

STATE TITLE V BLOCK GRANT NARRATIVE

STATE: MO

APPLICATION YEAR: 2005

I. General Requirements

[A. Letter of Transmittal](#)

[B. Face Sheet](#)

[C. Assurances and Certifications](#)

[D. Table of Contents](#)

[E. Public Input](#)

II. Needs Assessment

III. State Overview

[A. Overview](#)

[B. Agency Capacity](#)

[C. Organizational Structure](#)

[D. Other MCH Capacity](#)

[E. State Agency Coordination](#)

[F. Health Systems Capacity Indicators](#)

IV. Priorities, Performance and Program Activities

[A. Background and Overview](#)

[B. State Priorities](#)

[C. National Performance Measures](#)

[D. State Performance Measures](#)

[E. Other Program Activities](#)

[F. Technical Assistance](#)

V. Budget Narrative

[A. Expenditures](#)

[B. Budget](#)

VI. Reporting Forms-General Information

VII. Performance and Outcome Measure Detail Sheets

VIII. Glossary

IX. Technical Notes

X. Appendices and State Supporting documents

I. GENERAL REQUIREMENTS

A. LETTER OF TRANSMITTAL

The Letter of Transmittal is to be provided as an attachment to this section.

B. FACE SHEET

A hard copy of the Face Sheet (from Form SF424) is to be sent directly to the Maternal and Child Health Bureau.

C. ASSURANCES AND CERTIFICATIONS

By signing the Application Face Sheet (Standard Form 424) the Director of the Division of Administration of the Department of Health and Senior Services assures compliance with the certifications and assurances for non-construction programs, debarment and suspension, drug-free workplace, lobbying, Program Fraud Civil Remedies Act (PFCRA), and environmental tobacco smoke. The signed original Standard Form 424 is being submitted to Title V Block Grant, HRSA Grants Application Center. A copy of the signed Standard Form 424 may be obtained from Division of Community Health, Missouri Department of Health and Senior Services, P.O. Box 570, 930 Wildwood Drive, Jefferson City, Missouri 65102-0570. The certifications and assurances are attached to this section.

D. TABLE OF CONTENTS

This report follows the outline of the Table of Contents provided in the "GUIDANCE AND FORMS FOR THE TITLE V APPLICATION/ANNUAL REPORT," OMB NO: 0915-0172; published June, 2003; expires May 31, 2006.

E. PUBLIC INPUT

As in years past, public input was an essential element in the development of this application. The process for obtaining public comments included sharing an electronic copy of the proposed use of funds with Department of Health and Senior Services (DHSS) management and all 114 local public health agencies (LPHAs). An article was also placed in the weekly electronic newsletter "Friday Facts" prepared by Center for Local Public Health Services and located at <http://www.dhss.mo.gov/fridayfacts/>. The Proposed Use of Funds document was also accessible on the Department's Web site, www.dhss.mo.gov. The general public was informed with newspaper ads placed in six strategic newspapers across the state. Hard copies were mailed to key stakeholders throughout the state.

Options for comments by the public included e-mail, fax, postal mail, and telephone. As a result of these efforts 23 inquiries and responses were received from maternal and child health stakeholders throughout the state. All comments were reviewed and incorporated into the plan where appropriate. Most comments from stakeholders expressed support for the planned use of funds. Responses also included the continued need for dental services and expansion if possible and interests and concerns regarding health services delivery disparities, Family Partnership, prenatal substance abuse, child care provider inspection and licensure, and teen pregnancies.

For the coming year, in conjunction with the new Needs Assessment, news releases, live interviews on radio and television stations, and expanded email notification may be used.

II. NEEDS ASSESSMENT

In application year 2005, the Needs Assessment may be provided as an attachment to this section.

III. STATE OVERVIEW

A. OVERVIEW

/2004/ The principal characteristics of the State's maternal and child health (MCH) needs may best be identified by summarizing the State's priority needs. Details of the priority needs are provided in Section II, Needs Assessment. The Department of Health and Senior Services (DHSS) (previously known as Department of Health [DOH]) 2003 Strategic Plan also provides an overview of critical issues in Missouri. It is found at <http://www.dhss.mo.gov/StrategicPlanning/StratPlan03.html>.

/2005/ The Strategic Plan and updates are located at www.dhss.mo.gov/StrategicPlanning. //2005//

For direct and enabling services for MCH populations, access to primary health care is of major concern, in spite of successful efforts the State Children's Health Insurance Plan (SCHIP) enrollment. Many children have little or no access to primary dental care. Many of the asthmatic children and children with special health care needs (CSHCN) still do not have adequate access to the primary and specialized services they require.

/2005/ Efforts have been made over the past five years by DSS in collaboration with a great number of partners to improve fee for service and Medicaid managed care access to primary, specialty, and dental care for children. //2005//

The population-based services needs include prevention of smoking among children and adolescents, unintended pregnancies, child and adolescent injuries, child abuse and neglect, and minority health disparities including neonatal death rate and pre-term births.

The infrastructure services include the expansion of the MCH Information Systems for the collection, management, and dissemination of data on MCH health status, outcomes, process, and structure which are key to developing an effective and accountable delivery system serving MCH populations in Missouri to track national and state MCH performance measures, to integrating MCH health status indicators within data systems already supported by the Center for Health Information and Management Evaluation (CHIME), to expanding partnerships with managed care plans to track and analyze best practice MCH indicators, and to providing/facilitating the capability of local communities and regions to electronically connect with this evolving MCH information system.

The following text is from the MCH Block Grant 2003 Application/2001 Report, Section I. 1.4, Overview of the State. References to Section III are referring to the Needs Assessment which is now the stand-alone document for this year's Section II. The "/2004/" marker is used to denote new updates./2004/

/2003/ Selected demographic information from U.S. Census Bureau's MO Quick Facts Table can be located under Section III, 3.1.2 Needs Assessment Content. It compares Missouri's population with the United States in regard to age, race/ethnic distribution, and educational attainment. A description of the demographics of the maternal and child populations in Missouri is found under Section III, 3.1.2.1, Overview of the Maternal and Child Health Population's Health Status.

/2002/ A number of factors have the potential to have a serious impact on the status of Missouri's MCH during Federal Fiscal Year (FFY) 2002 and future years. These factors include:

State Budget -- During recent years, the Missouri legislature has reduced the tax burden on state taxpayers. In addition, state tax refunds have resulted from state general revenue exceeding constitutional limits. These actions plus slowing tax collections in 2001 (and expected in 2002) have resulted in a very challenging budget for Missouri state government. The Governor has asked state agencies to reduce expenditures significantly during the next state fiscal year (SFY).

/2003/ Missouri like many other states is faced with a budget crisis of significant proportions. Core general revenue funding for state agencies has undergone a rigorous review with significant core cuts. Given this budget environment and a no growth economy, every effort is being made to maintain

Title V support for essential MCH program interventions while minimizing cutbacks in some areas. /2004/ During the past two years, the State of Missouri has been subject to a growing budget shortfall. DHSS has undertaken a major realignment of its organizational structure which calls for the integration of three divisions and one center into a new division, Division of Community Health (DCH). This realignment is being undertaken to identify greater operating efficiency, better integration of effort, and ultimately better services for customers of DHSS. Realignment is also occurring within other parts of the department which will result in three major department divisions and a realignment of support services for the department. /2004/

/2005/ The Director of the Division of Administration for the DHSS has advised that after several years of declining revenues the general revenue collections in SFY 2004 will grow by roughly five percent. The General Assembly balanced the SFY 2005 budget with a 4.5 percent general revenue growth estimate. The SFY 2005 budget is also predicated on the use of several hundred million dollars of one-time revenue sources. The use of these one-time sources will make it more difficult to balance the SFY 2006 budget since any revenue growth in that year will have to go toward supporting current programs rather than expanding them. For SFY 2005 and SFY 2006, the continuing growth in the Medicaid budget continues to be the major problem facing Missouri budget writers, as it is in most other states. In addition, the Governor and the General Assembly must continually be concerned that the declining or stagnant revenue growth in recent years has left the state with a foundation formula for local schools that is hundreds of millions of dollars underfunded - thus resulting in lawsuits that must be resolved. //2005//

Tobacco Settlement Funds -- During the 2001 legislative session, the Missouri Legislature approved the use of tobacco settlement funds as follows:

- \$50 million for an endowment in a trust fund;
- \$133 million for health care (Medicaid);
- \$14.3 million for early childhood initiatives;
- \$21.6 million for tobacco use prevention; and
- \$89.3 million for a senior prescription tax credit plan.

/2003/ The Missouri General Assembly did not appropriate funding to support a comprehensive tobacco use prevention program for SFY 2003. DHSS still recognizes tobacco use as a critical public health impactor that needs to be addressed in a comprehensive fashion. Efforts will continue through the use of available grant dollars to focus on this critical public health issue.

/2002/ Reorganization of the Missouri Department of Health (DOH) -- Effective August 28, 2001 the Division of Aging (currently in the Department of Social Services [DSS]) will become a part of the DOH, which will be renamed the Department of Health and Senior Services (DHSS). The merger of senior services and public health into one system will allow DHSS to more effectively promote and protect the health of Missourians throughout their entire lives.

These factors have caused Maternal, Child and Family Health (MCFH) to examine the efficiencies of operations and programs which has resulted in the division providing more services with fewer resources as outlined in the FFY 2003 plan in Section 4.1 [now Section IV, C and D].

/2004/ DHSS has undertaken a major realignment of its organizational structure including the following two new divisions:

DIVISION OF SENIOR SERVICES AND REGULATION will be responsible for regulatory functions and home and community based services to seniors.

DIVISION OF COMMUNITY HEALTH will be responsible for maternal, child, and family health; nutritional health; chronic disease prevention and health promotion; and programs for community health improvement.

The Division of Maternal, Child and Family Health will transition to the Section for Maternal, Child and Family Health within the Division of Community Health. Paula Nickelson, the Director of the Division

of Maternal, Child and Family Health has been named to be the Director of the new Division of Community Health and will continue to serve as the Title V Director for Missouri. /2004/

Restructuring of the health care financing and delivery system in Missouri is occurring at a rapid pace and will continue to evolve over a number of years. During this period of transition, many women, infants, children, adolescents, and families will remain vulnerable. Many of these population groups require population-based interventions outside of Managed Care Organization (MCO) delivery networks. Section 3.2.1 of the Needs Assessment details Missouri's current MCH priority need areas. Criteria used to help determine the importance, magnitude, value and priority of competing factors upon the environment of health services delivery to MCH populations in Missouri, can be summarized as follows:

- Criterion 1 -- Degree to which need can be impacted by known effective interventions
- Criterion 2 -- Degree of health-related consequence(s) of not addressing need
- Criterion 3 -- Degree of state and national support other than Title V for impacting need
- Criterion 4 -- Degree of current demographic disparity regarding need (e.g. race, gender, income, place of residence)
- Criterion 5 -- Degree to which other local providers or service consumers identify need as a high MCH priority

The Missouri Title V agency has taken the lead or is collaborating with other state agencies to support several important MCH related initiatives:

Office on Women's Health: Title V funding supports the Office on Women's Health, in the DHSS's Director's Office. The office is responsible for policy development promoting statewide coordination and collaboration among the many programs and services for girls and women. /2003/ MCH groups targeted by the Office on Women's Health include women of all ages, from childhood through old age, with emphasis on the most vulnerable groups of women. (Latina immigrant and African American women of childbearing age, adolescents, women in rural areas, and women without health care coverage). Geographic communities targeted include rural, medically underserved areas, as well as those with high incidence of health conditions disproportionately affecting women such as sexually transmitted diseases (including HIV/AIDS and chlamydia), heart disease, and diabetes.

The Office's women's health policy recommendations were developed by the Women's Health Council with assistance of the MCFH staff. The Council represents the geographic, professional, racial/ethnic, and age diversity of Missouri's women. In many cases, the Council's task forces went to their communities for input and advice when developing each set of recommendations.

/2005/ The Office published "Caring for Your Health: A Missouri Women's Handbook" with tips for staying healthy, talking with health care providers, and finding additional information. It was distributed in 2004 to Rape Crisis Centers and Domestic Violence programs and shelters.

The Office also provided leadership and assistance to the Women's Care Connection, the federally-funded Community Center of Excellence in Women's Health in rural northeast Missouri, and linked the project with resources of DHSS and provided educational materials for many public forums held by Women's Care Connection.

The Office developed a priority list of key women's health indicators and convened a planning process with the Women's Health Council and numerous stakeholders. The planning group developed the Missouri Women's Health Strategic Framework, a document that identifies the indicators, factors protecting the health of girls and women, and goals and strategies relating to the protective factors. This Strategic Framework will be a guide in Missouri in promoting improved health and well-being for this state's girls and women. //2005//

/2003/ Office of Minority Health and Senior Services: Among the office's functions are monitoring the impact of all programs in DHSS on the health status of minority populations in Missouri, assisting in

the design, development, and review of department programs that impact the health status of minorities, assisting in the coordination and development of educational programs and culturally sensitive minority health education materials designed to reduce the incidence of disease in the state's minority populations, assisting community minority health organizations by identifying available funding for health programs through public and private grants and promoting coalition and community development resources, and addressing access and disparity health issues.

Home Visitation: The MCFH has recently taken the lead in working with the Governor's Office and the Children's Trust Fund in the formation of the Home Visitation Interagency Council. This council has researched existing home visitation programs, and identified areas of overlap to more efficiently utilize state resources for home visitation programs. Title V funds are providing some support for three home visitation models (including the Olds model) which will be compared and evaluated for greatest positive impact upon MCH outcomes.

/2002/ During FFY 2002, the home visiting programs will be expanded to include additional families and sites.

/2003/ As funding allows, expansion of existing Olds' sites will occur. The program targets low income, first time mothers who enter the program prior to the 28th week of pregnancy. The program has broad holistic objectives which promote healthy and safe parenting and home environment.

/2004/ There was continued implementation of Building Blocks (BB), the David Olds' Model for Prenatal and Early Childhood Nurse Home Visiting in Missouri, with funding for 100 clients each in the Kansas City and Southeast Region (Cape Girardeau) sites. One additional site was added to the Missouri Community-Based Home Visiting Program (MCBHV) with a projected case load of 25 clients. The MCBHV Program continued in the 12 other sites. It is anticipated that an economic evaluation will be completed for the home visiting programs within the next 12 months. /2004/

/2005/ DHSS is in the process of identifying a qualified external contractor for an evaluation of home visitation models and programs currently employed across Missouri. The results of that evaluation will result in comparable client data by each home visitation site and determine cost-saving measures that all agencies can employ to maximize limited home visitation resources that can be targeted to high risk populations. //2005//

State Children's Health Insurance Program: Collaboration continues with the Division of Medical Services (DMS) in DSS to identify and enroll children in SCHIP, known in Missouri as MC+ for Kids. Service coordination staff assigned to the Bureau of Special Health Care Needs (BSHCN), and local public health agencies (LPHAs) also receiving Title V support, have worked with the DSS, other state agencies and local communities to help enroll over 55,000 children in Missouri's SCHIP initiative.

/2002/ As of December 2000, 83,506 children have been enrolled in MC+ for Kids, Missouri's SCHIP. This represents over 90% of the estimated number of children (91,305) in Missouri that would qualify for enrollment and who would have no alternative health insurance coverage.

/2003/ In 2002, HB 1926 was passed which extends the sunset date for MC+ for Kids, (Missouri's Children's Health Insurance Program) from July 1, 2002, to July 1, 2007. As of December 2001, 76,349 children have been enrolled in MC+ for Kids. This exceeds the 2000 goal of 72,000 as originally proposed by DSS.

/2004/ As of December 2002, there were 81,707 children enrolled in MC+ for Kids. /2004/

/2005/ As of October 2003, there were 88,743 children enrolled in MC+ for Kids. //2005//

Pediatric Leadership Alliance: A Missouri team, sponsored by the DOH, was selected as one of 13 teams in the nation to participate in the Pediatric Leadership Alliance. The Pediatric Leadership Alliance is a joint project of the American Academy of Pediatrics and the Johnson and Johnson Pediatric Institute designed to enhance leadership skills of teams to frame projects promoting the health of children in communities. The mission of the Missouri Pediatric Leadership Alliance Team is to facilitate and support local partnerships to assure children in child care have access to medical homes, including medical, dental, and mental health services. The multi-professional team includes David Lohmeyer, M.D., pediatrician; Marcia Manter, health consultant to Head Start in Region VII; Debby Howland, a child care consultant; Kathy Penfold, R.N., Nurse Consultant for the Bureau of Child Care; and Joy Oesterly, Assistant Chief of the Office of Planning, Evaluation and Injury Prevention. Embracing shared outcomes for Healthy Child Care America and MCH, the Missouri

Pediatric Leadership Team plans to select a number of pilot sites using Head Start, LPHAs, community child care providers and health care providers as the hub for creating community action. Attempts to address medical homes and access to health care issues are fragmented; this project will assist communities in working collaboratively to assure medical homes for children in child care. /2002/ During FFY 2001 a pilot site was selected, the Pediatric Leadership Team will mentor and work with the pilot site in FFY 2002 to achieve medical homes for children.

/2003/ The pilot site selected in 2001 worked to assess the needs of the community by surveying families already served by the partnership. The partnership was enhanced in the local community through the assessment of needs. Agencies and individuals involved regard the experience of working together as beneficial for improving the delivery of care to children and families in the community. The pilot site determined that families had sufficient medical homes and that access to health care was not a pressing issue. The pilot site partnership chose to withdraw from working with the Pediatric Leadership Team. In addition to the community pilot disbanding, the pediatrician, Head Start consultant, and child care consultant withdrew from the Pediatric Leadership Team.

Quality Assurance: DOH [now DHSS] actively participates on the Missouri Medicaid Managed Care Quality Assessment and Improvement Advisory Committee (QA & I). This committee and the sub-group staffed [and chaired] by MCFH [now DCH] advises the state Medicaid agency on: the adoption of appropriate measurable population-based quality indicators; health policy that improves the health status of Medicaid managed care clients; adjustments to the cost of health care while maintaining or improving the quality of care; and the identification of "best practices" of MCH care. DOH and the state Medicaid agency also collaborate on the exchange of program data to monitor quality indicators.

Medicaid Managed Care: Qualified women and children residing in the eastern, central and western regions of Missouri including the cities of St. Louis, Kansas City and Columbia continue to be served by Medicaid managed care. The recipients covered under managed care include families receiving cash assistance, pregnant women, children eligible for Medicaid, refugees, and children in state custody. Medicaid recipients in these groups who also receive SSI have the option to enroll in managed care or stay in the fee-for-service system. Expansion of Medicaid managed care plans will occur in Lincoln, St. Francois, Ste. Genevieve, Warren and Washington Counties. Medicaid will award contracts to MCOs in these areas by September 2000 with services beginning by December 2000. /2002/ There are currently 36 counties participating in Medicaid managed care, Medicaid is not planning any further expansion of managed care at this time.

/2003/ As of February 1, 2002, there are 37 counties participating in the MC+ Managed Care Program: Central Region--Audrain, Boone, Callaway, Camden, Chariton, Cole, Cooper, Gasconade, Howard, Miller, Moniteau, Monroe, Montgomery, Morgan, Osage, Pettis, Randolph, Saline; Western Region--Cass, Clay, Henry, Jackson, Johnson, Lafayette, Platte, Ray, St. Clair; Eastern Region--Franklin, Jefferson, Lincoln, St. Charles, St. Francois, St. Louis, St. Louis City, Ste. Genevieve, Warren, and Washington.

/2004/ As of February 1, 2003, the same 37 counties continued to participate in the MC+ Managed Care Program as listed in the /2003/ update preceding this update. /2004/

/2005/ As of May 1, 2004, the same 37 counties continued to participate in the MC+ Managed Care Programs as listed in the /2003/ update. //2005//

/2003/ Comprehensive Family Planning: Effective July 1, 2002, Medicaid will reduce family planning services to 1 year 60 days, rather than the existing 2 years 60 days after the birth of the child. Contractors may partner with their local DSS, Division of Family Services (DFS), offices to identify those women losing their family planning services under Medicaid to transition them to the Comprehensive Family Planning program. It is estimated this coverage change may impact 28,000 heads of household.

/2004/ Comprehensive Family Planning is not funded by the State of Missouri after May 30, 2003. /2004/

Expanding Access to Dental Health Care: Collaboration and facilitation has taken place between Bureau of Dental Health (BDH) and the Medicaid program specifically, and with other organizations

and agencies that are actively involved in the issue of lack of access to oral health care for Medicaid recipients. Additionally, the Oral Health Policy Unit used some MCH Block Grant funding to expand dental health delivery capacity to better serve low income populations in Missouri. This one-time allocation of funding was utilized to create or expand existing dental health delivery capacity at ten local project sites.

/2003/ BDH was reorganized and experienced a name change. The Bureau was moved from MCFH to the Center for Health Improvement (CHI). The new name is Oral Health Program (OHP).

Collaboration and facilitation during this period were significantly expanded with the formation of the Missouri Coalition for Oral Health under the leadership of the Missouri Primary Care Association in collaboration with the OHP and with the formation of a team to participate in the National Governor's Association (NGA) Oral Health Policy Academy. The Coalition conducted a statewide needs assessment utilizing the services of Felix-Burdine and Associates. The NGA policy team developed a work plan matrix during the academy. Utilizing these two documents, the Coalition is developing a comprehensive oral health plan for Missouri based on the Surgeon General's report on Oral Health and the Healthy People 2010 Oral Health objectives.

/2004/ OHP provided technical assistance to communities on community water fluoridation campaigns; provided equipment (new and replacement); assistance to communities who chose to adjust the fluoride level in the community water supply; and administered the fluoride mouth rinse [FMR] program by providing supplies to participating schools. /2004/

/2005/ New/Replacement fluoridation equipment was purchased for 17 public water systems to serve over 59,000 Missourians; 98,000 children participated in the FMR Program. //2005//

Infant Mortality Work Group: The Infant Mortality Work Group continues to evaluate interventions to reduce infant mortality in Missouri. This work group consists of prominent neonatologists and obstetricians and other MCH providers throughout Missouri, including the three medical schools (University of Missouri-Columbia, St. Louis University and Washington University). The work group is charged with developing feasible, sustainable program interventions that address issues of prematurity, very low birth weight, and ultimately, infant mortality in Missouri. Two sub-groups have been formed to help focus resources to improve the statewide capability to collect information, analyze data and to support specific interventions aimed at further reducing infant mortality in Missouri:

-Infant Mortality Information Systems Sub-Group

--Assists in the design and development of a low birth weight (LBW) registry

--Assists in the enhancement of the electronic birth certificate

--Assists in the development of statewide information systems to track infant mortality trends and outcomes

-Community Interventions Sub-Group

--Benchmarks community-based interventions in other states

--Evaluates and prioritizes community-based interventions with the greatest potential to reduce infant mortality in Missouri

--Develops proposals for resources and funding to support demonstration of priority interventions at selected sites in Missouri

/2002/ The Infant Mortality Work Group will continue to coordinate efforts to better understand evidence-based initiatives to potentially impact mortality in Missouri.

/2003/ The Infant Mortality Work Group will meet later to review the initial results of the MCH Leadership Institute Project and to recommend additional steps to be taken to reduce infant mortality in Missouri.

/2005/ The new DCH has refocused its efforts on identifying high risk infant mortality/pre-maturity target areas and working with MCH coalition partners to use the PPOR model to better focus resources on those areas. The Office of Epidemiology is in collaboration with DCH performing this analysis through the proposed STD study and the oral health studies. Currently a study is evaluating the relationship between STD diagnosis and birth outcomes. It is looking at young, pregnant women that are screened for chlamydia, gonorrhea, and syphilis and will calculate odds ratios for birth outcomes dependent upon whether the pregnant women were exposed to an STD or not. Further, a grant to HRSA is being written to evaluate the effect of a new screening protocol that might enhance the ability of physicians to improve

birth outcomes for women at highest risk of STD's. Additionally, plans are to evaluate the relationship between oral health and birth outcomes.

Fetal Infant Mortality Review (FIMR) Projects (utilizing the National Fetal Infant Mortality Review Model developed by American College of Obstetricians and Gynecologists [ACOG]) were implemented in two areas of the state in FFY 2003.

