop systems infrastructure. The primary objective is to integrate the five metropolitan counties' data systems with the Patient Tracking, Billing, and Management Information System (PTBMIS) being used in 90 rural counties. This objective will be met by December 1997.

Title V—COMMUNITY INTEGRATED SERVICE SYSTEMS (CISS—Title V)

Community Diagnosis Collaborative, Memphis/Shelby County Community Service Agency, Memphis, $50,000 (CISS-CISS-COG)

The Collaborative for Community Diagnosis was formed to address identified community health care delivery problems including inadequate prenatal and postnatal care, low birthweight infants, high infant mortality, inadequate primary care for young children between the ages of 0 and 2-1/4, inadequate special service delivery for children with special needs, and inadequate outreach services for the target population. The project goal is to develop a Community Diagnosis Process to examine local health problems and develop an integrated health care delivery system for pregnant women in the target population. Project objectives include gathering and analyzing data, identifying obstacles that impede problem solving, identifying resources, and compiling a Community Diagnosis Document.

Title V—ABSTINENCE EDUCATION PROGRAM

Abstinence Only Education, Tennessee Department of Health, Maternal and Child Health, Nashville, $1,067,569 (Abstinence Ed)

Tennessee proposes to use community-based abstinence only education programs as an additional means of addressing the problem of adolescent pregnancy. The overall goal is to reduce the pregnancy rate in the 15-17-year-old group. The programs will target the 10-17-year-olds, with particular emphasis on the 10-14-year-old group, to provide resiliency and strengthen the skills necessary to abstain from sex. Community-based Regional Health Councils will be used to select and fund a minimum of 12 local projects to provide abstinence only education to the target group. These projects must meet certain parameters set by funding guidelines and the State MCH office. In addition, materials for media campaigns will be available statewide to increase awareness of the value of abstinence.

Other Title V Grant Programs:
$2,829,687
Other MCH Grant Programs:
$74,999
TOTAL:
$2,904,686

EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)

Tennessee EMSC State Partnership Grant, Vanderbilt University Medical Center, Nashville, $74,999 (EMSC-PRTNER)

The overall goal of this project is to institutionalize emergency medical services for children (EMSC) into the Tennessee emergency medical services (EMS) system. The coordinator of the project will (1) facilitate the statewide coalition on injury prevention, (2) provide linkage service to the Tennessee division of the American Trauma Society for EMSC data acquisition and analysis, (3) facilitate the continued development of the EMSC newsletter and bulletin board, and (4) coordinate EMSC education courses and dissemination of information regarding emergency care plans for children with special health care needs, and (5) work with SPEC and the State EMS division for EMSC.

FOR MORE INFORMATION ON TITLE V:

Title V Program, contact:

Mary Jane Dewey
Director, MCH
425 5th Avenue North, 5th Floor
Nashville, TN 37427-4701
Phone: (615) 741-7353
Fax: (615) 741-1063

Title V Program's services for Children with Special Health Care Needs, contact:

Jacque Cundall, RN,C
Director, Children's Special Services
425 5th Avenue North, 5th Floor
Nashville, TN 37427-4701
Phone: (615) 741-8530
Fax: (615) 741-1063

TEXAS

The MCH Federal-State Partnership

The Texas Department of Health administers the Title V program. The Associateship for Community Health and Resources Development is responsible for administering all Title V programs, including MCH services, services to CSHCN, and several SPRANS grants. In addition, the Associateship administers newborn screening; genetic services; family planning (under Titles X, XIX and XX); a cytology laboratory; Texas Health Steps (EPSDT) and Texas Health Steps-Comprehensive Care Program (for CSHCN); Medicaid Medical Transportation; public health dental programs, including fluoridation and sealants; the Medically Dependent Children Program (Title XIX waiver program for CSHCN who qualify for a nursing home level of care); Pre- and School Vision and Hearing Screening Program; the Program for the Amplification of Children of Texas; Title XIX Targeted Case Management for Pregnant Women and Infants; and the WIC program.

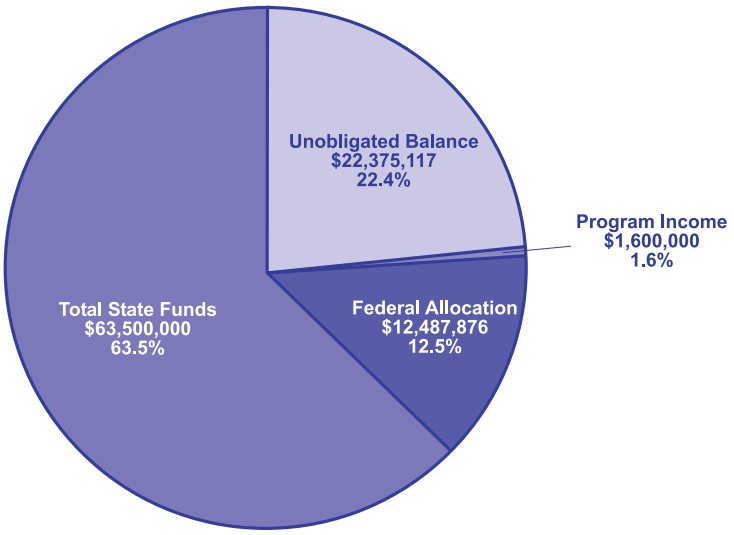
Title V Federal-State Block Grant Expenditures by Number of Individuals Served and Population Group[4]

Populations Served	Number of Individuals Served	Expenditures FY '98
Pregnant Women	124,692	$15,314,409
Infants (<1 year)	88,064	$731,392
Children (1 to 22 yrs)	460,493	$24,821,723
CSHCN (Special Needs)	26,848	$33,028,004
Others[3]	187,951	$15,158,809
Administration		$10,908,656
TOTALS	888,048	$99,962,993

State Population[5]
19,759,614

Live Births[5]
342,283

Title V Federal-State Block Grant Expenditures[4] by Source of Funds



MCH PARTNERSHIP FUNDS—FY 98[2]

Title V Federal-State Block Grant:
$99,962,993

Other Title V Grant Programs:
$7,120,847

Other MCH Grant Programs:
$926,360

TOTAL MCH Partnership Funds
$108,010,200

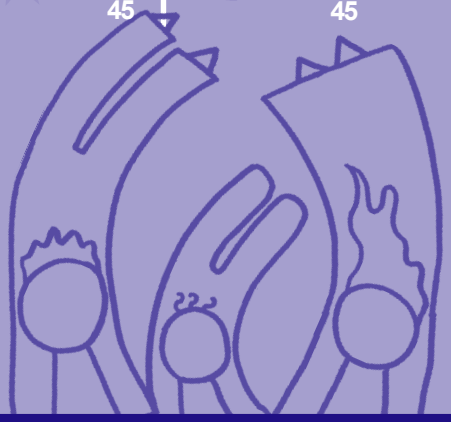
TEXAS

Title V - Selected National MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Number of specialty services for Children with Special Health Care Needs (CSHCN)	8 of 9	8 of 9
Percent of newborns screened for 4 major genetic disorders	96.1%	98%
Percent of children immunized (ages 19-35 months) against 9 diseases	74%	77%
Rate of births to teens aged 15-17 years (per 1,000 teens aged 15-17 years)	48.6[97]	50
Rate of deaths to children aged 1-14 caused by motor vehicle crashes (per 100,000 children)	5.4[97]	5.5
Percent of mothers who breast fed their infants at time of hospital discharge	60.5%[97]	75%
Percent of newborns screened for hearing impairment before hospital discharge	12.1%	70%
State assurance of family participation in CSHCN programs & policies	11 of 18	12 of 18
Percent of very low birth weight live births	1.3%[97]	1%
Percent of infants born to women who received first trimester prenatal care	77.1%[97]	85%

Title V - National MCH Outcome Measures[7]	State 1998 Results	State Year 2000 Goal
Infant mortality rate (per 1,000 live births)	6.4[97]	5.5
Ratio of black to white infant mortality	1.9[97]	1.7
Neonatal mortality rate (per 1,000 live births)	3.8[97]	3.5
Postneonatal mortality rate (per 1,000 live births)	2.7[97]	2.5
Perinatal mortality rate (per 1,000 live births)	9.6[97]	9.0
Child death rate (per 100,000 children aged 1-14)	26.2[97]	24

Title V - Selected State-Determined MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Prevalence of carious lesions among 3rd - 7th grade children	47%	43%
Rate (per 10,000 live births) of neural tube defects-affected babies.	10.5[97]	10
Well child visits by Title V funded agencies	44%	50%
Rate of elevated blood lead levels among Medicaid eligible children up to age 6 (per 1,000)	45	45

Title V Federal-State Block Grant Expenditures[4] by Category of Service[6]



State Assurance of Family Participation in CSHCN Program and Policy	
SCALE: 0 = not met; 3 = completely met	
Participate on task forces and offered training.	2
Financial support offered for parent groups.	1
Involved in Block Grant Application process.	2
Involved in inservice training of staff.	2
Hired for expertise as family member.	2
Members of diverse cultures involved.	2
Total Possible: 18 — FY 98 Total:	11

* Data not available

TEXAS
Other FY 98 MCH Grant Programs

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

- Genetic Provision in Primary Care Settings in South Texas, University of Texas, San Antonio, $125,000 (SPRANS-Genetics)
- Health Care Reform for Children With Special Health Care Needs: Cost and Utilization Project, University of Texas Health Science Center at Houston, Houston, $160,000 (SPRANS-MCHIP-Managed Care/Health Care Reform)
- Leadership Education in Adolescent Health, Baylor College of Medicine, Houston, $277,049 (SPRANS-Training-Adolescent Health)
- PediPlace, Inc., Lewisville, $50,000 (SPRANS-MCHIP-Healthy Tomorrows)
- Reducing Cultural Barriers to the Provision of Genetic Services in South Texas, University of Texas Health Science Center at San Antonio, San Antonio, $176,351 (SPRANS-Genetics)
- San Antonio Triethnic Children's Blood Pressure Study, University of Texas, San Antonio, $142,418 (SPRANS-Research)
- Seniors and Volunteers for Childhood Immunization: A Sustainable Model, University of North Texas, Denton, $27,367 (SPRANS-Training-Continuing Education)
- South Texas Center to Study Children with Special Health Care Needs, University of Texas Health Science Center at San Antonio, San Antonio, $249,999 (SPRANS-MCHIP-Managed Care/Health Care Reform)
- Texas Genetics Network (TEXGENE), Texas Department of Health, Austin, $190,000 (SPRANS-Genetics)
- Texas Newborn Screening Hemoglobinopathy Program, Texas Department of Health, Austin, $99,951 (SPRANS-Genetics)
- Texas State Systems Development Initiative Project, Texas Department of Health, Austin, $99,998 (SPRANS-MCHIP-SSDI)

Title V—COMMUNITY INTEGRATED SERVICE SYSTEMS (CISS—Title V)

- A Vision for Children: Collaborative Community Advocacy Initiative To Improve Health and Well-Being of Children, Any Baby Can, Inc., San Antonio, $50,000 (CISS-CISS-COG)

EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)

- Emergency Medical Services for Children: A Model for Knowledge Transfer and Utilization to the Yet Uncommitted, University of Texas, Dallas, $109,866 (EMSC-Enhancement)
- Texas EMS for Children State Partnership Grant, Texas Department of Health, Austin, $70,514 (EMSC-PRTNER)

Selected FY 98 Title V and Other MCH Grant Annotations

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

Hemophilia Comprehensive Care, University of Texas Health Science Center at Houston, Houston, $500,623 (SPRANS-Hemophilia)

The goals for the hemophilia treatment centers are to (1) provide a full range of comprehensive care services, including medical and psychosocial services, for all persons with hemophilia and related bleeding disorders, and for all complications of this disease; (2) provide education to patients' families, providers, and the community concerning the latest forms of treatment for congenital bleeding disorders and related complications and the prevention strategies that reduce morbidity associated with hemophilia; and (3) provide outreach to persons with congenital bleeding disorders who are not currently receiving these comprehensive services. The goal for the region is to provide regional services to support the hemophilia comprehensive care and HIV risk reduction activities of hemophilia treatment centers in each of the 12 hemophilia program regions of the Maternal and Child Health Bureau.

Title V—COMMUNITY INTEGRATED SERVICE SYSTEMS (CISS—Title V)

Healthy Child Care North Texas, Texas Department of Health, Arlington, $50,000 (CISS-CISS-Child Care Program)

The goals of the project are to encourage strong partnerships between community, public, and private health agencies to increase access to resources for child care providers, optimize health and safety standards in early childhood settings, and provide ongoing assessment of health protection and health promotion indicators in child care facilities. The project will develop and distribute a series of manuals on public health issues, behavior management, and community resources, develop a simple data base to collect data; and focus attention on children with possible health problems, and pilot onsite health screening programs at selected low-income, minority child care sites in both rural and urban settings.

Title V—ABSTINENCE EDUCATION PROGRAM

Abstinence Education, Texas Department of Health, Austin, $4,922,091 (Abstinence Ed)

Contracts will be developed to provide abstinence education, mentoring and counseling programs, demonstration projects, a statewide education campaign, and program evaluation with the goal of decreasing the incidence of teenage sexual activity and pregnancy rates.

EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)

Outcomes-Based Office Practice Emergency Self-Assessment Tool, The University of Texas, Southwestern Medical Center at Dallas, Dallas, $150,000 (EMSC-Target)

This project describes a method for determining the preparation, skills, drugs, and equipment necessary to provide the optimum outcome for the management of office practice pediatric emergencies. The project will test the hypothesis that the skills, equipment, and drugs necessary for an emergency-prepared office practice are dependent on three factors: The severity and complexity of patients seen, the time to access a pediatric-ready advanced life support ambulance unit, and the time to access a definitive-care emergency facility. The goals of the project are to (1) recruit a group of 500 practicing physicians who are willing to study emergency outcomes in an office practice; (2) develop generic policies, procedures, treatment algorithms, and protocols that are necessary to ensure an emergency-ready pediatric practice; (3) provide quarterly feedback to study participants; and (4) provide an outcome-based self-administered office practice emergency assesment tool. The project seeks to collect 50,000 emergency encounters from a minimum of 500 office practice physicians.

Other Title V Grant Programs:
$7,120,847
Other MCH Grant Programs:
$926,360
TOTAL:
$8,047,207

HEALTHY START

Healthy Start Dallas, Dallas County Hospital District, Dallas, $521,000 (Healthy Start-Mentor)

Dallas Healthy Start Consortium is a coordinated, collaborative effort of health and social services providers; city, county, and State agencies; community leaders; volunteers; and consumers. The goal is to reduce infant mortality significantly by 1997 through systematic interventions that can be sustained beyond the period of federal funding. Strategies include outreach and client recruitment, transportation of women and children to medical appointments and related services, and a collaborative network of prevention and risk reduction services.

TRAUMATIC BRAIN INJURY

Texas Traumatic Brain Injury Statewide Action Plan, Texas Rehabilitation Commission, Austin, $74,980 (Traumatic Brain Injury-Plan)

There is no single State, public, or private agency in Texas responsible for organizing the services and supports to individuals with traumatic brain injury (TBI) and their families. Existing services for individuals with brain injuries are fragmented. Project activities include establishing a State TBI advisory board, conducting a statewide needs assessment, completing a policy analysis, developing a statewide action plan, and recommending a State agency to incorporate the board and/or the State plan.

FOR MORE INFORMATION ON TITLE V:

Title V Program, contact:

Debra Wanser, R.N., M.P.
Community Health and Resources Development,
Texas Department of Health
1100 W. 49th St.
Austin, TX 78756
Phone: (512) 458-7321
Fax: (512) 458-7358

Title V Program's services for Children with Special Health Care Needs, contact:

Susan Penfield, MD
CSHCN Planning and Policy Development Division
Texas Department of Health
1100 W. 49th St.
Austin, TX 78756
Phone: (512) 458-7700
Fax: (512) 458-7238

UTAH

The MCH Federal-State Partnership

The State Health Department's Division of Community and Family Health Services incorporates all Title V programs in Utah as mandated by state and federal law, as well as the Individuals with Disabilities Education Act (IDEA) - Part C and the State WIC program.

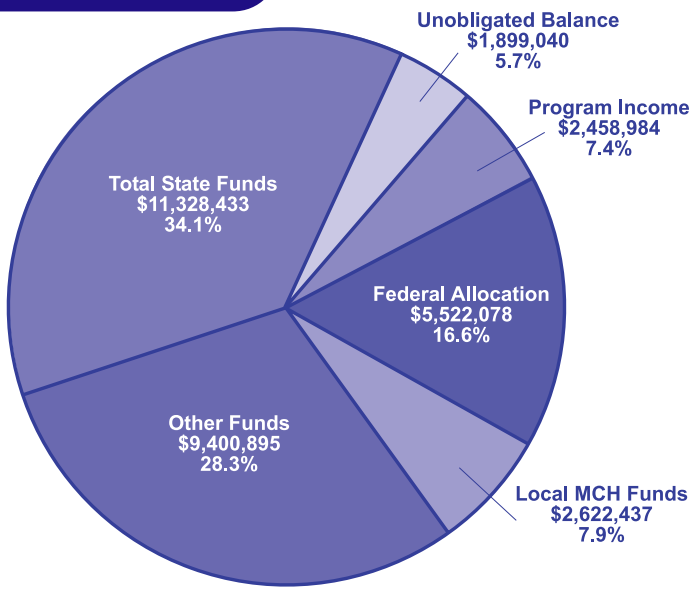
Title V Federal-State Block Grant Expenditures by Number of Individuals Served and Population Group[4]

Populations Served	Number of Individuals Served	Expenditures FY '98
Pregnant Women	7,259	$5,103,413
Infants (<1 year)	43,116	$4,692,813
Children (1 to 22 yrs)	9,067	$11,320,370
CSHCN (Special Needs)	4,320	$9,517,060
Others[3]	3,851	$1,377,519
Administration		$1,210,692
TOTALS	67,613	$33,221,867

State Population[5]
2,099,758

Live Births[5]
45,165

Title V Federal-State Block Grant Expenditures[4] by Source of Funds



MCH PARTNERSHIP FUNDS—FY 98[2]

Title V Federal-State Block Grant:
$33,221,867

Other Title V Grant Programs:
$795,051

Other MCH Grant Programs:
$511,889

TOTAL MCH Partnership Funds
$34,528,807

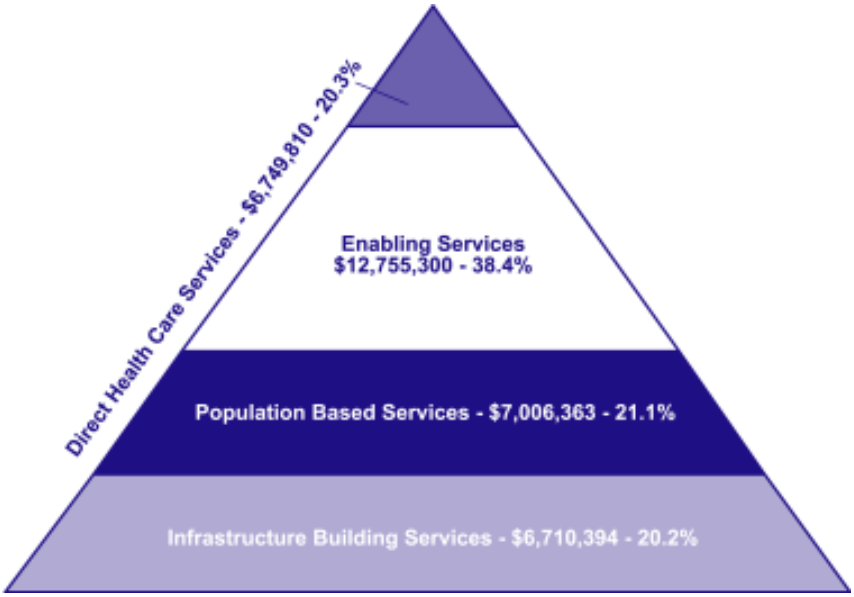
UTAH

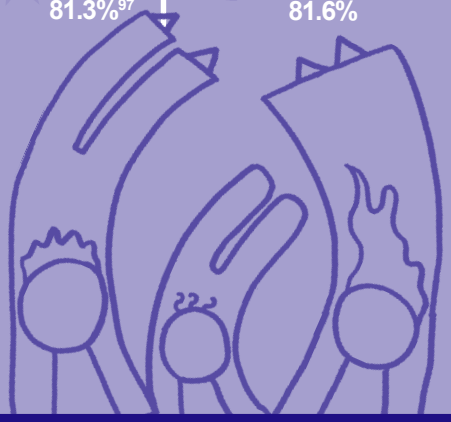
Title V - Selected National MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Number of specialty services for Children with Special Health Care Needs (CSHCN)	8 of 9	7 of 9
Percent of newborns screened for 4 major genetic disorders	98.3%	98.5%
Percent of children immunized (ages 19-35 months) against 9 diseases	71%[97]	80%
Rate of births to teens aged 15-17 years (per 1,000 teens aged 15-17 years)	24.8[97]	24.5
Rate of deaths to children aged 1-14 caused by motor vehicle crashes (per 100,000 children)	7.8[97]	7.78
Percent of mothers who breast fed their infants at time of hospital discharge	81.5%[97]	83%
Percent of newborns screened for hearing impairment before hospital discharge	64.6%[97]	95%
State assurance of family participation in CSHCN programs & policies	12 of 18	13 of 18
Percent of very low birth weight live births	1.1%[97]	1.0%
Percent of infants born to women who received first trimester prenatal care	83%[97]	83.2%

