



Maternal and Child Health Program Overview	
PROGRAM DIRECTOR	Brian Castrucci, MA
PROGRAM DESCRIPTION	Improve the health of mothers, children and their families through education, provision of direct services (family planning, children with special health care needs, early intervention, and WIC), population-based interventions (newborn screening), and the support of the public health infrastructure through the administration of Title V Block Grant funds.
CORE SERVICES	<ul style="list-style-type: none"> • Universal newborn hearing screening initiative • Newborn Metabolic and Hemoglobinopathy Screening • Early intervention • Coordinated care for children with special health care needs • Women, Infants, and Children (WIC) • Family planning • Regional Perinatal Centers • Coordinated care and outreach for all children • Prenatal care • Health education including breastfeeding support, nutrition, SIDS • Oral health preventive services • Children and Youth with Special Needs, Children Medical Services
FUNDING Source/Amount	<p>Total Federal (including WIC) = approximately \$500M Total Federal (not including WIC) = approximately \$45M Total State = \$34M</p> <ul style="list-style-type: none"> • WIC = \$347M (federal) • Title X (family planning) = \$8M (federal) 10% state match • Early intervention = \$14.7M (federal), \$15.9M (ARRA), \$9.7M (state) • Universal Newborn Hearing Screening Initiative = \$1.3M (state), \$0.2M (federal) • Newborn Metabolic and Hemoglobinopathy Screening = \$3.5M (state), \$0.6M (federal) • Regional Perinatal Centers = \$15M (federal), 35%/65% state/Medicaid match • Oral health preventive services = \$2.8M (state), \$0.6M (federal) • Maternal and Child Health Block Grant = \$16M (federal), \$12M (state)
NUMBERS SERVED	<p>Population-based services for all deliveries of live births (~150,000). WIC serves approximately 325,000 clients annually. Early intervention serves approximately 6,000 annually. More than 200,000 dental treatments annually. Family planning serves approximately 150,000.</p>



ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS

State Profile 2010

A SNAPSHOT OF HOW THE TITLE V MATERNAL AND CHILD HEALTH BLOCK GRANT WORKS IN YOUR STATE

Georgia

Maternal and Child Health Block Grant 2010

The Maternal and Child Health Services Block Grant, Title V of the Social Security Act, is the only federal program devoted to improving the health of all women, children and families. Title V provides funding to state maternal and child health (MCH) programs, which serve 35 million women and children in the U.S. To learn more about Title V, visit www.amchp.org.

MCH Block Grant Funds to Georgia

FY 2009	FY 2010	Difference in Federal Funds*
\$16,281,994	\$16,281,994	-

Title V Administrative Agency:

Family Health Branch, Department of Human Resources
Estimated State Funds, FY 2010: \$134,371,463

*States must provide a three dollar match for every four Federal dollars allocated.

Protecting and Improving the Health of Georgia's Families

Universal Screening and Assessment — The MCH program coordinates the Children 1st system and has developed integrated intake and assessment tools for all Birth Outcomes programs. The Electronic Birth Certificate identifies newborns that have or are at risk for poor health and development. Families are offered an in-home family assessment to help identify family strengths and needs, assist with the child's health and development, and assist the family in referral to local medical and/or prevention based programs and services.

Case Coordination — All children enrolled in Title V CSHCN program, Children's Medical Service (CMS) receive comprehensive care coordination using the CaCoon Model, which includes the Transition to Adulthood Plan for youth. Home visiting for high-risk families is also planned with the Division of Mental Health, Developmental Disabilities and Addictive Diseases, and Division of Family and Children Services using a systems analysis approach.

Oral Health — The MCP program provides school-linked prevention programs targeting high-risk elementary school children. Services include fluoride rinse, dental sealants, prevention education and treatment services and provision of water fluoridation and monitoring for community water systems.

Nutrition Education — The MCH program offers nutrition services to women, children, youth and families. The Georgia Nutrition and Physical Activity Initiative Task Force has implemented strategies to reduce overweight and obesity including a faith-based toolkit incorporating healthy eating and physical activity initiatives and the development of school guidelines to collect the height and weight of school-age children. Several breastfeeding initiatives have been implemented such as the Educating Physicians In Their Communities (EPIC) breastfeeding peer-to-peer program.