In October 2000, DHSS had contracted with University of Missouri - Columbia to conduct a one-time research study to determine standard care evidenced by Missouri hospitals' policies and practice behaviors of hospital newborn nurses, regarding newborn sleep position. The study results demonstrated the need for developing and implementing strategies specifically designed to change the knowledge, attitude, and behavior of hospital newborn nursery room nurses in relation to how they place healthy newborns for sleep.

In February 2004, DHSS awarded a contract to SIDS Resources, Inc., St. Louis, Missouri, to develop, market, implement, and evaluate the effectiveness of a training program for a hospital nursery room nurses and hospital nursing administrators on appropriate sleep positions for healthy newborns.

GNH established "Safe Sleep Workgroup" to promote statewide education through community groups on importance of "Safe-Sleep" to reduce infant mortality in addition to Back to Sleep Training for hospital nursery room nurses contract. //2005//

Governor's Conference on Health: The Governor's First Conference on Health: "Children, Missouri's Most Valuable Resource" was held on July 12-14, 1999 in St. Louis, Missouri. This conference was planned and coordinated by the MCFH Office of Planning, Evaluation and Injury Prevention and the DOH Office of Public Information. Over 200 persons attended this conference which focused on children's health issues in the new millennium. Remarks and presentations by Governor Carnahan, the DOH Department Director, and other speakers were well received and will help the MCFH division to more effectively target Title V resources to serve MCH populations in Missouri.
/2003/ Budget resources have not yet materialized to support another Governor's Conference on Health.

Special Health Care Needs Initiatives: BSHCN continues to participate in collaborative efforts through presentations to advocacy groups, contacts with providers, and participation on numerous councils and committees. These include, but are not limited to: State Part C Interagency Coordinating Council, Local Interagency Coordinating Councils, SSI Interagency Coordinating Council, Practical Parenting Partnership, Head Injury Advisory Council, Pediatric Task Force, Missouri Partnership for Leadership Training Council, Council for Inclusive Child Care, and Occupational Therapy State Partnership. BSHCN collaborates with DMS in DSS and Medicaid Managed Care plans to support mutual training. BSHCN staff continue to provide administrative case management for the Healthy Children and Youth Program and work with MC+ health plans' case managers to assure children with special needs receive necessary services through these plans. The BSHCN continues to coordinate its MC+ for Kids enrollment efforts with the DMS in DSS and is part of a special task force initiated by the Department of Elementary and Secondary Education (DESE) to redesign the Part C early intervention program called First Steps in Missouri. In FY99 the BSHCN and the Division of Nutritional Health and Services (NHS) designed a survey tool and screening form to help assess and enhance nutritional services needed by CSHCN.

/2003/ The State CSHCN program supports communities through contractual relationships with health care providers and treatment centers to deliver services to CSHCN and through community-based service coordination. The survey tool and screening form, designed by BSHCN and the NHS, help assess and enhance nutritional services needed by CSHCN and have been piloted by BSHCN in Southeast Missouri. Family advisors have been hired for providing consultation to BSHCN. In FFY 2003 these advisors and the family advisory council members will continue to assist BSHCN with integrating family representation in current committees and involving community stakeholders on statewide and local levels. Active collaborative efforts continue with MCFH Coalitions, State Part C

Interagency Coordinating Council, Local Interagency Coordinating Councils, Caring Communities, Sickle Cell Coalition, Perinatal Substance Abuse Coalitions, Head Injury Advisory Council, Ticket to Work and Work Incentives Improvement Committee, Missouri Partnership for Leadership Training Council, Council for Inclusive Child Care (CICC), and Occupational Therapy State Partnership. BSHCN, through MCFH, entered into an interagency agreement with the Centers for Disease Control (CDC) and the National Center for Health Statistics (NCHS) for an oversample of the State and Local Area Integrated Telephone Survey (SLAITS) of families in Missouri for information on the prevalence of families with CSHCN. Official results are expected in FFY 2002.

/2004/ Kids Assistive Technology Program provides statewide funding for adaptive equipment van and housing modifications while leveraging additional funds from within the communities of the families with CSHCN. /2004/

BSHCN continues to work with DESE in the implementation of task force recommendations for redesigning the First Steps Program. It has been determined that community-based independent service coordinators are more cost-effective than contracting with DHSS for service coordination. The BSHCN Area Offices in St. Louis, Springfield, and Kansas City, Missouri, are providing service coordination training and technical assistance for caseload transition from DHSS to DESE First Steps service coordinators associated with the LPHAs.

/2005/ New CSHCN initiatives include emergency response, Web pages, and training as well as medical home initiative and assistive technology initiative. //2005//

Family Health Initiatives: The Bureau of Family Health (BFH) maintains an interagency collaborative agreement with the DSS, DMS, for well-child outreach and prenatal case management services. Well-child outreach is a statewide program emphasizing screenings for the child and adolescent populations, and encourages at-risk pregnant women to obtain early and regular prenatal care. The prenatal case management program focuses on quality assurance standards, technical assistance and coordination, and data management of the case management services with particular attention to standardizing risk appraisal processes.

/2002/ During FFY 2002, BFH will conduct an overall program evaluation of the prenatal case management program, including the risk appraisal process.

/2003/ Well child outreach, a statewide program, continues to emphasize screenings for the child and adolescent populations while the prenatal case management encourages all pregnant women to obtain early and regular prenatal care. As a result of the internal audit process, during 2002, the focus for the prenatal case management program will be to provide technical assistance and quality assurance of nursing standards for the local agencies.

Any overview of the MCH health care delivery environment in Missouri, quickly reveals glaring disparities between African-Americans and all other racial/ethnic groups for virtually every MCH indicator. Preterm birth is most prevalent among African-Americans contributing to a LBW rate for this group double the rate for most other groups. The overall infant death rate among African-Americans exceeds that of any other group. Pregnancies of African-American women are more than twice as likely to end in fetal death than those of any other group. In Missouri, Hispanic births and births to non-Hispanic whites have comparable outcome rates. Asian/Pacific Islander births have a higher preterm and LBW rates, but lower infant and fetal death rates than non-Hispanic whites. These disparities can be correlated with level of income, education, and geographic location which create "unique challenges for delivery of Title V services" in Missouri.

/2003/ In recent years, the state of Missouri has experienced a significant influx of Hispanic, Eastern European, African, and Asian immigrants. These populations may not necessarily exhibit a disparate rate of maternal or infant mortality. Future rates will continue to be dependent on multiple factors.

/2002/ Family Care Safety Registry The Family Care Safety Registry was established by law to protect children and the elderly in this state and to promote family and community safety by providing background information on potential caregivers. Beginning in January 2001, families and employers have the ability to call the Family Care Safety Registry and request background information on registered child care and elder care workers or to request licensure status information on licensed

child care and elder care providers.

/2003/ Since January 1, 2001, the Registry has responded to more than 60,000 background screening requests and currently receives 1500-2000 requests each week.

/2004/ Funds are used to enhance Child Care Resource and Referral (R&R) services for families and children with special health care needs. Through this project the Child Care R&R have qualified inclusion staff in every R&R agency to provide statewide-enhanced services listed below:

- Determination of need for enhanced services for children with special needs.
- Development of a plan of action, in collaboration with the family, to support child care services to a child with special needs. This may include referrals to an inclusive child care program or other appropriate programs or services.
- Referral of all families of children with special needs to Missouri's Early Intervention Programs (First Steps), local Public School District or other appropriate programs or services.
- Offering of technical assistance to licensed, licensed-exempt, and unlicensed child care providers on how to provide quality care for children with special needs in an inclusive setting. This may be by telephone consultation, referral to community based training, community based services, or other services as available.
- Support of community based training to licensed, licensed-exempt, and unlicensed child care providers regarding inclusive child care.
- Support of community awareness of the importance of inclusive child care. /2004/

B. AGENCY CAPACITY

/2005/ Please see Section III. State Overview, C. Organizational Structure and its attachment for changes in divisions, sections, and programs. //2005//

The State of Missouri statutes that relate to maternal and child health (MCH) and Children with Special Health Care Needs' (CSHCN) authority are primarily found in Chapter 191 -- Health and Welfare and Chapter 201 -- Crippled Children of the Missouri Revised Statutes. Changes or updates relating to MCH authority are:

HB 191 was passed by the 90th session of the General Assembly for implementation January 1, 2000. The bill requires the Missouri Department of Health (DOH) [now the Department of Health and Senior Services (DHSS)] to make available to physicians, hospitals, and clinics performing breast implantation a standardized written summary that contains general information on breast implantation and discloses potential dangers and side effects of a breast implantation. Physicians are required to:

- Give the standardized written summary to the patient at least five (5) days before the breast implantation operation.
- Obtain the patient's signature on the form provided by DOH acknowledging receipt of the summary.

On December 13, 1999, DOH sent 846 letters to all hospitals, ambulatory surgical centers, and surgeons who perform or potentially may perform breast implementation. As of March 2000 the Bureau of Family Health (BFH) has distributed 4,200 FDA patient booklets for the agencies/surgeons to use.

SB 445 and HB 401 mandates that by January 1, 2002, every newborn in Missouri will have their hearing screened. Information obtained from the screens, re-screens and referrals for services provided by Part C of the Individuals with Disabilities Education Act (IDEA) are to be reported to DOH. DOH is to collect data from the hospitals who will be providing screens by 2002; develop a surveillance system; establish standards and procedures; provide audiology and administrative technical support to facilities; provide written information on newborn hearing screening; and establish and staff a Newborn Hearing Screening Advisory Committee.

/2002/ HB 279 [RSMo 191.332] passed by the legislature and signed by the Governor in 2001 expands the newborn screening requirements to include "potentially treatable or manageable disorders, including cystic fibrosis, galactosemia, biotinidase deficiency, congenital adrenal

hyperplasia, maple syrup urine disease and other amino acid disorders, glucose-6-phosphate dehydrogenase deficiency, other fatty acid oxidation disorders, methylmalonic acidemia, propionic acidemia, isovaleric acidemia and glutaric acidemia Type 1". During 2002, the Department will seek funding from the legislature to support implementation of this law.

/2003/ Funding requested in SFY 2003 was not appropriated due to budget constraints.

HB 10, the appropriations bill for the DOH for the state fiscal year beginning July 1, 2001 and ending June 30, 2002, includes new language regarding family planning services. The new appropriations language further seeks to safeguard state general revenue and state authority for spending federal monies being utilized to provide services prohibited by state appropriations language.

/2003/ HB 1110, the appropriations bill for DHSS for SFY 2003 contains the same language as HB 10.

/2003/ Legislation from 2001 (RSMo 376.1199) allows for insurance coverage for obstetricians/gynecologists, bone density testing, cancer screenings, and contraceptives coverage. Passed in 2002, SB 1244 [RSMo 191.925] requires the continuation and completion of a newborn hearing screening at a different facility if the newborn is transferred; and HB 1926 [RSMo 208.631] extends the sunset date for the MC+ for Kids, the State Children's Health Insurance Program (SCHIP), from July 1, 2002, to July 1, 2007.

/2004/ For 2003, SB 184 expanded the scope of access to state records eligible to be retrieved by the Family Care Safety Registry to include all open criminal records as well as the Missouri sexual offender registry. SB 184 also deleted the sunset provision for the Family Care Safety Registry, extending the program indefinitely. The Governor has signed this bill.

/2005/ For 2004, SB 1122 added a provision that requires persons and entities to obtain a permit to practice dentistry or provide dental services in Missouri. It further states that no corporation, unless it is organized under the provisions of Chapter 355 RSMo and qualifies as an organization under 26 U.S.C Section 501(c)(3), may employ dentists and dental hygienists to render dental services to Medicaid, low income (<200% FPL), and SCHIP unless such limitation is contrary to or inconsistent with state or federal law or regulation. This subsection does not apply to certain hospitals, FQHCs, city or county health departments organized under specific sections of the law, social welfare boards organized under specific sections of the law, and if the entity does not receive compensation for the service.

Also for 2004, SB 393, passed in 2001, changed the practice act for dental hygienists in Missouri. The change allows a duly registered and currently licensed dental hygienist who has been in practice at least three years and who is practicing in a "public health setting" may provide to Medicaid eligible children: fluoride treatments, teeth cleaning, sealants, if appropriate, without the supervision of a dentist. In 2004, funding was appropriated to allow dental hygienists to bill Medicaid/SCHIP for services rendered under this expanded scope of practice. //2005//

The Missouri Title V agency continues to take the lead responsibility and/or collaborate with other State agencies, local communities, and private organizations in developing, implementing, and/or supporting several important MCH related initiatives:

Office on Women's Health is supported by Title V funding. The Office's health policy recommendations for women were developed by the Women's Health Council with assistance of Maternal, Child and Family Health (MCFH) staff. The Council represents the geographic, professional, racial/ethnic, and age diversity of Missouri's women. The Council's task forces obtained input and advice from their communities for the development of each set of recommendations.

Office of Minority Health and Senior Services monitors the impact of all programs in DHSS on the health status of minority populations in Missouri, assists in the coordination and development of educational programs and culturally sensitive minority health education materials designed to reduce the incidence of disease in the state's minority populations, assists community minority health

organizations by identifying funding for health programs through public and private grants, promotes coalition and community development resources, and addresses access and disparity health issues.

MCFH took the lead in working with the Governor's Office and the Children's Trust Fund in the formation of the Home Visitation Interagency Council. This council researched existing home visiting programs and identified areas of overlap to more efficiently utilize state resources for home visiting programs. Missouri has three models for home visiting, Missouri Community-Based Home Visiting (MCBHV), Building Blocks of Missouri which uses the Olds format, and Crisis Intervention Nurse Home Visiting. It is anticipated that an economic evaluation will be completed for the home visiting programs within the next 12 months to identify the best home visiting practice for each of the three models to follow in the future.

//2005/ DHSS is collaborating with DSS and the Children's Trust Fund to implement an evaluation to be conducted by an outside contractor. The evaluation will result in comparable client data and determine cost-saving measures that all agencies can employ to maximize limited home visitation resources for targeted high risk populations. //2005//

Collaboration continues among the service coordination staff assigned to the Bureau of Special Health Care Needs (BSHCN) and local public health agencies (LPHAs) and the Department of Social Services (DSS), Division of Medical Services (DMS), other state agencies, and local communities to identify and help enroll children in Missouri's SCHIP, known in Missouri as MC+ for Kids.

DHSS and DMS, the state Medicaid agency under DSS, collaborate in the exchange of program data to monitor quality indicators. This collaboration with DSS continues with DHSS actively participating on the Missouri Medicaid Managed Care Quality Assessment and Improvement Advisory Committee. This committee and the subgroup staffed by the MCFH advises DMS on such areas as appropriate measurable population-based quality indicators, health policy that improves the health status of Medicaid managed care clients, and identification of "best practices" of MCH care.

Qualified women and children residing in the eastern, central and western regions of Missouri including the cities of St. Louis, Kansas City and Columbia continue to be served by Medicaid managed care. As of February 1, 2003, 37 counties continue to participate in the MC+ Managed Care Program.

//2005/ As of May 1, 2004, the same 37 counties continue to participate. //2005//

Collaboration and facilitation has taken place between the Oral Health Program (OHP) and the Medicaid program and other organizations and agencies that are actively involved in the issue of lack of access to oral health care for Medicaid recipients. The Missouri Coalition for Oral Health has been formed under the leadership of the Missouri Primary Care Association. A team has participated in the National Governor's Association (NGA) Oral Health Policy Academy. The Coalition conducted a statewide needs assessment utilizing the services of Felix-Burdine and Associates and is developing a comprehensive oral health plan for Missouri based on the Surgeon General's report on Oral Health and the Healthy People 2010 Oral Health objectives.

The Infant Mortality Work Group consists of prominent neonatologists and obstetricians and other MCH providers throughout Missouri, including the three medical schools (University of Missouri-Columbia, St. Louis University and Washington University). The work group is charged with developing feasible, sustainable program interventions that address issues of prematurity, very low birth weight, and infant mortality in Missouri. Two subgroups were formed to help focus resources to improve the statewide capability to collect and analyze data and to support specific interventions aimed at further reducing infant mortality in Missouri. Plans are for implementation of a Fetal and Infant Mortality Review Project in three areas of the state utilizing the National Fetal Infant Mortality Review Model developed by American College of Obstetricians and Gynecologists (ACOG) in the Spring 2003.

State CSHCN program supports communities through contractual relationships with health care providers and treatment centers to deliver services to children with special health care needs and

through community-based service coordination. BSHCN and Nutritional Health and Services (NHS) designed a survey tool and screening form to help assess and enhance nutritional services needed by children with special health care needs. Family Partnership facilitators have been hired for providing consultation to BSHCN. These facilitators and the Family Partnership members continue to assist BSHCN with integrating family representation in current committees and involving community stakeholders on statewide and local levels. Active collaborative efforts continue with MCFH Coalitions, State Part C Interagency Coordinating Council, Local Interagency Coordinating Councils (LICC), Caring Communities, Sickle Cell Coalition, Perinatal Substance Abuse Coalitions, Head Injury Advisory Council, Ticket to Work and Work Incentives Improvement Committee, Missouri Partnership for Leadership Training Council, Council for Inclusive Child Care (CICC), and Occupational Therapy State Partnership. BSHCN, through MCFH, entered into an interagency agreement with the Centers for Disease Control (CDC) and the National Center for Health Statistics (NCHS) for an oversample of the State and Local Area Integrated Telephone Survey (SLAITS) of families in Missouri for information on the prevalence of families with children with special health care needs.

BFH maintains an interagency collaborative agreement with the DSS, DMS, for well-child outreach and prenatal case management services. Well child outreach, a statewide program, emphasizes screenings for the child and adolescent populations while the prenatal case management encourages all pregnant women to obtain early and regular prenatal care. As a result of the 2002 internal audit process, the focus for the prenatal case management program is to provide technical assistance and quality assurance of nursing standards for the local agencies.

Family Care Safety Registry, located in DHSS's Division of Senior Services and Regulation, protects children and the elderly and promotes family and community safety by providing background information on potential caregivers. Beginning in January 2001, families and employers have the ability to call the Family Care Safety Registry and request background information on registered child care and elder care workers or to request licensure status information on licensed child care and elder care providers.

DHSS's MCFH and Health Standards and Licensure (HSL), Bureau of Child Care (BCC) are members of the School Readiness Indicators Initiative developing a comprehensive set of measures to monitor school readiness and service system outcomes for children and families.

BCC is working with MCFH to merge the Healthy Child Care America 2000 and the Early Childhood Comprehensive Systems initiatives.

Missouri's Head Start Collaboration Project includes representatives from DHSS, Department of Elementary and Secondary Education (DESE), Department of Mental Health (DMH), and DSS and identifies and addresses priority areas.

The Early Childhood Interagency Team (ECIT) consists of representatives from DHSS, DESE, DMH, DSS, and Head Start State Collaboration Office and meets regularly to ensure child care initiatives are coordinated through these agencies.

The MCFH [now DCH] Director's Office is participating with DMH in the development of the Statewide Systems of Care Initiative to develop resources, build collaboration, and remove barriers so that children with complex mental health needs can receive necessary services and supports. //2004//

//2005/ Senate Bill 1003 (Child Mental Health Reform Act) was passed with the intent of creating a Comprehensive Children's Mental Health Service System. The legislation calls for a Stakeholders Advisory Committee to develop the plan for the creation of such a comprehensive system. SB 1003 requires the comprehensive plan be completed by December 2004. One of the first tasks is to define how mental health services are delivered for children and their families now in Missouri to identify gaps and barriers in services, policies, and funding.

SB 1003 establishes a Comprehensive Management Team, appointed by DMH. Members include: DMH, DSS-Children's Division, DSS-Division of Youth Service, DSS-DMS; DHSS, Department of Public Safety, Office of State Courts Administrator, DESE, Juvenile Justice System, family-run organizations and family members, child advocate organizations, and local representatives of member organizations of the state team to serve children with emotional and behavioral disturbance problems, developmental disabilities, and substance abuse problems.

The Stakeholders Advisory Committee is appointed by DMH. Members include Children's Services Commission, Subcommittee on Mental Health, three additional parents, two local juvenile officers, and one judge. //2005//

C. ORGANIZATIONAL STRUCTURE

Division of Maternal, Child and Health (MCFH) within Missouri Department of Health (DOH) [now Department of Health and Senior Services (DHSS)] is responsible for preparation of Maternal and Child Health (MCH) Block Grant annual plan and application. Director of MCFH serves as director of the state's Title V program, as well as director of the state's Children with Special Health Care Needs (CSHCN) program.

/2004/ DHSS has undertaken a major realignment of its organizational structure which calls for integration of three divisions and one center into the new Division of Community Health (DCH). MCFH will become Section for Maternal, Child and Family Health within DCH. Paula Nickelson, previously Director of MCFH, has been named Director of DCH and will continue to serve as Title V Director for Missouri. Organizational charts for DHSS, MCFH, and the State are located in the attached file. Charts will be updated as realignment is finalized. //2004//

//2005/ See attachment to this section for the October 2003 reorganization. //2005//

During Federal Fiscal Year (FFY) 2000, DOH continued to make refinements to reorganization begun in FFY 1999. Center for Community Development and Health Care Access became home of Bureau of Dental Health (BDH) due to extensive work done to increase access to dental health services in the state. BDH continues to have a significant impact on Title V populations. In addition to BDH, Center for Community Development and Health Care Access includes Strategic Community Development, Health Care Access and Assessment, Caring Communities, and Community Health Assistance Resource Team (CHART).

/2002/ Additional organizational changes occurred in 2001. Center for Community Development and Health Care Access has been renamed Center for Health Improvement (CHI) and reorganized to include the units of Oral Health Program (OHP) (formerly named the Bureau of Dental Health), Health Systems Development, CHART, Community Support, and the Director's Office. State Public Health Laboratory will report directly to the Department's Chief Operating Officer rather than the Division of Administration. Effective July 1, 2001, the Department's organizational structure will include a Chief Operating Officer reporting directly to the Department Director; a Deputy Department Director to oversee Senior Services and Regulation; and a Deputy Director to coordinate Health and Public Health. MCFH will be part of Health and Public Health.

As part of the Department's reorganization, MCFH streamlined its operations to more effectively serve women, infants, children and adolescents in Missouri. The realigned MCFH division now consists of the Bureaus of Disabilities Prevention and Injury Control; Special Health Care Needs; Family Health; Dental Health; and Office of Planning and Evaluation. MCFH Quality Improvement initiatives are now being supported through a contract with University of Missouri-Columbia Sinclair School of Nursing.

/2002/ Additional realignment occurred in 2001. The injury prevention program moved to Office of Planning, Evaluation and Injury Prevention (OPEIP), BDH moved to CHI, and former Bureau of Disabilities and Injury Prevention is now Bureau of Genetics and Disabilities Prevention (BGDP).

/2004/ Effective July 2003, DCH was formed and consists of Sections of Maternal, Child and Family Health, Nutritional Health and Services, Chronic Disease Prevention and Health Promotion, and Health Improvement, which had previously been divisions. NOTE: See attached chart for proposed

10/03 update.

Division of Community Health (DCH) Director: Paula Nickelson, who had been Deputy Division Director for MCFH, was appointed as Division Director. She will continue to serve as Title V Director for Missouri.

Deputy Division Director: Tricia Schlechte, M.P.H., B.S.N, served as Deputy Division Director of MCFH until June 2001, when she was promoted to Deputy Department Director for Health and Public Health. Ms. Paula Nickelson, former Chief of Bureau of Family Health (BFH) became Deputy Division Director July 1, 2001 and served until July 2002 when she was promoted to Director of MCFH. Robin Rust was named Deputy Division Director in December 2002. Ms. Rust now serves as Deputy Director of DCH effective July 2003. //2004//

Office of MCFH Director (effective July 2003, Chief of the Section for Maternal, Child and Family Health): Glenda Miller, M.P.H., B.S.N, C.S, served as Director of the Division of MCFH until July 2002. Ms. Nickelson served as Director from July 2002 until July 2003 when she accepted the position as Director of DCH. Effective July 2003, this position is the Section Chief for the Section for Maternal, Child and Family Health. Melinda Sanders, who had been Bureau Chief of the Bureau of Genetics and Disability Prevention (BGDP), has accepted the position of Chief of the Section of Maternal, Child and Family Health.