Title V - National MCH Outcome Measures[7]	State 1998 Results	State Year 2000 Goal
Infant mortality rate (per 1,000 live births)	5.8[97]	5.7
Ratio of black to white infant mortality	2[97]	2
Neonatal mortality rate (per 1,000 live births)	3.6[97]	3.4
Postneonatal mortality rate (per 1,000 live births)	2.2[97]	2.0
Perinatal mortality rate (per 1,000 live births)	8.5[97]	8.3
Child death rate (per 100,000 children aged 1-14)	26.5[97]	26.47

Title V - Selected State-Determined MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Use of bicycle helmets among bicyclists 5-12 years of age	12.65%[97]	22.0%
Use of vehicle safety restraints among child occupants under 9 years of age	68.7%[97]	78%
Neural tube defects (per 10,000 live births)	6.7[97]	6.4
Pregnant women with adequate weight gain who deliver live born infants	81.3%[97]	81.6%

Title V Federal-State Block Grant Expenditures[4] by Category of Service[6]





State Assurance of Family Participation in CSHCN Program and Policy	
SCALE: 0 = not met; 3 = completely met	
Participate on task forces and offered training.	2
Financial support offered for parent groups.	1
Involved in Block Grant Application process.	3
Involved in inservice training of staff.	3
Hired for expertise as family member.	2
Members of diverse cultures involved.	1
Total Possible: 18 — FY 98 Total:	12

Selected FY 98 Title V and Other MCH Grant Annotations

UTAH
Other FY 98 MCH Grant Programs

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

- Fluoridation of Water Supplies in Salt Lake City and County, Salt Lake City County Health Department, Salt Lake City, $30,000 (SPRANS-MCHIP-Fluoride)
- Transportable MCH Information Internet Data Query Module, Utah Department of Health, Salt Lake City, $89,392 (SPRANS-MCHIP-Data)
- Utah's State Systems Development Initiative Project, Utah Department of Health, Salt Lake City, $100,000 (SPRANS-MCHIP-SSDI)

EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)

- Emergency Medical Services for Children/State Partnership Grant, Utah Department of Health, Salt Lake City, $75,000 (EMSC-PRTNER)
- EMSC With Special Health Care Needs, Utah Department of Health, Salt Lake City, $147,842 (EMSC-Target)
- Epidemiology and Cost of Emergency Medical Services Provided to Children, University of Utah, Salt Lake City, $ (EMSC)

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

Opening Doors into Rural Communities, Utah State University, Logan, $199,993 (SPRANS-MCHIP-Integrated Services)

Opening Doors into Rural Communities represents the collective work of a consortium comprising four rural communities (Lewiston, ID; Pocatello, ID; Moberly, MO; and Augusta, ME) coordinated by Opening Doors to enhance the development of service integration strategies that address the four recommendations by the Federal Interagency Coordinating Council. The goals of the project are to (1) highlight existing service integration strategies already in place within rural communities; (2) develop action plans that address rural community needs; (3) evaluate effectiveness based on supporting medical homes, adequate insurance coverage, family satisfaction, cultural competence, coordination, and community-based systems; and (4) develop a materials package that can be disseminated.

Title V—COMMUNITY INTEGRATED SERVICE SYSTEMS (CISS—Title V)

Health Systems Development in Child Care, Utah Department of Health, Salt Lake City, $50,000 (CISS-CISS-Child Care Program)

This project will stimulate and support collaborative, coordinated statewide and community-based efforts to ensure safe, healthy, developmentally appropriate child care environments for all children, including children with special health needs. Funds from this grant will be used to hire a nurse who will identify existing resources to organize a curriculum and systems to provide training, on Child Care Facilities, Environmental Health and Safety.

Title V—ABSTINENCE EDUCATION PROGRAM

Abstinence Education Program for Utah Youth, Utah Department of Health, Division of Community and Family Health Services, Salt Lake City, $325,666 (Abstinence Ed)

Utah's Abstinence Education Program will target youth, both boys and girls, between the ages of 9 and 14 years of age through community-based projects. Program goals include reducing adolescent sexual activity, adolescent pregnancy and birth rates, and adolescent sexually transmitted diseases. Two priority needs have been identified: 1) abstinence education for younger youth, boys and girls, between the ages of 9 and 14 years of age, incorporating strategies that reduce risk factors for adolescent sexual activity, and 2) the development of education programs for parents of youth in the target ages to provide knowledge, skills, and techniques to facilitate discussions of abstinence and related issues between parents and their children.

Other Title V Grant Programs:
$795,051
Other MCH Grant Programs:
$511,889
TOTAL:
$1,306,940

EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)

National Emergency Medical Services for Children Data Analysis Resource Center (NEDARC), University of Utah, Salt Lake City, $289,047 (EMSC-Enhancement)

The University of Utah School of Medicine will establish the National EMSC Data Analysis Resource Center (NEDARC) to provide technical assistance with data management and analysis. The project will identify relevant data sets that are currently available or under development in each of the States, including prehospital data sets, hospital files, and trauma registries. Technical assistance will be provided to State EMS agencies, State Maternal and Child Health Bureaus, and other agencies in evaluating EMS and EMSC by using relevant data sets to generate informative reports. NEDARC will establish an Internet World Wide Web server, and all of the project's educational materials will be provided on that server.

FOR MORE INFORMATION ON TITLE V:

Title V Program, contact:

Kathleen B. Glasheen
Director, Bureau of Maternal and Child Health
PO Box 142001
Salt Lake City, UT 84114-2001
Phone: (801) 538-6869
Fax: (801) 538-9409

Title V Program's services for Children with Special Health Care Needs, contact:

Vera Frances Tait
Director, Bureau of CSHCN
PO Box 144610
Salt Lake City, UT 84114-4610
Phone: (801) 584-8239
Fax: (801) 584-8488

VERMONT

The MCH Federal-State Partnership

Title V is administered by the Vermont Department of Health (VDH), a department within the Agency of Human Services. Services within Title V's administrative control include: Direct services (multidisciplinary clinic-based services to children with special health needs of all ages; well-child visits and immunizations for children without access to preventive health care; public health nurse home visits to pregnant women and infants to one year); Enabling services (outreach, information and referral, and administrative case management for children enrolled in Medicaid; nursing, social work care coordination, and respite care for CSHN; Medicaid prior-authorization of certain medical and dental services); Population based services (school-based fluoridation program; oral health education; newborn screening, SIDS program); Infrastructure building services (collaboration with Medicaid and managed care; primary care medical home support; interagency and community-based health care systems planning; cultural competency training). In addition, CSHN is in the administrative home for Vermont's Part C Early Intervention system.

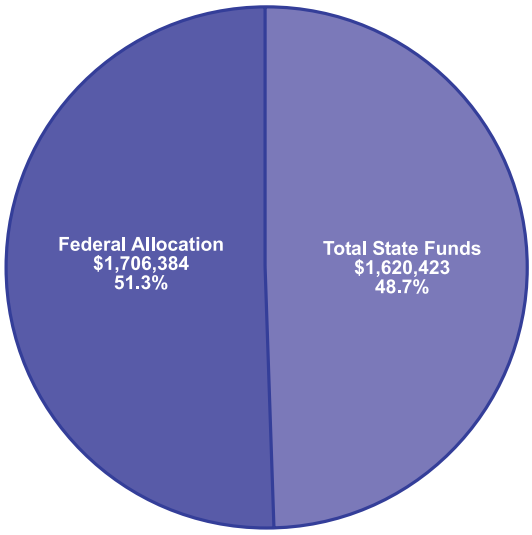
Title V Federal-State Block Grant Expenditures by Number of Individuals Served and Population Group[4]

Populations Served	Number of Individuals Served	Expenditures FY '98
Pregnant Women	2,646	$144,839
Infants (<1 year)	2,024	$208,696
Children (1 to 22 yrs)	5,826	$1,388,117
CSHCN (Special Needs)	3,624	$1,469,153
Others[3]	*	$0
Administration		$116,002
TOTALS	14,120	$3,326,807

State Population[5]
590,883

Live Births[5]
6,582

Title V Federal-State Block Grant Expenditures[4] by Source of Funds



MCH PARTNERSHIP FUNDS—FY 98[2]
Title V Federal-State Block Grant: **$3,326,807**
Other Title V Grant Programs: **$820,084**
Other MCH Grant Programs: **$97,965**
TOTAL MCH Partnership Funds **$4,244,856**

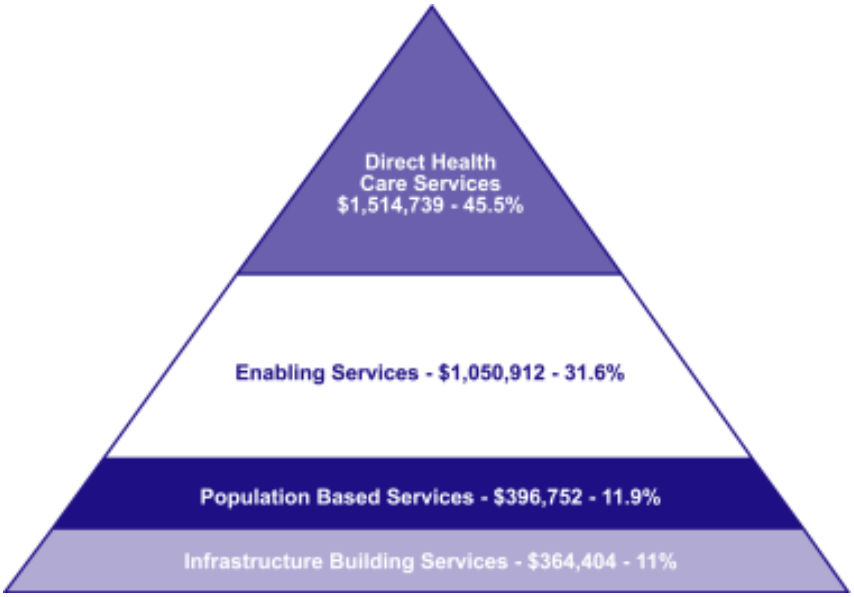
VERMONT

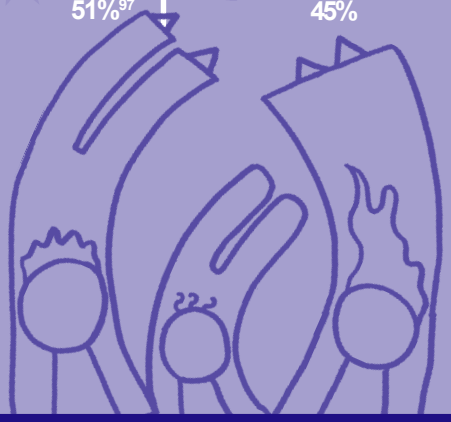
Title V - Selected National MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Number of specialty services for Children with Special Health Care Needs (CSHCN)	9 of 9	9 of 9
Percent of newborns screened for 4 major genetic disorders	99%	99%
Percent of children immunized (ages 19-35 months) against 9 diseases	86%[97]	90%
Rate of births to teens aged 15-17 years (per 1,000 teens aged 15-17 years)	12.1[97]	14.8
Rate of deaths to children aged 1-14 caused by motor vehicle crashes (per 100,000 children)	4.4[97]	4.0
Percent of mothers who breast fed their infants at time of hospital discharge	55.9%[97]	61%
Percent of newborns screened for hearing impairment before hospital discharge	4.3%	4.5%
State assurance of family participation in CSHCN programs & policies	15 of 18	18 of 18
Percent of very low birth weight live births	1%[97]	.6%
Percent of infants born to women who received first trimester prenatal care	87.9%[97]	90%

Title V - National MCH Outcome Measures[7]	State 1998 Results	State Year 2000 Goal
Infant mortality rate (per 1,000 live births)	6.1[97]	6.7
Ratio of black to white infant mortality	*	*
Neonatal mortality rate (per 1,000 live births)	4.2[97]	4.4
Postneonatal mortality rate (per 1,000 live births)	1.8[97]	2.3
Perinatal mortality rate (per 1,000 live births)	8[97]	7.9
Child death rate (per 100,000 children aged 1-14)	23.1[97]	19

Title V - Selected State-Determined MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Medicaid infants from birth through 12 months who receive a home visit through the Healthy Babies system of care	33%[97]	50%
Low income children (with Medicaid) that utilize dental services in a year	45.5%[97]	52%
Agency of Human Services (AHS) districts with a community-based hearing screening and diagnostic follow-up program (hearing outreach program) for children	25%[97]	100%
Youth aged 12-17 who use alcohol	51%[97]	45%

Title V Federal-State Block Grant Expenditures[4] by Category of Service[6]





State Assurance of Family Participation in CSHCN Program and Policy	
SCALE: 0 = not met; 3 = completely met	
Participate on task forces and offered training.	3
Financial support offered for parent groups.	3
Involved in Block Grant Application process.	2
Involved in inservice training of staff.	2
Hired for expertise as family member.	3
Members of diverse cultures involved.	2
Total Possible: 18 — FY 98 Total:	15

* Data not available

Selected FY 98 Title V and Other MCH Grant Annotations

VERMONT
Other FY 98 MCH Grant Programs

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

- Peoples' Co-op Doulas: A Pregnancy and Parenting Peer Support Program, Minority Business Association, Burlington, $50,000 (SPRANS-MCHIP-Healthy Tomorrows)
- Vermont Interdisciplinary Leadership Education for Health Professionals Program (VT-ILEHP), University of Vermont, Burlington, $300,000 (SPRANS-Training-LEND/Leadership Ed Neuro Dev)
- Vermont's Comprehensive, Community-Based System of Care for Children and Adolescents, Vermont Department of Health, Burlington, $100,000 (SPRANS-MCHIP-SSDI)

Title V—COMMUNITY INTEGRATED SERVICE SYSTEMS (CISS—Title V)

- CISS/Child Health Vermont, Vermont Department of Health, Burlington, $50,000 (CISS-CISS-COG)

EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)

- New England EMSC Telemedicine Conference, University of Vermont College of Medicine, Burlington, $25,568 (EMSC/TRNG-Continuing Education)

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

Partnerships for Change, University of Vermont, Burlington, $200,229 (SPRANS-MCHIP-Integrated Services)

The goal of the project is to improve systems of care for children with special health care needs and their families by working with family and professional groups to implement changes in the education and practice of professionals. The project employs family/ professional, interprofessional and interorganizational collaborative processes and family-centered, community-based, culturally competent, and coordinated approaches in the implementation of the following objectives: (1) With families, develop and disseminate models of interprofessional collaborative education and practice; (2) develop and implement changes in social work education and practice; (3) work in partnership with other professional groups to facilitate changes in education and practice; and (4) work with families and professionals to identify models of community practice, and develop and disseminate recommendations for changes in community practice. Methods include quantitative and qualitative data collection from focus groups and surveys and interviews with families, professionals, students, and faculty in order to develop curriculums and training materials about interprofessional collaboration and support the inclusion of relevant content in pre-practice and inservice education for all disciplines. Additional qualitative research with children, families, and professionals will contribute to the dissemination of community practice models. Materials include bibliographies, annotated bibliographies and selected readings, position papers, training outlines, curriculums and curriculum strategies, survey instruments, and monographs.

Title V—COMMUNITY INTEGRATED SERVICE SYSTEMS (CISS—Title V)

Vermont Health Systems Development in Child Care Program, Vermont Department of Health, Burlington, $50,000 (CISS-CISS-Child Care Program)

The project was developed to make health and child care a focal point in systems development work at the State level and to meet the health training and consultation needs of child care providers. A training-for-trainers curriculum will be developed, informed both by systems development work at the State level and by the provider-to-provider experience of a child care nurse consultant assigned to work with providers in child care settings. Interdisciplinary teams, consisting of a child care nurse consultant, regional child care trainer, a child care provider, a parent, and a local pediatric primary care provider, will be trained and will design local training and technical consultation models to be conducted by the nurse and child care trainer for child care providers in their communities.

Title V—ABSTINENCE EDUCATION PROGRAM

Abstinence Education, Vermont Department of Health, Burlington, $69,855 (Abstinence Ed)

This project will promote abstinence by "teaching youth how drug and alcohol use increases vulnerability to sexual advances." As part of a larger substance abuse prevention media effort, a media campaign will be developed for middle school students and their parents/guardians. In addition, an abstinence-only education advisory committee will be formed to give input to future grant activities.

Other Title V Grant Programs:
$820,084
Other MCH Grant Programs:
$97,965
TOTAL:
$918,049

EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)

Vermont Emergency Medical Services for Children State Partnership Grant, Vermont Department of Health, Burlington, $72,397 (EMSC-PRTNER)

This emergency medical services for children (EMSC) project has identified goals in seven key areas: (1) Resource management—include pediatric issues in all aspects of emergency medical services (EMS) development; (2) human resources and training—improve and expand pediatric emergency training programs for health professionals; (3) transportation—ensure that prehospital and interhospital pediatric transport meets children's needs; (4) public information and education—expand the availability of injury prevention, first aid, and CPR programs; (5) medical direction—include pediatric protocols in medical direction for all EMS agencies; (6) regulation and policy—ensure a coordinated approach to EMSC; and (7) evaluation and research—improve data collection systems, data analysis methodology, and research to describe and evaluate emergency medical care for children.

FOR MORE INFORMATION ON TITLE V:

Title V Program, contact:

Patricia Berry
Community Public Health Division Director
Division of Community Public Health
Vermont Department of Health
108 Cherry Street
Burlington, VT 05402
Phone: (802) 863-7333
Fax: (802) 863-7229

Title V Program's services for Children with Special Health Care Needs, contact:

Carol Hassler, Director
Children with Special Health Needs Program
Vermont Department of Health
108 Cherry Street
Burlington, VT 05402
Phone: (802) 863-7338
Fax: (802) 863-7635

VIRGIN ISLANDS

The MCH Federal-State Partnership

The Virgin Islands Title V Maternal and Child Health Services Block Grant Program is operated as a single, Administrative Unit within the Virgin Islands Department of Health. The Administrative Unit, headed by the Director of MCH & CSHCN, is responsible for conducting the state-wide assessment of needs, agency management, program planning and implementation, policy development, and intra-agency collaboration. Within the Administrative Unit are Program Administrators on each island who oversees financial and clinic management functions. MCH & CSHCN administered programs included: Preventive and Primary Child Health Care, Newborn Screening, Prenatal Care Services, Prenatal Care Coordination, Genetic Disease Program, and Subspecialty Care Services.