Newborn Screening — The MCH program supports a comprehensive, coordinated, statewide system to ensure that all newborns are screened for hearing loss prior to hospital discharge. All health districts purchased hearing screening equipment and tracking mechanisms assure timely and appropriate follow-up. Ninety-eight percent of all newborns are screened. In accordance with Georgia law, every infant is tested for 29 disorders and receives screening, follow-up, diagnosis, management and evaluation. In 2007, 100% of infants who screened positive received timely follow-up to definitive diagnosis and clinical management.

Injury Prevention — A position has been established in the Office of Comprehensive Child Health Services to coordinate all safety issues within the OBO and develop key partnerships with entities such as Child Fatality Review.

Finding Opportunities Through Collaboration, Understanding and Science (FOCUS) — FOCUS, a state and local partnership to address infant mortality and poor birth outcomes, has facilitated community-oriented and data-driven planning processes at the local level. Perinatal Periods of Risk data has been analyzed by mapping fetal and infant mortality in counties with the highest rates. Three counties are implementing strategies to reduce prenatal disparities and infant mortality and morbidity. FOCUS initiatives include: Preconception Health and Care targeting providers; Perinatal Health Partners (PHP), a physician/county public health department partnership targeting high risk pregnant women; and a crib matching program to address SIDS and safe-sleeping practices.

People Served by the Georgia MCH Program*

Title V population-based preventive and systems building services benefit all women and children in the state. In addition, the MCH Block Grant provided direct services to the following individuals:

150,804	pregnant women
152,919	infants under one
378,734	children and adolescents
9,927	children with special health care needs
692,384	total served

*2007 State/Jurisdiction Annual Reports Submitted to the Maternal and Child Health Bureau

Health Needs in Georgia

- Improve health status related to preventable disease and mortality, such as infant morbidity and mortality, health disparities, HIV and STDs, maternal infections, and asthma.
- Promote healthy lifestyles to reduce maternal, infant and childhood mortality, including alcohol, tobacco and drug use; unplanned pregnancies; high-risk sexual behaviors; and poor nutrition.
- Promote safe behaviors to reduce injury and violence.
- Partner with families to promote their ability to raise healthy children, including preconception health, early brain development, SIDS and parenting skills.
- Improve the integration and coordination of the MCH delivery system at the organizational and individual level.
- Develop effective partnerships with families, providers, community organizations and businesses, as well as other governmental agencies.
- Develop standards and measures of quality assurance for MCH services.
- Support health districts to focus on community assets and resources that address local needs.
- Develop information systems to improve decision-making at state, district and local levels.
- Assure that the MCH workforce possesses the skill sets and competencies relevant to the evolving health environment.

For more information, contact:

Maternal & Child Health

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Children with Special Health Care Needs