/2004/ MCH Consultant Epidemiologist from Office of Epidemiology is Pamela Xaverius, Ph.D. Dr. Xaverius is located with Community Health Director's Office and works closely with DCH staff providing ongoing research support for such issues and topics as birth outcomes of pregnant women in Missouri with sexually transmitted disease, women's health priorities for Missouri, logic models for programs offered by DCH, literature regarding evidence-based, promising, and best-practices for programs offered by DCH, and research agenda for DCH to prioritize MCH programs and identify an evaluation process corresponding with standards and performance measures of MCH. //2004//

Assistant to Division Director: Deborah Goldammer, M.A., M.P.A., provides fiscal and budgetary expertise for DCH and oversees the Fiscal Services Support Unit (FSSU). This unit processes invoices and contract payments for various bureaus within the division. Ms. Goldammer has served both the legislative and executive branches of Missouri State Government in various capacities since 1976.

Within MCFH, there are three bureaus and one office which serve as the principal operating components for block grant-funded programs:

Bureau of Family Health (BFH) has primary responsibility for developing and implementing programs that include infant mortality reduction; maternal, child, and adolescent health services; school-linked health services to school age children; and rape prevention and services for victims.

Bureau of Special Health Care Needs (BSHCN) focuses on early identification of children with special health care needs; providing service coordination for children and families; and funding for preventive services and specialty diagnostic and treatment services. Service Coordination now has five area offices and four satellites throughout the state. The BSHCN assists LPHAs to build capacity for service coordination through educational efforts about Healthy Children and Youth (HCY) Case Management and contract development for outsourcing service coordination for First Steps and the CSHCN Programs. The BSHCN programs administered by the bureau are supported through a community-based, family-centered approach.

Bureau of Genetics and Disabilities Prevention (BGDP) coordinates and expands prevention activities in Missouri to reduce the incidence of primary and secondary disability associated with birth, development and disease. The bureau conducts public, professional and patient education advocacy; surveillance; needs assessment; resource identification and/or development; and collaboration and coordination with other public and private entities.

Office of Planning, Evaluation and Injury Prevention (OPEIP) supports departmental and interagency planning and evaluation to achieve healthier outcomes for women, infants, children, adolescents and children with special health care needs through grants development and management (Title V Block Grant and SSDI Grant); program analysis and evaluation; statewide MCH need/capacity assessments; departmental strategic planning and interagency planning and evaluation. OPEIP provides ongoing staff support for the Healthy Missourians Sub-Cabinet for Show Me Results established by the Governor's office in 1999. In FFY 2001, OPEIP assumed the leadership for DHSS's activities related to injury prevention.

Office of Quality Improvement: MCFH contracted with the University of Missouri's School of Nursing for assistance in the planning and support of quality improvement initiatives. MCFH has implemented a comprehensive continuous quality improvement (CQI) and program evaluation (PE) initiative. This initiative began with the training of all staff in concepts and principles of CQI and PE as well as a foundation in effective communication in the workplace to enhance quality of work relationships and work outcomes. A CQI/PE manual was developed in collaboration with administration, management, and staff. A quality improvement liaison team of program manager representatives was established and receives additional training to build capacity within MCFH as the insider expert team on CQI and PE. Training and group work sessions were held with local contractors on CQI and outcome measures were developed for the new outcome based contracts in MCFH. All programs have completed a basic evaluation logic model; several comprehensive program evaluations have been completed. Next steps include adding cost analysis to program evaluations and continued capacity building of staff.

Other divisions and centers within DHSS which continue to play vital roles in supporting a comprehensive set of services for target Title V populations in Missouri:

Division of Chronic Disease Prevention and Health Promotion (CDPHP) addresses physical activity, obesity, juvenile arthritis, and tobacco use prevention and has worked with MCFH for the purpose of conducting a statewide multi-media campaign regarding the prevention of youth initiation of tobacco use, elimination of environmental tobacco smoke (ETS), and awareness of the dangers of tobacco use during pregnancy.

Division of Nutritional Health and Services (NHS) provides services to address obesity, school-based nutrition, breastfeeding, nutrition epidemiology, and nutrition education.

CHI addresses oral health issues, access to health care, rural health care, and community change with focus on community assessment, planning, evaluation, and sustainability. CHI, Oral Health Program (OHP), administers a statewide community water fluoridation program which provides equipment for new installations and replacement equipment for those communities upgrading or replacing equipment. OHP also administers a fluoride mouth rinse program in schools across the state at no cost to students. The program is involved in a wide range of activities functioning in its capacity as a resource to the public, the oral health profession, and other federal and state agencies for dental public health and oral health issues in keeping with the Association of State and Territorial Health Officials (ASTHO) approved Guidelines for State and Territorial Oral Health programs.

//2004/ Divisions of CDPHP and NHS and CHI are now sections located within DCH. NOTE: See attached chart for proposed 10/03 update. //2004//

Division of Environmental Health and Communicable Disease Prevention (EHCDP) addresses immunization rates for children, childhood lead screening and communicable disease prevention.

Division of Health Standards and Licensure regulates child care providers, hospitals, emergency medical services and other critical health services provided in the community.

Center for Health Information Management and Evaluation (CHIME) provides assistance with MCH

data collection, analysis, evaluation, monitoring of Title V MCH outcomes, performance measures, and health status indicators.

Other offices: Office of Epidemiology, Center for Local Public Health Services, Office on Women's Health, Office of Minority Health and Senior Services, and Division of Administration.

D. OTHER MCH CAPACITY

D. Other (MCH) Capacity

The number and location of staff that work on Missouri Title V programs are listed on the chart below. This listing includes staff who provide planning, evaluation, and data analysis capabilities.

/2002/ A number of changes to the staff list below have occurred in the last year and are expected for FFY 2002. Due to the current state budget, the ability to fill positions as they become vacant is difficult to predict. The Bureau of Dental Health (BDH) staff noted below are no longer within the Division of Maternal, Child and Family Health (MCFH).

/2003/ As in 2002, there have been a number of changes to the staff list below, including the phase out of First Steps as a result of interagency re-design and initial efforts to outsource Children with Special Health Care Needs (CSHCN) Service Coordination. The number of maternal and child health (MCH) program staff within MCFH still exceeds 150 full time employees (FTEs). (BDH is now the Oral Health Program (OHP) in Center for Health Improvement [CHI].)

/2004/ The completion of the phase out of the First Steps program and the outsourcing of service coordination along with budget cuts have reduced the number of full-time employees to 138.8 as of June 5, 2003. An Excel spreadsheet is attached with the breakdown of Division of Community Health staff with related Title V Block Grant Maternal and Child Health responsibilities as of June 5, 2003.

/2005/ The number of full-time employees is 153.92 as of June 2004. A Word document table is attached with the breakdown of DCH staff with related Title V Block Grant Maternal and Child Health responsibilities. This number does not include staff outside of DCH, such as CHIME and the State Public Laboratory who provide support in the development and maintenance of the databases, statistical reports, etc., and the performance of the newborn screening tests. //2005//

In addition, the restructuring of the Department, July 2003, will reorganize four divisions and one center into two new divisions, the Division of Community Health (DCH) and the Division of Senior Services and Regulation. MCFH will transition to the Section for Maternal, Child and Family Health under DCH. The Divisions of Nutritional Health and Services and Chronic Disease Prevention and Health Promotion and the Center for Health Improvement will transition to Sections and move to DCH. Realignment is still being finalized.

NOTE: Based upon the September 12, 2003, proposal to be effective October 1, 2003, the Division of Community Health will consist of the Sections for Community Health Systems and Support (CHSS); Chronic Disease Prevention and Health Promotion (CDPHP); Maternal, Child and Family Health (MCFH); Office of Surveillance, Evaluation, Planning and Health Information (OSEPHI); and Office of Fiscal Support (OFS).

Under CHSS will be the units of Health Communities and Schools (HCS), Primary Care and Rural Health (PCRH), and Community Food and Nutrition Assistance (CFNA). CDPHP will have Chronic Disease Control (CDC), Cancer Control (CC), Health Promotion (HP), and Nutrition Policy and Education (NPE). MCFH will consist of Family Health (FH), Special Health Care Needs (SHCH), Genomics and Newborn Health (GNH), and WIC and Nutrition Services (WIC/NS). Under OSEPHI will be Quality Improvement, Planning and Evaluation (QIPE), Consumer Health Information, and Surveillance and Epidemiology (SE). OFS will have the budget, payroll, and payment functions.

The senior level management positions are provided below along with a brief biography of each.

Paula Nickelson is the Director of the Division of Community Health (the agency responsible for the preparation of the MCH Block Grant annual plan and application) and serves as the Director of the Missouri Title V program. Ms. Nickelson, M.Ed., has a distinguished career in the human services and management fields. Her experience in mid-Missouri includes roles as the Chief of Bureau of Family Health (BFH), Director of Clinical Services for the Rusk Rehabilitation Center, and Director of Evaluation and Counseling for Advent Enterprises, Inc.

Robin Rust was named the Deputy Division Director for MCFH in December 2002 and now serves as the Deputy Division Director for the Division of Community Health. She has a distinguished public service career spanning over 22 years of service with the Department of Social Services. Her experience as Assistant Deputy Director in the Division of Medical Services for policy on fee for service, strong management skills, extensive knowledge of provider and funding systems within the state, and established relationships with many of MCFH's external partners are invaluable.

Deborah Goldammer, M.A., M.P.A., Assistant to the Division Director, provides fiscal and budgetary expertise for MCFH and oversees the Fiscal Services Support Unit (FSSU). This unit processes invoices and contract payments for various bureaus within the division. Ms. Goldammer has served both the legislative and executive branches of Missouri State Government in various capacities since 1976.

//2005/ Sherri Homan, RN, PhD, Administrator, Office of Surveillance, Evaluation, Planning and Health Information (OSEPHI) is the administrator for the recently created OSEPHI within the Division of Community Health but began her work with the Missouri Department of Health and Senior Services in 1986. She has also served as the Deputy Division Director and as the Assistant to the Director for Strategic Planning and Program Evaluation for the former Division of Chronic Disease Prevention and Health Promotion. Dr. Homan received an Associate Degree in Nursing from Missouri Western State College in St. Joseph, Missouri, and completed her Bachelor's and Master's of Science in Nursing from the University of Missouri. Dr. Homan is a Family Nurse Practitioner and also completed her doctorate at the University of Missouri in the Department of Education. //2005//

Nick Boshard, M.P.H., Ph.D , is in charge of the Office of Planning, Evaluation and Injury Prevention (OPEIP) [now known as Quality Improvement, Planning, and Evaluation (QIPE) in the Office of Surveillance, Evaluation, Planning and Health Information (OSEPHI)] which supports departmental and interagency planning and evaluation to better achieve healthy outcomes for women, infants, children, adolescents and children with special health care needs through grants development and management (Title V Block Grant and SSDI Grant); program analysis and evaluation; statewide MCH need/capacity assessments; departmental strategic planning and interagency planning and evaluation. Dr. Boshard has over 20 years of experience in the health field including executive positions with multi-hospital systems, teaching experience with the Graduate Program in Health Services Management (University of Missouri) and public health experience with the Centers for Disease Control (CDC). He completed his Master's degree at the University of Hawaii School of Public Health. //2004//

//2005/ MCH epidemiological capacity has also been enhanced through the departmental reorganization, resulting in three full time Public Health Epidemiologists assigned to consult and evaluate MCFH related programs and activities. Pamela K. Xaverius, PhD, a recognized health disparity scholar by the National Institutes of Health, is assigned to MCFH and assists with providing logic models and literature reviews for all MCFH programs, with special evaluations provided for training of health care professionals in counseling women of child bearing age regarding tobacco and comparing birth outcomes between nurse home visiting participants (i.e., David Olds model) and non-participants. Additionally, consultative and analytic support is provided to several grants including the Missouri Fetal Alcohol Syndrome Rural Awareness Prevention Project; Autism and Developmental Disabilities Monitoring; and Missouri Pregnancy Risk Assessment. A second MCFH Public Health Epidemiologist position

is current being recruited. A third Public Health Epidemiologist, Linda Browning, PhD, MPH, RD, provides consultation and evaluation on a variety of nutritional related projects including a breastfeeding Web-based curriculum; the special supplemental nutrition program for women, infants, and children (WIC); child and adult care food program (CACFP); food stamp nutrition education program (FSNEP); community supplemental food program (CSFP); pediatric nutrition surveillance (PNSS); and MCH Title V Needs Assessment. Dr. Browning was a fellow with CDC, United States Public Health Service, and served on a cancer patient data sharing project with the World Health Organization. She also was nutritionist for CATCH (Coordinated Approach to Child Health) School Health interventions, now a standard for evidence based school health. //2005//

Other staff in the Department of Health (DOH) [now the Department of Health and Senior Services (DHSS)] also support the work of MCH activities and services. The time accounting system used by DOH shows an equivalent of 46.70 FTEs outside of MCFH who worked on MCH related activities from April 1999 through March 2000. Most of the support came from the public health laboratory, Office of Information Systems, and the Bureau of Child Care (BCC). These units contributed 89% of the external FTE support to the division.

/2002/ From April 2000 through March 2001, 33.00 equivalent FTEs outside of the MCFH contributed to MCH related activities. The state health laboratory and the Office of Information Systems contributed 93% of the external FTE support to the division. Total FTE support was less this year because FTE support from BCC was not included since their activities are in support of the Child Care and Development Fund activities rather than MCH specific activities.

/2003/ From October 2000 through September 2001, 32.59 equivalent FTEs outside of MCFH contributed to MCH related activities. The State Public Health Laboratory, Center for Health Information Management and Evaluation (CHIME) which includes the Office of Information Systems, and CHI contributed 85% of the external FTE support to the MCFH.

/2004/ From November 1, 2001 through September 30, 2002, over 20 equivalent FTEs outside of MCFH contributed to MCH related activities. The reduction may be due to a combination of loss of FTEs due to the budget, outsourcing services, and a new time coding system. //2004//

In FFY 1999, the Bureau of Nutrition and Child Care Programs had management staff who are members of the Child Care Advisory Committee. The Child Care Advisory Committee informs and advises DOH on child care issues and has one member who is the parent of a child with special needs. BCC has management staff who are members of the Council for Inclusive Child Care (CICC) and has coordination and facilitation responsibilities for the Council. CICC promotes the inclusion of all children in child care and provides guidance to the Departments of Health, Social Services, Mental Health, and Elementary and Secondary Education about policy and program development for the care of children with special needs. Approximately ten of the task force members are parents of children with special needs.

/2003/ BCC coordinated CICC through a contract with the Center for Innovations in Special Education (CISE) through July, 2001. CICC was instrumental in establishing the need and structure for the Inclusion Specialists positions located in the eight Resource and Referral agencies throughout the state.

/2004/ The Family Partnership was enhanced with the hiring of five parent liaisons for the Partnership program within BSHCN. These liaisons link the parents and communities with the development of BSHCN policy. //2004//

//2005/ The Family Partnership has an average of 30 family members participating in the meetings. //2005//

//2005/ Initial plans are in place to support a pilot PRAMS survey for Missouri. PRAMS, the Pregnancy Risk Assessment Monitoring Systems, is a surveillance project of the Center for Disease Control and Prevention (CDC) and state health departments. Missouri's pilot PRAMS survey (MOPRA) will collect Missouri state specific data on maternal attitudes and experiences prior to, during, and immediately following pregnancy. Through SSDI grant support, Missouri is laying the groundwork to join 32 other states who are now a part of this important MCH surveillance system. Missouri will closely adhere to the CDC PRAMS Protocol as this pilot

survey is implemented and is working with CDC PRAMS project staff to support the training required to operated PRAMS software and tracking systems. //2005//

//2005/ Consumer Health Information (CHI) under Office of Surveillance, Evaluation, Planning and Health Information (OSEPHI) is taking the lead in redesigning DHSS's Web pages in order for programs to have more presence and to be more easily identified and accessible for the general public. //2005//

E. STATE AGENCY COORDINATION

The text from Section 1.5.2, State Agency Coordination, of the Maternal and Child Health Title V Block Grant for the FFY 2003 Application and FFY 2001 Report, can be found in the previous block grant application and report. The following is a summary of that section in regard to the organizational relationships among such agencies as public and mental health, social services, child welfare, education, corrections, Medicaid, Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program, State's Children's Health Insurance Program (SCHIP), Social Security Administration, disability determination unit, and Women, Infant, and Children (WIC).

The Missouri Department of Health and Senior Services (DHSS) is a party to several written agreements or memoranda of understanding with other state agencies that support collaborative efforts to serve Title V populations in Missouri. Interagency agreements with the Departments of Social Services (DSS), Elementary and Secondary Education (DESE), Mental Health (DMH), and Natural Resources (DNR) are discussed below:

Agreements with DSS's Division of Medical Services (DMS), the Medicaid agency, address the broad rules and responsibilities of each agency to maximize and coordinate services for medically indigent individuals, including service coordination and case management services for Medicaid-eligible, at-risk pregnant women and children. Special Health Care Needs (SHCN) coordinates perinatal substance abuse services with DSS, DMH and DESE. Formal interagency agreements also exist with DSS for administrative case management activities for the Healthy Children and Youth (HCY, Missouri's name for the federal EPSDT program) for home visitation programs, the Physical Disabilities Waiver for children aging out of the HCY Administrative Case Management Program, and the Adult Head Injury Program.

MCFH's Family Health (FH) Unit has cooperative programs with the DMS for Prenatal Case Management (interagency agreement), and the Temporary Assistance During Pregnancy (TEMP) Program; cooperates with DMH, DSS, and DESE to implement the Perinatal Substance Abuse program; and has an agreement to implement a state-wide program designed to promote the health of children, adolescents, and pregnant women with DMS and to provide for special outreach efforts to promote prenatal care and to encourage well-child screening and checkups throughout the state, known as the Well Child Outreach Project.

FH also has agreements to work with Office of the State Court Administrator on Family Drug Court activities; Department of Public Safety to support the development and maintenance of a sexual assault surveillance system. FH works with other agencies to conduct conferences to provide education about sexual assault prevention and treatment.

DCH's Director and Deputy Director and MCFH's Administrator collaborate with the Healthy Start sites in the Boothill area, St. Louis, and Kansas City and conduct conference calls quarterly.

Healthy Communities and Schools (HCS) in DCH collaborates with DESE on school health initiatives, including guidelines for school health programs and professional development for school nurses.

HCS coordinates the statewide Council for Adolescent and School Health (CASH) who assists DHSS

in assessing adolescent and school health needs, planning effective strategies, and developing a state adolescent health strategic plan. The CASH reflects a broad representation of adolescent and school health affiliations, experience, and expertise representing various public and private agencies, ethnic backgrounds, and geographic areas of the state.

Injury and Violence Prevention worked with the State Injury Advisory Committee to generate the baseline data for the "State Injury Prevention Report Card" and to design that report (Injuries in Missouri: A Call to Action).

Injury and Violence Prevention within FH coordinates the Missouri Injury Control Advisory Committee which serves as a forum for addressing injury issues and provides guidance regarding injury prevention initiatives and activities conducted in the state. This committee was appointed by the Director of DHSS and has representation from state, local, public and private agencies, and professionals with injury expertise.

Injury and Violence Prevention serves as the lead agency for the Missouri SAFE KIDS Coalition and support of seven SAFE KIDS coalitions around the state. The coalitions seek to reduce accidents and injuries to children as a result of motor vehicle accidents, falls, drownings, bicycle accidents, fires, recreational injuries, and poisoning. Block grant funding was used to generate additional contract support for SAFE KIDS coalitions throughout Missouri. These coalitions directly support car restraint and helmet interventions to prevent and reduce injuries associated with auto accidents.

//2005/ Plans for FFY 2005 Title V funds include creating a SAFE-CARE Network Web page with a public site for general information and resources of child maltreatment and a private site for SAFE-CARE medical providers for education, training, billing and exam forms, transmittal of images between providers for consultation, legislative updates, etc. //2005//

Genomics and Newborn Health (GNH) coordinates a governor-appointed advisory group, the Missouri Genetic Disease Advisory Committee. The Missouri Genetic Disease Advisory Committee advises DHSS in quality assurance of the delivery of services to Missouri residents with genetic conditions. The Committee has four sub-committees (Newborn Screening, Cystic Fibrosis, Hemophilia, and Sickle Cell Anemia). The sub-committees are comprised of representatives from the treatment centers, providers, physicians and consumers. GNH works in collaboration with SHCN on activities related to the Cystic Fibrosis and Hemophilia Standing Committees.

A collaborative effort by the Oral Health Program (OHP) is the Missouri Emergency Response Identification Team (MERIT), composed of more than 50 dentists and dental team members specially trained for forensic identification in the event of mass disaster. MERIT is co-sponsored by OHP, the Missouri Dental Association, and the State Emergency Management Agency.

In 1997, Missouri's Governor established the Commission on Management and Productivity (COMAP) to conduct a review of state government, evaluate its strengths and weaknesses, and prescribe reform. The Governor identified over twenty outcomes within five key areas of safety, health, economic prosperity, education and effective and efficient government. These outcomes are referred to as an initiative entitled Managing for Results. The Governor formed five sub-cabinets to address various results within the five key areas. DHSS became the team leader for the Healthy Missourians Sub-Cabinet.

Federally Qualified Health Centers/Community Health Centers: Through the years money had been approved from the tobacco settlement funds to expand health care services through the Federally Qualified Health Centers (FQHC) in Missouri; and from the PRIMO (Primary Care Resource Initiative for Missouri) program funded by the Health Access Incentive Fund to expand dental services through the FQHCs. FQHCs work closely with DHSS's Office of Minority Health and Senior Services to address access and disparity health issues and with the Section of Vaccine Preventable and Tuberculosis Disease Elimination to address childhood immunization rates. The Well Child Outreach program and the Healthy Babies Initiative work collaboratively with FQHCs to distribute health education materials at the local level. Many of the individuals touched by DHSS's programs, including

TEL-LINK, home visiting programs, and others, are referred to FQHCs for medical and dental care. DHSS designated \$1 million in Tobacco Settlement funds to provide incentives to dentists providing services in FQHCs for similar environments. In addition, \$1 million in Health Access Incentive Fund (HAIF) has been used each year to expand dental services in FQHCs statewide and promote primary care access for primary care and mental health services. Funds are also used to support dental student loans (incentives) and loan forgiveness initiative under PRIMO.

Local Public Health Agencies (LPHAs): DHSS contracts with over 100 LPHAs to promote and improve the health of families within their jurisdictional areas. These funds are to be used solely to benefit the residents of Missouri, especially women, infants, children, adolescents, and children with special health care needs.

The Child Care Health and Safety Consultation Program is a statewide collaboration between DHSS and numerous LPHAs. LPHA health consultants provide health and safety consultation and training for child care providers in their respective communities. Various state and local public and private organizations are collaborative partners in the implementation of the Health and Safety Consultation program, supported with multiple sources of funding from the federal Child Care and Development Fund, MCH Block Grant, and a Health Systems Development in Child Care grant which supports the "Healthy Child Care America" campaign goals.

DHSS's Center for Local Public Health Services (CLPHS) and seven LPHAs located throughout the state, supported by the Turning Point Grant from the Robert Wood Johnson Foundation, worked collaboratively to design a model local public health agency in a community-based public health system. The Missouri Model Agency Project (MOMAP) identified ten components that need to be in place to enable the public health agencies to be the voice of public health in their communities. The MOMAP brochure may be found at this Web site:

http://www.dhss.mo.gov/AbouttheDepartment/MOMap_Brochure.pdf

The MOMAP developed into Missouri Institute for Community Health which facilitates dialogue among health care providers, the private sector, community colleges, universities, health and human service associations, and state and local government, www.michweb.org.

Tertiary Care Centers/Regional Perinatal Centers: Through the use of participating provider agreements with tertiary care centers, pre-approved specialty and sub-specialty care is provided by participating providers for children with special health care needs (CSHCN) who otherwise would have no resources for health care services.

GNH has contracts with university affiliated tertiary centers. These centers provide evaluation for genetic conditions, genetic counseling, and diagnosis of genetic conditions.

The work of the Infant Mortality Work Group involved close collaboration with neonatologists, obstetricians, the major medical research centers and other tertiary care centers.