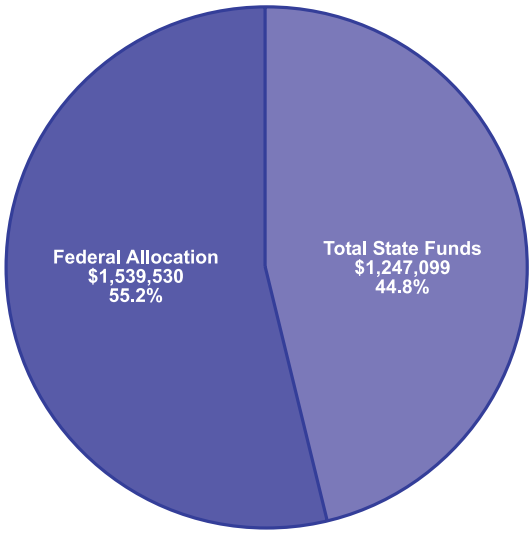
Title V Federal-State Block Grant Expenditures by Number of Individuals Served and Population Group[4]

Populations Served	Number of Individuals Served	Expenditures FY '98
Pregnant Women	516	$348,329
Infants (<1 year)	1,818	$348,329
Children (1 to 22 yrs)	4,502	$835,988
CSHCN (Special Needs)	1,477	$975,320
Others[3]	1,269	$0
Administration		$278,663
TOTALS	9,582	$2,786,629

State Population[5]
94,000 (UN report)

Live Births[5]
1,800

Title V Federal-State Block Grant Expenditures[4] by Source of Funds



MCH PARTNERSHIP FUNDS—FY 98[2]

Title V Federal-State Block Grant:
$2,786,629

Other Title V Grant Programs:
$236,509

Other MCH Grant Programs:
$191,774

TOTAL MCH Partnership Funds
$3,214,912

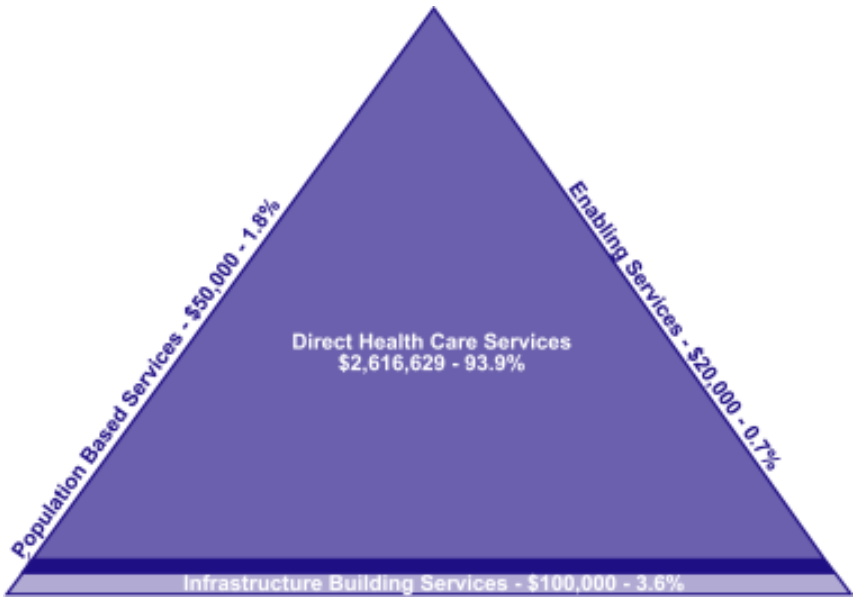
VIRGIN ISLANDS

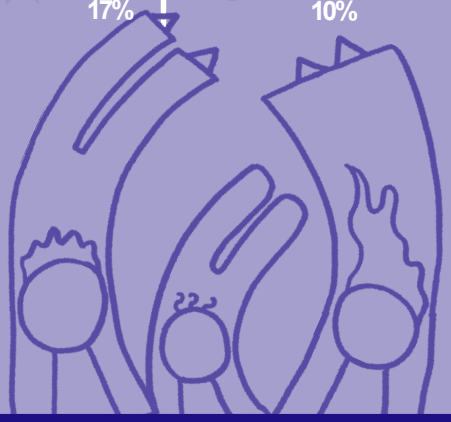
Title V - Selected National MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Number of specialty services for Children with Special Health Care Needs (CSHCN)	8 of 9	9 of 9
Percent of newborns screened for 4 major genetic disorders	95.3%	96%
Percent of children immunized (ages 19-35 months) against 9 diseases	83%	90%
Rate of births to teens aged 15-17 years (per 1,000 teens aged 15-17 years)	48[97]	50
Rate of deaths to children aged 1-14 caused by motor vehicle crashes (per 100,000 children)	0[97]	3.5
Percent of mothers who breast fed their infants at time of hospital discharge	40%	75%
Percent of newborns screened for hearing impairment before hospital discharge	20%	96%
State assurance of family participation in CSHCN programs & policies	11 of 18	18 of 18
Percent of very low birth weight live births	2%[97]	1%
Percent of infants born to women who received first trimester prenatal care	53%	90%

Title V - National MCH Outcome Measures[7]	State 1998 Results	State Year 2000 Goal
Infant mortality rate (per 1,000 live births)	10	7.0
Ratio of black to white infant mortality	10.3	1
Neonatal mortality rate (per 1,000 live births)	6.8	4.5
Postneonatal mortality rate (per 1,000 live births)	3.1	2.0
Perinatal mortality rate (per 1,000 live births)	24.5[97]	9.5
Child death rate (per 100,000 children aged 1-14)	21.8[97]	28

Title V - Selected State-Determined MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Pregnant women who received no prenatal care	*	3.5%
Rate of asthma hospitalizations (per 100,000)	918[97]	160
Prenatal patients certified with medical assistance program (MAP)	24%[97]	60%
Live births to mothers who exceeded maximum established weight gain during pregnancy	17%	10%

Title V Federal-State Block Grant Expenditures[4] by Category of Service[6]





State Assurance of Family Participation in CSHCN Program and Policy	
SCALE: 0 = not met; 3 = completely met	
Participate on task forces and offered training.	3
Financial support offered for parent groups.	3
Involved in Block Grant Application process.	3
Involved in inservice training of staff.	1
Hired for expertise as family member.	0
Members of diverse cultures involved.	1
Total Possible: 18 — FY 98 Total:	11

* Data not available

Selected FY 98 Title V and Other MCH Grant Annotations

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

Coordination of Services for Children With Special Health Care Needs, Virgin Islands Department of Health, Christiansted, St. Croix, $100,000 (SPRANS-MCHIP-SSDI)

This State Systems Development Initiative (SSDI) project is designed to assist the maternal and child health/children with special health care needs (CSHCN) program in developing a comprehensive community-based, family-centered, culturally sensitive, and coordinated service system. The SSDI coordinator's role is to implement the networking component of the project. Efforts to cultivate the interactive communication and collaboration among public and private providers for children with special health care needs and their families will result in an improved, efficient, effective, and accessible service system for the CSHCN families and the professionals serving this target population. In addition, ongoing educational training sessions are planned for the professional staff and family support groups.

Title V—ABSTINENCE EDUCATION PROGRAM

Abstinence Education Program, U.S.V.I. Department of Health, St. Thomas, $136,509 (Abstinence Ed)

The Abstinence Education Program will promote "sexual abstinence" as a healthy choice. The targeted age group is persons 13-19 year of age. Planned activities include a one-day training seminar in "sexual abstinence," for adolescent service providers, a six-week group counseling program to be delivered seven times in different island locations, a Walk-a-Thon to raise public awareness, posting of bilingual posters, and distribution of print materials. A pre- and post-evaluation will be carried out as part of the 6-week counseling program.

EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)

Virgin Islands Emergency Medical Services for Children, Virgin Islands Department of Health, St. Croix, $191,774 (EMSC-Implementation)

The goals of the Virgin Islands Emergency Medical Services for Children project are to: (1) Promote collaboration and coordination among public and private agencies delivering emergency services to children; (2) develop a regional system of care serving neonatal and pediatric populations; (3) provide comprehensive training in Basic Life Support (CPR) and Advanced Pediatric Life Support (PALS); and (4) promote injury prevention through a public awareness program. A multidisciplinary coalition will advocate, develop solutions, recommend legislative strategy, and stimulate development of a comprehensive, statewide system of emergency medical services for children in the Virgin Islands.

Other Title V Grant Programs:
$236,509
Other MCH Grant Programs:
$191,774
TOTAL:
$428,283

FOR MORE INFORMATION ON TITLE V:

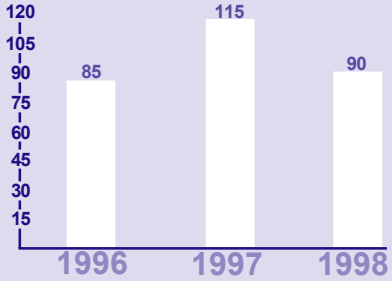
Title V Program, contact:

Mavis L. Matthew, MD, MPH
Director, MCH & CSHCN Program
3012 Estate Golden Rock
Christiansted, St. Croix, VI 00820
Phone: (340) 713-9926
Fax: (340) 713-9928

Title V Program's services for Children with Special Health Care Needs, contact:

Mavis L. Matthew, MD. MPH
Director, MCH & CSHCN Program
3012 Estate Golden Rock
Christiansted, St. Croix, VI 00820
Phone: (340) 713-9926
Fax: (340) 713-9928

State Hotline Calls/Year



To help families learn about maternal and child health care.

1-800-311-BABY;
en espanol: 1-800-504-7081

VIRGINIA

The MCH Federal-State Partnership

The Virginia Department of Health is authorized by Section 32.1-77 of the Code of Virginia to administer the Maternal and Child Health Services Block Grant funds. Within the VDH, the Block Grant is managed by the Office of Family Health Services. The services provided with this funding include prevention and primary care services for pregnant women and mothers, prevention and primary care for infants, children and adolescents, and non-pregnant women of childbearing age. Services are also provided for children with special health care needs.

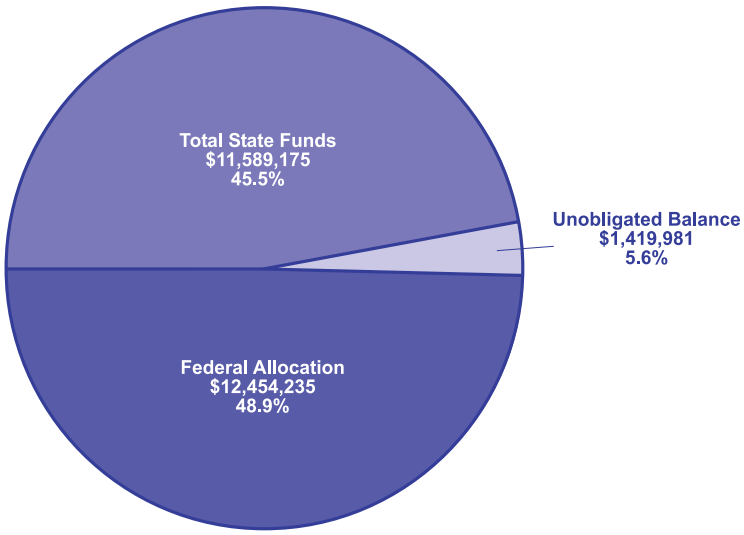
Title V Federal-State Block Grant Expenditures by Number of Individuals Served and Population Group[4]

Populations Served	Number of Individuals Served	Expenditures FY '98
Pregnant Women	10,359	$2,343,587
Infants (<1 year)	91,664	$1,710,507
Children (1 to 22 yrs)	64,522	$7,265,466
CSHCN (Special Needs)	11,160	$11,845,083
Others[3]	43,081	$2,298,748
Administration		$0
TOTALS	220,786	$25,463,391

State Population[5]
6,791,345

Live Births[5]
94,351

Title V Federal-State Block Grant Expenditures[4] by Source of Funds



MCH PARTNERSHIP FUNDS—FY 98[2]

Title V Federal-State Block Grant:
$25,463,391

Other Title V Grant Programs:
$8,252,199

Other MCH Grant Programs:
$2,667,007

TOTAL MCH Partnership Funds
$36,382,597

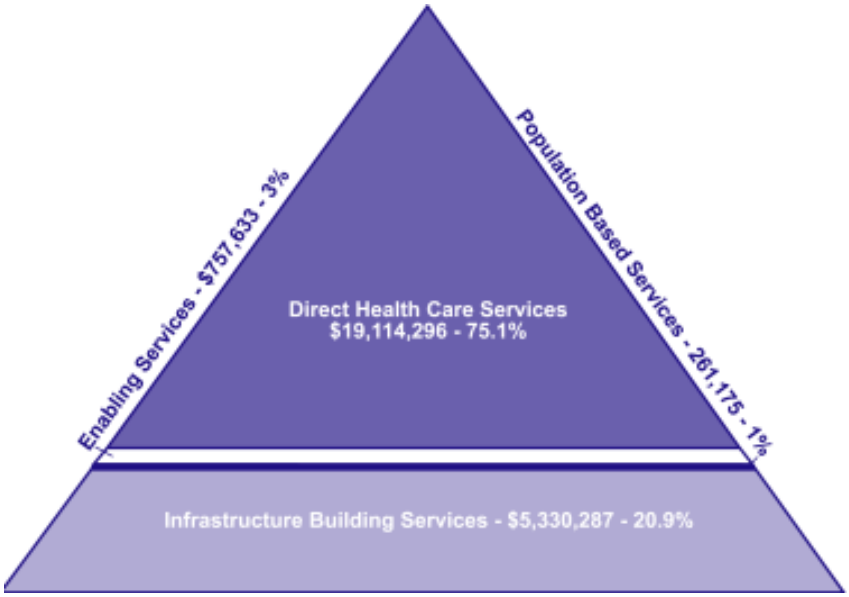
VIRGINIA

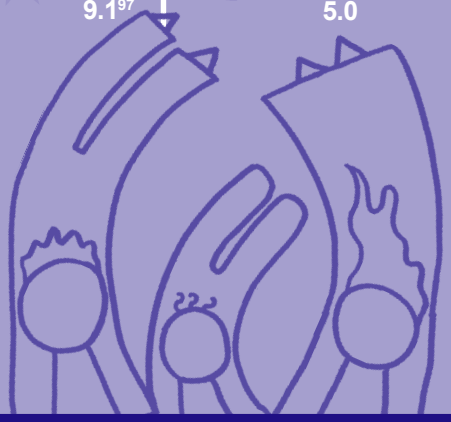
Title V - Selected National MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Number of specialty services for Children with Special Health Care Needs (CSHCN)	7 of 9	7 of 9
Percent of newborns screened for 4 major genetic disorders	104.4%[97]	100%
Percent of children immunized (ages 19-35 months) against 9 diseases	72%[97]	90%
Rate of births to teens aged 15-17 years (per 1,000 teens aged 15-17 years)	25.9[97]	21.6
Rate of deaths to children aged 1-14 caused by motor vehicle crashes (per 100,000 children)	3.7[97]	3.2
Percent of mothers who breast fed their infants at time of hospital discharge	58%[97]	75%
Percent of newborns screened for hearing impairment before hospital discharge	2%[97]	85%
State assurance of family participation in CSHCN programs & policies	4 of 18	12 of 18
Percent of very low birth weight live births	1.6%[97]	1.0%
Percent of infants born to women who received first trimester prenatal care	84.3%[97]	87%

Title V - National MCH Outcome Measures[7]	State 1998 Results	State Year 2000 Goal
Infant mortality rate (per 1,000 live births)	7.8	7.0
Ratio of black to white infant mortality	2.3[97]	1.7
Neonatal mortality rate (per 1,000 live births)	5.5[97]	4.5
Postneonatal mortality rate (per 1,000 live births)	2.5[97]	2.3
Perinatal mortality rate (per 1,000 live births)	7.2[97]	5.8
Child death rate (per 100,000 children aged 1-14)	22.4[97]	19

Title V - Selected State-Determined MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Children and adolescents who have a specific source of ongoing primary care	82%[97]	90%
Unintentional injury hospitalizations rate for children 1-14 (per 100,000)	175.7[97]	167.5
Incidence of hospitalization for assault injuries among people aged 10-19 (per 100,000)	30.6[97]	23.5
Rate of neural tube defects among live births in Virginia (per 10,000)	9.1[97]	5.0

Title V Federal-State Block Grant Expenditures[4] by Category of Service[6]





State Assurance of Family Participation in CSHCN Program and Policy	
SCALE: 0 = not met; 3 = completely met	
Participate on task forces and offered training.	1
Financial support offered for parent groups.	1
Involved in Block Grant Application process.	1
Involved in inservice training of staff.	0
Hired for expertise as family member.	0
Members of diverse cultures involved.	1
Total Possible: 18 — FY 98 Total:	4

VIRGINIA
Other FY 98 MCH Grant Programs

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

- Caring Community for Children in Foster Care Project, Parent Educational Advocacy Training Center, Fairfax, $140,799 (SPRANS-MCHIP-Integrated Services)
- Comprehensive Health Investment Project of Abingdon, People Incorporated of Southwest Virginia, Abingdon, $50,000 (SPRANS-MCHIP-Healthy Tomorrows)
- Families—The Vital Link: Models of Family/Professional Leadership for Reformed Systems of Health Care, Parent Educational Advocacy Training Center, Fairfax, $150,000 (SPRANS-MCHIP-Managed Care/Health Care Reform)
- Guiding Primary Care Providers To Access and To Use Medical Genetics Information Electronically, Eastern Virginia Medical School, Norfolk, $124,746 (SPRANS-Genetics)
- Maternal and Child Health Interdisciplinary Leadership Education Program in Neurodevelopmental and Related Disabilities (MCH-LEND), Virginia Commonwealth University, Richmond, $300,000 (SPRANS-Training-LEND/Leadership Ed Neuro Dev)
- National Consortium to Advance Education and Public Policy, Georgetown University, Arlington, $6,080,361 (SPRANS-Training-Continuing Ed/Policy Center)
- State Systems Development Initiative, Virginia Department of Health, Richmond, $84,752 (SPRANS-MCHIP-SSDI)

Title V—COMMUNITY INTEGRATED SERVICE SYSTEMS (CISS—Title V)

- Healthy Child Care Virginia, Prince William Health System, Manassas, $50,000 (CISS-CISS-Child Care Program)
- Healthy Families South Hampton Roads, Family Services of Tidewater, Inc., Norfolk, $50,000 (CISS-CISS-COG)
- Richmond Healthy Start–CISS Project, City of Richmond Health Department, Richmond, $50,000 (CISS-CISS-COG)

HEALTHY START

- Virginia Healthy Start Initiative, Virginia Department of Health, Richmond, $209,6007 (Healthy Start-Community)

Selected FY 98 Title V and Other MCH Grant Annotations

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

National Parent Consortium for Maternal and Child Health, National Parent Network on Disabilities, Alexandria, $292,922 (SPRANS-MCHIP-PIC)

The National Parent Consortium on Maternal and Child Health was formed in 1995 by the National Parent Network on Disabilities as a vehicle to enhance communication between the Maternal and Child Health Bureau and families. Through a diverse working group of 13 organizations, 6 Regional Consultants, and more than 200 member sites nationwide, the consortium communicates with families on issues concerning maternal and child health. Through electronic mail and a Web site, plus more traditional methods, the consortium staff disseminates information to families. The consortium also represents the perspectives of families at various maternal and child health meetings and on projects such as Bright Futures for Families.

Title V—COMMUNITY INTEGRATED SERVICE SYSTEMS (CISS—Title V)

Healthy Families Arlington/CHIP Integrated Service Systems, Northern Virginia Family Service, Falls Church, $50,000 (CISS-CISS-COG)

The Department of Human Services (DHS) in Arlington County Virginia and Northern Virginia Family Service have formed a public/private partnership to implement the Healthy Families and Comprehensive Health Investment Project (CHIO) models in Arlington. Both Healthy Families and CHIP are collaborative, community-based efforts coordinating the delivery of child health and family services. In implementing the Healthy Families/CHIP models, the Arlington County/Northern Virginia Family Service partnership will build on available services within Arlington County's DHS, will develop better coordination among the DHS programs and will strengthen the link between DHS and externally based community programs. CISS funding is sought for additional staff to organize the participating community service providers in their efforts to consolidate information management systems within the context of the Healthy Families and CHIP programs in Arlington. This would allow concurrent development of the service delivery partnerships and the data management infrastructure needed to support this integrated effort, thus enhancing efficiency and avoiding duplication of efforts by the various participating service providers in the community.

Title V—ABSTINENCE EDUCATION PROGRAM

Virginia Abstinence Education Initiative, Virginia Department of Health, Richmond, $828,619 (Abstinence Ed)

Using experimental methods to evaluate four models of abstinence-only education, this project will attempt to identify effective components of the models by tracking program participants longitudinally and contrasting non-participants over a 5-year period. A statewide media campaign will be developed to provide adolescents in Virginia, aged 10-15, with alternatives to early sexual onset, which will result in improving health, as well as decreasing the incidence of teenage pregnancy.

Other Title V Grant Programs:
$8,252,199

Other MCH Grant Programs:
$2,667,007

TOTAL:
$10,919,206

EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)

Needs Assessment & Development of Strategic Plan for EMS for Children in Virginia, Virginia Commonwealth University, Richmond, $50,000 (EMSC-Plan)

Enhancing the capacity of the existing emergency medical services (EMS) system in Virginia to care for acutely ill and injured children and prevent injuries is the project goal. Objectives include expanding the understanding of and commitment to emergency medical services for children (EMSC) by recruiting and appointing individuals committed to EMSC and agency stakeholders of EMSC to the EMSC task force, and convert the task force to a standing subcommittee of the State EMSC advisory board; and completing a statewide needs assessment using established EMSC survey tools to identify strengths and weaknesses of the existing EMS in caring for children.

HEALTHY START

Richmond Healthy Start Initiative, Richmond City Health Department, Richmond, $521,000 (Healthy Start-Mentor)

The Richmond Healthy Start Initiative-Special Projects Consortium seeks to: (1) Establish an expanded partnership of consumers, organizations, and individuals to improve the organization of resources for women, children, and families; (2) increase perinatal case management, expand home visiting programs, implement the Healthy Families America and Infant Mortality Review Programs, and expand perinatal substance abuse services; (3) support a community transportation system linked to short-term child care; and (4) provide education and information programs in schools, community centers, and churches in three targeted zones. The expectation is that community ownership, program development, implementation, and evaluation will result in successful efforts to reduce infant mortality and enhance women's, infants', and children's health.

FOR MORE INFORMATION ON TITLE V:

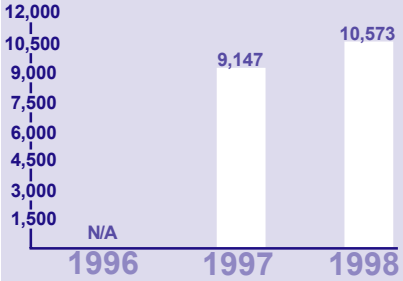
Title V Program, contact:

Janice M. Hicks, Ph.D.
Senior Policy Analyst
Office of Family Health Services
Virginia Department of Health
1500 East Main Street, Room 104
Richmond, VA 23219
Phone: (804) 371-0478
Fax: (804) 692-0184

Title V Program's services for Children with Special Health Care Needs, contact:

Nancy Bullock, RN, MPH
Director, Children w/Special Health Care Needs Program
Division of Child and Adolescent Health
Office of Family Health Services
1500 East Main Street, Room 138
Richmond, VA 23219
Phone: (804) 786-3693
Fax: (804) 225-3307

State Hotline Calls/Year



To help families learn about maternal and child health care.

