

MAINE

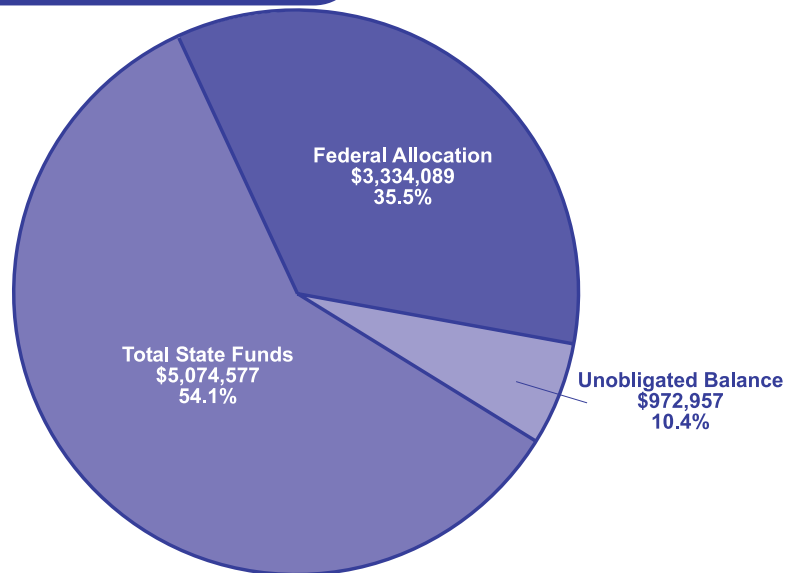
The MCH Federal-State Partnership

The Title V program is administered through the Division of Community and Family Health in the Bureau of Health within the Department of Human Services. Programs included in Title V are: Oral Health, Childhood injury Prevention and Control, Teen and Young Adult Health, Women and Children's Preventive Health Services, Coordinated Care Service for Children with Special Health Needs, Genetics, SSDI, and MCH Nutrition.

Title V Federal-State Block Grant Expenditures by Number of Individuals Served and Population Group⁴

Populations Served	Number of Individuals Served	Expenditures FY '98	
Pregnant Women	7,975	\$500,384	<i>State Population⁵ 1,244,250</i>
Infants (<1 year)	13,384	\$1,089,336	
Children (1 to 22 yrs)	87,116	\$3,255,698	<i>Live Births⁵ 13,733</i>
CSHCN (Special Needs)	2,247	\$3,430,198	
Others ³	*	\$932,252	
Administration		\$173,755	
TOTALS	110,722	\$9,381,623	

Title V Federal-State Block Grant Expenditures⁴ by Source of Funds



MCH PARTNERSHIP FUNDS—FY 98²

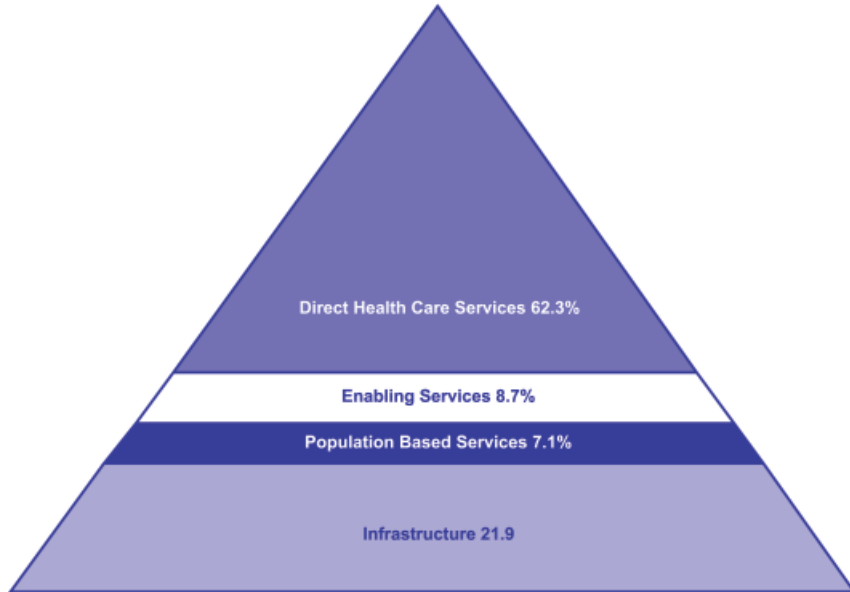
Title V Federal-State Block Grant:	\$9,381,623
Other Title V Grant Programs:	\$782,664
Other MCH Grant Programs:	\$76,000
TOTAL MCH Partnership Funds	\$10,240,287

Title V - Selected National MCH Performance Measures⁷	State 1998 Results	State Year 2000 Goal
Number of specialty services for Children with Special Health Care Needs (CSHCN)	8 of 9	9 of 9
Percent of newborns screened for 4 major genetic disorders	99.3%	99%
Percent of children immunized (ages 19-35 months) against 9 diseases	86%	87%
Rate of births to teens aged 15-17 years (per 1,000 teens aged 15-17 years)	11.2	16
Rate of deaths to children aged 1-14 caused by motor vehicle crashes (per 100,000 children)	5.1	4.7
Percent of mothers who breast fed their infants at time of hospital discharge	59.2%	66%
Percent of newborns screened for hearing impairment before hospital discharge	14%	24%
State assurance of family participation in CSHCN programs & policies	7 of 18	9 of 18
Percent of very low birth weight live births	1%	1%
Percent of infants born to women who received first trimester prenatal care	88.4%	90%