DHSS continued to contract with Southwest Missouri State University (SMSU) to provide technical assistance, training, and consultation services to birthing hospitals and centers operating universal newborn hearing screening programs.

GNH contracts with the University of Missouri Columbia to implement the Missouri Teratogen Information Services program designed to prevent birth defects. The University maintains a toll free hot line for obstetricians, family practitioners, other health care providers and the general public that addresses questions regarding possible teratogenic exposure during pregnancy.

Nutrition Policy and Education (NPE) worked with the University of Missouri to develop and implement a lactation curriculum in the schools of nursing and medicine. Women, infants and children will benefit from the Lactation Curriculum because the physicians, nurses, and dietitians serving them will be better educated. Studies have shown that patients are greatly influenced by their physician's advice;

advice given by other types of health professionals also influences patient's actions, but not to the extent of a physician.

DHSS has assumed responsibility for the daily administrative activities of the Sexual Assault Forensic Evaluation-Child Abuse Resource and Education (SAFE-CARE) Network. Appropriately trained and experienced physicians are providing medical consultation on a regional basis.

The adolescent health consultation and education contract with Children's Mercy Hospital for Adolescent Medicine Consultation Services supports the services of an Adolescent Medicine Consultant, training, technical assistance, and a newsletter. The Adolescent Medicine Consultant represents the Department on various advisory groups and responds to requests for technical assistance on adolescent and school health issues, including school-based health centers.

Educational programs related to adolescent health are provided to professional organizations. The newsletter, "Adolescent Shorts," is sent to 6500 adolescent health and mental health professionals statewide to provide updated information and best practices regarding adolescent health concerns.

The Missouri Partnership for Leadership Education project at the University of Missouri-Columbia Health Sciences Center is focused on training professionals, especially in rural areas, regarding the best strategies to serve children with special health care needs. Project LEND (Leadership and Education in Neuro-developmental Disabilities) was funded in 1998 for a five year period. Staff from the SHCN participated on the advisory committee to this project. SHCN works with the University to coordinate technical assistance and outreach training. SHCN is exploring collaboratively developing a staff liaison to coordinate and link Title V CSHCN staff with Project Lend to help link students to professional careers in public health, facilitating the "latest advancements" in care coordination activities for special health care needs clients, and fostering closer integration of academic and public health delivery systems.

GNH, in collaboration with Center for Health Information and Management Evaluation (CHIME), continued tasks associated with the Missouri Birth Defects Registry Grant awarded to DHSS by the Centers For Disease Control and Prevention. During 2002, parents of children who recently had a child born with spina bifida, Down syndrome, or cleft lip and/or palate were contacted about the services their child was receiving and their satisfaction with those services. Referral information was provided at the time of contact and a resource package was subsequently mailed to the parent that contained additional information about their child's condition as well as referral sources. During the second year of the grant the interviews with parents continued.

A second component of the Birth Defects Grant is the development of a folic acid educational package to be presented statewide to county health departments. A power point presentation on folic acid was developed and information that county health departments can order free of charge was compiled. Data collected by CHIME concerning rates of birth defects in Missouri counties was also included in the package. During the second year of the grant, presentations were scheduled with county health departments in Southwest Missouri and the St. Louis area before covering other areas of the state.

The Missouri Partnership for Enhanced Delivery of Services, facilitated through the Department of Physical Medicine and Rehabilitation of the University of Missouri with funding assistance by the SHCN is developing a coordinated system of care for children with special health care needs in mid-Missouri. Focus is on family assistance in coordinating needed services by encouraging local partnerships with family, health care providers, schools and state agencies. The partnership continues in the development of a regional coordinated system which focuses on family assistance.

/2005/ Extensive collaboration with various state, local, and federal agencies resulted in the receipt of several grants. Among them are: Universal Newborn Hearing Screening and Intervention Grant; State Systems Development Initiative Grant; Traumatic Brain Injury Grant; Abstinence Only Education funding; Rape Prevention and Sexual Assault Prevention

Education Grant; Integrated Comprehensive Women's Health Services Grant; Prevention of Violence Against Women Planning Grant Centers for Disease Control; Early Childhood Comprehensive Systems (ECCS) Grant; Fetal Alcohol Syndrome Prevention Grant; Autism Surveillance Grant; State Oral Health Collaborative Systems Grant; HRSA State Planning Grant; and Robert Wood Johnson Medical Home Initiative.

For the ECCS coalition, there have been two coalition meetings. The coalition has approximately 60 members. There are six focus area sub-committees which have already had an orientation meeting. The ECCS grant summary and second year budget have been submitted. //2005//

In addition to the coordination efforts described above, the Missouri Title V agency coordinates and collaborates with various task forces, coalitions and networks related to all MCH populations.

Missouri completed the fourth year of a federal TBI (traumatic brain injury) Demonstration Grant from the Health Resources and Services Administration (HRSA) in September, 2001. A family mentoring program was established to provide support to families whose loved one had sustained a TBI. The Support Partner Program continues and is managed by the Missouri Brain Injury Association. A grant was awarded for FFY 2002 to develop a single intake form across agencies and an automated referral system using new technology as a pilot for the Adult Head Injury Program and the partner state agencies DMH, DSS, DESE/Division of Vocational Rehabilitation, and DHSS. This work continues and the efforts have been in streamlining the intake process and service planning. A common release of information form to reduce delays between departments in gathering information was adopted and is HIPPA complaint. Common data elements have been identified and agreed upon by the departments for use when an electronic solution is available.

The Bureau of Child Care seeks public input regarding child care through the Child Care Advisory Committee. Members of the advisory committee include parents and consumers of child care, child care providers, child care advocates, child care resource and referral centers, child care trainers, Head Start, community religious leadership, and others.

The Missouri Title V agency also coordinates with various federal departments, both directly and through federally funded coalitions. An example of direct coordination is the agreement between the State Disability Determination Unit and SHCN to refer children who apply for SSI to the CSHCN program. Referrals are sent directly to SHCN area offices from the Disability Determination Unit (DDU).

DHSS distributes informational materials directly to the following groups, who in turn make them available to their students, patients, and families. Those groups include Parents as Teachers, Head Start, schools (school nurses, family and consumer science teachers), community action agencies, health care providers in private practice and licensed child care centers, and criminal justice and corrections systems.

A working partnership between MCFH and the Missouri March of Dimes to distribute materials about folic acid is also in place. In addition, MCFH is teaming up with SIDS Resources, Inc., to disseminate print and electronic messages about placing babies on their backs to reduce the risk of SIDS (Back to Sleep campaign).

FH implemented the study of maternal death in Missouri for the period 1999-2000 utilizing the expanded definition of maternal mortality developed by the CDC and American College of Obstetricians and Gynecologists (ACOG) of pregnancy associated and pregnancy related deaths. The study was completed by January 2003 and the feasibility of establishing a Pregnancy Associated Mortality Review (PAMR) Board will be evaluated.

/2005/ The PAMR project continued. After the review and report generated for the 1999 and 2000 deaths which excluded accidental deaths, cancer deaths, homicides, and suicides, the decision was made to expand the project to cover the time frame of 1999 to 2003 and to

include all maternal deaths, whatever the cause. //2005//

FH facilitated the development of one statewide and three regional Fetal Infant Mortality Review (FIMR) committees. Representatives of these committees are currently involved in establishing standardized program components and systems in order to be able to address Missouri's infant mortality rate. FIMR offers a proven system to improve an understanding of the root causes of infant death and promote implementation of evidence-based interventions and solutions. MCFH, in collaboration with the Healthy Start sites and the Kansas City Health Department is developing a coordinated state and local Missouri FIMR Program. The goal is to implement in Spring 2003 FIMR Project in three areas of the state utilizing the National Fetal Infant Mortality Review Model developed by ACOG.

//2005/ Two FIMR projects were implemented in two areas of the state in FFY 2003. These sites give the opportunity to do a more in depth review of fetal and infant deaths and to take action within the communities to decrease infant mortality. //2005//

The Department was awarded a HRSA grant for Universal Newborn Hearing Screening and Intervention. The Universal Newborn Hearing Screening and Intervention Grant will implement a system of universal newborn hearing screening, develop data management, tracking, and follow-up systems in Missouri to ensure diagnosis of congenital hearing loss by three months of age and entry into early intervention by six months of age. Most recent statistics show that 98.3% of newborns are obtaining a hearing screening prior to hospital discharge. In addition, 95.5 % of newborns pass the initial hearing screening. Based upon current figures, the average age for diagnosis of a confirmed hearing loss is three months. Four hospitals currently use the Web-based reporting system. Additional facilities will use the system when the reporting function of the web system is operational.

Several significant achievements have occurred due to the opportunities provided by the Universal Newborn Hearing Screening Grant. Three regional representatives were hired to track infants who either missed or failed their initial hearing screening to assure linkage to early intervention services and a medical home. The program's newborn hearing screening informational brochure for parents was translated into Spanish and Bosnian. DHSS finalized an agreement with DESE to share aggregate data (e.g. First Steps enrollment, intervention services, type of amplification) on children with a confirmed hearing loss.

SHCN is developing a contracts with one LPHA contractor to provide Family Partnership services throughout the state to increase access to service coordination for all families with CSHCN for obtaining necessary health services, including dental care, and maintained a contract with Missouri Department of Labor, Missouri Assistive Technology Project to provide assistive technology for families of CSHCN.

F. HEALTH SYSTEMS CAPACITY INDICATORS

Primary source for health data within the state is Center for Health Information and Management Evaluation (CHIME). CHIME oversees the statistical support and health care assurance activities of DHSS; collects, analyzes, and distributes health related information which promotes better understanding of health problems and needs in Missouri, as well as highlighting improvements and progress achieved in the general health status of Missourians. To assure uniform and consistent reporting of all Title V related data, the Title V agency works with CHIME to integrate the eleven core health systems capacity indicators (see the following listing of #01 through #09C) and some of the health status indicators into the Missouri Health Strategic Architectures and Information Cooperative (MOHSAIC).

MOHSAIC utilizes a data warehouse augmented with surveillance data such as births, deaths, immunization, hospital patient abstracts, cancer registry, etc. Data fields are configured to allow analytic tools to retrieve data in an aggregated format useful for assessment and policy development purposes. Selected data from the MOHSAIC information warehouse is moved to the DHSS's Web page for external users to access.

DHSS's Web page provides access to MCH data through the Maternal and Child Health (MCH) Profiles and the Missouri Information for Community Assessment (MICA) system. The MCH Profiles are resource pages that provide information on a specific MCH indicator, including a definition of the indicator, risk factors, description of the condition, intervention strategies, state related programs, community programs and resources, contracts and grants, educational material, studies and reports, and other Web sites pertaining to the MCH indicator.

Health "Systems Capacity" Indicators (HSCIs)

#01 The rate of children hospitalized for asthma (10,000 children less than five years of age).

--The Maternal and Child Health subgroup of the State MC+ Quality Assurance and Improvement Committee this year updated the research for best practices for managing asthma and presented the research to the Medicaid managed care health plans for implementation.

--Missouri Asthma Prevention and Control Program (MAPCP) Web site (<http://www.dhss.mo.gov/asthma/school.html>) provides information and links for schools and child care centers regarding controlling asthma symptoms, preventing most acute asthma attacks, and maintaining desired activity levels. Partners include Asthma & Allergy Foundation of America - Greater Kansas City Chapter, St. John's Health System, Missouri Pharmacy Association, DESE, UAW Ford-Community Health Care Initiatives, American Association of Occupational Health Nurses, Missouri Society for Respiratory Care, Missouri DSS-DMS (Missouri Medicaid), Glaxo-Smith Kline, Sinclair School of Nursing, Missouri DNR-Air Pollution Control Program, DSS-DFS, City of St. Louis City Department of Health, Kansas City Health Department, Missouri School Nurses Association, Children's Mercy Hospital-Kansas City, Tyco Health Services, Truman Medical Center, Missouri Hospital Association, American Lung Association, Missouri School Boards' Association, Kansas City Missouri School District, St. Louis University-School of Public Health, Missouri Primary Care Association, Greater Kansas City Black Nurses Association, Allergy and Asthma Consultants, St. Louis Regional Asthma Consortium, and University of Missouri Outreach and Extension.

MAPCP published in 2002 the Missouri Asthma Burden Report to provide information on available interventions and management techniques and treatments, available on MAPCP Web.

--"Improving Missouri School Asthma Services" is a collaborative effort of DHSS, Missouri School Boards' Association, Missouri Association of School Nurses, and University of Missouri - Columbia to equip local school nurses to support children who have asthma, increase awareness and support among school staff and board members, and partner with parents to meet needs of children and reduce disabling effects of poorly controlled asthma.

--American Lung Association of Western Missouri offers Open Airways For Schools, an asthma education program developed by Asthma Research Group of Columbia University's College of Physicians and Surgeons in New York City. It is an interactive asthma curriculum taught to small groups of children with asthma in the third, fourth, and fifth grades. Open Airways For Schools is intended to increase children's ability to take care of their asthma on a daily basis. At completion of the program the child should be able to: 1. take steps to prevent asthma episodes; 2. recognize the symptoms of asthma when an attack first occurs and carry out appropriate management steps; 3. discuss and solve problems related to asthma with parents, doctors, teachers, friends; and 4. feel more confident about taking care of asthma on a daily basis.

--American Lung Association of Eastern Missouri Asthma is the recognized leader in asthma programs in Eastern Missouri which include: Open Airways for Schools-school-based, interactive asthma management program for children ages 8-11 to help them learn how to manage their disease and how to lead healthy productive lives; and Early Childhood Asthma Awareness Project-a project designed to increase understanding of early childhood asthma among care givers and educators.

#02 The percent of Medicaid enrollees whose age is less than one year who received at least one initial periodic screen.

--See Form 17 and #03 below.

#03 The percent of State Children's Health Insurance Program (SCHIP) enrollees whose age is less than one year who received at least one periodic screen.

-- CSHCN Service Coordination provides direct service coordination. Program staff are located in SHCN area offices to facilitate the delivery of community-based services and to identify CSHCN, refer these children/families to resources including resources within their communities and provide service coordination and prior authorization activities under the HCY program.

--MCH Coordinated Systems Contracts with LPHAs establish and maintain an integrated multi-tiered service coordination system. Funds are disbursed using an outcome-based contract to local public health agencies with a contractual obligation to use evidence-based interventions. Each jurisdiction is expected to address identified health risk indicators that are the most disparate from the state rate for that indicator. Disease prevention, health promotion, and statewide outreach are major components of the population-based service level. The contracts emphasize local MCH system development or enhancement to address targeted risk factors such as percent of children without health insurance in addition to infant mortality, pregnancy among adolescents ages 15-17, motor vehicle deaths among children 1-14, inadequate prenatal care smoking during pregnancy, newborns with genetic disorders, and obesity among children.

#04 The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

--Baby Your Baby Web site (www.dhss.mo.gov/babyyourbaby) has information for pregnant women, their families, and communities on healthy pregnancies and healthy babies. Topics include prenatal care and nutrition, MC+ for Kids, TEL-LINK which is a free resource and referral telephone line, and WIC.

--The WIC Program prescribes and pays for nutritious foods to supplement the diets of pregnant women, new mothers, infants and children up to five years of age, who qualify as "nutritionally at-risk," based on a medical and nutrition assessment, and state income guidelines (185% poverty). The WIC Program provides various assistance including medical referrals to health care providers to address the WIC participants needs.

--A campaign was developed with the Missouri Broadcaster's Association for messages to promote healthy pregnancy through early and adequate prenatal care to be aired over 250 radio states statewide. First message was aired in Spring 2004 with others to follow.

#05 Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State.

--See Form 18.

#06 Percent of poverty level for eligibility in the State's Medicaid and SCHIP programs for infants (0 to 1), children, and pregnant women.

--October 2003, DHSS was awarded the State Planning Grant from the federal Department of Health and Human Services (HHS) to allow the state to study the issue of the uninsured and to develop a state plan with models and options for increasing access to affordable health insurance coverage for MO residents. Through the grant, the state will conduct a review of existing data, household surveys, focus groups with consumers and employers, and key informant interviews to identify who the

uninsured are in MO and the reasons for being uninsured. It is projected that the data from these studies will be available in the fall of 2004.

The Advisory Council on the Accessibility and Affordability of Health Insurance Coverage, established through the grant, will be responsible for making policy recommendations on programs, models, and options based on data collected and evidenced-based practice. It is projected that draft policy recommendations will be made by January 2005 and final recommendations to the Governor's Office by May 2005.

DHSS has lead authority in this study and will be responsible for filing a written report by September 2005, pending approval for no cost extension, to the Secretary of HHS Tommy Thompson's office regarding the details of the findings and the state's plan, based on recommendations from the Advisory Council and decision of Governor's Office, to increase Missouri access to affordable health insurance for Missouri residents.

#07 The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

CHSS's Oral Health Program works with the Elks Mobile Dental Program to provide primary clinical and preventative dental services to CSHCN and other vulnerable children with 2044 eligible children receiving treatment over 2641 encounters in FFY 2003; the Fluoride Mouthrinse Program (FMP) in which 98,000 children in elementary schools (primarily in areas without access to fluoridated water) participated; and the Water Fluoridation Program which purchased in FFY 2003 new/replacement fluoridation equipment for 17 public water systems serving over 59,000 citizens.

#08 The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs Program."

--See Form 17.

#09(A) The ability of States to assure that the Maternal and Child Health program and Title V agency have access to policy and program relevant information and data.

CHIME provides continued integration of multiple single purpose databases into a single system supports a child-centered record. The initial child record is created from the birth records for children born in Missouri. CHIME supports documentation of the services received and/or results of screenings for the child. The system also includes data on immunizations, tuberculosis skin testing, Medicaid status, service coordination provided through the units of Special Health Care Needs and Genomics and will include the results of newborn blood spot, newborn hearing screenings results and blood lead level. Also see the three opening paragraphs to this section.

#09(B) The ability of States to determine the percent of adolescents in grades 9 through 12 who report using tobacco products in the past month.

--Tobacco use among public high school students in Missouri is monitored through the Youth Risk Behavior Survey conducted every odd numbered spring since 1995 by DESE and funded by the CDC Division of Adolescent and School Health. DHSS Tobacco Use Prevention Program conducted for the first time the Youth Tobacco Survey in 2003 with public middle and high school students, funded by CDC Office on Smoking and Health. Results are in a fact sheet on DHSS Web site, www.dhss.mo.gov/SmokingAndTobacco/Youth_Use.pdf. Also, Department of Mental Health and DESE Safe and Drug Free Schools Program conduct a biennial alcohol, tobacco, and other drug use survey with 8th and 12th grade students, and other grades optionally by schools.

#09(C) The ability of States to determine the percent of children who are obese or overweight.

OSEPHI is responsible for two programs (Pediatric Nutrition Surveillance System (PedNSS) for five

years and younger and School Screening Program (Youth FFQ) for 7-18 years of age) which determine percent of children who are obese or overweight. PedNSS indicators are birth weight, anemia, and breastfeeding. It is funded by WIC. Youth FFQ tracks dietary intake, weight status (underweight, normal, and at risk for underweight), and physical activities. BMIs are calculated. Youth FFQ is funded through NPE.

Below is list of other programs and activities with their descriptions which are, or will be, funded by the MCHBG in Missouri. A list of the Health Systems Capacity Indicators (HSCI) to which the program/activity applies follows each description.

--Child Care Initiatives - Funds are used to enhance resource and referral (R&R) services for families and CSHCN. Through this project, families may receive technical assistance about how to find appropriate child care for their child with special health care needs and providers receive technical assistance and training to assist them in fully integrating the child into the child care program. Funding will also be used to assure trainers, licensing staff, resource and referral staff, child care health consultants (in local health agencies), and others are trained to deliver services that support child care providers caring for children with special health care needs.

-----HSCI: 2, 3, 6

--Family Partnership - The partnership provides for collaboration of families of CSHCN needs with their communities and provides education and information to community groups through members of that community. Parents and guardians are given the opportunity to offer input and suggestions to impact services used by CSHCN.

-----HSCI: 9a

--MCH Coordinated Systems Contracts with LPHAs - Title V funds support a statewide service coordination network that has been outsourced through community-based contracts with local public health agencies and through participating provider contracts with local administrative providers for medical and primary/specialty care services for children with disabilities, chronic illness, and birth defects. Funds are disbursed using outcome-based contracts to local public health agencies with a contractual obligation to use evidence-based interventions. Each jurisdiction is expected to address identified health risk indicators that are the most disparate from the state rate for that indicator. Services include assessment, diagnostic, preventive, and treatment; service coordination provides statewide healthcare support services. Service coordination facilitates, coordinates, monitors, and evaluates services and outcomes; and encourages an individual/family to develop the skills needed to function at their maximum level of independence.

-----HSCI: 4, 8, 9b, 9c

--Expanded Newborn Screening - Funding will support the implementation of newborn screening using tandem mass spectrometry for fatty acid oxidation disorders, organic acid oxidation disorders, amino acid oxidation disorders, and other potentially treatable or manageable disorders and will support service coordination for children who screen positive for such disorders.

-----HSCI: 3

--CSHCN Service Coordination - Title V funds and state general revenue funds support contracts and program staff who provide direct service coordination to CSHCN. Program staff are located in the Special Health Care Needs area offices to facilitate the delivery of community-based services. The Hope Service (SHCN, Juvenile Arthritis, and Perinatal Substance Abuse) contracted for service coordination in July 2003 to identify CSHCN and referring these children/families to resources including resources within their communities. Enhanced case coordination will be provided for drug-exposed and impaired children who qualify as high-risk infants. Specialized training is provided to staff and contractors to enable them to better identify developmental delays in exposed infants. Additional staff provide service coordination and prior authorization activities under the HCY program. SHCN staff will continue to focus families on developing emergency plans and to provide assistance and planning materials for emergency plans.

-----HSCI: 1, 2, 3, 6, 7, 8

--Adolescent Health Projects - Title V funding supports the development and implementation of state and community based projects to promote adolescent health. The Missouri Council for Adolescent and School Health advises the department on priorities for adolescent health initiatives. The Council's priority recommendations for potential funding include projects to more comprehensively address adolescent health through positive youth development and evidence-based strategies. Another statewide strategy is adolescent medicine consultation. Provider education is accomplished through the publication and dissemination of a bimonthly newsletter sent to pediatricians, family practice physicians, advanced practice nurses, and school nurses. Newsletter articles cover a wide range of adolescent health concerns.

-----HSCI: 9b, 9c

--Folic Acid Initiative - This initiative will continue the Missouri Folic Acid Advisory Committee to enhance the work begun to promote awareness of the benefits of folic acid in preventing neural tube defects and continue to develop a three-year plan to reduce neural tube defects by increasing awareness of folic acid in women of child bearing age and address strategies to implement evidence-based interventions to increase consumption of folic acid. For six weeks, there will be 30-second public service announcements through the Missouri Broadcasters Association regarding folic acid and referring listeners to TEL-LINK for referral and resource services.

-----HSCI: 8

--Genetic Services - Title V partially funds the program's contributions in the reduction of morbidity and mortality associated with genetic disorders by providing both the public and medical professionals information concerning genetic disorders and the availability of genetic services in Missouri. The genetic disease program maintains a referral network that connects Missourians in need of diagnostic treatment, counseling, and specialized health services with appropriate health care providers.

-----HSCI: 4, 9a

--Healthy Babies - This initiative provides educational materials through the Web site and printed materials that promote healthy pregnancies and healthy birth outcomes and encourages early entry into prenatal care. The Web site (www.dhss.mo.gov/babyyourbaby) will be active through January 2008.

-----HSCI: 4

--Home Visiting - Funds are allocated to Missouri Community-Based Home Visiting Program (MCBHV) and Building Blocks of Missouri to provide home visiting services for pregnant women and infants at risk of infant mortality or morbidity and abuse or neglect. MCBHV combines the expertise of nursing, social work, family support work, and education and requires collaboration with other community agencies and programs that also provide home visits to avoid duplication and to fill gaps in services. Building Blocks is an evidence-based prenatal and early childhood nurse home visiting program based on the David Olds' Model (Nurse-Family Partnership). Home visiting services include a health assessment for postpartum mothers and newborns, assessment for risk factors associated with child abuse and neglect, counseling on child health and development, education on parenting and problem-solving skills, nutrition education, and identification and enhancement of family support systems, as well as referral and case management services.