1-800-311-BABY;
en espanol: 1-800-504-7081

WASHINGTON

The MCH Federal-State Partnership

The Department of Health (DOH) is the state agency which administers the Title V program in the state of Washington. The Title V Program, called Maternal and Child Health (MCH) is located in the Division of Community and Family Health, under the direction of the Assistant Secretary, Maxine Hayes, M.D., M.P.H. MCH is divided into the following programs: Maternal Infant Health, Children and Adolescent Health and CHILD Profile, Children with Special Health Care Needs, Genetics, Immunization and an Assessment unit (see pages 17-24 for a description of these services). These programs provide much of the infrastructure services funded through Title V, with the majority of direct health care, enabling and population based Title V services contracted and provided through 34 local health jurisdictions and other agencies throughout the state.

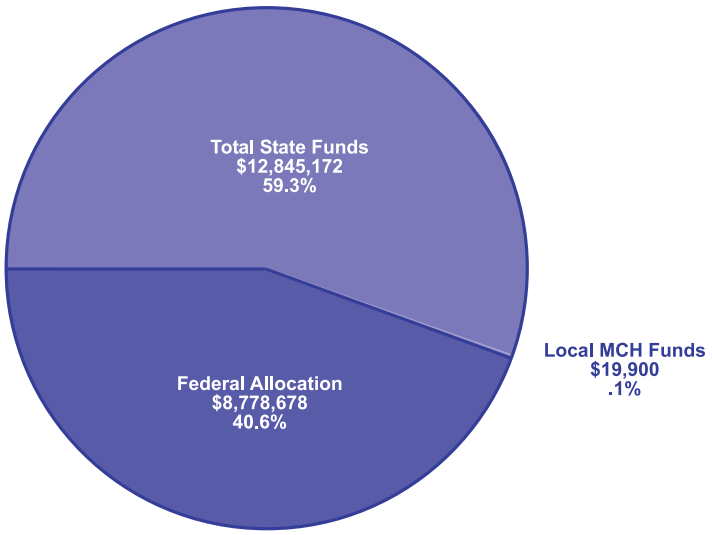
Title V Federal-State Block Grant Expenditures by Number of Individuals Served and Population Group[4]

Populations Served	Number of Individuals Served	Expenditures FY '98
Pregnant Women	18,194	$1,873,476
Infants (<1 year)	77,568	$3,855,664
Children (1 to 22 yrs)	27,299	$9,670,350
CSHCN (Special Needs)	9,165	$5,034,485
Others[3]	7,403	$465,355
Administration		$744,420
TOTALS	139,629	$21,643,750

State Population[5]
5,689,263

Live Births[5]
79,663

Title V Federal-State Block Grant Expenditures[4] by Source of Funds



MCH PARTNERSHIP FUNDS—FY 98[2]
Title V Federal-State Block Grant: **$21,643,750**
Other Title V Grant Programs: **$4,743,539**
Other MCH Grant Programs: **$174,976**
TOTAL MCH Partnership Funds **$26,562,265**

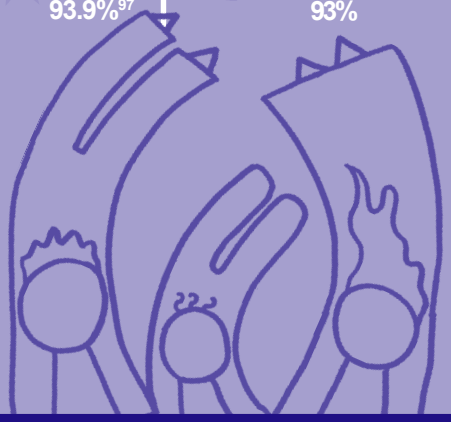
WASHINGTON

Title V - Selected National MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Number of specialty services for Children with Special Health Care Needs (CSHCN)	8 of 9	8 of 9
Percent of newborns screened for 4 major genetic disorders	98.6%[97]	98.5%
Percent of children immunized (ages 19-35 months) against 9 diseases	79%[97]	83%
Rate of births to teens aged 15-17 years (per 1,000 teens aged 15-17 years)	25.3[97]	23.8
Rate of deaths to children aged 1-14 caused by motor vehicle crashes (per 100,000 children)	4.2[97]	3.0
Percent of mothers who breast fed their infants at time of hospital discharge	86.8%[97]	92.1%
Percent of newborns screened for hearing impairment before hospital discharge	3.2%	3.2%
State assurance of family participation in CSHCN programs & policies	15 of 18	16 of 18
Percent of very low birth weight live births	1%[97]	.95%
Percent of infants born to women who received first trimester prenatal care	83.3%[97]	87.4%

Title V - National MCH Outcome Measures[7]	State 1998 Results	State Year 2000 Goal
Infant mortality rate (per 1,000 live births)	5.6[97]	5.5
Ratio of black to white infant mortality	1.8[97]	2.2
Neonatal mortality rate (per 1,000 live births)	3.4[97]	3.4
Postneonatal mortality rate (per 1,000 live births)	2.3[97]	2.1
Perinatal mortality rate (per 1,000 live births)	8.5[97]	8.3
Child death rate (per 100,000 children aged 1-14)	21.8[97]	21.5

Title V - Selected State-Determined MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Pregnancies (live births, fetal, deaths, abortions) that are unintended	52.7%[97]	49.8%
Women who receive counseling from their prenatal health care providers on tests for identifying birth defects or genetic disease	90.5%[97]	90%
Pregnant women abstaining from smoking	85.4%[97]	87.0%
Pregnant women abstaining from alcohol	93.9%[97]	93%

Title V Federal-State Block Grant Expenditures[4] by Category of Service[6]



State Assurance of Family Participation in CSHCN Program and Policy	
SCALE: 0 = not met; 3 = completely met	
Participate on task forces and offered training.	3
Financial support offered for parent groups.	3
Involved in Block Grant Application process.	2
Involved in inservice training of staff.	2
Hired for expertise as family member.	3
Members of diverse cultures involved.	2
Total Possible: 18 — FY 98 Total:	15

WASHINGTON
Other FY 98 MCH Grant Programs

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

- Adolescent Health Training Program, University of Washington, Seattle, $95,666 (SPRANS-Training-Adolescent Health)
- Assuring Pediatric Nutrition Care in the Community: Training and Electronic Consultation, University of Washington, Seattle, $33,288 (SPRANS-Training-Continuing Education)
- Children and Adolescents With Special Health Care Needs: Family Community, University of Washington, Seattle, $158,751 (SPRANS-Training-Nursing)
- Children's Village, Center for Child Health Services, Yakima, $96,416 (SPRANS-MCHIP-Integrated Services)
- Collaborative Adolescent Medicine Round—Pediatrics/Child Psychiatry, Seattle Children's Hospital and Medical Center, Seattle, $12,000 (SPRANS-Training-Continuing Ed/Collaborative Office Rounds)
- Community Assessment of Needs and Health Systems Performance, Children's Hospital Seattle, Seattle, $97,366 (SPRANS-MCHIP-Data)
- Community Health Care Project, Washington Parents Are Vital in Education (PAVE), Tacoma , $64,306 (SPRANS-MCHIP-Managed Care/Health Care Reform)
- Early Child Care Study of Children with Special Health Needs, University of Washington, Seattle , $227,834 (SPRANS-Research)
- Gaining and Growing: Assuring Nutritional Care of Preterm Infants in the Community, University of Washington, Seattle, $25,000 (SPRANS-Training-Continuing Education)
- Helix Education Project, Children's Hospital and Medical Center, Seattle, $101,019 (SPRANS-Genetics)
- Innovative Approaches to Educating Clients and Providers for Effective Life Long Care of Metabolic Disorders, University of Washington, Seattle, $135,000 (SPRANS-Genetics)
- Interdisciplinary Leadership Training in Neurodevelopmental and Related Disabilities, University of Washington, Seattle, $809,983 (SPRANS-Training-LEND/Leadership Ed Neuro Dev)
- Leadership Training in Pediatric Physical Therapy, University of Washington, Seattle, $149,193 (SPRANS-Training-Physical Therapy)
- Linkages and Outcomes for Children (LOC), Washington State Department of Health, Olympia, $150,000 (SPRANS-MCHIP-Managed Care/Health Care Reform)
- Maternal and Child Health Public Health Training, University of Washington, Seattle, $358,587 (SPRANS-Training-School of Public Health)
- Maternal Birthweight and Reproductive Outcome, University of Washington, Seattle, $141,736 (SPRANS-Research)
- National Fathers' Network (NFN): Developing Inclusive Systems of Health Care Delivery for Fathers and Families of Children with Special Needs, National Fathers' Network, Bellevue , $80,000 (SPRANS-MCHIP-Integrated Services)

Selected FY 98 Title V and Other MCH Grant Annotations

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

Washington Comprehensive Sickle Cell Disease Program (WCSCDP), Children's Hospital, Seattle, $171,400 (SPRANS-Genetics)

The goals of this project include decreasing morbidity and mortality in infants and children with sickle cell disease and increasing general awareness and understanding of sickle cell disease among medical, professional, and lay persons in Washington. A key and novel feature is a planned transition for sharing the financial responsibility of medical and social services provided by this program with private and community-based organizations. The effectiveness of this program will be evaluated annually based on demographic data, outcome of laboratory studies, initial followup, and outcome data of the followup care component.

Title V—COMMUNITY INTEGRATED SERVICE SYSTEMS (CISS—Title V)

Interactive Video Teleconferencing in a Community Organization Care Network, Yakima Valley Memorial Hospital, Yakima, $50,000 (CISS-CISS-COG)

This project proposes to integrate care for Children with Special Health Care Needs and Families (CSHCN&F) living in isolated, culturally unique, poor, rural communities across a six county area in the State of Washington. Currently, infants and children in these six counties cannot all be adequately served because of cultural inhibitions, the high proportion living in poverty, the lack of pediatric and child behavior specialists and the lack of local professionals sufficiently trained in the management of CSHCN&F. The Interactive Video Teleconferencing (IVTC) Community Organization Care Network will use technological advances in communication to increase access to specialized pediatric medical and psychological consultations and educational trainings for a greater number of CSHCN&F and their providers at a lower cost without sacrificing quality.

Title V—ABSTINENCE EDUCATION PROGRAM

Abstinence Education Program, Washington State Department of Health, Olympia, $739,012 (Abstinence Ed)

The Washington State Department of Health's Abstinence Education Program targets the problem of teen pregnancy and subsequent out-of-wedlock births through three approaches. Community-based abstinence education interventions will be supports in six to eight communities and will include a component for evaluation. Approximately 40 local school districts will also receive support to assist youth in designing and producing media campaigns promoting sexual abstinence. The third approach is the development of public education, both statewide and at the local level.

Other Title V Grant Programs:
$4,743,539
Other MCH Grant Programs:
$174,976
TOTAL:
$5,093,491

EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)

Adolescent Drowning Risk Assessment and Prevention, Washington State Department of Health, Olympia, $149,976 (EMSC-Target)

This project aims to assess the problem of drowning for 15–19-year-olds because little is known about the risk-taking for drowning among adolescents and to develop interventions because none are specifically designed to address risk factors for this age group. The ultimate goal is to reduce drownings among adolescents 15–19 years of age in Washington State over a 2-year period through a systematic approach to drowning prevention. Objectives of the project are to (1) undertake a pilot project to determine risk-taking behavior in adolescent submersions; (2) establish the emergency department's role in drowning prevention education; (3) develop intervention strategies and tools that focus on education, policy, and technology; and (4) target three emergency medical services/trauma regions throughout the State for an adolescent- and family-focused community drowning prevention campaign.

WASHINGTON

Other FY 98 MCH Grant Programs

- Parents, Peer Educators and Head Start: Building Healthy Tomorrows, Puget Sound Educational Service District, Burien, $50,000 (SPRANS-MCHIP-Healthy Tomorrows)
- Partners' Forum: A Washington State Model To Ensure Access to Quality Genetic Services for Persons Enrolled in Managed Care, Washington Department of Health, Seattle, $61,293 (SPRANS-Genetics)
- Partnerships for Improved Community Care (PICC), Children's Center of Providence General Medical Center, Everett, $145,000 (SPRANS-MCHIP-Managed Care/Health Care Reform)
- Pediatric Pulmonary Training, University of Washington, Seattle, $296,511 (SPRANS-Training-Pediatric Pulmonary Center)
- Preparing Providers to Care for Children with Special Health Care Needs in a Reformed Health System, University of Washington, Seattle, $169,895 (SPRANS-MCHIP-Managed Care/Health Care Reform)
- State Systems Development Initiative Approach for Quality Assurance, State of Washington, Department of Health, Olympia, $99,451 (SPRANS-MCHIP-SSDI)
- Washington State Genetic Education Project (GEP) for Primary Care Providers (PCPs), Washington State Department of Health, Seattle, $124,832 (SPRANS-Genetics)

Title V—COMMUNITY INTEGRATED SERVICE SYSTEMS (CISS—Title V)

- Community Systems Development, State of Washington Department of Health, Olympia, $50,000 (CISS-CISS-COG)
- Health Systems Development in Child Care, Washington State Department of Health, Olympia, $50,000 (CISS-CISS-Child Care Program)

EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)

- Region X Injury Prevention Training Conferences, University of Washington, Seattle, $25,000 (EMSC/TRNG-Continuing Education)

FOR MORE INFORMATION ON TITLE V:

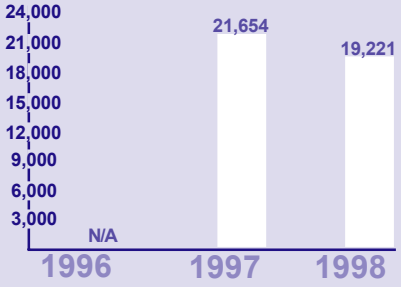
Title V Program, contact:

Rita Schmidt
Director of MCH Programs
New Market Industrial Complex, Bldg. 7
P.O. Box 47880
Olympia, WA 98504-7880
Phone: (360) 236-3581
Fax: (360) 586-7868

Title V Program's services for Children with Special Health Care Needs, contact:

Jan Fleming
Manager of OCSHCN
New Market Industrial Campus, Bldg. 7
P.O. Box 47880
Olympia, WA 98504-7880
Phone: (360) 236-3521
Fax: (360) 586-7868

State Hotline Calls/Year



To help families learn about maternal and child health care.

1-800-311-BABY;
en espanol: 1-800-504-7081

WEST VIRGINIA

The MCH Federal-State Partnership

The Office of Maternal and Child Health is the agency in West Virginia State government which administers Title V. West Virginia's Office of Maternal and Child Health is located within the State's Bureau for Public Health. The Bureau's overall goal is to attain and maintain a healthier environment for all West Virginians by placing a special emphasis on community-based programming that facilitates an accessible service delivery system.

In line with the Bureau for Public Health, the Office of Maternal and Child Health provides operational guidance and support to providers throughout West Virginia to improve the health of families. In addition to providing funding support for actual service delivery, the Office of Maternal and Child Health funds projects intended to develop new knowledge that will ultimately improve the service delivery of the health community.

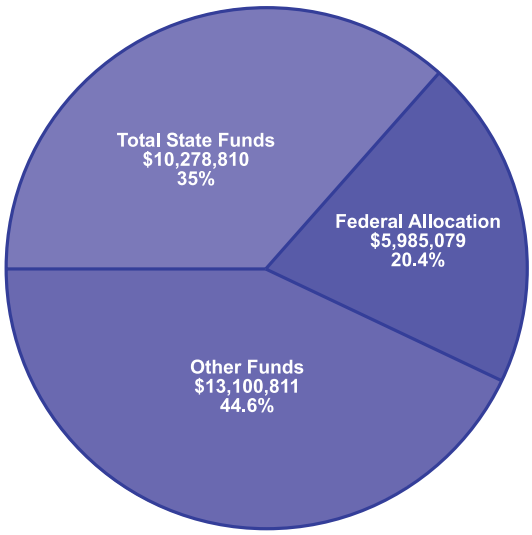
Title V Federal-State Block Grant Expenditures by Number of Individuals Served and Population Group[4]

Populations Served	Number of Individuals Served	Expenditures FY '98
Pregnant Women	20,735	$4,415,649
Infants (<1 year)	20,735	$9,900
Children (1 to 22 yrs)	95,257	$4,722,615
CSHCN (Special Needs)	5,126	$12,671,284
Others[3]	*	$6,878,695
Administration		$666,557
TOTALS	141,853	$29,364,700

State Population[5]
1,811,156

Live Births[5]
20,747

Title V Federal-State Block Grant Expenditures[4] by Source of Funds



MCH PARTNERSHIP FUNDS—FY 98[2]

Title V Federal-State Block Grant:
$29,364,700

Other Title V Grant Programs:
$1,619,216

Other MCH Grant Programs:
$1,953,200

TOTAL MCH Partnership Funds
$32,937,116

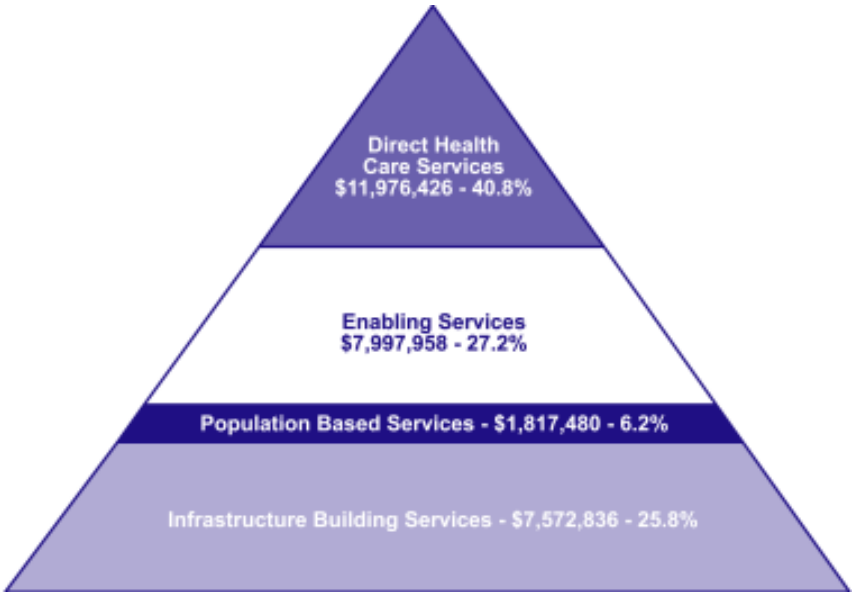
WEST VIRGINIA

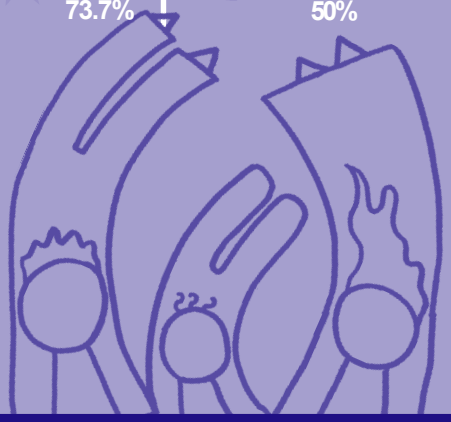
Title V - Selected National MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Number of specialty services for Children with Special Health Care Needs (CSHCN)	9 of 9	9 of 9
Percent of newborns screened for 4 major genetic disorders	99.8%	95%
Percent of children immunized (ages 19-35 months) against 9 diseases	82%[97]	90%
Rate of births to teens aged 15-17 years (per 1,000 teens aged 15-17 years)	26.7[97]	21.98
Rate of deaths to children aged 1-14 caused by motor vehicle crashes (per 100,000 children)	11.9[97]	4.0
Percent of mothers who breast fed their infants at time of hospital discharge	48.4%[97]	41%
Percent of newborns screened for hearing impairment before hospital discharge	8%[97]	100%
State assurance of family participation in CSHCN programs & policies	10 of 18	18 of 18
Percent of very low birth weight live births	1.5%[97]	1.0%
Percent of infants born to women who received first trimester prenatal care	82%[97]	87%

Title V - National MCH Outcome Measures[7]	State 1998 Results	State Year 2000 Goal
Infant mortality rate (per 1,000 live births)	9.5[97]	7
Ratio of black to white infant mortality	1.9[97]	1.5
Neonatal mortality rate (per 1,000 live births)	6.4[97]	4.5
Postneonatal mortality rate (per 1,000 live births)	3.1[97]	2.2
Perinatal mortality rate (per 1,000 live births)	13.1[97]	8.0
Child death rate (per 100,000 children aged 1-14)	25.6[97]	23.5

Title V - Selected State-Determined MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Women greater than or equal to 18 years of age receiving a Pap smear within preceding 3 years	81%	85%
Women with prenatal care paid for by Medicaid receiving 1st trimester prenatal care	73.26%[97]	81%
Women not smoking during pregnancy	76.11%[97]	78%
Eligible children receiving EPSDT	73.7%	50%

Title V Federal-State Block Grant Expenditures[4] by Category of Service[6]





State Assurance of Family Participation in CSHCN Program and Policy	
SCALE: 0 = not met; 3 = completely met	
Participate on task forces and offered training.	3
Financial support offered for parent groups.	2
Involved in Block Grant Application process.	0
Involved in inservice training of staff.	1
Hired for expertise as family member.	3
Members of diverse cultures involved.	1
Total Possible: 18 — FY 98 Total:	10

* Data not available

Selected FY 98 Title V and Other MCH Grant Annotations

WEST VIRGINIA
Other FY 98 MCH Grant Programs

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

- **Building Family-Professional Collaboration in West Virginia, West Virginia University/West Virginia Research Corporation, Morgantown, $0 (SPRANS-MCHIP)**
- **Leadership Education in the Area of Disabilities (LEAD), West Virginia University, Morgantown, $441,045 (SPRANS-Training-LEND/Leadership Ed Neuro Dev)**
- **State Systems Development Initiative, Office of Maternal and Child Health, Charleston, $100,000 (SPRANS-MCHIP-SSDI)**

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

Infant Temperament: Neonatal–5 years in Rural Appalachia, Marshall University, Huntington, $540,635 (SPRANS-Research)

This is a continuation of an earlier funded project on infant temperament. Two research questions will be addressed in this study. First, what continuity exists between (1) certain temperament and mother-infant relationship qualities in infancy, and (2) both preschool behavior problems and early school adjustment? Second, how do environmental factors such as poverty and low parental education levels, cultural values regarding education and achievement, and individual differences in temperament and mother-child relations interact to influence early school adjustment and performance?