Title V - National MCH Outcome Measures⁷	State 1998 Results	State Year 2000 Goal
Infant mortality rate (per 1,000 live births)	5.1 ⁹⁷	5.5
Ratio of black to white infant mortality	0 ⁹⁷	2.68
Neonatal mortality rate (per 1,000 live births)	3.4 ⁹⁷	4.0
Postneonatal mortality rate (per 1,000 live births)	1.8 ⁹⁷	1.6
Perinatal mortality rate (per 1,000 live births)	3.1 ⁹⁷	4.5
Child death rate (per 100,000 children aged 1-14)	21.6 ⁹⁷	20.4

Title V - Selected State-Determined MCH Performance Measures⁷	State 1998 Results	State Year 2000 Goal
Mothers who breast fed infants at 6 months of age	25.5%	34%
Children 6-8 years old who need dental treatment	28% ⁹⁶	20%
Deaths caused by motor vehicle accidents (per 100,000 15 to 21-year-olds)	27.9	27
Children and adolescents who are overweight	13%	11%

Title V Federal-State Block Grant Expenditures⁴ by Category of Service⁶



FOR MORE INFORMATION ON TITLE V:

Title V Program, contact:

Valerie J. Ricker, MSN, MS, NP
 Director, Family Health Programs
 151 Capitol Street 11 State House Station
 Augusta, ME 04333-0011
 Phone: (207) 287-5396
 Fax: (207) 287-4631

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

Toni Wall
 Program Manager, CSHN
 151 Capitol Street 11 State House Station
 Augusta, ME 04333-0011
 Phone: (207) 287-3311
 Fax: (207) 287-5355

* Data not available

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Selected FY 98 Title V and Other MCH Grant Annotations

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

State Systems Development Initiative, Maine Department of Human Services, Augusta, \$100,000 (SPRANS-MCHIP-SSDI)

The purpose of Maine's State Systems Development Initiative (SSDI) Project is to strengthen existing community-based systems of care for mothers and children through the use of a computer network. Cooperating State and community-based health and social service agencies, private providers, and consumer families use the network to transmit and collect client-specific and/or statistical planning/monitoring information. The network is both secure and rapid in its transmissions. Maine is a rural State where long travel distances, limited public transportation, and the concentration of specialty services in more urban areas, create challenges for families to access health care and other MCH services. Maine SSDI established a computer online service called the "Pine Tree State Bulletin Board" (PTBBS), which enables confidential transmission of client-specific referral and other medical information, posting of public information about health and social service opportunities and initiatives, rapid retrieval of data from providers and grantee agencies, and direct messaging between consumers, State and local agencies, and providers. The PTBBS is accessible by computer modem from toll-free telephone lines within Maine and by Telnet/Internet access. The SSDI Program also develops software and provides technical assistance to cooperating community-based agencies to assist them in the collection, entry, and transmittal of data to program managers at the Bureau of Health.

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

Health Systems Development in Child Care, Main Department of Human Services, Augusta, \$50,000 (CISS-CISS-Child Care Program)

Support services will be developed to help child care providers meet a higher level of health and safety standards. The project will pilot health services/child care partnerships that would allow the State to determine how to effectively incorporate health care services into child care settings. Expanded and ongoing support will be given to child care providers and families caring for children with special health needs. Goals and objectives will be measured on a quarterly basis.

Title V—ABSTINENCE EDUCATION PROGRAM

Maine's Abstinence Education Media Campaign, Maine Department of Human Services, Augusta, \$172,468 (Abstinence Ed)

The goal of the project is to increase public awareness statewide of the issues of adolescent sexuality focusing on abstinence as a method of reducing adolescent pregnancy. The goal will be achieved through a television media campaign that focuses on the target group of all adolescents ages 14 and under and their parents. The impact of the campaign will be evaluated through surveys and focus groups.

EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)

Maine EMSC Partnership Project, Maine Board of Emergency Medical Service, Augusta, \$76,000 (EMSC-PRTNER)

The goal of this project is to complete the institutionalization of emergency medical services for children into Maine's EMS system and create a new capacity in the system to help prevent youth suicide. A partnership between Maine EMS and Medical Care Development, Inc. will arrange for four 2-day training sessions to prepare regional trainers to conduct suicide

prevention training for ambulance attendants and emergency room personnel in all six EMS regions. The project will contract with suicide prevention experts at the University of New England to conduct the sessions for the trainers and will pay for the EMS instructors who receive this instruction to offer courses in their respective EMS regions to ambulance and targeted emergency room personnel. In addition to the suicide prevention training, the project will support the regions by offering an EMSC refresher course that will be coordinated by the training director at Maine EMS.

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

- Homeless and At-Risk Youth Health Services, Portland Public Health Division, Portland, \$49,950 (SPRANS-MCHIP-Healthy Tomorrows)
- Maine Adolescent Transition Project, Maine Bureau of Health, Augusta, \$176,767 (SPRANS-MCHIP-Adolescent Health)
- Maine State Level Partnerships for Mental Health in Schools, Maine Department of Human Services, Augusta, \$150,000 (SPRANS-MCHIP-Mental Health of School-Age Children and Adolescents)
- MCH Continuing Education and Development Training, University of Southern Maine, Portland, \$33,480 (SPRANS-Training-Continuing Education)
- Pediatric Partnership To Protect Children in Rural Maine, The Spurwink Clinic, Portland, \$49,999 (SPRANS-MCHIP-Healthy Tomorrows)

Other Title V (non block) Grant Programs: **\$782,664**

Other MCH Grant Programs: **\$76,000**

TOTAL:
\$858,664