-----HSCI: 4, 6, 7

--Injury Prevention Projects - Title V funding supports interventions such as addressing child passenger safety, youth violence and motor vehicle crashes. MCFH works collaboratively with other programs in DHSS, the Division of Highway Safety, SAFE KIDS Coalitions, Think First Missouri, and other state and local organizations to reduce unintentional and intentional injuries through development of a resource guide, community planning, and development of "train the trainer" segments to be incorporated into existing educational programs such as K-12 education, child care, and parent education.

-----HSCI: 8

--Nutrition Projects - Title V funding supports staff in CDPHP to carry out activities related to assessment, policy and program development, and quality assurance. Funds will target improved nutritional care for children with special health care needs; comprehensive obesity prevention initiatives to impact eating behaviors of families with children and to focus on ways to prevent obesity; increased folic acid use; and breastfeeding in early infancy. Activities will be conducted by multiple divisions and programs.

-----HSCI: 9c

--Outreach and Education: TEL-LINK - Title V and state general revenue funds support the maintenance of the state's toll-free telephone referral service. This service offers callers information and direct referral to health and health-related services available in local communities and statewide.

-----HSCI: 4, 7

--School Health Capacity Building - Title V and state funding supports the School Health Services program in funding special contracts with public schools, public school districts, and local public health agencies (LPHAs) to establish or expand population-based health services for school-age children in defined geographic areas. The program focuses on increasing access to primary and preventive health care for school-age children; identifying school-age children with special health care needs and referring them to a system of care; and providing professional education to school health professionals who work with school-age children who may be overweight, at risk for being overweight, or have diabetes, asthma, or ADHD. The program is a collaborative effort of the State Departments of Health and Senior Services, Social Services, and Elementary and Secondary Education. In 2004, DHSS targeted the remaining twenty-six small, rural school districts in Missouri that had no identified school health services for capacity building contracts. These contracts purposefully integrate the resources of the local public health agency, the local education agency, and the community to develop a coordinated school health service's program that addresses direct services, enabling services, population-based services, and infrastructure building activities.

-----HSCI: 1, 9b, 9c

--Coordination and Systems Development - Title V funds are used to support staff in DCH to carry out activities related to assessment, policy and program development, quality assurance, contract monitoring, and program implementation and coordination. Coordination activities between state and local agencies and data collection, analysis and data processing services are also supported with this funding. Funds support CHSS for their Community Health Initiatives which provide training and technical assistance to build infrastructure at the local level. Assistance is provided to communities with emphasis on maternal and child health issues as they identify their priority issues and implement community-specific interventions to positively impact those priorities.

-----HSCI: 1-9c

--Epidemiological Services - Title V funds will be used to fund epidemiological consultation services regarding needs assessment and evaluation of maternal and child health (MCH) programs and to provide technical assistance to identify factors that affect infant mortality, injury prevention, and other issues impacting MCH health status.

-----HSCI: 1, 6, 7, 8, 9

--Fetal Infant Mortality Review (FIMR) Development - Funds will continue to be used in supporting and expanding existing FIMR boards in local communities to examine the causes of fetal and infant deaths not examined by the Child Fatality Review Board and to recommend policy, program, or systems changes which may reduce the rate of fetal infant mortality.

-----HSCI: 4, 5, 6, 9a

--Pregnancy Associated Mortality Review (PAMR) Development - Funds will be used to examine the causes of maternal mortality in Missouri. The PAMR Board is under development.

-----HSCI: 4, 5, 6, 9a

--Quality Improvement - Funds will be used to develop and assist in implementing and coordinating the ongoing quality improvement plan and activities for DCH to continually focus on improving the quality of services from Title V programs and contracting agencies. Activities would include evaluation studies, consultation, technical assistance, training workshops, and focus groups. The Missouri Title V agency will continue to seek input from those who use the "MCH system" in Missouri.

-----HSCI: 1-9c

--Program Evaluation - Evaluation of MCH programmatic processes and outcomes has been "mainstreamed" throughout the MCH infrastructure at the state level. Process evaluations assess the extent to which a program or programs are operating as intended. Impact evaluations conducted assess the net effect of a program or programs by comparing program outcomes with an estimate of what would have happened in the absence of the program. Program evaluations supported with Title V funding are a key element in assuring funding is maximized to address MCH issues.

-----HSCI: 1-9c

--Donated Dental Services is a partnership of volunteer dentists with the Missouri Dental Association to provide comprehensive dental care to those among the low-income maternal child health populations in most need of care, at no charge to the patient.

-----HSCI: 7

--Contingent upon the outcome of the feasibility/efficiency study currently in progress, the Fluoride Mouthrinse (FMR) Program may utilize MCHBG funds to initiate a phased transition in the FMR program from the current powder-jug-pump-cup-napkin system to a premixed cup-napkin system. The old system has inefficiencies and restricts its use to those that are trained, hence absent program staff can hinder program implementation; it appears cumbersome to schools, thus restraining participation; and the concentrated powdered form has the potential, if accidentally consumed, to lead to serious consequences. The new system will require adequate protected storage space and the opportunity to transition will be made available to those interested.

-----HSCI: 7

Focus groups are meeting and extensive data continues to be gathered as part of the five-year Needs Assessment. A broader assessment of the activities, capacity, and constraints of the State agencies will be presented in the FFY 2006 application and FFY 2004 report.

IV. PRIORITIES, PERFORMANCE AND PROGRAM ACTIVITIES

A. BACKGROUND AND OVERVIEW

The Missouri Title V Block Grant Performance Measurement System graph presents a schematic overview of the entire system. This approach begins with the identification of priorities and culminates in improved outcomes for the Title V population. Accountability is determined in 3 ways: (1) budget and expenditures for the four levels of service represented in the pyramid; (2) by measures of progress towards successful achievement of each individual performance measure; and (3) a positive impact on the outcome measures, if the program interventions and activities are successful.

Missouri's priority needs are discussed in Section II, Needs Assessment, and Section IV. B, State Priorities. National and State Performance measures are examined in Section II as well as in Section IV. C and D.

The graph "Missouri Core Public Health Services Delivered with Maternal and Child Health Services Block Grant Assistance" summarizes Missouri's Title V Block Grant-funded services on the Maternal and Child Health (MCH) pyramid by levels of service.

The two graphs and the lists of Missouri's 7 priority needs, the 6 mandated national outcome measures, the 18 national performance (NP) measures, and the 7 negotiated state performance (SP) measures are in the Word document attached to this Section IV. A. The NP and SP measures are also listed in Forms 4a and 4b which identify the specific pyramid level of service and key activities for each.

The NP measures are examined in Section IV. C. See Form 11 for a report on Missouri's status relative to the 18 NP measures and Missouri's five-year objectives relative each of these. See Section VII for the NP measure detail sheets.

Missouri's "negotiated" performance measures were developed through a process that included Department, Division, program, and public input. The process began with an initial list of performance measures proposed by the MCH Block Grant Development Team. This team, consisted of one member from each of the units within Maternal, Child and Family Health along with members of Division staff, developed these initial measures from criteria listed in Section III. A, which must be referenced in departmental/division strategic plans.

The team also felt that any SP measures selected should not be a measure already addressed by one or more of the MCH NP measures. As the FFY 2001 application was developed, the team made a decision to replace the FFY 1999 -- FFY 2000 Percent of Women with Inadequate Prenatal Care SP measure with a Percent of Children who Use Tobacco (14-19) SP measure.

It was felt that the SP measure relating to prenatal care too closely paralleled one of the national MCH performance measures. The percent of children under age 2 with a subdural hematoma SP measure was deleted in the FFY 2000 application.

See Form 16 for State "Negotiated" Performance Measure Detail Sheets. Also included in the Detail Sheets are descriptions of the state selected measures that includes their category on the pyramid, the Missouri goal, the measure used, how the measure is defined, the measure's relationship to Healthy People 2010 (if there is one), data sources and data issues, and the significance of the indicator or why this particular indicator was chosen.

B. STATE PRIORITIES

/2005/ The following is a summary of the priority needs identified in the Needs Assessment conducted for the FFY 2001 application and identifies the indicators related to the priorities. For the FFY 2006 application, these will be updated to reflect the priority needs identified

through the new assessment. //2005//

Missouri's priority needs are:

1. Healthcare Access (for MCH populations)
2. Prevention of Smoking Among Children and Adolescents
3. Reduction of Unintended Pregnancies
4. Reduction of Child and Adolescent Injuries
5. Reduction of Child Abuse and Neglect
6. Minority Health Disparities
7. Expanded MCH Information Systems

The State Priority Needs are further addressed below by the levels of services of the Maternal and Child Health (MCH) pyramid. This information is taken from Section 3.2.1 of the Needs Assessment document which is attached to this application/report. However, the numbering of the indicators has been updated to match the new indicators in the 2003 guidance.

DIRECT AND ENABLING SERVICES

Primary and Oral Health Care Access: Despite successful efforts to enroll children in the State Children's Health Insurance Program, many children in this state have little or no access to primary dental care. Since 1980, there has been a dramatic increase in the number of children diagnosed with asthma in Missouri. Many of the 87,600 asthmatic children in Missouri do not have adequate access to the primary and specialized services they require. Eighteen to twenty percent of all children in Missouri have a chronic physical or mental condition requiring services that typically extend beyond those needed by healthy children. Many of these children with special health care needs still do not have adequate access to the primary and specialized services they require.

- access to oral health services required by children
- "Medical Home" for children with special health care needs
- basic health insurance coverage for over 50,000 children
- "Medical Home" for uninsured and Medicaid (non MCH) children

-----Related Health Systems Capacity Indicators: 1, 2, 3, 4, 5; Health Status Indicator: 7.

POPULATION BASED SERVICES

Prevention of Smoking Among Children and Adolescents: Missouri had the second highest teen smoking rate in the nation in 1995 and the fifth highest in 1997. Almost 90 % of adults in Missouri who have become regular smokers began smoking at or before age 18.

Unintended Pregnancies: A major factor impacting low birth weight babies and entrance into first trimester care, is the intent to conceive, as women with unintended pregnancies are less likely to receive early prenatal care, needed nutritional supplements including folic acid and are likely to use alcohol, tobacco or other substances. There is also a strong correlation between unintended pregnancies, low income levels and Medicaid women. In 1998, over 60% of all unintended births were among low income Medicaid women.

-----Related Health Systems Capacity Indicators: 6, 9A; Health Status Indicator: 1.

Child and Adolescent Injuries: Missouri continues to exceed the U.S. average in three of the five leading causes of premature death among MCH populations: motor vehicle-related fatalities; suicides; and deaths caused by firearms. In 1998, the 15-19 year old age group had the highest rate of death due to motor vehicle accidents in Missouri.

-----Related Health Status Indicators: 3, 4.

Child Abuse & Neglect: In 1998, there were more than 48,119 reports of child abuse and neglect to the Division of Family Services Hotline, involving more than 75,000 children. From these reports, 12,556 children were confirmed as abused or neglected. Physical neglect (54.6% of children) was found much more frequently in child abuse investigations than physical abuse (21.7%). Sexual abuse was found in 18.3% of confirmed cases. More than one-third of the children in cases of probable cause were less than six years old. Almost three quarters of children (31) who died as a result of child abuse or neglect were less than six years old.

Minority Health Disparities: Infant Mortality and Other MCH Indicators: There are readily apparent disparities between African-Americans and all other race/ethnic groups for virtually every MCH indicator. The overall infant death rate among African-Americans exceeds that of any other group. The African-American neonatal death rate is 2.3 times the rate for all other births combined in Missouri. Pre-term birth is most prevalent among African-Americans, while the African-American LBW rate is about double the rate for other groups.

-----Related Health Status Indicators: 6, 7, 8, 9, 10, 11, 12.

INFRASTRUCTURE SERVICES

Expanded MCH Information Systems: The collection, management and dissemination of data on MCH health status, outcomes, process and structure is key to developing an effective and accountable delivery system serving MCH populations in Missouri. Customized data systems are required to track national and state MCH performance measures. MCH health status indicators need to be integrated within data systems already supported by the Center for Health Information and Management Evaluation. Expanding partnerships with managed care plans to track and analyze best practice MCH indicators, is another crucial element of Missouri's evolving MCH electronic information system. Finally, the capability of local communities and regions to electronically patch into this evolving MCH information system, needs to be further enhanced.

-----Related Health Status Indicator: 2.

C. NATIONAL PERFORMANCE MEASURES

Performance Measure 01: *The percent of newborns who are screened and confirmed with condition(s) mandated by their State-sponsored newborn screening programs (e.g. phenylketonuria and hemoglobinopathies) who receive appropriate follow up as defined by their State.*

a. Last Year's Accomplishments

ENABLING

Missouri statute requires all newborns born in Missouri to be screened for phenylketonuria (PKU), galactosemia, congenital hypothyroidism, congenital adrenal hyperplasia, and hemoglobinopathies. During calendar year 2003, the State Public Health Laboratory conducted 76,760 initial newborn screening tests and 13,695 repeat newborn screening tests.

A letter was mailed to health care providers and hospitals with obstetric units and neonatal intensive care units informing them of the availability of the "MISSOURI NEWBORN SCREENING" and "EXPANDED NEWBORN SCREENING" pamphlets. These two pamphlets were translated into Spanish, Vietnamese, and Bosnian.

INFRASTRUCTURE BUILDING

The Office of Information Systems (OIS) of the Center for Health Information Management and Evaluation (CHIME) supported analysis and implementation of Neometrics Systems for metabolic screening.

b. Current Activities

ENABLING

During FFY 2003, the Newborn Screening Program, comprised of the Blood Spot Program, in the Unit of Genomics and Newborn Health and the Newborn Screening Unit in the State Public Health Laboratory, has been making preparations to expand the newborn screening panel to 25 disorders from the current 5 disorders using tandem mass spectrometry (MS/MS). A MS/MS Task Force has been established to provide guidance to the DHSS on implementation of expanded newborn screening. The task force consists of DHSS staff, geneticists, and genetic counselors from throughout the state. An article informing health care providers about the expansion of the blood spot program is being drafted for publication in Missouri Pediatric Association magazine PEDSLINES. The blood spot pamphlet is being revised to include information on fatty acid oxidation disorders, organic acid oxidation disorders, and amino acid oxidation disorders. A MS/MS Task Force has been set up to assist in the implementation of expanded newborn screening using MS/MS. Fact Sheets are being developed on each of the conditions DHSS will screen for using MS/MS and will be put on the Unit of Genomics and Newborn Health Web page.

INFRASTRUCTURE BUILDING

CHIME provides continued integration of multiple single purpose databases into a single system that supports a child-centered record.

c. Plan for the Coming Year

ENABLING

Using MCH Block Grant funds, expanded newborn screening using MS/MS will be implemented statewide. Geneticists and endocrinologists have been identified who have agreed to be accessible to health care providers and will be available for consultation. The MISSOURI NEWBORN SCREENING pamphlet will be revised to include information on fatty acid oxidation disorders, organic acid oxidation disorders, and amino acid oxidation disorders; it will be placed on the unit's Web site which is being developed.

Performance Measure 02: The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

a. Last Year's Accomplishments

ENABLING

September 2002 quarterly Family Partnership Initiative meeting was canceled as SHCN could no longer reimburse families for attendance stipend, mileage, respite, meals, or lodging for the meetings. SHCN Family Partners attempted to contact families to assure continued interest and participation in Family Partnership Initiative. Surveys were sent November 2002 to 875 Hope Service families to identify family's interests in Family Partnership Initiative and how SHCN could keep families involved if unable to afford attending meetings. In 31% of surveys, face-to-face meetings were preferred due to resources and interaction with other parents. Family Partnership component was added July 2003 to CSHCN Service Coordination contracts. September 2003 Family Partnership meeting was scheduled in all 13 contract regions. Family Partnership Web site and brochure were developed to explain the Family Partnership Initiative.

Plan and policy were developed to address cultural competency issues to improve services for targeted population.

Missouri's SLAITS Survey addressed family's access to care, coordination, and satisfaction with medical care. The 1500 families surveyed were twice the number surveyed in most states.

b. Current Activities

ENABLING

SHCN added the Family Partnership component to the CSHCN Service Coordination contracts that were in place with nine Local Public Health Agencies (LPHAs). Due to decreased family participation, meetings were postponed. Effective July 1, 2004, one LPHA will administer family partnership activities statewide.

SHCN Area Offices and Life-State Programs completed an Organization Self-Assessment on Cultural Competence and a Cultural Competence Investment Inventory. Data collected was compiled to form an Initial Report.

c. Plan for the Coming Year

ENABLING

A SHCN Provider Satisfaction Survey will be sent to all SHCN providers.

SHCN will also request providers to complete a Cultural Competency Assessment of their staff and office practices.

A SHCN Family/Participant survey will be sent to all SHCN families/participants enrolled in HCY, Hope and Service Coordination Only Services to assess their satisfaction with services.

Performance Measure 03: The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

a. Last Year's Accomplishments

DIRECT HEALTH CARE

Elks Mobile Dental Program provided primary clinical and preventative dental services for 2044 CSHCN and other vulnerable children. Patients needing comprehensive care were referred to Truman Medical Center with all expenses paid by Elks Lodge.

ENABLING

SHCN adapted American Academy of Pediatrics medical home definition. Family is involved in medical home team and has input to direct activities/service. Primary care physician assists the team but does not solely direct activities/services.

Stakeholders met with SHCN Area Offices' staff to discuss medical home initiative and how stakeholders could assist in implementing medical home initiative.

SHCN Community Resource Coordinators/Trainers (CRC/T) and contracted Service Coordinators attended community meetings and health fairs to provide local and statewide

physicians, community agencies, and community resources with SHCN services information.

Pilot tool was developed to review small number of participant records and monitor service coordination activities in southeast and southwest Missouri to assist families in establishing medical homes. SHCN applied for a Missouri Foundation for Health grant to fund southeast activities.

Surveys were sent to 875 Hope Service families to determine if their child had a primary care physician, knowledge of a medical home, and interest in learning more. Of 31% completed surveys, 9% stated they were familiar with "Medical Home"; 77% were interested in learning more.

CSHCN Screener was piloted and implemented July 2003 with CSHCN Service Coordination contractors to assist in identifying CSHCN, referring them to community resources, and enrolling them in SHCN services.

HCY facilitators monitored EPSDT screenings to assure HCY children were receiving EPSDT screenings through their primary care physician or LPHA and screenings were current.

Inclusion Specialists located statewide in 8 Child Care Resource and Referral (R&R) agencies assisted families with CSHCN in finding quality child care with support and coordination of services and training, technical assistance, and consultation for child care providers.

Title V funding supported Genetic Services which provided diagnostic evaluation and counseling services to individuals and families at risk for genetic conditions. Genetic tertiary centers and their outreach activities served 2997 clients in FFY 2003. Contracts with 4 genetic tertiary centers supported infrastructure for statewide genetic services to include genetic screening, diagnostic evaluation, counseling, education, and outreach.

POPULATION-BASED

School Health Services worked with schools to increase access to primary and preventive health care for school-age children; school-age CSHCN were identified and referred into a system of care.

INFRASTRUCTURE BUILDING

CHIME implemented transition to MOHSAIC for care coordination and claims processing.

b. Current Activities

Many of the preceding programs/activities are ongoing through the current and upcoming years.

DIRECT HEALTH CARE

Oral Health Program (OHP) is in the process of creating a system of care using community health care centers to provide continuing care to CSHCN

ENABLING

SHCN collaborated with Missouri Partnership for Enhanced Delivery of Services (MoPEDS) to develop training module to train Service Coordinators, families, and professionals regarding the Medical Home Initiative. Plan to train Service Coordinators is being developed.

SHCN is developing contract with University of Missouri Hospital to pilot Medical Home Initiative in the Special Needs Clinic for CSHCN in Boone County, Missouri. SHCN will provide training to Head Start staff and school nurses in Boone County to aid in referrals for CSHCN.

Parents from 13 contract regions of the state were invited to attend a Family Partnership meeting to learn more about Medical Home Initiative in Missouri. Twenty families participated.

Implementation of the Comprehensive Assessment Tool (CAT) is planned with SHCN staff and service coordination contractors in July 2004. CAT addresses individual needs and resources of SHCN participants and families.

CSHCN Service Coordination contractors utilize the CSHCN Screener to assist in identifying CSHCN who are then referred to resources within their community to assist in meeting unmet needs and are enrolled in SHCN services accordingly.

POPULATION-BASED

Genetic services maintain a referral network to connect Missourians in need of diagnostic treatment, counseling, and specialized health services with appropriate health care providers.

INFRASTRUCTURE BUILDING

CHIME provides continued integration of multiple single purpose databases into a single system that supports a child-centered record.

c. Plan for the Coming Year

ENABLING

SHCN will continue to collaborate with MoPEDS to implement training module regarding Medical Home Initiative. CAT and SHCN Screeners will be continued to be used. SHCN CRC/T and contracted Service Coordinators will continue to attend meetings and health fairs to provide information about SHCN services and brochures.

Funding will support implementation and use tandem mass spectrometry and support service coordination for children who screen positive for fatty acid oxidation disorders, organic acid oxidation disorders, amino acid oxidation disorders and other potentially treatable or manageable disorders.

Performance Measure 04: The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

a. Last Year's Accomplishments

ENABLING

SHCN staff attended meetings with MC+ staff and other local and statewide stakeholders to discuss available coverage for Missourians with special health care needs. SHCN staff in St. Louis met with Care Partners, Community Care Plus, Healthcare USA, and Mercy Health Plans to discuss how to address the needs of the children with special health care needs population. Staff of all of care plans stated they:

- a. Receive lists of assigned clients from Medicaid (DSS-DMS) on regular basis.
- b. Make attempts to contact families in their assigned cases though difficult to locate these

families.

- c. Assign special health care needs case manager when CSHCN have been contacted and identified.
- d. Facilitate services for CSHCN through assigned special health care needs case manager.
- e. Provide family with choice of opting out of managed care plan during next enrollment period or continuing coverage with managed care plan.

SHCN assessed current benefit coverage of seven managed care health plans for CSHCN in Missouri. Service Coordinators were asked to identify basic coverage benefits needed for CSHCN. From each of the managed care health plans, SHCN obtained member handbooks and conducted interviews with staff members. Benefits provided by each were compared with the identified basic coverage benefits needed for children with special health care needs. All of the basic benefits needed were considered for provision by all seven if determined to be medically necessary. SHCN conducted a Web site search to identify insurance companies in the State. SHCN staff identified five grants in the Disparities sub-category of Healthy Start that look to guarantee perinatal and other services for high-risk mothers and infants. SHCN contacted Consumer Affairs of the Department of Insurance and received listing of insurance companies provided to consumers that underwrite major medical certificates (policies).

Child Care Health Consultation Program connected CSHCN with local resources for comprehensive care.

Missouri Child Care Resource and Referral Network provides resource information to each caller including access to health insurance and/or Medicaid.

The Baby Your Baby Web site (www.dhss.mo.gov/babyyourbaby) has information for pregnant women, their families, and communities on healthy pregnancies and healthy babies. The site includes a wide range of topics including MC+ for Kids and financial resources for pregnant women and children. This Web site will remain active through January 2008.

MCH Coordinated Systems has contracts with 110 LPHAs which can include the targeted risk factor of children without health insurance.

INFRASTRUCTURE BUILDING

CHIME provided continued integration of multiple single purpose databases into a single system that supports a child-centered record including Medicaid status.

b. Current Activities

Several of the preceding programs/activities are ongoing through the current and upcoming years.

ENABLING

SHCN is developing education material regarding insurance coverage for CSHCN in Missouri. The SHCN Web site will be updated to include this information. Information will be made available at health fairs, Family Partnership meetings, and home visits with Service Coordinators.

c. Plan for the Coming Year

ENABLING

SHCN will continue to provide education material to families regarding insurance coverage for

CSHCN in Missouri through home visits, health fairs, Family Partnership activities, and the SHCN Web site.

Performance Measure 05: *Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)*

a. Last Year's Accomplishments

ENABLING

SHCN developed and implemented an Emergency Response Plan for SHCN participants. An Emergency Response Information form was completed for each active SHCN participant to identify the level of emergency response needed. This information was then organized in a binder within each SHCN Area Office to be available during times of an emergency to assist the children and families that SHCN serves.