Title V—COMMUNITY INTEGRATED SERVICE SYSTEMS (CISS—Title V)

West Virginia Health Systems Development in Child Care, Governor's Cabinet on Children and Families, Charleston, $50,000 (CISS-CISS-Child Care Program)

The project strives to reduce fragmentation, focus on prevention, increase system integration and coordination of services at the local level, emphasize health and child care, and build long-term capacity to support integrated prevention efforts among schools, health, mental health, and the early childhood community. The initiative implemented through a one-stop shopping model of Starting Points Neighborhood Centers for Young Children and Their Families in seven targeted communities.

Title V—ABSTINENCE EDUCATION PROGRAM

West Virginia Abstinence Education Project, West Virginia Department of Health and Human Services, Bureau for Public Health, Charleston, $487,536 (Abstinence Ed)

The 10-to-14-year-old age group will be targeted. A planning group/Advisory Council is being formed. Evaluation of the program will be carried under the direction of the Office of Maternal and Child Health's Division of Research, Evaluation and Planning.

EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)

Preparing the West Virginia EMS System for the Child of the Year 2000, West Virginia University, Morgantown, $258,984 (EMSC-Implementation)

The project addresses the emergency needs of children and their families over the entire spectrum of emergency care in West Virginia (WV). We will develop a 5-year plan for emergency medical services for children (EMSC) modeled after the national EMSC 5-year plan; and an EMSC–WV coalition of lay persons and concerned corporations to foster EMSC in West Virginia, provide in-kind services to the coalition, raise money to augment Federal and State funds. We will address the needs of at-risk children (children in foster care families, technology-dependent children, and children with special needs) who require specialized medical attention. Finally, we will develop a child injury prevention program that will address the needs of at-risk families.

Other Title V Grant Programs:
$1,619,216
Other MCH Grant Programs:
$1,953,200
TOTAL:
$3,572,416

TRAUMATIC BRAIN INJURY

West Virginia TBI Planning Grant, West Virginia Division Rehabilitative Services, Charleston, $75,000 (Traumatic Brain Injury-Plan)

This project will enable the State to design and conduct a statewide needs and resources assessment and develop a plan to provide a full continuum of services to persons with traumatic brain injury (TBI). A current need exists for the delineation of a model for a statewide service delivery system that provides for the identification, acute treatment, postacute treatment, rehabilitation, community reentry, and ongoing support systems that are necessary following the occurrence of a TBI. The ultimate goal of the project is to place West Virginia in a position to implement a plan that improves the quality of life for an individual with a brain injury and their loved ones through expanded services as well as enhanced service coordination. Activities necessary for completing the project include the use of small teams/focus groups reporting to a TBI advisory board and project staff, conducting a statewide needs/resources survey, consultation with experts on TBI issues, plan development, and public hearings.

FOR MORE INFORMATION ON TITLE V:

Title V Program, contact:

Patricia Moss, MSW, LCSW, ACSW
Director, Office of Maternal and Child Health
1411 Virginia Street East
Charleston, WV 25301
Phone: (304) 558-5388
Fax: (304) 558-2183

Title V Program's services for Children with Special Health Care Needs, contact:

Vacant
Director, Division of Children's Specialty Care
1116 Quarrier Street
Charleston, WV 25301
Phone: (304) 558-3071
Fax: (304) 558-2866

WISCONSIN

The MCH Federal-State Partnership

The Title V MCH Block Grant funds are administered from the DOH, within the Bureau of Public Health, Maternal and Child Health Section. The MCH Section (including the Children with Special Health Care Needs Program) is clearly demarcated within the Division as the designee for administration of the Title V activities. This clear demarcation is critical for ensuring comprehensive program activity and a single point of accountability.

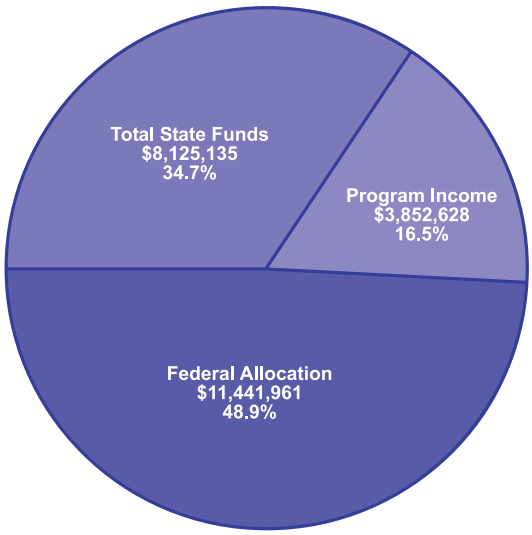
Title V Federal-State Block Grant Expenditures by Number of Individuals Served and Population Group[4]

Populations Served	Number of Individuals Served	Expenditures FY '98
Pregnant Women	9,689	$3,242,141
Infants (<1 year)	69,832	$419,022
Children (1 to 22 yrs)	41,957	$8,720,622
CSHCN (Special Needs)	1,896	$5,489,664
Others[3]	27,405	$4,909,968
Administration		$638,307
TOTALS	150,779	$23,419,724

State Population[5]
5,223,500

Live Births[5]
67,450

Title V Federal-State Block Grant Expenditures[4] by Source of Funds



MCH PARTNERSHIP FUNDS—FY 98[2]

Title V Federal-State Block Grant:
$23,419,724

Other Title V Grant Programs:
$3,851,879

Other MCH Grant Programs:
$1,825,687

TOTAL MCH Partnership Funds
$29,097,290

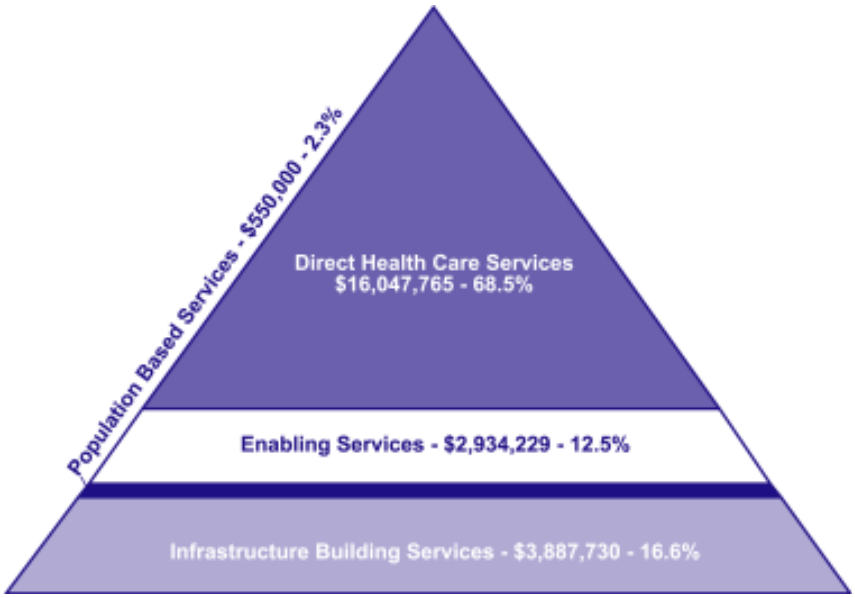
WISCONSIN

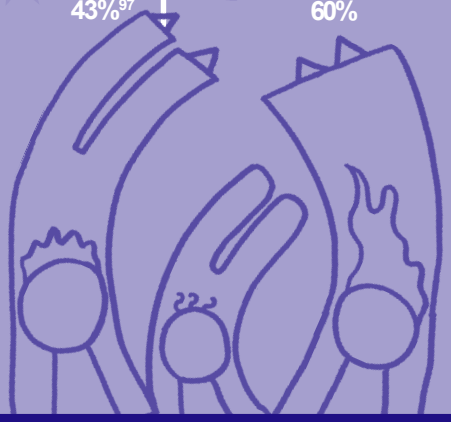
Title V - Selected National MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Number of specialty services for Children with Special Health Care Needs (CSHCN)	8 of 9	9 of 9
Percent of newborns screened for 4 major genetic disorders	99.4%[97]	99.9%
Percent of children immunized (ages 19-35 months) against 9 diseases	77%	90%
Rate of births to teens aged 15-17 years (per 1,000 teens aged 15-17 years)	21.1[97]	17
Rate of deaths to children aged 1-14 caused by motor vehicle crashes (per 100,000 children)	4.5[97]	3.8
Percent of mothers who breast fed their infants at time of hospital discharge	65%[97]	75%
Percent of newborns screened for hearing impairment before hospital discharge	9.2%[97]	20%
State assurance of family participation in CSHCN programs & policies	10 of 18	15 of 18
Percent of very low birth weight live births	1.2%[97]	1.0%
Percent of infants born to women who received first trimester prenatal care	84.4%[97]	90%

Title V - National MCH Outcome Measures[7]	State 1998 Results	State Year 2000 Goal
Infant mortality rate (per 1,000 live births)	6.5[97]	6.9
Ratio of black to white infant mortality	2.4[97]	2.6
Neonatal mortality rate (per 1,000 live births)	4.4[97]	4.5
Postneonatal mortality rate (per 1,000 live births)	2.1[97]	2.5
Perinatal mortality rate (per 1,000 live births)	9.8[97]	9.0
Child death rate (per 100,000 children aged 1-14)	25.4[97]	18

Title V - Selected State-Determined MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Children less than 12 years of age who receive one physical exam a year	70%[97]	80%
Women who use tobacco during pregnancy	18%[97]	13%
High school youth who self-report tobacco use over the past 30 days	35%[97]	25%
Women enrolled in WIC during pregnancy who initiated breastfeeding	43%[97]	60%

Title V Federal-State Block Grant Expenditures[4] by Category of Service[6]





State Assurance of Family Participation in CSHCN Program and Policy	
SCALE: 0 = not met; 3 = completely met	
Participate on task forces and offered training.	3
Financial support offered for parent groups.	2
Involved in Block Grant Application process.	1
Involved in inservice training of staff.	2
Hired for expertise as family member.	0
Members of diverse cultures involved.	2
Total Possible: 18 — FY 98 Total:	10

WISCONSIN
Other FY 98 MCH Grant Programs

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

- Center for Leadership in Occupational Therapy Education, University of Wisconsin, Madison, Madison, $140,406 (SPRANS-Training-Occupational Therapy)
- Clinician Help for Mothers of Infants with Lung Disease, University of Wisconsin School of Nursing, Madison, $261,536 (SPRANS-Research)
- Great Lakes Regional Genetics Group, University of Wisconsin at Madison, Madison, $202,862 (SPRANS-Genetics)
- Nationwide Blood Lead and Erythrocyte Protoporphyrin Proficiency Testing Program, University of Wisconsin at Madison, Madison, $221,193 (SPRANS-Genetics)
- Pediatric Pulmonary Center, University of Wisconsin at Madison, Madison, $303,159 (SPRANS-Training-Pediatric Pulmonary Center)
- Region V West Hemophilia Comprehensive Care Network, Great Lakes Hemophilia Foundation, Inc., Wauwatosa, $487,163 (SPRANS-Hemophilia)
- State Systems Development Initiative, Wisconsin Department of Health and Family Services, Madison, $100,000 (SPRANS-MCHIP-SSDI)
- Teen Pregnancy Service & Adolescent Primary Care, Milwaukee Adolescent Health Program, Milwaukee, $50,000 (SPRANS-MCHIP-Healthy Tomorrows)
- Wisconsin Maternal and Child Health Interdisciplinary Leadership Education in Neurodevelopmental and Related Disabilities, University of Wisconsin, Madison, Madison, $499,741 (SPRANS-Training-LEND/Leadership Ed Neuro Dev)
- Wisconsin Statewide Genetics Network for Primary Care Providers, University of Wisconsin, Madison, $125,000 (SPRANS-Genetics)
- Women's Health/Maternal Newborn Nursing Training Grant, University of Wisconsin at Madison, Madison, $214,960 (SPRANS-Training-Nursing)

Selected FY 98 Title V and Other MCH Grant Annotations

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

Madison's Girl Neighborhood Power Project, City of Madison, Madison, $200,000 (SPRANS-MCHIP-Girl Power)

The mission of this project is to help preadolescent girls build successful futures, negotiating the difficult transition from childhood to adolescence with their self-confidence, physical health, and career aspirations strong. The goals of the project are to (1) develop girls' interest in community service and recreation; (2) develop their interpersonal and social skills; and (3) provide information, resources, relationships, and an environment that supports healthy development. Specific objectives include increasing decision-making skills, improving self-image, increasing commitment to community, developing trusting relationships with health care providers, and increasing healthy diet and exercise.

Title V—COMMUNITY INTEGRATED SERVICE SYSTEMS (CISS—Title V)

Portage County Community Integrated Service System Project, Portage County Department of Health and Human Services, Stevens Point, $50,000 (CISS-CISS-COG)

The project seeks to coordinate and integrate family and health services in Portage County to provide a system of universal, accessible, developmentally oriented, and accountable health care to residents. Goals include improving the local capacity of communities to better address their family and health service systems; and improving family-centered health service delivery to women and children from low-income, rural, and racial and ethnic minority populations.

Title V—ABSTINENCE EDUCATION PROGRAM

Wisconsin Abstinence Education Project, Wisconsin Division of Children and Family Services, Madison, $795,859 (Abstinence Ed)

The Wisconsin Abstinence Education Project will focus its abstinence promotion efforts on a media campaign and on agencies committed to the abstinence before marriage message and other recognized risk factors of teen pregnancy.

EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)

Improving EMS for Children State Partnership Grant, Wisconsin Department of Health and Family Services, Madison, $75,000 (EMSC-PRTNER)

The overall goal of this project is to create a lead agency to identify and readdress the specific needs in pediatric emergency medical services (EMS). The project will continue to integrate children's unique needs into all components of EMS, including the injury prevention program. Specific goals are to (1) reformulate an emergency medical services for children (EMSC) advisory group; (2) collect, update, and redistribute existing EMSC materials; (3) develop new EMSC materials and products; (4) link the EMSC project with existing State resources, including the injury prevention program and the MCH section; and (5) look at EMS data specific to pediatric treatment and care.

Other Title V Grant Programs:
$3,851,879
Other MCH Grant Programs:
$1,825,687
TOTAL:
$5,677,566

HEALTHY START

Honoring Our Children With a Healthy Start, Great Lakes Inter-Tribal Council, Inc., Lac du Flambeau, $1,140,030 (Healthy Start-Community)

Through this project, Honoring Our Children With a Healthy Start, the Great Lakes Inter-Tribal Council will address the critical needs of native women and infants living on 10 reservations in Wisconsin and will seek to reduce the high infant mortality rate. Goals of the project are to (1) bring together providers and perinatal participants to work to improve the perinatal system, reduce the risk in the community, and provide communitywide education about the importance of good prenatal care and well-child exams; (2) provide supportive services to perinatal women that will enhance prenatal care coordination and well-child services; and (3) foster healthy parent-child relationships and reduce the incidence of child abuse and neglect.

TRAUMATIC BRAIN INJURY

Wisconsin TBI Demonstration Grant Program, Wisconsin Department of Health and Family Services, Madison, $38,000 (Traumatic Brain Injury-Plan)

This project will establish the first three State-level core capacity components by September 30, 1998, and the action plan and implementation phase by September 30, 1999. The process used to develop or expand on these components will (1) include involvement of relevant disciplines, (2) make provisions for survivor, family, and service provider input and participation, and (3) encompass the diversity of the State. The long-term plan will emphasize service expansion with the objectives of early intervention, appropriate care, adequate knowledge and training, and a coordinated service system resulting in prevention of injury and reducing the magnitude of secondary injury and other losses due to traumatic brain injury.

WISCONSIN
Other FY 98 MCH Grant Programs

Title V—COMMUNITY INTEGRATED SERVICE SYSTEMS (CISS—Title V)

- **CISS: Health Systems Development in Child Care Program (HSDCC): Wisconsin Health and Child Care Systems Project, Wisconsin Department of Health and Family Services, Madison, $50,000 (CISS-CISS-Child Care Program)**
- **Healthy Families Manitowoc County, Manitowoc County Health Department, Manitowoc, $50,000 (CISS-CISS-COG)**
- **Honoring Our Children, Great Lakes Inter-Tribal Council, Inc. (GLITC), Lac du Flambeau, $50,000 (CISS-CISS-COG)**
- **Start Right Community Development Project, Children's Service Society of Wisconsin, Wausau, $50,000 (CISS-CISS-COG)**

EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)

- **Project UJIMA: Youth Violence Intervention/ Prevention, Medical College of Wisconsin, Milwaukee, $155,976 (EMSC-Target)**

HEALTHY START

- **Milwaukee Healthy Beginnings Project, Black Health Coalition of Wisconsin, Inc., Milwaukee, $416,681 (Healthy Start-Mentor)**

FOR MORE INFORMATION ON TITLE V:

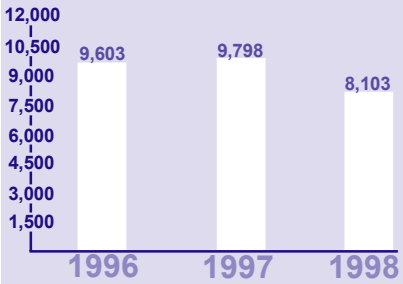
Title V Program, contact:

Susan Uttech
Section Chief, Family Health
Bureau of Family and Community Health
W. Wilson, Room 351
P.O. Box 2659
Madison, WI 53701-2659
Phone: (608) 267-3561
Fax: (608) 267-3824

Title V Program's services for Children with Special Health Care Needs, contact:

Susan Uttech
Section Chief, Family Health
Bureau of Family and Community Health
W. Wilson, Room 351
P.O. Box 2659
Madison, WI 53701-2659
Phone: (608) 267-3561
Fax: (608) 267-3824

State Hotline Calls/Year



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en espanol: 1-800-504-7081

WYOMING

The MCH Federal-State Partnership

The Department of Health's Division of Public Health houses the Title V program in Wyoming. Wyoming's MCH program also houses Children's Health Services (CHS), the state's program for children with special health care needs (CSHCN). The CHS program includes: Lead screening and counseling; care coordination services for CSHCN; newborn intensive care; end-stage renal; lead poisoning screening, and parent services for CSHCN.

Other MCH administered programs include: Best Beginnings for Wyoming Babies (our perinatal systems development initiative); Home Visiting for Pregnant and Parenting Families; Adolescent Health; Family Planning; Help Me Grow-Safe Kids; and High Risk Maternal. MCH funds are also earmarked for the Dental Health Programs dental screening (sealants) and severe crippling maloclusion programs. MCH also funds the State Health Officer, the State Geneticist, and their support staff.