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Grants to Georgia*

Genetic Services Project

Sickle Cell Foundation of Georgia, Inc
Atlanta, GA
\$185,000

Family Professional Partnership/CSHCN

Parent to Parent of Georgia, Inc.
Atlanta, GA
\$95,700

Heritable Disorders

Emory University
Atlanta, GA
\$974,830

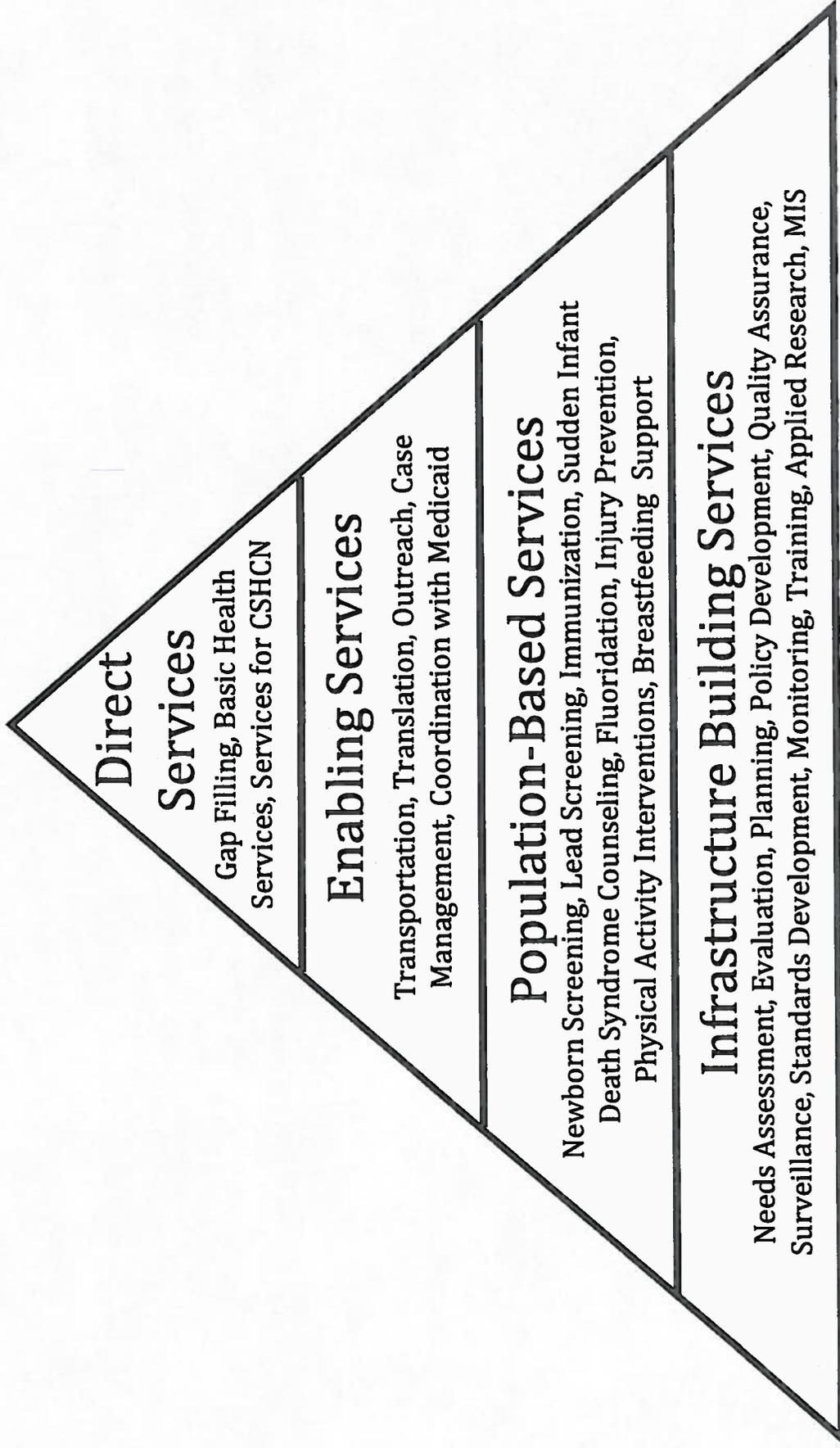
Promoting Integration of State Health Information Systems and Newborn Screening Service Systems

Task Force for Child Survival and Development
Decatur, GA
\$300,000

*These grants were awarded in FY 2008. For a complete list of Title V Grantees: <https://perfddata.hrsa.gov/mchb/TVISReports/Snapshot/SnapShotMenu.aspx>



MCH Pyramid of Health Services



Opportunity for Input and Comment

Documents on website for review

- A draft of the quantitative and qualitative data section of the Title V Needs Assessment.
- A draft description of the process used to select and the selected top ten priority needs for Georgia.
- A draft of the FY11 activity plan for the 18 national performance measures as required by the Federal grant guidance.

Website address: http://health.state.ga.us/public_comments/

Username: phadvisorycouncil

Password: phadvisorycouncil

Questions:

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Top Maternal and Child Health Priority Needs, Georgia, 2011 through 2015

- **Decrease infant mortality and injury**
- **Reduce motor vehicle crash mortality among children ages 15 to 17 years**
- **Decrease obesity among children and adolescents**
- **Reduce repeat adolescent pregnancy**
- **Increase developmental screening for children in need**
- **Improve the maternal and child health surveillance and evaluation infrastructure**
- **Improve childhood nutrition**
- **Increase awareness of the need for preconception health care among women of childbearing age**
- **Increase the percent of qualified medical providers who accept Medicaid and who serve children with special health care needs**