SHCN staff in the southwest collaborated with local SEMA and Emergency Response community teams to discuss the need to address the special health care needs population in their area during an emergency situation.

SHCN purchased American Red Cross Emergency Preparedness Books to give to families to provide information about how the families can develop an emergency response plan to meet the specific needs of the family.

SHCN staff in the western portion of the state collaborated with state agencies, community groups, local emergency response personnel, Local Public Health Agency staff, and the parent of a SHCN participant to assess the needs of children with special health care needs in an emergency situation.

The SHCN piloted a Comprehensive Assessment Tool (CAT) with five SHCN Community Health Nurses throughout the state. An evaluation of the CAT was completed after the pilot to determine what revisions were needed. Future implementation of this tool is planned.

POPULATION-BASED

School Health Services educated stakeholders and school staff regarding the Coordinated School Health program approach for addressing local health problems. Children benefited from school and community workforce development assuring children with health care needs were identified, managed, and referred into a system of care.

INFRASTRUCTURE BUILDING

Community Health Technical Assistance Resources and Training (CHART) worked with LPHAs and community groups to increase skills of community leaders, planners, and staff of LPHAs in community assessment, prioritization, resource identification evidence-based interventions, planning, implementation, evaluation, and sustainability to improve the overall health status of the population in their community, particularly children and families.

CHIME, Quality Improvement, and Program Evaluation have ongoing responsibilities, quality improvement, and evaluations to aid programs in managing and monitoring their activities.

b. Current Activities

Many of the preceding programs/activities are ongoing through the current and upcoming years.

ENABLING

An Emergency Response Information form has been completed for each active SHCN participant to identify the level of emergency response needed. This information is organized in a binder within each SHCN Area Office to be available during times of an emergency to assist the children and families that SHCN serves.

SHCN provides American Red Cross Emergency Preparedness Books to families to assist families in developing an emergency response plan to meet the specific needs of the family.

SHCN piloted a Comprehensive Assessment Tool (CAT) with SHCN Community Health Nurses throughout the state. The CAT is an assessment tool that addresses the individual needs and resources of SHCN participants and families. Implementation of this tool is planned with SHCN staff and service coordination contractors in July 2004.

SHCN collaborated with MoPEDS to develop a training module regarding the Medical Home Initiative which organizes services so they are accessible, family-centered, comprehensive, continuous, coordinated, compassionate and culturally effective. A plan to train service coordinators will continue to be developed.

SHCN is in the process of developing a contract to pilot the Medical Home Initiative in Boone County, Missouri.

Pilot tool was developed to review small number of participant records and monitor service coordination activities in southeast and southwest Missouri to assist families in establishing medical homes. SHCN applied for a Missouri Foundation for Health grant to fund southeast activities.

c. Plan for the Coming Year

ENABLING

SHCN plans to continue the projects and services listed in current activities.

Performance Measure 06: *The percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life. (CSHCN Survey)*

a. Last Year's Accomplishments

ENABLING

The SHCN researched information in regard to transitions via the Internet. Web sites of other state departments as well as federal entities were explored to obtain information related to transition. The information obtained from the research was utilized to develop the Adult Transition Program Plan. The Unit Leadership Team adopted the plan in November 2002 to provide guidance in the transition of adolescents and youth in the Adult Life-Stage and/or the community setting.

A transition policy was developed to address the need for a planned transition within life stages to address the specific needs that are unique to each life state. The life stages include Infant

and Toddler, Children, Adolescent and Youth and Adult Transition. Future implementation of this policy is planned.

b. Current Activities

ENABLING

A Life-Stage Transition Policy was completed to address the need for a planned transition within life stages to address the specific needs that are unique to each life stage. The transition policy identifies the components necessary for adequate transition and includes outcomes and behavioral indicators to assist Service Coordinators in identifying the needs of participants in each life stage. The life stages include Infant and Toddler, Children, Adolescent and Youth and Adult Transition. This policy will be implemented and training will be provided to SHCN staff and contracted Service Coordinators in July 2004. SHCN will educate Service Coordinators about how to identify and collaborate with key agencies to assure that the specific unique needs of each life stage are addressed during a transition plan.

c. Plan for the Coming Year

ENABLING

A Life-Stage Transition Policy will be utilized by SHCN Service Coordinators and contracted Service Coordinators to address the need for a planned transition within life stages to address the specific needs that are unique to each life stage. The transition policy identifies the components necessary for adequate transition and includes outcomes and behavioral indicators to assist Service Coordinators in identifying the needs of participants in each life stage. The life stages include Infant and Toddler, Children, Adolescent and Youth and Adult Transition. SHCN will collect data and baseline information to analyze and evaluate for quality assurance.

SHCN will educate Service Coordinators regarding collaboration with schools, Vocational Rehabilitation offices, hospitals, mental health agencies about their role in life-stage transition activities.

Performance Measure 07: Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

a. Last Year's Accomplishments

ENABLING

Child Care Health Consultants provided technical assistance and consultation on up to date immunizations for children.

POPULATION-BASED

The National Immunization Survey (NIS) for 2002 for Missouri indicates that 77.7% of the state's two-year-old children have completed the 4 DTaP, 3 polio, and 1 MMR series.

The MCH Coordinated Systems involves 110 contracts with LPHAs. Each LPHA develops community specific interventions to target risk factors such as the rate of immunization for two-

year olds.

Home visitors from the home visiting programs educate mother/families on the need for immunizations and immunization schedules. The home visitors monitor immunization compliance and assist families in obtaining a primary care provider.

The Building Blocks of Missouri Program, a home visiting program, began admitting clients in March 2000. In 2003, 130 additional women were admitted to the program (529 total since the program's inception). Sixty-five women have completed the program, remaining in the program from prenatal to age two of their child. A program evaluation completed in February 2003, showed an immunization rate of six months of age - 93%; at 12 months and 24 months of age - all rates above 90%.

The Baby Your Baby Web site (www.dhss.mo.gov/babyourbaby) has information for pregnant women, their families, and communities on healthy pregnancies and healthy babies. The site includes a wide range of topics including prenatal care, immunizations, well child checkups, and special health care needs. This Web site will remain active through January 2008.

TEL-LINK, DHSS's toll-free telephone line for maternal, child, and family health services, provided information and referrals concerning health services including immunizations and Medicaid.

INFRASTRUCTURE BUILDING

CHIME, in collaboration with the State Center, completed Immunization Missouri Information for Community Assessment (MICA).

b. Current Activities

Many of the preceding programs/activities are ongoing through the current and upcoming years.

POPULATION-BASED

At the First Annual Summit on Aging, sponsored by the Area Agencies on Aging and DHSS, grandparents were targeted. The display was "Keeping Your Grandchildren Safe" and focused on immunizations, Back to Sleep, MC+, Lead, early and adequate prenatal care medical home, and breastfeeding. By targeting grandparents, it is hoped that an audience will be reached that has a great effect on women of childbearing age and their families.

c. Plan for the Coming Year

Many of the preceding programs/activities are ongoing through the current and upcoming years.

POPULATION-BASED

Regional public meetings will be held to speak with grandparents raising grandchildren and develop a resource kit to address identified needs such as safe sleep, smoking cessation, nutrition, vaccines, breastfeeding, and prenatal care.

a. Last Year's Accomplishments

POPULATION-BASED

More than 29,000 adolescents received abstinence education. More than 6500 adolescent health providers received education regarding best practices in caring for adolescents.

Outcomes achieved included decreased teen pregnancy and birth rates to teenagers 15-17 years of age; reduced proportion of adolescents who have engaged in sexual intercourse; and decreased proportion of 9th graders who report sexual intercourse before age 13.

The pilot of the Teen Outreach Program (TOP) was started to begin determining the feasibility of replicating this promising evaluated program in rural Missouri. TOP is a comprehensive youth development approach that has proven effective in increasing school success and protecting youth from risk factors that contribute to teen pregnancy and other negative behaviors.

The Healthy Babies initiative provided education to Missouri families promoting adolescent health and preventive screenings. This information was disseminated through keepsake books, a Web site, and printed materials on pregnancy and childhood health topics.

The home visiting programs were able to educate clients on the need for birth spacing; refer clients to family planning clinics; monitor compliance with chosen method; and monitor pregnancy intervals.

The MCH Coordinated Systems involves 110 contracts with LPHAs. Each LPHA develops community specific interventions and can target such risk factors as the rate of pregnancy among teens aged 15-17.

TEL-LINK, DHSS's toll-free telephone line (1-800-TEL-LINK) for maternal, child, and family health services, provided information and referrals to Missourians concerning health services. Callers are given referral telephone numbers and are immediately transferred to the appropriate agency or treatment center. TEL-LINK connects callers to service for family planning, prenatal care, prenatal drug abuse, immunizations, adoption, non-emergency medical transportation (Medicaid only), alcohol and drug abuse, adoption, WIC, Medicaid, CSHCN, sexual assault or rape, family violence, etc.

INFRASTRUCTURE BUILDING

CHIME supports DHSS's Web page which provides access to maternal and child health data through MICA. Maternal and Child Health Profiles found on the MICA system provide information specific to geographic region regarding particular maternal and child health indicators, including a definition of the indicator risk factors, description of the condition, intervention strategies, state related programs, community programs and resources, contracts and grants, education materials, studies and reports, and other Web sites pertaining to maternal and child health indicators.

b. Current Activities

Many of the preceding programs/activities are ongoing through the current and upcoming years.

POPULATION-BASED

DHSS is contracting with Wyman Center in St. Louis to provide training and technical assistance to two TOP pilot sites through LPHAs. The two pilot sites have identified teen

pregnancy and graduation from high school as key MCH priorities.

c. Plan for the Coming Year

Many of the preceding programs/activities are ongoing through the current and upcoming years.

POPULATION-BASED

Title V funding will support the development and implementation of state and community based projects to promote adolescent health. The Missouri Council for Adolescent and School Health (CASH) will advise DHSS on priorities for adolescent health initiatives including the continuance of the adolescent medicine consultation and the bimonthly professional health newsletter (ADOLESCENT SHORTS).

Performance Measure 09: Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

a. Last Year's Accomplishments

Due to the SCHIP expansion, the sealants program was discontinued in 2003. However, the following information is provided in regard to efforts to assure good oral health.

DIRECT HEALTH CARE

The Elks Mobile Dental Program provided primary clinical and preventative dental services to 2044 CSHCN and other vulnerable children populations in over 2641 encounters.

POPULATION-BASED

Approximately 98,000 children participated in the FMR Program. Dental caries reduction was achieved by exposure to topical fluorides, especially in areas without optimal levels of fluoride in public water systems. Last year, over 59,000 additional Missourians were served through new fluoridated water systems. With MCHBG funds, the Water Fluoridation Program provided in FFY 2003 new/replacement fluoridation equipment for 17 public water systems to initiate/maintain the water fluoridation program. Over 80% of Missouri population have access to fluoridated water systems.

b. Current Activities

The Elk's Mobile Dental Program and the FMR Program are ongoing programs.

POPULATION-BASED

Progress is being made by the Oral Health Program (OHP) in creating a system of care using community health care centers to provide continuing care for CSHCN.

c. Plan for the Coming Year

The Elks Mobile Dental, FMR, and Water Fluoridation Programs are ongoing programs.

POPULATION-BASED

Dental Sealant Attitude Study will be conducted to ascertain dental sealant attitudes and practices of dental professions to produce recommendation to improve provision of dental sealants to Missouri children.

Donated Dental Services is a partnership of volunteer dentists and Missouri Dental Association to provide comprehensive dental care to low-income MCH populations at no charge to patients.

OHP will work through LPHAs, FQHCs, and school health services to further expand access to dental services for CSHCN.

Performance Measure 10: *The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.*

a. Last Year's Accomplishments

POPULATION-BASED

The MCH Coordinated Systems involves 110 contracts with LPHAs. Each LPHA develops community specific interventions and can target risk factors such as the rate of motor vehicle deaths among children 1-14.

Seven local Safe Kids Coalitions received \$5,000 contracts to provide primary injury prevention interventions targeted to children from birth through 14 years of age.

During FFY 2003 contract period, Safe Kids Coalitions conducted over 2100 safety inspections of child passenger safety seats, distributed over 730 child passenger safety seats, distributed over 350 child booster seats, distributed over 300 bicycle helmets, distributed over 100 gun safety locks, and conducted over 1000 safety and injury prevention events in Missouri. During FFY 2003, Safe Kids Coalitions touched the lives of over 30,400 Missourians with safety information and education.

The Injury Prevention Program contracts with Think First Missouri to provide primary injury prevention interventions for children and adolescents specifically related to preventing head and spinal cord injuries.

During FFY 2003 contract period, Think First Missouri conducted 86 school assembly programs in 64 schools across Missouri and provided head and spinal cord safety information to over 13,000 school students between kindergarten and twelfth grade. Think First Missouri also conducted reinforcement activities with six schools and 1210 students.

In addition to providing the support and oversight for the Safe Kids Coalitions and Think First Missouri, program staff facilitate and staff the Missouri State Safe Kids Coalition and the Missouri Statewide Injury Prevention Advisory Committee, compile and analyze injury data, research evidence-based interventions, and coordinate injury activities among other DHSS programs and other state and local agencies.

During FFY 2003, the Injury Prevention Program published the injury data book, *INJURIES IN MISSOURI: A CALL TO ACTION*. The purpose of the data book was to point out the significance of injuries in the lives of all Missourians and to call individuals, communities, and state agencies into action to prevent injuries. The book provides statewide and county data about the leading causes of unintentional and intentional injuries and documents solutions for individuals and parents, and community leaders and policy makers.

b. Current Activities

Many of the preceding activities and contracts are ongoing through the current and upcoming years.

c. Plan for the Coming Year

Title V funding will continue to support interventions to address injury prevention including motor vehicle crashes. MCFH will work with Division of Highway Safety, SAFE KIDS Coalition, Think First Missouri, and other state and local organizations to reduce unintentional and intentional injuries.

Performance Measure 11: *Percentage of mothers who breastfeed their infants at hospital discharge.*

a. Last Year's Accomplishments

ENABLING

Through the WIC Program and Breastfeeding Peer Counselor (BFPC) grant funds, all WIC prenatal women were instructed on advantages of breastfeeding and encouraged to breastfeed.

POPULATION-BASED

The Healthy Babies initiative provided education to Missouri families promoting breastfeeding. This information was disseminated through keepsake books and other printed materials.

The Baby Your Baby Web site (www.dhss.mo.gov/babyyourbaby), active through January 2008, has information for pregnant women, their families, and communities on healthy pregnancies and healthy babies. Site includes a wide range of topics including breastfeeding.

The home visiting programs provide breastfeeding education to clients whom they see for prenatal services; provide breastfeeding support for post-partum clients; refer mothers to lactation consultants as indicated; and provide incentives for mothers who choose to breastfeed.

Child Care Health Consultants provided technical assistance and consultation for mothers breastfeeding.

Web-based lactation education program curriculum was made available on the DHSS Web site.

The Breastfeeding Program is not funded by Title V Block Grant, but it promotes and supports breastfeeding initiation, exclusive breastfeeding for the first six months of life, and continuation for the first year; and provides technical assistance training and educational materials to health providers and the public for breastfeeding and prenatal nutritional supplementation.

b. Current Activities

ENABLING

Prenatal breastfeeding education efforts will continue through WIC nutrition education efforts and use of BFPC grant funds.

POPULATION-BASED

Healthy Babies initiative promotes breastfeeding. The information is presented on a Web site and in keepsake books and other printed materials; and is being disseminated in targeted geographic areas through community-based organizations and coalitions.

In FFY 2004, home visitors for the home visiting program will receive evidence-based training to more successfully encourage pregnant women to breastfeed and to support them postpartum.

Funds from the Well Child Program was used to provide a three-day Breastfeeding Education Program in May 2004 for home visitors and prenatal case managers to assist them with promoting breastfeeding to prenatal women and to continue to support women who choose to breastfeed post-partum. This program is evidence-based and has been well received when implemented previously in the state through the Nutrition Institute.

Child Care Health Consultants provide technical assistance and consultation for mothers breastfeeding.

The Missouri Council on the Prevention and Management of Overweight and Obesity was formed to compile a comprehensive plan to prevent and control overweight and obesity in Missouri. The barriers to breastfeeding will be studied to form strategies and objectives in the plan through the Missouri Council on the Prevention and Management of Overweight and Obesity and the staff of the Division (Health Promotion and Genomics and Newborn Health Units). The comprehensive plan will be completed by September 2004.

At the First Annual Summit on Aging, sponsored by the Area Agencies on Aging and DHSS, grandparents were targeted. The display was "Keeping Your Grandchildren Safe" and topics included breastfeeding. By targeting grandparents, it is hoped that an audience will be reached that has a great effect on women of childbearing age and their families.

c. Plan for the Coming Year

ENABLING

Prenatal breastfeeding education efforts will continue through WIC nutrition education efforts and use of BFPC grant funds. WIC/NS will use MCHBG funds for purchasing breast pumps.

POPULATION-BASED

Breastfeeding Program will be funded by MCHBG to promote and support breastfeeding. Child Care Health Consultants will provide technical assistance and consultation. Healthy Babies initiative will promote breastfeeding.

Regional public meetings will be held to speak with grandparents raising grandchildren and develop a resource kit to address identified needs such as safe sleep, smoking cessation, nutrition, vaccines, breastfeeding, and prenatal care.

Home visiting programs will educate prenatal clients on breastfeeding; provide breastfeeding support post-partum; refer mothers to lactation consultants; provide incentives for mothers who choose to breastfeed; attempt to increase number of mothers who breastfeed; educate home visiting staff to improve assistance with breastfeeding and their ability to educate the clients.

Performance Measure 12: *Percentage of newborns who have been screened for hearing before hospital discharge.*

a. Last Year's Accomplishments

POPULATION-BASED

Though the Missouri Newborn Hearing Screening Program was not funded by Title V Block Grant, the program has identified for 129 Missouri infants born in 2002 as having a hearing loss and thereby allowing them the opportunity to enroll in early intervention programs that improve the communicative, cognitive, and social outcomes for these children. In 2003, audiologists have diagnosed 139 infants with a confirmed hearing loss.

Data is amassed on a calendar year (CY) basis. For CY 2003, it is estimated that 94% will be hearing screened prior to hospital discharge. The average age of babies born in MO when diagnosed with a confirmed hearing loss was 2.8 months in CY 2002 and is estimated to be 2.5 months in CY 2003.

INFRASTRUCTURE BUILDING

CHIME piloted Web-based data input screens to report results of audiological assessments.

b. Current Activities

The preceding programs and activities are ongoing through the current and upcoming years.

c. Plan for the Coming Year

The preceding programs and activities are ongoing through the current and upcoming years.

Performance Measure 13: *Percent of children without health insurance.*

a. Last Year's Accomplishments

ENABLING

Through the Child Care Resource and Referral Network and Health Consultants, technical assistance and consultation were provided in regard to access to health insurance and/or Medicaid.

The School Health Services Program increased access to primary and preventive health care for school-age children and school-age CSHCN were identified and referred into a system of care.

WIC continued to refer potential applicants to MC+.

POPULATION-BASED

The home visiting programs educate clients on the availability of no cost and low cost MC+ healthcare coverage for children, their parents, and pregnant women.

The Baby Your Baby Web site (www.dhss.mo.gov/babyyourbaby) has information for pregnant women, their families, and communities on healthy pregnancies and healthy babies. The site

includes a wide range of topics including MC+ for Kids and financial resources for pregnant women and children. This Web site will be active through January 2008.

MCH Coordinated Systems contracts included services coordination and can target such risk factors as children without health insurance.

b. Current Activities

The preceding programs and activities are ongoing through the current and upcoming years.

c. Plan for the Coming Year

The preceding programs and activities are ongoing through the current and upcoming years.

Performance Measure 14: *Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.*

a. Last Year's Accomplishments

ENABLING

Missouri Child Care Resource and Referral Network and Child Care Health Consultants provided technical assistance and consultation regarding access to health insurance and/or Medicaid.

POPULATION-BASED

The percent of children eligible for Medicaid receiving a service paid by Medicaid as of December 2003 was 68.6%, although the actual number of children receiving a service increased from 413,182 in 2002 to 433,106 in 2003. There was a significant increase in the number of Medicaid eligible children from 510,237 for 2002 to 631,798.

Through the Well Child Outreach program, two EPSDT reports were provided to local public health agencies:

- 1) a monthly report that includes children with MC+ or MC+ for Kids who are eligible for an EPSDT exam that month according to the American Academy of Pediatrics periodicity schedule; and
- 2) a semi-annual report that includes all children eligible for MC+ or MC+ for Kids and the date of the last service for that child paid by MC+ or MC+ for Kids.

These tools were developed in collaboration with Division of Medical Services (DMS) to assist LPHAs in determining which children in their counties were eligible for MC+ or MC+ for Kids. With these reports, LPHAs were able to target outreach to assist children and families in accessing care.

School Health Services of Healthy Communities and Schools worked with schools to increase access to primary and preventive health care for school-age children; school-age CSHCN were identified, managed, and referred into a system of care; and infrastructure was strengthened for school children to have system of care in the school setting to address health-related barriers to learning and system of care in the community to address health issues and health access.

POPULATION-BASED

TEL-LINK linked families with public health services and the Medicaid recipient help line.

Through the maternal and child health (MCH) services contracts, LPHAs with low rates of EPSDT exams for Medicaid enrollees whose age is less than one year will address the priority problem by addressing health care system changes that are needed to increase the percentage of one-year-old children that receive at least one initial periodic screen (EPSDT).

INFRASTRUCTURE BUILDING

CHIME provided continued integration of multiple single purpose databases into a single system that supports a child-centered record. Among the information included is Medicaid status.

Through Well Child Outreach program, an expanded Early and Periodic Screening, Diagnosis and Treatment (EPSDT) report will be distributed semi-annually to LPHAs; it will include the last date MC+ or MC+ for Kids paid for service for children enrolled in MC+ or MC+ for Kids. This will facilitate outreach and referral efforts on the local level. Efforts were focused on facilitating the conversion of the EPSDT reports from a paper format to an electronic format by LPHAs.

b. Current Activities

Many of the preceding programs/activities are ongoing through the current and upcoming years.

c. Plan for the Coming Year

Many of the preceding programs/activities are ongoing through the current and upcoming years.

Performance Measure 15: *The percent of very low birth weight infants among all live births.*

a. Last Year's Accomplishments

ENABLING

WIC provided to WIC prenatal women referrals to substance abuse programs and prenatal care facilities and nutrition education on appropriate weight gain to improve prenatal women/infant outcomes.

POPULATION-BASED

The home visiting programs educated clients on the need for early entry into and adequate prenatal care; educated clients on the effects of alcohol, tobacco, and other drugs; provided smoking cessation referrals to all mothers who wish to quit smoking; referred mothers who are using alcohol or other drugs to Comprehensive Substance Treatment and Rehabilitation (C-STAR) programs; and assessed clients for domestic violence.

Home visiting programs worked with mothers and families in obtaining a primary care provider for their child/family; educated mothers on need for regular examinations and screenings including immunizations; and educated mothers to ask the physician/clinic for these screenings.

In addition, home visiting programs monitored emergency room visits and hospitalizations for

all clients/families enrolled in the home visiting programs; assisted the families in obtaining a primary care provider to decrease emergency room visits and hospitalizations; and educated the families and clients on triggers for asthma as well as the need for medication compliance.

Home visitors for the home visiting program were trained on counseling and supporting pregnant and postpartum women to discontinue smoking utilizing the substance abuse program supported by American College of Obstetricians and Gynecologists (ACOG).

In 2003, 13% of infants born in the Building Blocks program weighed less than 2500 grams (50 total). In the Missouri Community-Based Home Visiting (MCBHV) program, 8% (four infants) weighed less than 2500 grams. In Building Blocks, 3% were very low birth weight; in MCBHV, 3.85% were.

b. Current Activities

ENABLING

WIC will continue to provide to WIC prenatal women referrals to substance abuse programs and prenatal care facilities and provide nutrition education on appropriate weight gain.