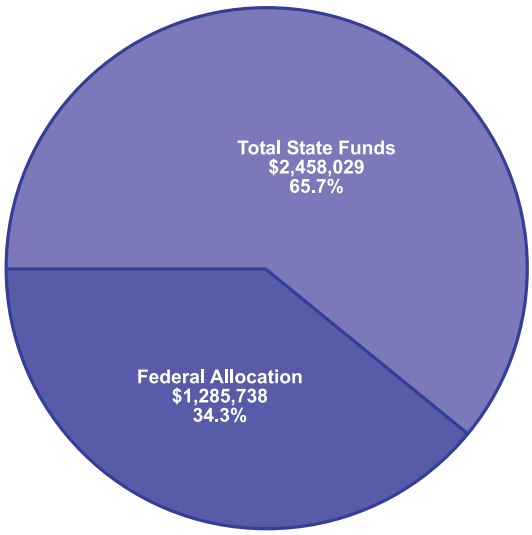
Title V Federal-State Block Grant Expenditures by Number of Individuals Served and Population Group[4]

Populations Served	Number of Individuals Served	Expenditures FY '98
Pregnant Women	6,245	$320,899
Infants (<1 year)	6,680	$426,527
Children (1 to 22 yrs)	98,472	$551,783
CSHCN (Special Needs)	3,137	$2,319,820
Others[3]	*	$97,385
Administration		$27,353
TOTALS	114,534	$3,743,767

State Population[5]
480,907

Live Births[5]
6,252

Title V Federal-State Block Grant Expenditures[4] by Source of Funds



MCH PARTNERSHIP FUNDS—FY 98[2]

Title V Federal-State Block Grant:
$3,743,767

Other Title V Grant Programs:
$230,935

Other MCH Grant Programs:
$128,005

TOTAL MCH Partnership Funds
$4,102,707

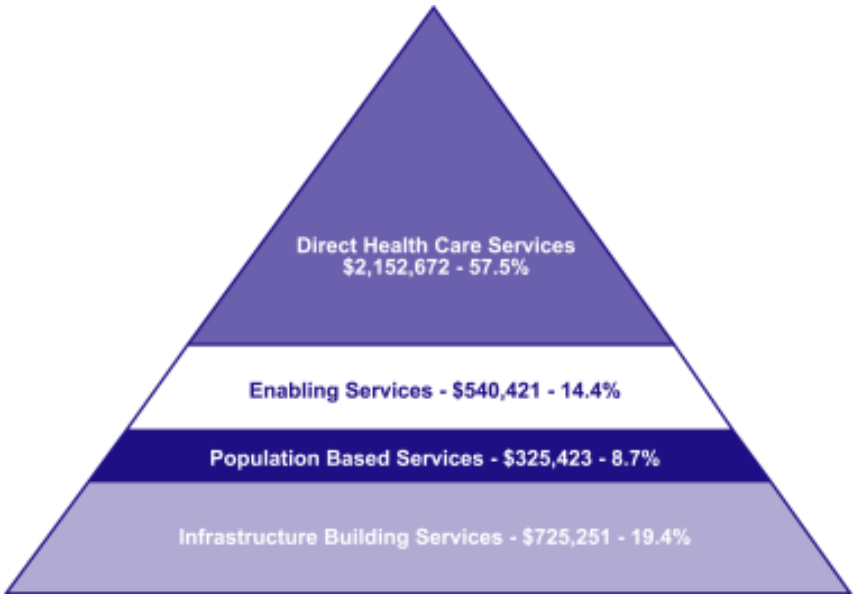
WYOMING

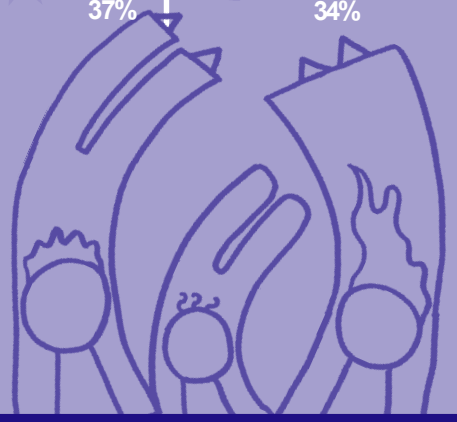
Title V - Selected National MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Number of specialty services for Children with Special Health Care Needs (CSHCN)	9 of 9	9 of 9
Percent of newborns screened for 4 major genetic disorders	98.2%	98%
Percent of children immunized (ages 19-35 months) against 9 diseases	77%	90%
Rate of births to teens aged 15-17 years (per 1,000 teens aged 15-17 years)	23.2	19
Rate of deaths to children aged 1-14 caused by motor vehicle crashes (per 100,000 children)	12.1	3.5
Percent of mothers who breast fed their infants at time of hospital discharge	78.3%	62%
Percent of newborns screened for hearing impairment before hospital discharge	89.5%	97%
State assurance of family participation in CSHCN programs & policies	14 of 18	16 of 18
Percent of very low birth weight live births	1.2%	1%
Percent of infants born to women who received first trimester prenatal care	82.5%	89%

Title V - National MCH Outcome Measures[7]	State 1998 Results	State Year 2000 Goal
Infant mortality rate (per 1,000 live births)	5.8[97]	6.4
Ratio of black to white infant mortality	1[97]	.86
Neonatal mortality rate (per 1,000 live births)	3.1[97]	4.0
Postneonatal mortality rate (per 1,000 live births)	2.7[97]	2.4
Perinatal mortality rate (per 1,000 live births)	7[97]	9.5
Child death rate (per 100,000 children aged 1-14)	31.3[97]	28

Title V - Selected State-Determined MCH Performance Measures[7]	State 1998 Results	State Year 2000 Goal
Care coordination for high-risk pregnant women with infants	26.4%[97]	30%
Low birth weight babies	9%	5.9%
Adolescent alcohol use	55%	46%
Adolescent smoking	37%	34%

Title V Federal-State Block Grant Expenditures[4] by Category of Service[6]





State Assurance of Family Participation in CSHCN Program and Policy	
SCALE: 0 = not met; 3 = completely met	
Participate on task forces and offered training.	3
Financial support offered for parent groups.	3
Involved in Block Grant Application process.	2
Involved in inservice training of staff.	2
Hired for expertise as family member.	3
Members of diverse cultures involved.	1
Total Possible: 18 — FY 98 Total:	14

* Data not available

Selected FY 98 Title V and Other MCH Grant Annotations

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

State System Development Initiative, Wyoming Department of Health, Cheyenne, $100,000 (SPRANS-MCHIP-SSDI)

Wyoming's State Systems Development Initiative project seeks to establish a State and local interagency collaborative systems development process; ensure community leadership and participation in problem identification and resource allocation; promote and market the benefits of quality primary and preventive health care to the health care community; ensure access to primary and preventive services; and ensure that all Wyoming women, infants, children, and adolescents receive appropriate primary care to help reduce mortality and morbidity through prevention and early identification of health problems.

Title V—COMMUNITY INTEGRATED SERVICE SYSTEMS (CISS—Title V)

Wyoming's CISS/HSDCC Program, University of Wyoming, Laramie, $50,000 (CISS-CISS-Child Care Program)

The project takes a multidisciplinary, integrated approach to promotion of safe, healthy, and developmentally appropriate environments for all children in child care; provision of training and ongoing consultation to child care providers and families in the areas of social and emotional health, emphasizing the interrelatedness of social, emotional, and physical development in children; and an increase in parental and child care provider awareness of and involvement in existing community health services programs. One of the activites for year 1 is to conduct 1-day workshops for 400 child care providers, parents, and interested health professionals in 6 targeted regions in the State.

Title V—ABSTINENCE EDUCATION PROGRAM

Abstinence Education Grant, Wyoming Department of Health, Cheyenne, $80,935 (Abstinence Ed)

"Sex Can Wait Wyoming" is Wyoming's statewide media campaign to promote abstinence as the social norm for children aged 9 to 14 in an effort to encourage this population, as they become high school students, to delay intercourse and avoid other risk-taking behavior believed to be a precursor to early sexual activity.

EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)

Wyoming EMSC Project: Implementation Phase, Wyoming Office of Emergency Medical Services, Cheyenne, $128,005 (EMSC-Implementation)

Goals of this project are to: Develop a comprehensive plan for the delivery of emergency medical services for children (EMSC); develop and implement a data and surveillance system to obtain accurate data and information on which to make long-term decisions regarding emergency medical services in Wyoming; and reduce morbidity and mortality among Wyoming's children. A statewide task force will be appointed to study the issues of EMSC in Wyoming and produce a written State plan.

Other Title V Grant Programs:
$230,935
Other MCH Grant Programs:
$128,005
TOTAL:
$358,940

FOR MORE INFORMATION ON TITLE V:

Title V Program, contact:

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Cheyenne, WY 82002
Phone: (307) 777-7942
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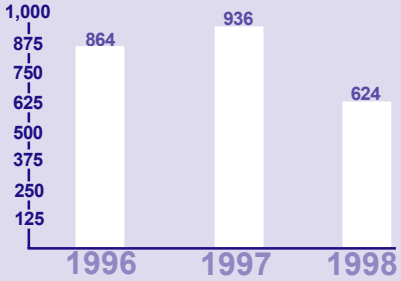
Title V Program's services for Children with Special Health Care Needs, contact:

Dorothy Ailes
Manager, CSHCN Program
Wyoming Department of Health
467 Hathaway Building
Cheyenne, WY 82002
Phone: (307) 777-7941
Fax: (307) 777-5402

State Hotline Calls/Year



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Appendix B
How the Title V Block Grant Works

The Maternal and Child Health Services Title V Block Grant to States program has operated as a Federal-State partnership for 65 years. When the *Social Security Act* was passed in 1935, the Federal Government, through Title V, pledged its support of State efforts to extend and improve health and welfare services for mothers and children. Title V of the *Social Security Act* has been amended a number of times in ensuing years to reflect the expansion of the national interest in maternal and child health.

Development of the MCH Federal-State Partnership

Title V was converted to a block grant as part of the *Omnibus Budget Reconciliation Act of 1981*. In the *Omnibus Budget Reconciliation Act of 1989*, Congress sought to balance the flexibility of the block grant with greater accountability by requiring State Title V programs to report on progress on key maternal and child health indicators and other program information. Thus the block grant legislation identifies a theme and central core of accountability within the flexibility of State-identified Maternal and Child Health (MCH) needs and solutions. This theme, the request for Federal funds to assist the States in the design and implementation of MCH programs that would meet their own particular needs, while at the same time asking them to account for the use of those funds, was embodied in the requirements contained in guidance documents for block grant applications and annual reports. In 1996, the Maternal and Child Health Bureau (MCHB) began a process of programmatic assessments and planning activities aimed at improving those guidance documents.

The *Government Performance and Results Act* (GPRA) of 1993 required the establishment of measurable goals that can be reported as part of the budgetary process, thus

linking funding decisions with performance. Among its purposes, GPRA is intended to "…improve Federal program effectiveness and public accountability by promoting a new focus on results, service, quality, and customer satisfaction." GPRA requires each Federal agency to develop comprehensive strategic plans, annual performance plans with measurable goals and objectives, and annual reports on actual performance compared to performance goals.

The MCHB effort to respond to GPRA requirements coincided with other planned improvement of the block grant guidance. The Division of State and Community Health, MCHB, was given the responsibility of rewriting and combining the Title V application and the annual report into a single performance-based document. The block grant application/annual report guidance and forms that resulted and that were contained within the 1998 edition of the Maternal and Child Health Services Title V Block Grant Program—Guidance and Forms for the Title V Application/Annual Report served two purposes: they ensured that the States and jurisdictions could clearly, concisely, and accurately tell their MCH "stories"; and, they became the basis by which MCHB met its GPRA Block Grant to States Program reporting requirements.

The Electronic Reporting Package (ERP)

The State and Federal need for an electronic version of the application and reporting forms, coupled with the GPRA requirement to show performance measures and outcomes, spurred the creation of an electronic information system. The Maternal and Child Health Bureau partnered with the National Center for Education in Maternal and Child Health (NCEMCH) to develop the Electronic Reading Package (ERP) and the Internet accessible Title V Information System (Title V IS).

This user-friendly database application provides the electronic means for States to report data in a consistent format. Each State agency for maternal and child health was given a copy of the ERP software to install on its computer system. State staff prepared all pertinent information and returned the data on disks to MCHB for review.

In addition to generating printed forms and electronic data, the ERP also automates calculation, updates multiple forms simultaneously, and alerts States when conflicting or unacceptable figures appear. Thus the quality of the final data product has been improved as well. The ERP also includes standard word-processing templates for the narrative portion of the application and annual report. The purpose of the ERP is to provide a tool for better planning, management, measures of progress, and information on program costs in relation to what is being achieved.

The Electronic Reporting Package was introduced to the States at the annual meeting of the Association of Maternal and Child Health Programs (AMCHP) in March 1998. It was mailed to all 59 States and jurisdictions for use in preparing their 1999 Title V Maternal and Child Health Block Grant to States Program applications.

While the ERP is designed to be user-friendly, ERP is a complex program. In database terms it contains:

- 1640 data fields;
- 380 programmed routines;
- 89 layouts; and
- 118 records for online help and instructions.

The Title V Information System Database

The picture on the facing page shows the process for data submission, review, and posting on the Web site.

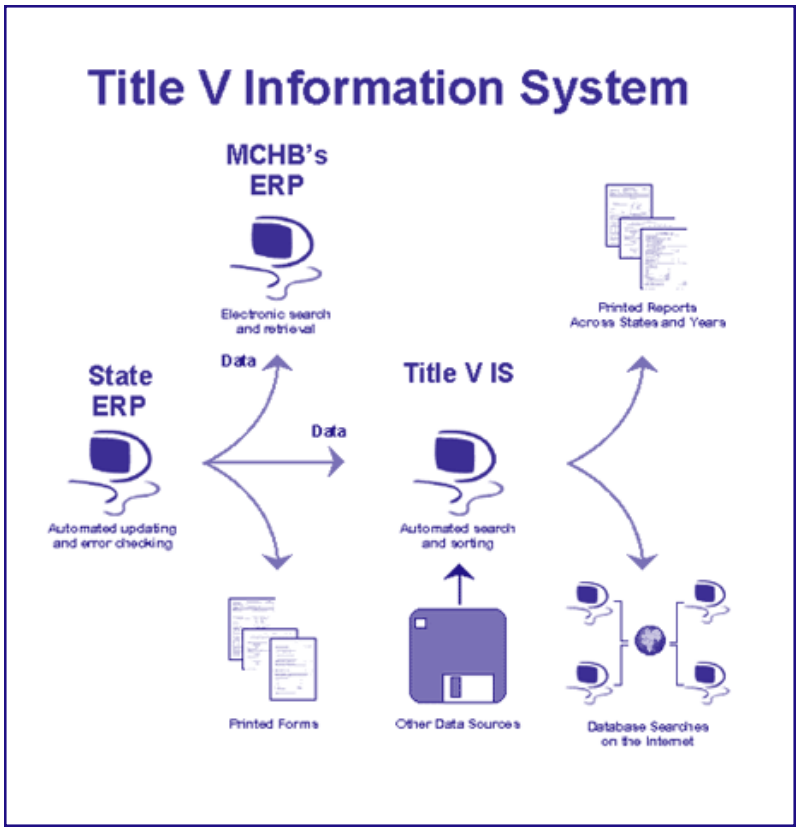
The information gathered through the Electronic Reporting Package (ERP) is now accessible to the public via the Internet at ***www.mchdata.net***.

The data on the Web site can be searched under five categories.

- Financial Data— Title V budgets and expenditures.
- Program Data — Title V programs and services, including quantitative data on the reach of Title V programs across different populations and the number of callers to the State hotline numbers.
- National "Core" Measures—18 Performance and 6 Outcome Measures.
- State "Negotiated" Measures—up to 10 measures, selected by each State, which have direct relevance to that State's own maternal and child health challenges.
- Summary Reports—Title V Maternal and Child Health Block Grant to States Program Profile, including a brief narrative program description and the names,

addresses, and telephone numbers of the State Maternal and Child Health Director and the State's contact for the Title V Program for Children with Special Health Care Needs (CSHCN).

The complete set of data from the ERP—based on the States' 1998 annual reports and their 2000 applications—is the basis for the data that is currently on the Title V IS Web site (***www.mchdata.net***). This same data set is the basis for the information presented in this *Snapshot of Maternal and Child Health,2000*.



Appendix C
MCHB Strategic Plan

Vision

The Maternal and Child Health Bureau (MCHB) believes in a future America in which the right to grow to one's full potential is universally assured through attention to the comprehensive physical, psychological, and social needs of the MCH population. We strive for a society where children are wanted and born with optimal health, receive quality care, and are nurtured lovingly and sensitively as they mature into healthy, productive adults. The Bureau seeks a Nation where there is equal access for all to quality health care in a supportive, culturally competent, family and community setting.

Mission

The mission of the Maternal and Child Health Bureau (MCHB) is to provide national leadership and to work in partnership with States, communities, public-private partners, and families to strengthen the maternal and child health (MCH) infrastructure, assure the availability and use of medical homes, and build knowledge and human resources, in order to assure continued improvement in the health, safety, and well-being of the MCH population. The MCH population includes all of America's women, infants, children, adolescents and their families, including women of reproductive age, fathers, and children with special health care needs (CSHCN).

Values

- Affordable and accessible high quality care for all.
- Accountable, regularly monitored and evaluated evidence-based quality care.
- Preventive, protective health care that addresses an individual's physical, psychological, and social needs.

- Comprehensive, coordinated care in medical homes that includes direct and enabling services.
- Consumer-oriented, family-centered, and culturally competent care linked to community services.
- Continually improving health care based on research, evaluation, training/education, technical assistance, and the dissemination of up-to-date information.

Goals and Objectives

The Maternal and Child Health Bureau (MCHB) provides leadership to improve access to comprehensive, culturally sensitive, quality health care for all women, infants, children, adolescents and their families, including women of reproductive age, fathers, and children with special health care needs (CSHCN). The Bureau has set the following goals and objectives for the year 2003, which are consistent with the Health Resources and Services Administration (HRSA) Strategic Plan and the *Healthy People 2010* objectives.

GOAL 1.

Eliminate barriers and health disparities

Goal: To eliminate health disparities in health status outcomes through the removal of economic, social, and cultural barriers to receiving comprehensive, timely, and appropriate health care.

1.1 Increase the number of pregnant women receiving prenatal care in their first trimester to 8.5 percent.

Base: 82 percent in 1997.
Data Source: National Vital Statistics Systems, NCHS.

1.2 Increase the number of pregnant women and children (ages 1–22) receiving Title V services who enroll in and have Medicaid and the Children's Health Insurance Plan (CHIP) coverage from 6 to 8 million.

Base: 6,040,534 pregnant women and children receiving Title V services had Medicaid and CHIP coverage in 1997.
Data Source: Title V Block Grant Application.

1.3 Reduce the incidence of low birth weight to 6.5 percent of live births.

Base: 7.5 percent in 1997.
Data Source: National Vital Statistics Systems, NCHS.

1.4 Reduce the incidence of infant mortality to 6.0 per 1000 live births.

Base: 7.1 per thousand live births in 1997.
Data Source: National Vital Statistics Systems, NCHS.

1.5 Reduce the ratio of the black infant mortality rate to the white infant mortality rate to 2.0.

Base: 2.3 in 1996 (black: 14.6 per 1000; white: 6.3 per 1000).
Data Source: National Vital Statistics Systems, NCHS.

1.6 Ensure that all newborns are screened, diagnosed, and provided treatment for disorders identified by State-specific newborn screening programs.

Base: 90 percent of newborns received an initial screening for PKU, congenital hypothyrodisim, galactosemia, and sickle cell disease in 1997.
Data Source: Council of Regional Genetics Service Networks, Title V Block Grant Application.

1.7 Ensure that 98 percent of children through age 2 have completed age appropriate immunizations.

Base: 90 percent in 1997.
Data Source: CDC and State immunization records.

1.8 Decrease the number of uninsured children under age 18 from approximately 11 million to 6 million.

Base: 11 million uninsured children in 1998.
Data Source: The 1998 base was the current population survey; Title V Block Grant Application.

1.9 Increase the number of children (ages 1–20) receiving oral health services under Medicaid to 50 percent.

Base: 20 percent of the children in Medicaid (1995).
Data Source: Medicaid Program and Financial Statistics, Office of the Inspector General's Report, "Children's Dental Services under Medicaid: Access and Utilization," April 1996.

GOAL 2.

Assure Quality of Care

Goal: To assure the highest quality of care through the development of practice guidances, data monitoring, and evaluation tools; the utilization of evidence-based research; and the availability of a well-trained, culturally diverse workforce.

2.1 Assure that 50 percent of all infants and children (ages 0–22), including CSHCN, are enrolled in a medical home.

Base: 10.2 percent in 1997.
Data Source: The 1997 base is from the Title V Block Grant Application and Report and a Family Voices survey; Title V Block Grant Application. *Note:* This is presently available only for CSHCN.

2.2 Assure that States, managed care organizations, and related partners receive training to increase their capacity to address quality of care issues for children, including CSHCN, in managed care settings by implementing 15 new training courses.

Base: Three in process as of 1998.
Data Source: MCHB.

2.3 All (100 percent) MCHB long-term training grantees, and selected other appropriate grantees, will include cultural competency training as part of their curriculum.

Base: Unknown in 1998.
Data Source: MCHB grant applications and progress reports.

2.4 Enhance the capacity of *all* States to utilize data and information for the analysis, assessment, monitoring, and evaluation of unmet needs and the quality of care at the State and local levels.

Base: Unknown in FY1997.
Data Source: The Title V Block Grant Application/ Report.