POPULATION-BASED

The home visiting programs educate clients on the need for early entry into and adequate prenatal care and on the effects of alcohol, tobacco, and other drugs; provide referrals for smoking cessation and/or for alcohol or other drugs to C-star programs; and assess clients for domestic violence.

The home visiting programs are working with the National Nursing Consortium on domestic violence to implement more intense training on screening for and intervening in domestic violence situations.

The home visiting programs also work with mothers and families in obtaining a primary care provider; educate mothers on the need for regular examinations and screenings; and monitor emergency room visits and hospitalizations and educate clients to decrease emergency room visits and hospitalizations.

INFRASTRUCTURE BUILDING

Office of Epidemiology provided consultation and evaluation to assist in obtaining a grant and will assist in implementing a Pregnancy Risk Assessment and Monitoring Systems (PRAMS).

CHIME supports DHSS's Web page which provides access to maternal and child health data through MICA. Maternal and Child Health Profiles found on the MICA system provide information specific to geographic region regarding particular maternal and child health indicators, including a definition of the indicator risk factors, description of the condition, intervention strategies, state related programs, community programs and resources, contracts and grants, education materials, studies and reports, and other Web sites pertaining to maternal and child health indicators.

c. Plan for the Coming Year

The preceding programs and activities are ongoing programs for home visiting, WIC, Office of Epidemiology, and CHIME for the current, as well as for the upcoming, years.

Performance Measure 16: *The rate (per 100,000) of suicide deaths among youths aged 15 through 19.*

a. Last Year's Accomplishments

POPULATION-BASED

In the fall of 2003, 6 regional "Mental Health Issues in Adolescence" workshops were conducted to promote quality mental health care for adolescents. Topics address included: 1) depression and suicide; 2) eating disorders; 3) anxiety disorders; and 4) ADHD. Adolescent medicine board-certified physicians who are members of the Missouri Chapter of the American Academy of Pediatrics and the state Council for Adolescent and School Health (CASH) presented the content. Of the 330 total attendees, 36% were school counselors, 30% were school nurses; 17% were community leaders serving youth; 8% were public health professionals; 5% were teachers; and 4% were school social workers.

The Adolescent Medical Consultant provided training on mental health issues in adolescence.

The newsletter ADOLESCENT SHORTS provided information on best practices in caring for adolescents including an article regarding adolescents and parental divorce/separation.

Eighteen of the School Health Services contractors have a performance measure with the short term outcome for staff regarding suicide prevention education.

The home visiting services include a health assessment for postpartum mothers and newborns, assessment for risk factors associated with child abuse and neglect, education on parenting and problem-solving skills, identification and enhancement of family support systems, and referral and case management services.

b. Current Activities

POPULATION-BASED

Title V funding continues to support the development and implementation of state and community based projects to promote adolescent health.

In the current FFY 2004 MCH contract, four LPHAs are addressing suicide prevention. The LPHAs and the intervention approach they are using are:

Cass - Gatekeepers Question, Persuade, and Refer (QPR) training for professionals working with youth in various sets;

Clay - Teachers and counselors working with 5-18 year olds in one school district for suicide prevention;

Cole - Gatekeepers QPR training for faculty and staff in the school and community setting; and
Howard - Gatekeepers QPR training for faculty and staff in the school setting.

c. Plan for the Coming Year

POPULATION-BASED

Title V funding will continue to support the development and implementation of state and community based projects to promote adolescent health to more comprehensively address adolescent health through positive youth development and evidence-based strategies.

Plans are in progress for four adolescent mental health workshops in the fall of 2004 to be held regionally and one at the Coordinated School Health Conference. The targeted audiences are

people who work with foster care and the Missouri Association of School Counselors. One area of focus will be sleep deprivation.

Performance Measure 17: *Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.*

a. Last Year's Accomplishments

POPULATION-BASED

The Healthy Babies initiative provided education to Missouri families promoting prenatal care. This information was disseminated through keepsake books and other printed materials.

The home visiting programs were able to educate clients on the need for birth spacing, refer clients to family planning clinics, monitor compliance with chosen method, and monitor pregnancy intervals.

The home visiting programs educated clients on the need for early entry into and adequate prenatal care; educated clients on the effects of alcohol, tobacco, and other drugs; provided smoking cessation referrals to all mothers who wish to quit smoking; referred mothers who are using alcohol or other drugs to Comprehensive Substance Treatment and Rehabilitation (C-STAR) programs; and assessed clients for domestic violence.

TEL-LINK, DHSS's toll-free telephone line for maternal, child, and family health services, provided information and referrals to Missourians concerning health services. Callers are given referral telephone numbers and are immediately transferred to the appropriate agency or treatment center. TEL-LINK connects callers to service for family planning, prenatal care, prenatal drug abuse, immunizations, adoption, non-emergency medical transportation (Medicaid only), alcohol and drug abuse, adoption, WIC, Medicaid, CSHCN, sexual assault or rape, family violence, etc.

INFRASTRUCTURE BUILDING

Title V funding supported contracts with four genetic tertiary centers to support infrastructure for a statewide program of genetic services to include genetic screening, counseling, diagnostic evaluation, education, and outreach.

b. Current Activities

The preceding activities and programs are ongoing through the current and upcoming years.

POPULATION-BASED

The Healthy Babies initiative provides education to Missouri families promoting prenatal care. This information is presented in a Web site, keepsake books, and other printed materials and is being disseminated in targeted geographic areas through community-based organizations and coalitions.

c. Plan for the Coming Year

The preceding activities and programs are ongoing through the current and upcoming years.

INFRASTRUCTURE BUILDING

Title V funding will support contracts with four genetic tertiary centers to support infrastructure for a statewide program of genetic services to include genetic screening, counseling, diagnostic evaluation, education, and outreach.

Performance Measure 18: *Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.*

a. Last Year's Accomplishments

ENABLING

To improve prenatal women/infant outcomes, WIC provided prenatal care referrals to prenatal women, including teens applying for program services regardless of their eligibility.

POPULATION-BASED

The Healthy Babies initiative provided education to Missouri families promoting prenatal care. This information was disseminated through keepsake books and other printed materials.

The 13 Missouri Community-Based Home Visiting (MCBHV) and 2 Building Blocks of Missouri Home Visiting Programs continued. The home visiting programs educate clients on the need for early entry into and adequate prenatal care and assist mothers in overcoming barriers including lack of provider, transportation, and insurance.

The Building Block program served 253 families in 2002 and 362 in 2003. The MCBHV served 796 families in 2002 and 809 in 2003.

TEL-LINK, DHSS's toll-free telephone line (1-800-TEL-LINK) for maternal, child, and family health services, provided information and referrals health services including family planning, prenatal care, and prenatal drug abuse.

INFRASTRUCTURE BUILDING

Title V funding supported the Genetic Disease Program which provided diagnostic evaluation and counseling services to individuals and families at risk for genetic conditions. In FFY 2003, the genetic tertiary centers and their outreach activities served 2997 clients. Contracts were with 4 genetic tertiary centers to support infrastructure for statewide program of genetic services to include genetic screening, diagnostic evaluation, counseling, education, and outreach.

b. Current Activities

The preceding programs and activities are ongoing through the current and upcoming years.

POPULATION-BASED

A campaign was developed with the Missouri Broadcaster's Association for messages to promote healthy pregnancy through early and adequate prenatal care to be aired over 250 radio states statewide. First message was aired in Spring 2004 with others to follow.

At the First Annual Summit on Aging, sponsored by the Area Agencies on Aging and DHSS, grandparents were targeted. The display was "Keeping Your Grandchildren Safe" and focused

on early and adequate prenatal care, medical home, immunizations, Back to Sleep, MC+, Lead, and breastfeeding. By targeting grandparents, it is hoped that an audience will be reached that has a great effect on women of childbearing age and their families.

c. Plan for the Coming Year

Several of the preceding programs and activities are ongoing through the upcoming years.

Regional public meetings will be held to speak with grandparents raising grandchildren and develop a resource kit to address identified needs such as safe sleep, smoking cessation, nutrition, vaccines, breastfeeding, and prenatal care.

FIGURE 4A, NATIONAL PERFORMANCE MEASURES FROM THE ANNUAL REPORT YEAR SUMMARY SHEET

General Instructions/Notes:

List major activities for your performance measures and identify the level of service for these activities. Activity descriptions have a limit of 100 characters.

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
1) The percent of newborns who are screened and confirmed with condition(s) mandated by their State-sponsored newborn screening programs (e.g. phenylketonuria and hemoglobinopathies) who receive appropriate follow up as defined by their State.				
1. All newborns born in MO screened for PKU, galactosemia, hypothyroidism, hemoglobinopathies, and CAH	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Newborn Screening Program tracks infants positive for CAH or other disorders to assure repeat screening	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Service coordination for all families of children found positive for metabolic diseases	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Informational pamphlets MISSOURI NEWBORN SCREENING on CAH & EXPANDED NEWBORN SCREENING also available in Spanish, Vietnamese, and Bosnian	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Metabolic formula for medically & financially eligible infants, children, & adults with PKU and MSUD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. CHIME supported analysis and implementation of Neometrics Systems for metabolic screening	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
2) The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels				

and are satisfied with the services they receive. (CSHCN survey)				
1. July 2004 one LPHA will administer Family Partnership activities statewide	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. 30 Families participating in Family Partnership meeting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Family Partnership Web site	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. November 2002 survey sent regarding interest in Family Partnership	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. MO SLAITS Survey of 1500 families, twice the number surveyed in most states	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Cultural Competency Plan	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
3) The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)				
1. Elk's Mobile Dental Units providing primary clinical and preventive dental services for CSHCN and other vulnerable children	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. SHCN adapted American Academy of Pediatrics medical home definition	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. 31% of 875 surveys completed; 9% were familiar with MEDICAL HOME; 77% were interested in learning more	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. CSHCN Screener piloted and implemented July 2003 to assist in identifying CSHCN and referring them to community resources and enrolling in SHCN services as needed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. HCY facilitators monitored EPSDT screenings to assure HCY children received EPSDT screenings through their PCP or LPHA and were current	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Inclusion Specialists in R&R agencies assisted families with CSHCN find quality child care with support and coordination of services and training, technical assistance, and consultation for child care providers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. School Health Services worked with schools to increase access to primary and preventive health care for school-age children; CSHCN were identified and referred into a system of care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Genetic services provided diagnostic evaluation and counseling for individuals and families at risk for genetic conditions	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. CHIME implemented transition to MOHSAIC for care coordination and claims processing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
4) The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public				

insurance to pay for the services they need. (CSHCN Survey)				
1. SHCN assessed benefit coverage of 7 managed care health plans for CSHNC, Web search, etc., to develop educational material regarding insurance coverage for CSHCN	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Child Care Health Consultation Program connected CSHCN with local resources for comprehensive care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. R&R Network provided resource information to each caller including access to health insurance and/or Medicaid	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Baby Your Baby Web site has info for pregnant women, their families, and communities including info on MC+ for Kids and financial resources.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. MCH Coordinated Systems has contracts with 110 LPHAs which can include the targeted risk factor of children without health insurance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
5) Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)				
1. Emergency Response Plan and form developed for CSHCN participants	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. American Red Cross Emergency Preparedness books purchased to give to families to assist in developing emergency response plan	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Comprehensive Assessment Tool (CAT) piloted with 5 SHCN Community Health Nurses	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
6) The percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life. (CSHCN Survey)				
1. Transition policy developed for planned transition within life stages of Infant and Toddler, Children, Adolescent and Youth, and Adult	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
7) Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.				
1. NIS for 2002 for Missouri indicates 77.7% of state's two-year-olds have completed the 4 DTaP, 3 polio, and 1 MMR series	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Child Care Health Consultants provided technical assistance and consultation on up to date immunizations for children	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. MCH Coordinated Systems has contracts with 110 LPHAs which can include the targeted risk factor of immunization for two-year olds	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Home visiting staff educate families on need and schedules and monitor compliance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Home visiting staff assist families obtain primary care physician	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. WIC collects data on participating children and makes referrals; some coordinate immunizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. CHIME with the State Center completed Immunization Missouri Information for Community Assessment (MICA)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
8. Baby Your Baby Web site has topics on healthy pregnancies and healthy babies including information on immunizations and well child checkups	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
8) The rate of birth (per 1,000) for teenagers aged 15 through 17 years.				
1. Abstinence Education Programs reached over 29,000 adolescents; more than 6500 adolescent health providers received education in best practices in caring for adolescents	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Teen Outreach Program (TOP) began to be piloted	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Healthy Babies printed materials and Web site available	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. MCH Coordinated Systems contracts with LPHAs can target the risk				

factor of pregnancy among teens	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. TEL-LINK referrals	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Home visiting staff educate clients on birth spacing, monitor pregnancy intervals, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
9) Percent of third grade children who have received protective sealants on at least one permanent molar tooth.				
1. Due to SCHIP expansion, sealants were discontinued though Elks Mobile Dental Units, FMR, and Water Fluoridation continue	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
10) The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.				
1. MCH Coordinated Systems has contracts with 110 LPHAs which can include the targeted risk factor of motor vehicle deaths	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. SAFE-KIDS Coalitions provide primary injury prevention and interventions targeted to children from birth through 14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Think First Missouri provides primary injury prevention interventions for children and adolescents for preventing head and spinal cord injuries	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. INJURIES IN MISSOURI: A CALL TO ACTION data book to point out significant injuries of Missourians and to call into action individuals, communities, and state agencies to prevent injuries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. State advisory committee convened to develop state plan to prevent violence against women	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NATIONAL PERFORMANCE MEASURE		Pyramid Level of Service			
		DHC	ES	PBS	IB
11) Percentage of mothers who breastfeed their infants at hospital discharge.					
1. WIC and BFPC instruct WIC prenatal women on advantage of breastfeeding and encourage breastfeeding	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Healthy Babies initiative educate families on breastfeeding through printed materials and Web site	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Home visiting staff provide breastfeeding education, refer to lactation consultants, and provide incentives	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Lactation Management Curriculum for schools training doctors, nurses, and dieticians	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. TEL-LINK referrals and distribution of info at conferences and fairs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Child Care Health Consultants provide consultation for mothers breastfeeding	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. Displays at conferences for grandparents including info for breastfeeding	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. Web-base lactation education curriculum available on DHSS Web (www.dhss.mo.gov)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

NATIONAL PERFORMANCE MEASURE		Pyramid Level of Service			
		DHC	ES	PBS	IB
12) Percentage of newborns who have been screened for hearing before hospital discharge.					
1. Missouri Newborn Hearing Screening Program	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. CHIME piloted Web-based data input screens to report results of audiological assessments	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

NATIONAL PERFORMANCE MEASURE		Pyramid Level of Service			
		DHC	ES	PBS	IB
13) Percent of children without health insurance.					
1. Child Care R&R Network and Health Consultants provide technical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

assistance and consultation to access health insurance and/or Medicaid	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. School Health Services increase access to primary and preventive health care for school-age children and identified and referred school-age CSHCN to a system of care	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. WIC provided referrals to MC+	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Baby Your Baby Web site (through January 2008) has topics and links for MC+ for Kids and financial resources	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Home visiting staff educate clients on availability of health insurance through Medicaid MC+	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. MCH Coordinated Systems has contracts with 110 LPHAs which can include the targeted risk factor of children without health insurance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
14) Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.				
1. Well Child Outreach developed 2 EPSDT reports for LPHAs to assist LPHAs in determining children eligible for MC+ or MC+ for Kids and enabling them to target outreach	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Child Care R&R Network and Child Care Health Consultants referrals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. LPHAs referrals	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. WIC referrals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. School Health Services referrals	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. TEL-LINK Referrals	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Baby Your Baby Web site	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
15) The percent of very low birth weight infants among all live births.				
1. Well Child Outreach developed 2 EPSDT reports for LPHAs to assist LPHAs in determining children eligible for MC+ or MC+ for Kids and enabling them to target outreach	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Home visiting staff educated clients on early prenatal care; effects of alcohol/tobacco/drugs; smoking cessation, and domestic violence	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Home visiting staff monitored ER visits/hospital stays; assisted in obtaining PCP; educated families and clients on asthma triggers and need for medication compliance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
16) The rate (per 100,000) of suicide deaths among youths aged 15 through 19.				
1. Six regional "Mental Health Issue in Adolescence" workshops	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. MCH Coordinated Systems has contracts with 110 LPHAs which can address suicide prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Adolescent health newsletter included article about adolescents and parental divorce/separation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Eighteen of the School Health Services contractors have a performance measure with the short term outcome for staff regarding suicide prevention education	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
17) Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.				
1. Genetic tertiary centers support genetic screening, counseling, diagnostic evaluation, education, and outreach	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. TEL-LINK referrals for prenatal care	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Healthy Babies provided prenatal care education through printed materials and Web site	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. LPHAs referrals	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Child Care R&R Network and Child Care Health Consultants referrals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
	18) Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.			
1. WIC provided prenatal care referrals to prenatal women including teens applying for program services regardless of their eligibility	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. TEL-LINK referrals for pregnancy testing and prenatal care	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Home visiting staff educated clients on need for early and adequate prenatal care	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Healthy Babies initiative educated clients on prenatal care through keepsake books and other printed materials	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. WIC referrals to pregnant women for prenatal care tracked when entered prenatal care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Genetic tertiary centers support genetic screening, counseling, diagnostic evaluation, education, and outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. STATE PERFORMANCE MEASURES

State Performance Measure 1: *Percent of inadequate birth spacing.*

a. Last Year's Accomplishments

POPULATION-BASED

The Healthy Babies initiative provided education to Missouri families with information on birth spacing. This information was disseminated through a Web site, keepsake books, and other print materials.

The Baby Your Baby Web site (www.dhss.mo.gov/babyyourbaby) has information for pregnant women, their families, and communities on healthy pregnancies and healthy babies.

The home visiting programs educated women on the need for adequate birthspacing and the relationship of birthspacing to mother's health. Women are referred for family planning services as indicated.

TEL-LINK, DHSS's toll-free telephone line (1-800-TEL-LINK) for maternal, child, and family health services, provided information and referrals to Missourians concerning health services including family planning, prenatal care, and prenatal drug abuse.

b. Current Activities

The preceding programs and activities are ongoing through the current and upcoming years.

c. Plan for the Coming Year

POPULATION-BASED

The Healthy Babies initiative, home visiting programs, and TEL-LINK will continue

State Performance Measure 2: *Percent of low-income children who consume nutritionally adequate diets.*

a. Last Year's Accomplishments

ENABLING

Child Care Health Consultants provided technical assistance and consultation on good nutrition for children.

POPULATION-BASED

School Foodservice Network was established in September 2003.

Training was provided to over 1700 food service professionals, school and childcare administrators, school nurses, registered dietitians, LPHAs staff, Parents as Teachers, and educators in regard to improving school nutrition and understanding weight issues. Health professionals were educated in meeting special dietary needs and providing nutrition services for CSHCN.

New Web pages were developed under www.dhss.mo.gov/MissouriNutrition including sections for Childhood Overweight and School Nutrition. A summary report of SY 2001-2002 dietary intake and physical activity is located there as is a special section for CSHCN nutrition under Children and Nutrition.

School Nutrition Education Program (SNEP) brochure with survey was developed and posted to the Web. Evaluated SNEP curriculum was distributed to schools and was placed on the Web.

Baby Your Baby Web site (www.dhss.mo.gov/babyyourbaby) has information on healthy pregnancies and healthy babies including nutrition, special health care needs, and WIC.

Survey of State-level health professionals was conducted for CSHCN to identify priorities for nutrition training.

School Health Capacity Building supports funding special contracts with public schools and LPHAs in defined geographic areas to establish or expand population-based health services for school-age children including professional education for school health professionals who work with school-age children who may be overweight, or at risk for, or have diabetes, asthma, or ADHA.

Surveillance of rate of overweight prevalence of children enrolled in School Health Services was continued. Training and technical assistance was provided to schools for FFQ Project for school-age children for use and interpretation of health and dietary intake data.

Nutrition Screening provided for 15,000 FFQs to be collected in SY 2002-2003; 29,000 heights and weights collected in SY 2002-2003 and BMI calculated.

Missouri Council on the Prevention and Management of Overweight and Obesity (experts in various disciplines) studied overweight and obesity in Missouri. The council developed plan of

action to address these issues. Four study designs were determined to ascertain their costs and economic impact and to collect data on efforts to address these issues.

Maternal and Child Health Coordinated Systems has contracts with 110 LPHAs. Each develops community specific interventions to target risk factors such as rate of obese children and adolescents.

INFRASTRUCTURE BUILDING

Office of Epidemiology provided consultation and evaluation for dietary intake and physical activity summary report and for validity and reliability of the FFQs.

b. Current Activities

Several of the preceding programs/activities are ongoing through the current and upcoming years.

ENABLING

Though WIC/Nutrition Services does not receive Title V funding, the program will target efforts to increase fruit and vegetable consumption of children age one and up to their fifth birthday by assessing the available resources for fruit and vegetable consumption, post available resource materials on DHHS Web page or link to applicable Web sites and require local WIC providers, identified in 2003 with low rates of vegetable and fruit consumption, to develop a plan of action to improve WIC children's intake of fruits and vegetables.

Child Care Health Consultants provide technical assistance and consultation on good nutrition for children.

Baby Your Baby Web site (www.dhss.mo.gov/babyyourbaby) has information on healthy pregnancies and healthy babies including nutrition, special health care needs, and WIC.

POPULATION-BASED

Missouri Council on the Prevention and Management of Overweight and Obesity is being utilized to develop practical vision, explore contradictions, and establish strategic directions for State Plan with assistance of strategic planning expert. Expert in facilitating public meetings is being obtained to aid in gathering public input on State Plan.

Dietetic and Nutrition Roundtable developed needs assessment to identify nutrition issues and challenges. Roundtable consisted of four state agencies and 12 units and programs in DHSS.

Nutrition screening plan for SY 2004-2005 was developed that will result in a statewide sample of heights, weights, Body Mass Index-for-age, and FFQ.

Collecting, analyzing, and reporting measured, height and weight and dietary intake data from school-age children are occurring in FFY 2004.

Evaluation of SY 2001-2002 nutrition screening was completed.

c. Plan for the Coming Year

ENABLING

WIC will continue working to improve fruit and vegetable consumption of children 1-5 years of

age through targeted efforts.

Child Care Health Consultants will provide technical assistance and consultation on good nutrition for children.

Baby Your Baby Web site (www.dhss.mo.gov/babyyourbaby) will continue through January 2008 to provide information on healthy pregnancies and healthy babies including nutrition, special health care needs, and WIC.

POPULATION-BASED

Plans are to complete work included in State Plan on Nutrition and Physical Activity to Prevent Obesity and Other Chronic Disease and conduct formative research to develop resources and training on overweight and obesity reduction for physicians in Missouri who serve MCH populations. Research shows higher rates of overweight and obesity in lower income populations and physicians benefit from additional education and resources in overweight and obesity prevention and reduction.

Regional public meetings will be held to speak with grandparents raising grandchildren and develop a resource kit to address identified needs such as safe sleep, smoking cessation, nutrition, vaccines, breastfeeding, and prenatal care.

State Performance Measure 3: *Percent of citizens drinking fluoridated water.*

a. Last Year's Accomplishments

POPULATION-BASED

Approximately 80% of Missourians have access to fluoridated water. New/replacement fluoridation equipment was purchased for 17 public water systems to initiate/maintain the water fluoridation program to serve over 59,000 Missourians.

Dental caries reduction in all maternal and child populations consuming optimally fluoridated water was achieved. Technical assistance was provided to new communities to promote water fluoridation.

b. Current Activities

POPULATION-BASED

A water fluoridation surveillance system (WFRS) is being initiated with CDC. The surveillance system will recognize those public water systems complying with the program and also identify those that do not.

c. Plan for the Coming Year

POPULATION-BASED

The Oral Health Program will continue to promote optimal oral health by providing leadership to both the public and private sectors in assessing and addressing oral health care needs of children and in communities, conduct the fluoride mouthrinse program, promote fluoridation of public water systems, and maintain the oral health surveillance system.

State Performance Measure 4: *Percent of women who have reported smoking during pregnancy.*

a. Last Year's Accomplishments

ENABLING

Child Care Health Consultants provided technical assistance and consultation on the dangers of smoking and secondhand smoke.

POPULATION-BASED

The Healthy Babies initiative provided education to Missouri families promoting abstinence from tobacco during pregnancy. This information was disseminated through a Web site, keepsake books, and other printed materials.

In 2003, all home visiting staff were trained on assessing, counseling, and supporting women who smoke using the substance abuse program supported by ACOG. This training was evidence-based and provided by perinatal nurses from the North Carolina Department of Health.

The home visiting programs improved pregnancy outcomes by helping women practice sound health-related behaviors including decreasing the use of cigarettes, alcohol, and illegal drugs and by improving their nutrition.

The MCH Coordinated Systems involves 110 contracts with LPHAs. Each LPHA develops community specific interventions to target risk factors such as smoking during pregnancy.

b. Current Activities

The preceding programs and activities are ongoing through the current and upcoming years.

c. Plan for the Coming Year

The preceding programs and activities are ongoing through the current and upcoming years.

ENABLING

WIC Farmers' Market Nutrition Program Redemption Incentive will use MCHBG funding to expand into 6 additional counties, develop a new informational brochure, and provide incentives to agencies increasing redemption rates.

POPULATION-BASED

Regional public meetings will be held to speak with grandparents raising grandchildren and develop a resource kit to address identified needs such as smoking cessation.

State Performance Measure 5: *Percent MC+ Managed Care Organizations (MCOs) utilizing MCH data.*

a. Last Year's Accomplishments

INFRASTRUCTURE BUILDING

Division of Community Health chaired the MC+ Quality Assessment and Improvement Maternal and Child Health (MCH) Subgroup. All managed care plans participating in the MC+ Medicaid program currently use MCH data to target services to MCH population groups in an attempt to impact the MCH health status indicators.

b. Current Activities

INFRASTRUCTURE BUILDING

The MCH Subgroup will continue to function in FFY 2004 as in the past.

c. Plan for the Coming Year

INFRASTRUCTURE BUILDING

It is anticipated that this State Performance Measure will be reviewed for modification or replacement in the preparation of the new Needs Assessment and development of new State Performance Measures as needed.

State Performance Measure 6: *Percent of child care facilities receiving health and safety consultation.*

a. Last Year's Accomplishments

ENABLING

The number of child care facilities receiving training on SHCN was 1233; number of parents was 1173; community requests for education (media, schools, non-marketing presentations on special needs/inclusion) was 4290.

Programs under the Department of Health and Senior Services' Bureau of Child Care increased: capacity of child care for children with special health care and/or developmental needs; training for child care providers that care for children with special health care and/or developmental needs; number of families with children with special needs who access inclusion services linking the families with community-based child care settings that are appropriate for their child; and local awareness of health care and behavioral issues in community-based child care settings, including ADA requirements, strategies for care provision, and accessing community resources.

Community-based child care programs struggling with issues involving care for children with special health care and/or developmental needs were able to utilize free consultation services.

Missouri Child Care Resource and Referral Network (MOCCRRN) provided enhanced child care resource and referral services for families of children (ages birth through age 16 years) who have health care and/or developmental needs and for child care providers serving these children and families. Inclusion Specialists are located statewide through the eight Resource and Referral member agencies to assist families with children having health care and/or developmental needs in locating and retaining quality child care with support and coordination of services, as well as training, technical assistance, and consultation for child care providers.

The Child Care Health Consultation Program, which provides consultation and training to child care providers and parents of children in child care settings and health promotion programs to children, addressed issues related to children with special health care needs in child care settings. These activities included:

- Training and information about management of health conditions such as asthma, ADHD, etc.
- Health record and policy activities to ensure safety of children with special health and/or developmental needs in child care settings;
- Safe procedures for storing and dispensing medications;
- Programs for children, parents, or providers to promote understanding and acceptance of children with special health care needs in a child care setting;
- Connecting children special health care needs with local resources for comprehensive care.

b. Current Activities

ENABLING

MOCRRN and Child Care Health Consultation Program continue training and providing consultation to child care providers and families of the children with health care and/or developmental needs.

c. Plan for the Coming Year

ENABLING

Title V funds will be used for such activities to enhance resource and referral (R&R) services for families and CSHCN and to assure trainers, licensing staff, R&R staff, child care health consultants in LPHAs, and others are trained to deliver services that support child care providers caring for CSHCN.

State Performance Measure 7: *Percent of tobacco use among children 14-18 years of age*

a. Last Year's Accomplishments

POPULATION-BASED

Tobacco use among public high school students in Missouri is monitored through the Youth Risk Behavior Survey conducted every odd numbered spring since 1995 by the Department of Elementary and Secondary Education (DESE) and funded by the CDC Division of Adolescent and School Health. DHSS Tobacco Use Prevention Program conducted for the first time the Youth Tobacco Survey in 2003 with public middle and high school students, funded by CDC Office on Smoking and Health. Results are in a fact sheet on DHSS Web site (<http://www.dhss.mo.gov/SmokingAndTobacco/index.html>). Also, Department of Mental Health and DESE Safe and Drug Free Schools Program conduct a biennial alcohol, tobacco, and other drug use survey with 8th and 12th grade students, and other grades optionally by schools.

b. Current Activities

POPULATION-BASED

Completion of the MISSOURI'S COMPREHENSIVE TOBACCO USE PREVENTION PROGRAM STRATEGIC PLAN 2003-2009 was in December 2003. It is located on the same Web site listed above.

c. Plan for the Coming Year

POPULATION-BASED

In FFY 2004, all School Health Services contractors are required to assess school districts policies and practices related to physical activity, healthy eating, and a tobacco free lifestyle by using the CDC School Health Index. Contractors will identify areas for improvement, develop a report, and present recommendations to individual boards of education by March 31, 2005.

FIGURE 4B, STATE PERFORMANCE MEASURES FROM THE ANNUAL REPORT YEAR SUMMARY SHEET

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
1) Percent of inadequate birth spacing.				
1. LPHAs outcome-based plans to decrease percent of mothers with births within 18 months of previous birth	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. TEL-LINK referrals regarding birth spacing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Healthy Babies Initiative educates clients on birth spacing through printed materials and a Web site	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Baby Your Baby Web site	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Home visiting programs educate women on need for adequate birthspacing and impact on mother's health	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
2) Percent of low-income children who consume nutritionally adequate diets.				
1. School Health Services supported funding public schools and LPHAs to establish/expand services for professional education to school health professionals working with school-age children who may be overweight, or at risk for, diabetes, asthma, or ADHA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Training provided to over 1700 food service professionals, school and childcare administrators, school nurses, registered dietitians, etc., for improving school nutrition and understanding weight issues	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Health professionals educated in meeting special dietary needs and nutrition services for CSHCN	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. New Web pages regarding Childhood Overweight and School Nutrition and CSHCN nutrition under Children and Nutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. School Nutrition Education Program (SNEP) brochure posted to Web	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Evaluated SNEP curriculum distributed to schools and placed on Web	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Survey of State-level health professionals for CSHCN to identify				

priorities for nutrition training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Missouri Child Care Health Consultants provide technical assistance and consultation on good nutrition for children	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Nutrition Screening provided 15,000 FFQs in SY 2002-2003; 29,000 heights and weights were collect in SY 2002-2003 and BMI calculated	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Baby Your Baby Web site	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
3) Percent of citizens drinking fluoridated water.				
1. CHI/OHP provided technical assistance to communities on community water fluoridation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Equipment assistance provided to communities adjusting fluoride level	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Schools given supplies for the fluoride mouthrinse program	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
4) Percent of women who have reported smoking during pregnancy.				
1. LPHAs contracts which can target risk factor of smoking during pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Healthy Babies Initiative promotes abstinence from tobacco during pregnancy through keepsake books, printed materials, and Web site	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Home visiting programs assess/counsel/support pregnant/ post-partum women in decreasing use of tobacco, alcohol, and illegal drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Child Care Health Consultants provide technical assistance and consultation on dangers of smoking and secondhand smoke	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
5) Percent MC+ Managed Care Organizations (MCOs) utilizing				

MCH data.				
1. DCH staff chair and support MC+ QA & I MCH Subgroup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
6) Percent of child care facilities receiving health and safety consultation.				
1. Over 1200 child care facilities received training on SHCN and 1100 parents; over 4200 community requests received for education	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Child Care Health Consultants provided consultation and training on management of asthma, ADHD, etc.; safe storage and dispensing of medications; understanding of CSHCN in a child care setting; and local resources for comprehensive care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Child Care R&R Network provided resource and referral services for families of children through age 16 with health care/developmental needs and for child care providers serving them	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Inclusion Specialists assisted families with CSHCN in locating and retaining child care with support and coordination of services; and training, child care providers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
7) Percent of tobacco use among children 14-18 years of age				
1. Tobacco use among public high school students monitored every odd numbered spring by DESE	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. 2003 Youth Tobacco Survey results on DHSS Web site	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. DESE and DMH conduct biennial alcohol, tobacco, and other drug survey with 8th and 12th grade students; other grades are optional by schools	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E. OTHER PROGRAM ACTIVITIES

Descriptions of toll-free telephone line and some of the programs and offices which impact MCH but not previously discussed in priority needs or performance measures follow. Some may not receive MCHBG funding.

See Directory of Services at www.dhss.mo.gov/AbouttheDepartment/Directory_of_Services.pdf for more information.

TEL-LINK, toll-free telephone line (1-800-TEL-LINK) for maternal, child, and family health services, provides information and referrals. Callers are given referrals and transferred immediately to the appropriate agency. During SFY 2003, 4052 referrals were made including referrals for family planning, prenatal care, prenatal drug abuse, immunizations, non-emergency medical transportation (Medicaid only), alcohol and drug abuse, WIC, Medicaid, CSHCN, sexual assault or rape, family violence, pregnancy testing, and prenatal care. TEL-LINK has been promoted through parenting magazines, directories, and radio in St. Louis and Kansas City. Radio spots promote importance of regular and early prenatal care. A TEL-LINK exhibit was displayed at 7 conferences with 69,315 attendees. Brochures were supplied to 2 conferences with 2200 attendees in SFY 2003.

Specialty and Subspecialty Treatment Services provided service gap coverage and specialty provider database for treating special health care needs of children.

Folic Acid Program aims to increase awareness of importance of folic acid intake to help prevent certain birth defects, disease, and health conditions through development, implementation, dissemination, and evaluation of nutrition education materials and information targeted for health professionals, minorities, and general public.

WIC Multimedia Nutrition Education Program increases participant learning on selected nutrition topics; some participants are able to receive additional nutrition education contacts or do not wait as long to receive nutrition education. Clinics have more flexibility in providing nutrition education and an option for missed nutrition education.

NPE promoted good nutrition through public service announcements, paid radio nutrition messages, and tool kits to emphasize importance of daily consumption of fruits and vegetables and physical activity.

FIMR projects have been established in 2 areas which provides the opportunity to do an in depth review of fetal and infant deaths and take action within communities to decrease infant mortality.

Perinatal Substance Abuse Program (PSA) with DSS, DMH, DESE, and other public and private partners continues providing education on effects of alcohol, tobacco, and other drugs to health professionals responsible for early identification and referral of pregnant women and children affected by drugs of abuse. PSA supports multidisciplinary resource teams in areas where a high prevalence of perinatal substance abuse exists and communities' use of best practice interventions.

GNH established "Safe Sleep Workgroup" to promote statewide education through community groups on importance of "Safe-Sleep" to reduce infant mortality in addition to Back to Sleep Training for hospital nursery room nurses contract. The group will sponsor display at "Show Me Summit on Aging and Health" to educate grandparents on safe-sleep environment for children.

Interpersonal violence prevention programs are Sexual Assault Prevention Services, Sexual Assault Victim Services, Sexual Assault Forensic Evaluation-Child Abuse Resource and Education (SAFE-CARE) Network, and Rape Medical Examination Program. Though they receive no MCHBG funding, they support activities aimed to improve primary or preventive health services for women and children.

Office on Women's Health collaborates with DCH in promoting integration of screening and referral for domestic violence into several existing DCH programs. The Office represents DCH on the National Standards Project (funded by Family Violence Prevention Fund to integrate interpersonal violence awareness and response into health care and public health programs) and DHSS on the Governor's Domestic Violence Task Force.

Office on Women's Health published "Caring for Your Health: A Missouri Women's Handbook" with tips for staying healthy, talking with health care providers, and finding information; and served on the policy and advocacy work group of Development of Core Capacities for Adolescent Health Programs, the national Association of Maternal and Child Health Program's project to develop a tool for states to use in assessing their MCH populations.

HCY is Missouri's EPSDT program. SHCN, through an inter-agency agreement with DSS, DMS, provides administrative case management and service coordination to those children receiving home-based medically necessary services through Medicaid. This facilitates medical home identification and connection to health providers. HCY is also promoted through Well Child Outreach program.

Autism Surveillance will result in better ascertainment of prevalence and subsequent services for children with autism.

For provider credentials, local health departments, who implement MCBHV program, are provided with a Core Training program at implementation of their program. Staff who are new to MCBHV are offered the program on a yearly basis. Twice a year all home visiting program staff are required to attend training on issues germane to the program such as domestic violence, brain attachment and development, breastfeeding, infant massage, women who smoke, understanding poverty, perinatal substance use/abuse, mentally impaired mothers/families, fundamentals of understanding mental illness, fetal alcohol syndrome, encouraging women in breastfeeding, and infant nutrition.

GNH is implementing a PAMR project. Data is being collected regarding women who died within one year of termination of a pregnancy in calendar years 1999 and 2003. Registered nurses utilizing data forms, developed by Florida Department of Health and recommended by CDC, are abstracting the data. Following completion of this process, cost associated with process will be determined and cost analysis completed. Recommendations will be made as to feasibility of implementing pregnancy-related mortality review board process in Missouri and method to be used.

Quality Improvement and Program Evaluation focus on improving quality of services of MCH programs and contracting agencies and assuring funding is maximized to address MCH issues.

Adult Genetics Treatment and Metabolic Formula Programs provide access to limited medical care for eligible participants for treatment of cystic fibrosis, hemophilia, sickle cell, and phenylketonuria disease.

F. TECHNICAL ASSISTANCE

In the previous year's application and report, request for technical assistance (TA) was related to carrying out a pilot Pregnancy Risk Assessment Monitoring System (PRAMS) survey for Missouri, a pregnancy risk data baseline needs to be established for future comparison with other states.

This year the request of technical assistance was submitted, and has been approved, for an expert consultant to provide consultation and training to the leadership of the Division of Community Health (DCH) to enable the establishment of a new Division vision and mission, as well as consultation and training to adapt to organizational changes brought about by reorganization within the Department of Health and Senior Services.

The advantage of the new organization structure is the integration of all statewide maternal and child health, primary care, rural health, oral health, nutritional, and chronic disease prevention initiatives into a singular administrative structure thus allowing a comprehensive, systemic, life-stage approach to issues and communities without the artificial barriers of organizational structure. The reorganized and more comprehensive Division of Community Health should reinforce MCH Block Grant priorities.

It is anticipated that a model will be developed for organizational change and integration that other Title V agencies might follow if these agencies are integrated into larger organizational entities.

V. BUDGET NARRATIVE

A. EXPENDITURES

Please refer to Forms 3, 4, and 5.

Missouri spent \$22,101,488 including \$10,825,300 in Maternal and Child Health Block Grant (MCHBG) funds towards maternal and child health (MCH) objectives in Federal Fiscal Year (FFY) 2003. MCHBG FFY 2003 award and FFY 2002 remaining funds were budgeted at \$13,691,676. For the total partnership, Missouri spent \$2,893,944 less than budgeted.

State funds expended were \$9,987,230. State funded programs included direct health care and service coordination for children with special health care needs (CSHCN), comprehensive family planning services, alternatives to abortion services, adolescent health, School Health Services, school nurse training for CSHCN, vaccines for children, TEL-LINK telephone referral line, genetic services, sickle cell counseling, healthy birth outcomes projects, home visiting, perinatal substance abuse and healthy babies initiatives, juvenile arthritis, newborn hearing, the Sexual Assault Forensic Evaluation-Child Abuse Resource and Education (SAFE-CARE) Network, and core public health assessment and system building. In addition, Medicaid income was earned to provide service coordination, quality assurance activities, and outreach for children and pregnant women.

Federal Fiscal Year 2002 remaining funds were \$1.7 million and were spent in FFY 2003. Programs and activities that contributed to this underexpenditure in FFY 2002 included:

- Personal Service and associated fringe, expense and equipment, network and indirect costs due to vacancies, hiring freezes, and other interruptions in program implementation - \$.7 million
- Home Visiting - \$.2 million
- Local Public Health Agency Maternal and Child Health Contracts (funds were set aside for incentives to meet contract outcomes in the following year)- \$.2 million
- Financial support for the Missouri Computer Assistance Resource Enrichment Services (MOCARES) data processing system was less than anticipated as efficiencies were addressed and a transition to the Missouri Health Strategic Architecture and Information Cooperative (MOHSAIC) system began - \$.2 million
- Various program lapses in oral health, healthy birth outcomes, domestic violence, fetal infant mortality review, injury and disabilities prevention, child care, and adolescent health projects - \$.4 million

Missouri budgeted \$25 million of partnership funds for the FFY 2003 application, but spent \$22.1 million. It should be noted that in State Fiscal Year (SFY) 2003 the State found it necessary to take significant general revenue core cuts and withholdings. For those programs that could potentially be used for MCHBG match, \$2.8 million was cut and \$1.8 million was withheld.

--Funds allocated for family planning were not fully used (\$1.8 million). The Family Planning program was eliminated in SFY 2004.

--A portion of State funds budgeted for CSHCN was not used (\$.8 million) of which \$.5 million was put into withholding. The remaining was for enhancement of service coordination that did not occur.

--Personal service, fringe, and administrative costs due to vacancies and hiring freezes (\$.2 million).

--Various programs underexpended including injury prevention (\$.1 million).

--State funding support for Healthy Birth Outcomes and vaccines was cut in SFY 2003 resulting in an underexpenditure of \$1 million which was offset in the partnership calculations by increasing the School-Aged Children's Health Services matching effort.

Form 4, Budget Detail by Types of Individuals Served, shows a comparison of FFY 2003 budget and expenditures. All categories were underexpended except pregnant women.

CATEGORY OF TYPES OF INDIVIDUALS SERVED:

----Programs Underexpended

INFANTS:

----Healthy Birth Outcomes, Vaccines

CHILDREN:

----Family Planning, Injury, Vaccines

CHILDREN WITH SPECIAL HEALTH CARE NEEDS:

----Service Coordination, Direct Care Payments, School Nurse Training

OTHER:

----Family Planning, Personal Service, Fringe

Form 5 shows an underexpenditure in all types of service categories due to:

CATEGORY OF TYPES OF SERVICE:

----Programs Underexpended

DIRECT CARE:

----Family Planning, CSHCN Direct Care Payments

ENABLING:

----CSHCN Service Coordination, School Nurse Training

POPULATION BASED:

----Health Birth Outcomes, Vaccines, Injury

INFRASTRUCTURE:

----Personal Service, Fringe, Administrative

B. BUDGET

Please refer to Section VI, Reporting Forms, for the required Forms 2, 3, 4, and 5. Estimates have been used in providing FFY 2005 budget details. In the case of "types of individuals served" the budget is based upon a percentage of breakdown by program and service area as to which types of individuals are impacted by the services provided. Form 5, State Title V Program Budget and Expenditures by Types of Service, parallels the pyramid found in Section II, Needs Assessment, that organizes maternal and child health services hierarchically from direct health care services through infrastructure building.

Other Requirements:

MAINTENANCE OF EFFORT

Missouri is in compliance with the maintenance of effort requirements described in Section 505(a)(4). Missouri has maintained and exceeded efforts of the 1989 program year.

JUSTIFICATION

The program budgets take into account the "30-30-10" requirements of Title V. In addition, Missouri uses a fair method to allocate Title V funds among individuals and areas identified as having unmet needs for maternal and child health services. The State uses its Maternal and Child Health Block Grant (MCHBG) funds for the purposes outlined in Title V, Section 505 of the Social Security Act.

The FFY 2005 partnership budget is \$4.3 million more than in FFY 2004. The primary reason for this is that Missouri's FFY 2004 grant funds continuing into FFY 2005 are projected higher than anticipated and are budgeted for use in FFY 2005. Of this, \$1.8 million is included to meet the state match requirements of the larger budget. Underexpenditures occurred in personal service and related fringe and network costs, service coordination contracts, school health contracts, injury projects, and

various other program activities. Also, funds have been held to provide outcome incentive payments for LPHA contracts. Some of the funds that were not used due to the elimination of the family planning program are also included in this budget. Funds are being added for adolescent health, injury prevention, oral health, SAFE-CARE Network, home visiting, medical home initiative, assistive technology, CSHCN initiatives (emergency response, Web page, training), breastfeeding, and interpersonal violence.

The sources of state match continue to fluctuate due to changes in the state budget. A significant amount of state general revenue funds were cut in SFY 2004 due to revenue shortfalls. Many of the programs that were used for match in the past will not be available in FFY 05. As a result, Missouri has identified alternative match activities. These funds benefit maternal and child health objectives, but have not been needed as a source of match in the past. This includes additional state funds for school health services, core public health funding, and newborn screening. Because new match sources are being used, the differences in the FFY 2004 and FFY 2005 budgets on Forms 4 (types of individuals served) and 5 (types of service) are in places considerable.

The Form 4 shows an increase in funding for all categories. Using Alternatives to Abortion as a state-matching source increases the pregnant women category. The infant category's increase is due to expansions in the healthy babies initiative, increased funding for expanded newborn screening, a breastfeeding initiative, and the use of state newborn screening funds as match. The children's category has expansions in adolescent health, genetic tertiary centers, SAFE-CARE, and oral health; however, the significant increase in this category is due to use of the School Health Services Program match (\$1.2 million increase). Projects contributing to the increase in the CSHCN category are home visiting expansion, medical home initiative, assistive technology initiative, CSHCN initiatives (emergency response, Web page, training), and maintenance of the newborn screening case management system.

The above shifts in funding sources also created differences between the FFY 04 and FFY 05 budgets on the Form 5. Direct care services are increased due to assistive technology and direct care services for CSHCN. The primary reason for the increase in enabling is the Alternatives to Abortion Program. Population-based has a significant increase due to the increase in School Health Services Program and newborn screening match; and expansions or new initiatives including Health Babies, newborn screening, oral health, injury prevention, breastfeeding, medical home, and genetic tertiary centers. The increase in infrastructure is primarily due to increases in administration as a result of the larger budget as well as the SAFE-CARE expansion and maintenance of the newborn screening case management system.

The Missouri General Assembly has directed the Department to conduct an analysis and projection of the expenditure rate of the MCH Block Grant to be provided to them by January 15, 2005. The General Assembly has directed that up to \$770,000 of the MCH Block Grant be dedicated to a state-specific program entitled "Alternatives to Abortion" at that time, if indeed it appears any or all of that amount will be underexpended from the state's MCH Block Grant allocation for that year (FFY2005). The Department has provided information to the General Assembly about the needs assessment and proposed use of funds process, the national and state performance measure priorities, the restrictions and intentions regarding the use of this funding and the two-year availability for expenditure of these funds.

VI. REPORTING FORMS-GENERAL INFORMATION

Please refer to Forms 2-21, completed by the state as part of its online application.

VII. PERFORMANCE AND OUTCOME MEASURE DETAIL SHEETS

For the National Performance Measures, detail sheets are provided as a part of the Guidance. States create one detail sheet for each state performance measure; to view these detail sheets please refer to Form 16 in the Forms section of the online application.

VIII. GLOSSARY

A standard glossary is provided as a part of the Guidance; if the state has also provided a state-specific glossary, it will appear as an attachment to this section.

IX. TECHNICAL NOTE

Please refer to Section IX of the Guidance.

X. APPENDICES AND STATE SUPPORTING DOCUMENTS

A. NEEDS ASSESSMENT

Please refer to Section II attachments, if provided.

B. ALL REPORTING FORMS

Please refer to Forms 2-21 completed as part of the online application.

C. ORGANIZATIONAL CHARTS AND ALL OTHER STATE SUPPORTING DOCUMENTS

Please refer to Section III, C "Organizational Structure".

D. ANNUAL REPORT DATA

This requirement is fulfilled by the completion of the online narrative and forms; please refer to those sections.