2.5 Develop an evidence and scientific knowledge base specifically directed at implementing the MCHB Strategic Goals/Objectives in 85 percent of all new MCHB research grants.

Base: 40 percent in 1998.
Data Source: MCHB training grant progress reports.

2.6 Assure that 75 percent of all MCH trainees remain in the MCH field to meet the geographic and skills mix necessary to assure quality of care to the MCH population.

Base: Unknown in 1998.
Data Source: MCHB training grant progress reports.

2.7 Implementation strategies will be developed for eight major, recently published best practice guidelines.

Base: None developed as of 1998.
Data Source: MCHB.

2.8 Increase the number of women (age 18 and older) counseled by their health care provider on each of seven selected health behaviors by 10 percent.

Base: The percentage of women, ages 18 and older, counseled by their health care provider in 1997 was:
1. Smoking: 29 percent.
2. Diet/weight: 46 percent
3. Physical activity: 49 percent
4. Alcohol/drug use: 23 percent
5. STDs: 16 percent
6. Concerns about safety and violence: 8 percent
7. Folic acid: 3 percent.

Data Source: *Health Concerns Across a Woman's Lifespan: the Commonwealth Fund 1998 Survey of Women's Health* and the *March of Dimes/Gallup Folic Acid Survey, 1998.*

GOAL 3.

Improve the Health Infrastructure and System

Goal: To facilitate access to care through the development and improvement of the MCH health infrastructure and systems of care to enhance the provision of the necessary coordinated, quality health care.

3.1 Increase the number of State oral health programs with program directors to 36.

Base: 26 States, as measured by the number of States with oral health directors/programs, March 1999.
Data Source: Association of State and Territorial Dental Directors.

3.2 Increase the number of States that have implemented comprehensive injury prevention programs to 59.

Base: Zero in 1998. Source: State and Territorial Injury Prevention Directors' Association.

3.3 Assure that *all* States have health systems to promote and protect the health and safety of children (ages 1–22) in child care settings.

Base: 5 States had systems in 1998.
Data Source: MCHB grant applications and reports.

3.4 Increase to 25 the number of States that utilize linked MCH electronic data bases in their needs assessments, planning, evaluation, and reporting activities.

Base: Unknown in 1998.
Data Source: Title V Block Grant Applications and Title V Information Systems utilization data.

3.5 Increase the Title V Special Projects of Regional and National Significance (SPRANS) grantees who use the SPRANS Electronic Reporting Package (ERP) for program and financial data reporting to 100 percent.

Base: None in 1998 as the SPRANS ERP was just being developed.
Data Source: MCHB.

3.6 Increase the number of States having in place pediatric guidelines that identify the ability of acute care facilities to provide pediatric emergency and critical care to 30.

Base: 18 States in 1997.
Data Source: EMSC Annual Grantees Survey, MCHB, HRSA.

3.7 Increase the percentage of States that have comprehensive systems of quality care for children (ages 1–22) that integrate health, mental health, and substance abuse services to 50 percent.

Base: None in 1997.
Data Source: Title V Block Grant Applications, States that are ranked "good to excellent" in the Title V Application on Form 13. *Note:* This is presently available only for CSHCN.

3.8 Increase the number of States that have integrated and comprehensive systems for women's health services to 20.

Base: 9 States in 1996.
Data Source: Association of State and Territorial Health Officials. Title V Block Grant Application.

3.9 Increase the percentage of States that implement cultural competency policies, procedures, and practices to 100 percent.

Base: 13 States had cultural competency policies, procedures, and practices in 1995.
Data Source: Title V Block Grant Application/Annual Reports and the National Center for Cultural Competence.

3.10 Increase the percentage of States that demonstrate family/professional partnerships in policy development and program implementation to 100 percent.

Base: 24 employ family members and 47 used families in an advisory capacity in 1997.
Data Source: Title V Block Grant Application and Family Voices.

Appendix D
Organizational Links

The Web site at ***www.mchdata.net*** provides a one-stop link to a wealth of organizational resources. Each site has been evaluated for the usefulness, reliability, and timeliness of the maternal and child health (MCH) information presented and for the ease with which users can move around and access information. The list is not intended to be comprehensive; rather it offers a sample of quality sites that are useful starting points for those interested in MCH topics.

The Web site address is included for each organization. Alternatively, log on to www.mchdata.net, click on the LINK button, and experience the ease of being "hot linked" to any of the organizations described in this section. (Even more sites are listed on the Web.)

The list of sites below is organized by the following categories:

- Advocacy
- Consumer Health and Safety
- Data
- Federal Government
- General Information Resources and Libraries
- MCH Policy and Research Centers
- National MCH Policy Consortium
- National MCH Resource Centers
- Professional Associations
- State Information

Advocacy

Also see National MCH Resource Centers.

The Alan Guttmacher Institute (AGI)

www.agi-usa.org

Reproductive health research, policy analysis, and public education. Includes statistics, periodicals, fact sheets, and policy papers.

Children's Defense Fund (CDF)

ww.childrensdefense.org

Information for educating the Nation about the needs of children. Includes key facts about children in each State and information about the Children's Health Insurance Program (CHIP), news releases about legislation affecting children, a parent resource network, and information about CDF's programs and initiatives.

Families USA Foundation

www.familiesusa.org

Information about the organization's efforts to achieve high-quality, affordable health care for all Americans. Includes reports and updates on topics such as child health care expansion.

Consumer Health and Safety

Also see Advocacy, General Information Resources and Libraries, Federal Government, National MCH Resource Centers, Professional Associations, and State Information.

Britannica Internet Guide: Health and Medicine

www.eblast.com

Annotated links to health and medicine sites on the World Wide Web; the sites have been rated on their quality and include subjects such as children's health and women's health. Developed by Encyclopedia Britannica.

Consumer Product Safety Commission (CPSC)

www.cpsc.gov

Product recall notices; publications on a variety of safety topics; a mechanism for reporting unsafe products; and a "4 Kids" section on safety. CPSC is an independent Federal regulatory agency.

HealthWeb

www.healthweb.org

Links to evaluated health-related Internet resources on over 60 subjects, including pediatrics and women's health. HealthWeb is a collaborative project of the health sciences libraries of the Greater Midwest Region (GMR) of the National Network of Libraries of Medicine (NN/LM) and those of the Committee on Institutional Cooperation (CIC).

MEDLINE plus

www.nlm.nih.gov

Selective list of authoritative health information sources to help consumers research their health questions. Child development and pregnancy are among the MCH topics covered. Developed by the National Library of Medicine.

Pediatric Points of Interest

http://www.med.jhu.edu/peds/neonatology/poi.html

Searchable collection of links to resources in children's health. Developed by the Department of Pediatrics at Johns Hopkins University.

The New York Times on the Web: Women's Health

http://www.nytimes.com/specials/women/whome/index.html

Articles about a wide variety of women's health issues that have appeared in the *New York Times*; women's health data; and a guide to related Web sites.

Data

Also see Advocacy, Federal Government, National MCH Resource Centers, and State Information.

FedStats

http://www.fedstats.gov/

Access to the statistical information produced by more than 70 federal agencies for public use; links to data on MCH-related topics, including births, breastfeeding, child care, children, youth, infant mortality, and prenatal care. FedStats is maintained by the Federal Interagency Council on Statistical Policy.

KIDS COUNT

http://www.aecf.org

Information about this national and state-by-state effort to track the status of children in the United States; provides access to the KIDS COUNT database and publications on child health topics. KIDS COUNT is a project of the Annie E. Casey Foundation.

National Center for Health Statistics (NCHS)

http://www.cdc.gov/nchs

National data on such MCH-related topics as prenatal care, births, infant mortality, and child health; information

about surveys and data collection systems, such as the National Maternal and Infant Health Survey (NMIHS). Publications available include *Health*, *United States*; *America's Children: Key National Indicators of Well-Being*; *Healthy People 2000 Review*; and *National Vital Statistics Reports*. NCHS is part of the Centers for Disease Control and Prevention.

U.S. Census Bureau

www.census.gov

Social, demographic, and economic information; publications that include current survey reports and historical time series tables; and data on MCH-related topics, including births, child care, children, health insurance coverage, households, families, and fertility. The site contains the Statistical Abstract of the United States. The Census Bureau is part of the U.S. Department of Commerce.

Youth Indicators, 1996: Trends in the Well-Being of American Youth

http://nces.ed.gov/pubs/yi/index.html

Data about American youth on topics such as demographics and family composition, family income, school, health, citizenship, and future goals. Developed by the National Center for Education Statistics, U.S. Department of Education.

Federal Government

Also see Data, Consumer Health and Safety, General Information Resources and Libraries, and State Information.

Agency for Health Care Policy and Research (AHCPR)

http://www.ahcpr.gov/

Information about AHCPR's research activities in areas such as children's health and women's health; clinical practice guidelines; quality assessment publications and tools; and data and findings, such as the results from the Medical Expenditure Survey. AHCPR is part of the U.S. Department of Health and Human Services.

Administration for Children and Families (ACF)

http://www.acf.dhhs.gov/

Describes ACF's programs and services that promote the economic and social well-being of families and children. ACF is part of the U.S. Department of Health and Human Services.

Bureau of Primary Health Care (BPHC)

http://www.bphc.hrsa.dhhs.gov/

Describes BPHC's programs and the people they serve; offers several databases, including models that work and state profiles from a primary care perspective. BPHC is part of the Health Resources and Services Administration, U.S. Department of Health and Human Services.

Centers for Disease Control and Prevention (CDC)

http://www.cdc.gov/

Information for health professionals and consumers about diseases, disabilities, health risks, and specific populations, including infants, children, adolescents, and women; access to publications, databases, and other products, such as the CDC Prevention Guidelines, CDC Wonder, the Agency for Toxic Substances and Disease Registry's Hazardous Substance Release/Health Effects Database (HazDat); and downloadable issues of Morbidity and Mortality Weekly Report (MMWR). CDC is an agency of the U.S. Department of Health and Human Services.

Health Care Financing Administration (HCFA)

http://www.hcfa.gov/

Information about Medicare, Medicaid, and child health insurance programs; also includes publications and forms, statistics and data, and information about research and demonstration projects. HCFA is part of the U.S. Department of Health and Human Services.

Health Resources and Services Administration (HRSA)

http://www.hrsa.gov

Overview of HRSA's programs and information about grants and contracts; site contains a section on children's health that includes a compendium of outreach models for reaching children and ensuring that they receive health insurance. A special section includes an extensive fact sheet on women's health and HRSA's agenda for women's health. HRSA is part of the U.S. Department of Health and Human Services.

Maternal and Child Health Bureau (MCHB)

http://www.mchb.hrsa.gov/

Describes MCHB's projects and initiatives on behalf of America's children and families; includes MCHB Federal Register notices, grants guidance, and publications. MCHB is part of the Health Resources and Services

Administration, U.S. Department of Health and Human Services.

National Institute of Child Health and Human Development (NICHD)

http://www.nichd.nih.gov/

Scientific and technical publications and information for health professionals and consumers. NICHD is part of the National Institutes of Health, U.S. Department of Health and Human Services.

Office of Disease Prevention and Health Promotion (ODPHP)

http://odphp.osophs.dhhs.gov/

Describes ODPHP's programs and services; includes announcements, online publications, and links to other sites supported by ODPHP, such as the Healthy People 2010 Development Site and the Healthy People 2000 Initiative. ODPHP is part of the U.S. Department of Health and Human Services.

Office of Minority Health Resource Center (OMHRC)

http://www.omhrc.gov/

Publications on minority health issues; a minority health materials database that includes topics such as child health, family-life education, and prenatal care; a minority health organizations database; and a minority health community and career programs database. OMHRC is part of the Office of Minority Health, U.S. Department of Health and Human Services.

General Information Resources and Libraries

Also see Consumer Health and Safety.

National Library of Medicine (NLM)

http://www.nlm.nih.gov/

Includes information about accessing NLM's databases and electronic information sources (including free access to MEDLINE), finding information on health and other medical topics, and NLM's research and special information programs. NLM is part of the National Institutes of Health.

NETLINKS

http://www.jhuccp.org/netlinks/

Database of over 1,000 Internet resources for people working in health, population, and international development. Each entry includes a link to the resource, a brief description, and contact information. MCH-related topics include adolescent health, breastfeeding, child health, immunization, and pregnancy. NETLINKS is compiled and maintained by the Media/Materials Clearinghouse at the Johns Hopkins Center for Communication Programs.

Public Health InfoLinks

http://www.sph.emory.edu/PHIL/

Links to many public health resources on the World Wide Web, including government, professional associations, and non-governmental organization sites. Also contains links to foundation and grant resources, journals and publications, library and research tools, educational resources, and materials on the history of public health. Developed by the Rollins School of Public Health at Emory University.

Schools of Public Health

http://www.lib.umich.edu/hw/public.health/schools.html

Links to the World Wide Web sites of the schools of public health in the United States and internationally. Developed by the University of Michigan School of Public Health Library.

MCH Policy and Research Centers

Also see National Maternal and Child Health Policy Consortium.

Institute for Child Health Policy (ICHP)

http://www.ichp.edu/

Includes information and publications about the institute's programs and research, which focus on children in managed care with a special emphasis on children with special health care needs. Also contains resources about distance outreach and education, including *MCHNetLink*, a monthly electronic newsletter on information technology relating to the MCH community. ICHP is a statewide institution of Florida's state university system.

National Center for Children and Poverty (NCCP)

http://cpmcnet.columbia.edu/dept/nccp/

Offers child poverty facts, news releases, reports, and NCCP's newsletter, *Child Poverty News and Issues*; includes summaries of NCCP's program activities on topics such as child care, welfare reform, and families under stress. NCCP is part of the Columbia University School of Public Health.

The Future of Children

http://www.futureofchildren.org/

Includes the full text of the journal *Future of Children*, which describes current research and policy issues relating to the well-being of children. The journal is published by The David and Lucile Packard Foundation.

National Maternal and Child Health Policy Consortium

The four university-based centers listed below are designated by the Maternal and Child Health Bureau (MCHB) as members of a consortium that will provide policy and research expertise to MCHB and the MCH community.

- **National Center for Education in Maternal and Child Health (NCEMCH)**
  http://www.ncemch.org/

  This Georgetown University links page is part of the NCEMCH Web site. Learn more about NCEMCH and its program and policy activities.

- **National Center for Infancy and Early Childhood Health Policy**
  http://healthychild.ucla.edu
  This is the University of California at Los Angeles School of Public Health site. The center's activities and its staff are described at http://www.ph.ucla.edu/.

- **Policy Information and Analysis Center for Middle Childhood and Adolescence**
  http://www.ucsf.edu/
  This University of California at San Francisco Web site is under development.

- **Women's and Children's Health Policy Center**
  http://www.med.jhu.edu/wchpc/
  Johns Hopkins University School of Public Health. Describes the center, its mission, and current projects; and includes policy news briefs and a publications list.

National MCH Resource Centers

Center for the Prevention of School Violence

http://www.ncsu.edu/cpsv/

Newsletters, research briefs, and other information about the prevention of school violence. Includes a Web conferencing forum for exchanging ideas on the topic. The Center is located at North Carolina State University.

Children's Safety Network (CSN)

http://www.edc.org/HHD/csn/

Contains publications and resources produced by CSN and other injury prevention projects of the Education Development Center, Inc., which are aimed at maternal and child health and other injury prevention professionals. CSN is funded by the Maternal and Child Health Bureau (MCHB).

Gaining and Growing: Assuring Nutritional Care of Preterm Infants

http://staff.washington.edu/growing/

Checklists, decision trees and other resources for community health professionals who work with premature infants, especially those with very-low- birth weight. Gaining and Growing is funded by a grant from the Maternal and Child Health Bureau.

March of Dimes Birth Defects Foundation (MOD)

http://www.modimes.org/

Information for health professionals and consumers about prenatal care, birth defects, maternal and infant health statistics, and how to get involved in improving the health of babies by reducing birth defects and infant mortality. Includes information in Spanish.

National Fathers' Network (NFN)

http://www.fathersnetwork.org/

Resources for fathers and families of children with special health needs and the professionals who serve them. Contains articles by fathers, abstracts on NFN's books and videotapes, the *DADS* newsletter, and information for professionals about father-friendly services. NFN is funded by the Maternal and Child Health Bureau.

National Information Center for Children and Youth With Disabilities (NICCYD/NICHCY)

http://www.nichcy.org/

Information for families, educators, and other professionals about disabilities and disability-related issues, with a special focus on children and youth. Publications include fact sheets, parent guides, student guides, bibliographies, and state resource sheets that list the organizations and agencies within each state that address disability-related issues. Several publications have been translated into Spanish and are available online. NICHCY is a project of the Academy of Educational Development.

National Maternal and Child Health Clearinghouse (NMCHC)

http://www.nmchc.org/

Includes the Maternal and Child Health Publications Catalog; visitors can order publications online or link to full-text clearinghouse publications. Also contains MCH state resource sheets and links to MCH publications from other sources. NMCHC is funded by the Maternal and Child Health Bureau.

National Sudden Infant Death Syndrome Resource Center (NSRC)

http://www.circsol.com/sids/

Includes fact sheets, bibliographies, and other publications about SIDS for parents and professionals. NSRC is sponsored by the Maternal and Child Health Bureau.

National Women's Health Information Center (NWHIC)

http://www.4women.gov/

Information for health professionals and consumers on topics such as adolescent health, breastfeeding, pregnancy, and women with disabilities. Includes an extensive FAQ section and access to NWHIC's publications and organizations databases. NWHIC is a project of the Office on Women's Health in the U.S. Department of Health and Human Services.

Zero to Three: National Center for Infants, Toddlers and Families

http://www.zerotothree.org/

Contains publications and information about Zero to Three's programs and services for parents and professionals promoting the healthy development of infants and toddlers.

Professional Associations

American Academy of Pediatrics (AAP)

http://www.aap.org/

Resources for parents and professionals about infants, children, adolescents, and young adults, as well as information about AAP's advocacy work, research, publications, membership, and meetings.

American Academy of Family Physicians (AAFP)

http://www.aafp.org/

Information on a wide range of medical problems and health issues that affect families; contains AAFP's publications, including patient handouts, flow charts for self-diagnosis and self-care, position statements, and the association's journal, *American Family Physician*.

American College of Nurse-Midwives (ACNM)

http://www.midwife.org/

Resources for professionals and consumers on birth control, pregnancy, childbirth, and midwifery. The site offers access to the table of contents of the *Journal of Nurse-Midwifery* and full-text access to their news journal, *Quickening*. Professional information includes standards for practice, core competencies, and a code of ethics.

American College of Obstetricians and Gynecologists (ACOG)

http://www.acog.com/

Resources for women and health professionals on women's health issues; includes ACOG's publications catalog and the table of contents of recent issues of *Obstetrics and Gynecology*.

American Dental Association (ADA)

http://www.ada.org/

A one-stop shopping site for oral health information for health professionals and consumers. The site includes position statements, fact sheets, product information, and a dentist directory; it also contains information about oral health for children and parents.

American Dental Hygienists' Association (ADHA)

http://www.adha.org/

Includes information for health professionals and consumers on the oral health of children and adolescents. Contains an oral health education section for kids.

American Dietetic Association (ADA)

http://www.eatright.org/

Nutrition resources for health professionals and consumers that include position papers, fact sheets, press releases, and other publications; MCH-related topics include child nutrition and nutrition during pregnancy. The site also contains abstracts of articles appearing in the *Journal of the American Dietetic Association*.

American Medical Association (AMA)

http://www.ama-assn.org/

Includes resources for physicians and consumers on topics such as children's health, adolescent health, and women's health. Also contains information about AMA's policy and advocacy work, accreditation, education opportunities, products, services, and publications, including abstracts from its journal, *JAMA*.

American Nurses Association (ANA)

http://www.nursingworld.org/

Includes policy papers and position statements for health professionals; MCH-related topics include immunizations, reproductive health, and home care after delivery. The site also contains information about continuing education opportunities available online, ANA's legislative activities, membership, and access to ANA's journals.

American Public Health Association (APHA)

http://www.apha.org/

Fact sheets, policy statements, and news releases about public health issues, including children's health and reproductive health. Includes the table of contents and abstracts from the *American Journal of Public Health* and an online order form for APHA's publications.

Association of Maternal and Child Health Programs (AMCHP)

http://amchp1.org/

Fact sheets and issue briefs on topics concerning Title V programs; includes a publications list with ordering instructions.

CityMatCH

http://www.citymatch.org/

Newsletters and descriptions of policy reports aimed at urban MCH leaders and others interested in MCH programs for major cities and counties; includes an "Ask-a Colleague" service.

National Conference of State Legislatures (NCSL)

http://www.ncsl.org/

Information about current state legislative issues and NCSL's activities and publications; MCH-related topics include child health insurance, school health, and emergency medical services for children. In addition, NCSL's StateServ contains state legislative information, policy analysis, and news on children's health insurance, adolescent health, environmental health, HIV/AIDS and STDs, and immigrant policy.

NGA Online

http://www.nga.org/

Describes the efforts of the National Governors Association to improve maternal and child health in the states. Includes issue briefs and other publications on MCH issues, such as the State Children's Health Insurance Program, child care, and school violence.

State Information

Also see AMCHP, CDF, KIDS COUNT, NCSL, and NGA.

HRSA State Profiles

http://www.hrsa.gov/profiles.htm

Profiles on each state, including demographic data; health status and health care access indicators; health care provider resources; top five causes of death; rates of infectious diseases; and Health Resources and Services Administration (HRSA) programs, funding, and collaborative efforts. Compiled by HRSA, which is part of the U.S. Department of Health and Human Services.

Maternal and Child Health State Resource Sheets

http://www.nmchc.org/stateprofiles

MCH-related contacts for each state. Provided by the National Maternal and Child Health Clearinghouse.

Appendix E
Glossary

Administration (of Title V Funds). The State's management of the Title V allocation. By statute, the funds available for this activity or cost item are limited to 10 percent of the Federal Title V allotment.

Block Grant. A consolidated Federal funding award program to States for multiple health-related programs and services based on a set of specified requirements involving planning, accountability, and systems development. With MCHB, awards are based upon primary outcome and performance measures affecting maternal and child health, and its general purpose is to improve the health of all mothers and children in the Nation. The program has three components: Formula Block Grants to the 50 States, the District of Columbia, and eight Jurisdictions; Special Projects of Regional and National Significance (SPRANS); and Community Integrated Service Systems (CISS) Grants.

Care Coordination Services for CSHCN. Those services that promote the effective and efficient organization and utilization of resources to assure access to necessary comprehensive services for children with special health care needs and their families. [Title V Sec. 501(b)(3)]

Child Death Rate. Mortality rate of children ages 1–14 years. The formula is the number of children's deaths per 100,000 children aged 1–14.

Childbearing Age. The age range of women from 15–44 years.

Children. In this document, an individual—who is not otherwise included in any other classification—is defined as a child from the time of his or her first birthday through the 21st year.

Children With Special Health Care Needs (CSHCN). (For budgetary purposes—) Infants or children from birth through the 21st year—who the State has elected to provide with services funded through Title V CSHCN program—who have health problems requiring more than basic routine care, including children with or at risk of disabilities, chronic illnesses and conditions, and health-related education and behavioral problems. (For planning and systems development—) Those children who have or are at increased risk for chronic physical, developmental, behavioral, or emotional conditions and who also require health and related services of a type or amount beyond that required by children generally.

Children With Special Health Care Needs (CSHCN)—Elements of a Service System:

1. **State Program Collaboration With Other State Agencies and Private Organizations**. States establish and maintain ongoing interagency collaborative processes for the assessment of needs with respect to the development of community-based systems of services for CSHCN. State programs collaborate with other agencies and organizations in the formulation of coordinated policies, standards, data collection and analysis, financing of services, and program monitoring to assure comprehensive, coordinated services for CSHCN and their families.
2. **State Support for Communities**. State programs emphasize the development of community-based programs by establishing and maintaining a process for facilitating community systems-building through mechanisms such as technical assistance and consultation, education and training, common data protocols, and financial resources for communities engaged in systems development to assure that the unique needs of CSHCN are met.
3. **Coordination of Health Components of Community-Based Systems**. A mechanism exists in communities across the State for coordination of health services with one another. This includes coordination among providers of primary care, habilitative and rehabilitative services, other specialty medical treatment services, mental health services, and home health care.
4. **Coordination of Health Services With Other Services at the Community Level**. A mechanism exists in communities across the State for coordination and service integration among programs serving CSHCN, including early intervention and special education, social services, and family support services.

Classes of Individuals. Authorized persons to be served with Title V funds. See individual definitions under "Pregnant Women," "Infants," "Children With Special Health Care Needs," "Children," and "Others." (Also referred to in the Chapter IV State data snapshot pages as "populations" served.)

Community. A group of individuals living as a smaller social unit within the confines of a larger one due to common geographic boundaries, cultural identity, a common work environment, common interests, et cetera.

Community-based Care. Services provided within the context of a defined community.

Community-based Service System. An organized network of services grounded in a plan developed by a community and based upon needs assessments.

Coordination (See Care Coordination Services.)

Culturally Competent. The ability to provide services to clients that honor different cultural beliefs, interpersonal styles, attitudes, and behaviors; and the use of multicultural staff in the policy development, administration, and provision of those services.

Culturally Sensitive. The recognition and understanding that different cultures may have different concepts and practices with regard to health care; the respect of those differences, and the development of approaches to health care with those differences in mind.

Deliveries. Women who received a medical care procedure associated with the delivery or expulsion of a live birth or fetal death (gestation of 20 weeks or greater).

Direct Health Care Services. Those services generally delivered one-on-one between a health professional and a patient in an office, clinic, or emergency room, which may include primary care physicians, registered dietitians, public health or visiting nurses, nurses certified for obstetric and pediatric primary care, medical social workers, nutritionists, dentists, sub-specialty physicians who serve children with special health care needs, audiologists, occupational therapists, physical therapists, speech and language therapists, and specialty registered dietitians. Basic services include what most consider ordinary medical care, inpatient and outpatient medical services, allied health services, drugs, laboratory testing, X-ray services, dental care, and pharmaceutical products and services. State Title V programs support—by directly operating programs or by funding local providers—services such as prenatal care, child health including immunizations and treatment or referrals, school health and family planning. For CSHCN, these services include specialty and subspecialty care for those with HIV/AIDS, hemophilia, birth defects, chronic illness, and other conditions requiring sophisticated technology, access to highly trained specialists, or an array of services not generally available in most communities.

Enabling Services. Services that allow or provide for access to and the derivation of benefits from, the array of basic health care services and include such things as transportation, translation services, outreach, respite care, health education, family support services, purchase of health insurance, case management, coordination with Medicaid, WIC, and education. These services are especially required for the low income, disadvantaged, geographically or culturally isolated, and those with special and complicated health needs. For many of these individuals, the enabling services are essential, for without them access is not possible. Enabling services most commonly provided by agencies for CSHCN include transportation, care coordination, translation services, home visiting, and family outreach. Family support activities include parent support groups, family training workshops, advocacy, nutrition, and social work.

Family-centered Care. A system or philosophy of care that incorporates the family as an integral component of the health care system.

Government Performance and Results Act (GPRA). Federal legislation enacted in 1993 that requires Federal agencies to develop strategic plans, prepare annual plans setting performance goals, and report annually on actual performance.

Health Care System. The entirety of the agencies, services, and providers involved or potentially involved in the health care of community members and the interactions among those agencies, services, and providers.

Infant Mortality Rate (IMR). A globally accepted measure indicating general health status equal to the number of infant deaths occurring from birth through 364 days per 1,000 live births. The rate typically used is deaths per 1,000 live births.

Infants. Children under one year of age who are not included in any other class or population of individuals served.

Infrastructure Building Services. The services that are the base of the MCH pyramid of health services and form its foundation are activities directed at improving and maintaining the health status of all women and children by providing support for development and maintenance of comprehensive health services systems. These services include development and maintenance of health services standards/guidelines, training, data, and planning systems. Examples include needs assessment, evaluation, planning, policy development, coordination, quality assurance, standards development, monitoring, training, applied research, information systems, and systems of care. In the development of systems of care it should be assured that the systems are family centered, community based, and culturally competent.

Local Funds. Those monies derived from local jurisdictions within the State that are used for MCH program activities.

Low Income. An individual's or family's income, which is determined to be below the official poverty income line as defined by the Office of Management and Budget and revised annually in accordance with section 673(2) of the Omnibus Budget Reconciliation Act of 1981.

Maternal and Child Health Bureau (MCHB). The administrative and program headquarters, within the Federal Government's Department of Health and Human Services, which administers the Federal Block Grant for maternal and child health (Title V of the Social Security Administration Act) to the States. MCHB also directs other program activities, such as Healthy Start, the Emergency Medical Services for Children, Abstinence Education, and grants for HIV coordinated services and access to research for women, infants, children, and youth programs.

MCH Pyramid of Health Services. See individual definitions of the types of services under "Infrastructure Building," Population Based Services," Enabling Services," and "Direct Health Services."

Measures. See Performance Measures.

Needs Assessment. A study undertaken to determine the service requirements within a jurisdiction. For maternal and child health purposes, the study is aimed at determining: 1) What is essential in terms of the provision of health services; 2) What is available; and 3) What is missing.

Neonatal. Infant age period defined as birth to 28 days.

Perinatal. Age period ranging from a fetal state greater than or equal to 20 weeks gestation to infant life under 7 days.

Performance Indicator. The statistical or quantitative value that expresses the result of a performance objective.

Performance Measure. A narrative statement that describes a specific maternal and child health need, or requirement, that, when successfully addressed, will lead to, or will assist in leading to, a specific health outcome within a community or jurisdiction and generally within a specified time frame. (Example: "The rate of women in [State] who received early prenatal care in 19__. This *performance* measure will assist in leading to [the health *outcome* measure of] reducing the rate of infant mortality in the State).

Performance Measurement. The collection of data on, recording of, or tabulation of results or achievements, usually for comparing with a benchmark.

Performance Objectives. A statement of intention with which actual achievement and results can be measured and compared. Performance objective statements clearly describe what is to be achieved, when it is to be achieved, the extent of the achievement, and target populations.

Population Based Services. Preventive interventions and personal health services, developed and available for the entire MCH population of the State rather than for individuals in a one-on-one situation. Disease prevention, health promotion, and statewide outreach are major components. Common among these services are newborn screening, lead screening, immunization, Sudden Infant Death Syndrome counseling, oral health, injury prevention, nutrition, and outreach/public education. These services are generally available whether the mother or child receives care in the private or public system, in a rural clinic or an HMO, and whether insured or not.

Populations Served. Persons who are authorized to be served with Title V funds. See individual definitions under "Pregnant Women," "Infants," "Children With Special Health Care Needs," "Children," and "Others."

Postneonatal. Infant age period ranging from 28 to 364 days.

Pregnant Woman. A female from the time that she conceives to 60 days after birth, delivery, or expulsion of fetus.

Prenatal Care. Health care and health education services accessed and used by an expecting mother during the three trimesters of gestation prior to birth.

Preventive Services. Activities aimed at reducing the incidence of health problems or disease prevalence in the community, or the personal risk factors for such diseases or conditions.

Primary Care. The provision of comprehensive personal health services that include health maintenance and preventive services, initial assessment of health problems, treatment of uncomplicated and diagnosed chronic health problems, and the overall management of an individual's or family's health care services.

Process. Process results are indicators of activities, methods, and interventions that support the achievement of outcomes (e.g., improved health status or reduction in risk factors). A focus on process results can lead to an understanding of how practices and procedures can be improved to reach successful outcomes. Process results are a mechanism for review and accountability, and as such, tend to be shorter-term than results focused on health outcomes or risk factors. The utility of process results often depends on the strength of the relationship between the process and the outcome. Process results should answer the question, "Why should this process be undertaken and measured (i.e., what is its relationship to achievement of a health outcome or risk factor result)?"

Process Objectives. The objectives for activities and interventions that drive the achievement of higher level objectives.

Program Income. Funds collected by State MCH agencies from sources generated by the State's MCH program to include insurance payments, MEDICAID reimbursements, HMO payments, et cetera.

Regions. See table on the inside cover of this document, which shows how the United States and its jurisdictions are organized into 10 Federal regions.

Risk Factor Objectives. Objectives that describe an improvement in risk factors (usually behavioral or physiological) that cause morbidity and mortality.

Risk Factors. Public health activities and programs that focus on reduction of scientifically established direct causes of, and contributors to, morbidity and mortality (i.e., risk factors) are essential steps toward achieving health outcomes. Changes in behavior or physiological conditions are the indicators of achievement of risk factor results. Results focused on risk factors tend to be intermediate term. Risk factor results should answer the question, "Why should the State address this risk factor (i.e., what health outcome will this result support)?"

State. In this document, State includes the 50 States and the 9 jurisdictions of the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, the Commonwealth of the Northern Mariana Islands, the Republic of the Marshall Islands, the Federated States of Micronesia, and the Republic of Palau.

Technical Assistance (TA). The process of providing recipients with expert assistance of specific health-related or administrative services that include: systems review planning, policy options analysis, coordination coalition building/training, data system development, needs assessment, performance indicators, health care reform wraparound services, CSHCN program development/evaluation, public health managed-care quality standards development, public and private interagency integration, and identification of core public health issues.

Title V of the Social Security Act of 1935. The Federal statute that authorizes the Government program, which administers the Title V Maternal and Child Health Block Grant to States Program allocation, including the application and reporting process.

Title XIX. The section of the Social Security Act amended in 1965 that provides the MEDICAID program. Within maternal and child health care, Title XIX provides services for pregnant women and infants who meet eligibility requirements.

Title XXI. A provision of the 1997 Social Security Act that created the State Children's Health Insurance Program (CHIP) that provides funding to States to initiate and expand children's health assistance programs to uninsured, low-income children.

Total MCH Funding. All the Maternal and Child Health (MCH) funds administered by a State MCH program, which is made up of the sum of the ***Federal*** Title V Maternal and Child Health Block Grant to States Program allocation, the ***Applicant's*** funds (carryover from the previous year's MCH Block Grant allocation—the unobligated balance), the ***State*** funds (the total matching funds for the Title V allocation—match and overmatch), ***Local*** funds (total of MCH dedicated funds from local jurisdictions within the State), ***Other*** Federal funds (monies other than the Title V Block Grant that are under the control of the person responsible for administration of the Title V program), and ***Program Income*** (those funds collected by State MCH agencies such as insurance payments, MEDICAID, and HMO's.).

Trimester. Refers to one of the three periods of time comprising gestation, ranging from conception to expulsion of the fetus. In a 40-day gestation period, trimesters are arranged as 0–14 weeks, 14–28 weeks, and 28–40 weeks.

Types of Services. The major kinds or levels of health care services covered under Title V activities. See individual definitions under "Infrastructure Building," "Population Based Services," "Enabling Services," and "Direct Health Care Services."

Very Low Birth Weight. The at-birth weight of an infant who is less than 1500 grams (or less than 3.3 lbs.).

ENDNOTES

State data entries in these tables were collected individually and reported by each State or jurisdiction in their *1998 Annual Report for the Title V Block Grant*. Sources of data, data collection methods, and data reporting practices may differ among entries. Data in the State tables may include actual counts, estimates, or incomplete reporting or blank cells if data were not available at the time of reporting.

1. All State or jurisdiction data, the program description, and contact information are taken "as reported" from the "1998 Annual Report and FY 2000 Application Form." Because contact information is subject to change, the web site may be the source of the most current names or phone numbers. Go to the "Link" section at **www.mchdata.net.**

2. The MCH Federal-State Partnership includes Federal, State, and local governments. A major portion of the Federal funding requires a "match". For example, the *Federal Title V Block Grant* requires that every $4 of Federal funds is matched by at least $3 of State and local funds. The amount cited in this table for ***Title V Federal-State Block Grant*** includes the "match". ***Other Title V Programs*** are the Special Projects of Regional and National Significance (SPRANS), Community Integrated Service Systems (CISS), the Abstinence Education Program, and the Traumatic Brain Injury (TBI) Demonstration Grant Program. ***Other MCH Grant Programs*** are the Emergency Medical Services for Children (EMSC) Program and the Healthy Start Initiative.

3. **Others**. Illustrations of State-reported ***other individuals served*** includes mostly services to women. Other expenditures include the use of MCH funds available from other sources such as foundations.

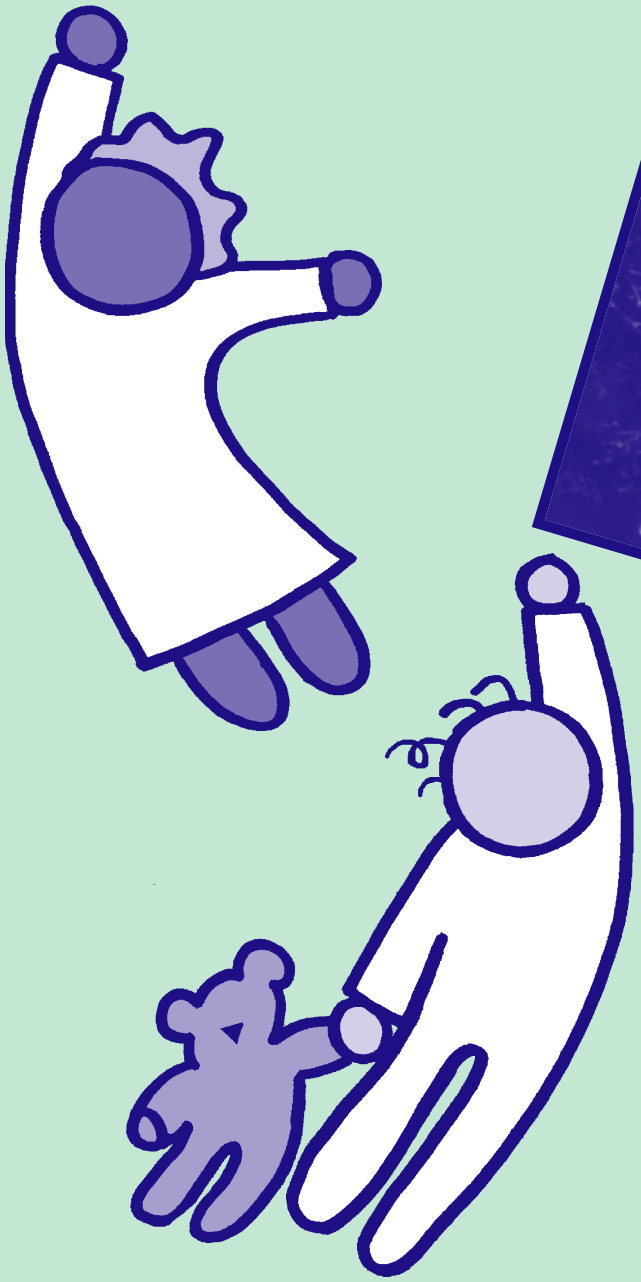
4. **Expenditures data may contain anomalies**. States use different methodologies and multiple sources of data, data reported on this table may include actual counts, estimates, or blank cells if data are not available at the time of reporting. Figures displayed here are for the Federal fiscal year (October 1 through September 30). Some States use different fiscal years or budget on a biannual basis. Detailed information on the Federal Reporting guidance to the States can be found at **www.mchdata.net.**

5. **Population and Live Births** data provided by the Population Estimates Program, Population Division, U.S. Bureau of the Census, Washington, DC. Exceptions are noted on some Jurisdictions.

6. **Categories of Service:** ***Direct Health Care Services*** are generally delivered one-on-one between a health professional and a patient in an office, clinic or emergency room, which may include primary care physicians, registered dietitians, public health or visiting nurses, nurses certified for obstetric and pediatric primary care, medical social workers, nutritionists, dentists, sub-specialty physicians who serve children with special health care needs, audiologists, occupational therapists, physical therapists, speech and language therapists, specialty registered dietitians. ***Enabling Services*** allow or provide for access to and the derivation of benefits from the array of basic health care services and include such things as transportation, translation services, outreach, respite care, health education, family support services, purchase of health insurance, case management, coordination with Medicaid, WIC, and education. These services are especially required for the low income, disadvantaged, geographically or culturally isolated, and those with special and complicated health needs. **Population-Based Services** include the preventive interventions and personal health services, developed and available for the entire MCH population of the State rather than for individuals in a one-on-one situation. Disease prevention, health promotion, and statewide outreach are major components. These services include newborn screening, lead screening, immunization, Sudden Infant Death Syndrome counseling, oral health, injury prevention, nutrition and outreach/public education. Services are generally available whether the mother or child receives care in the private or public system, in a rural clinic or an HMO, and whether insured or not. **Infrastructure Building Services** provide the foundation of the MCH pyramid of health services. They support development and maintenance of comprehensive health services systems including development and maintenance of health services standards/guidelines, training, data and planning systems.

7. **Title V Measures:** ***National Performance Measures.*** All States report annual progress toward achieving the target they set for the 18 national performance measures. This table displays data from 10 of the 18 measures. To see how a State did on all 18 measures, or for more detail on the significance of a given measure, the State goal, and the numerator and denominator for the State's indicator, see the National "Core" Measures section of the data base at **www.mchdata.net.** Rates are based on individual State populations. ***National Outcome Measures***. All States report annually on their progress toward achieving the target they set for the six national outcome measures. For more detail on a State's outcome measure and actual result (e.g., the numerator or denominator), see the National "Core" Measures section of the data base at **www.mchdata.net.** Rates are based on individual State populations. ***State-Determined Performance Measures***. Each State reports on 7 to 10 "Negotiated" performance measures that they develop and have approved by MCHB. This allows States to measure progress toward achieving goals that are specific to their State. Four measures were selected for this table. Each measure is linked to a detailed description with objectives and annual data. To see the full set of State Negotiated Measures, go to the "State Negotiated Measures" section of the data base at **www.mchdata.net**. Rates are based on individual State populations.

8. MCH grants and contracts to universities and non-government organizations such as professional associations are listed within the States where those organizations reside.



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