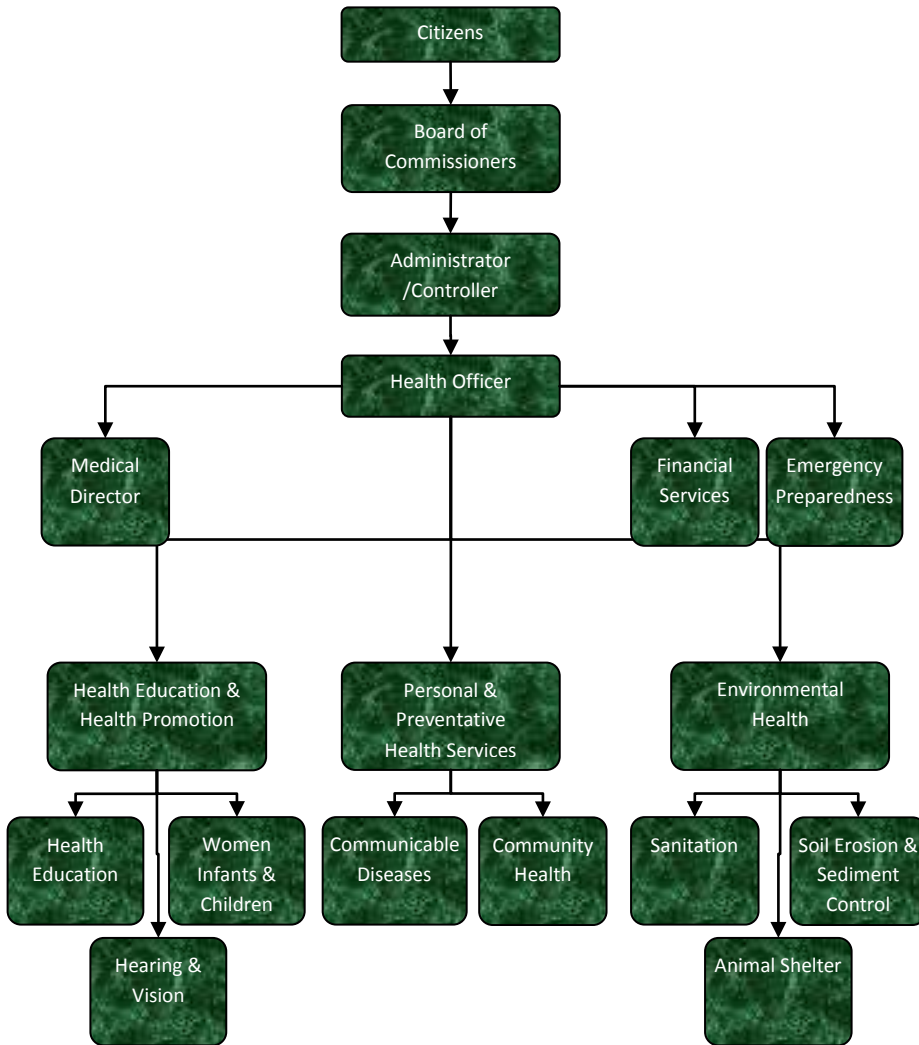


Maternal Infant Health Program



Activities

The purpose of Maternal Infant Health Program (MIHP) is to reduce infant mortality and morbidity. The goal of MIHP is to alleviate social and psychosocial problems, health education deficits and transportation needs for medical appointments, and to aim for a delivery of a healthy baby at full term. MIHP also works with the parents of a high-risk infant to help the baby to achieve a healthy status, obtain appropriate well baby visits, medical care, immunizations and link families with community agencies.



Mission Statement

The mission of the Maternal Infant Health Program (MIHP) is to reduce infant mortality and morbidity. Emphasis is on maternal & infant health.

Strategic Plan Impact

✓ **Healthy Community**

The purpose of the MIHP is to reduce infant mortality and morbidity. The goals of the program are to alleviate social, psychosocial problems, health education deficits, transportation needs for medical appointments, and to aim for a delivery of a healthy baby at full term. MIHP also works with the parents of a high-risk infant to help the baby to achieve a healthy status, obtain appropriate well baby visits, medical care, immunizations, and link families with community agencies.

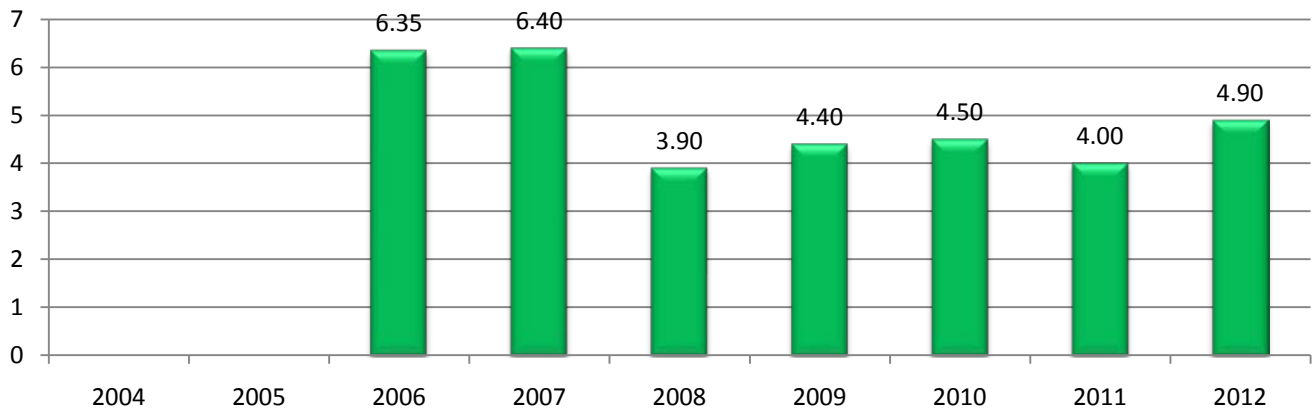
Accomplishments

- ✓ JCHD completed the 2010 MIHP State review.
- ✓ The on-line “Maternal Risk Assessment Identifier Tool” is completed on all pregnant women entering into the MIHP. Implementation of the new redesign:
 - Screen all Medicaid-eligible pregnant women for key risk factors
 - Assign risk stratification
 - Engage all Medicaid-eligible pregnant women to participate in MIHP
 - Deliver targeted interventions
 - Measure specified outcomes
- ✓ MIHP continues to be marketed to local providers and community agencies
- ✓ Productivity of staff is monitored on a monthly basis to increase and improve services to clients
- ✓ Assist pregnant women and children with Medicaid, MOMS, and MICHild applications.
- ✓ Postpartum women are assisted by the MIHP Staff to apply on-line for family planning services through the Plan First Program.
- ✓ Postpartum women are screened by MIHP Staff for postnatal depression using the Edinburgh Postnatal Depression Scale.
- ✓ MIHP clients are identified and screened for infant crib needs. Cribs are provided to clients in need along with safe sleep education.

Budget Adjustments

There are no significant budget adjustments to this program.

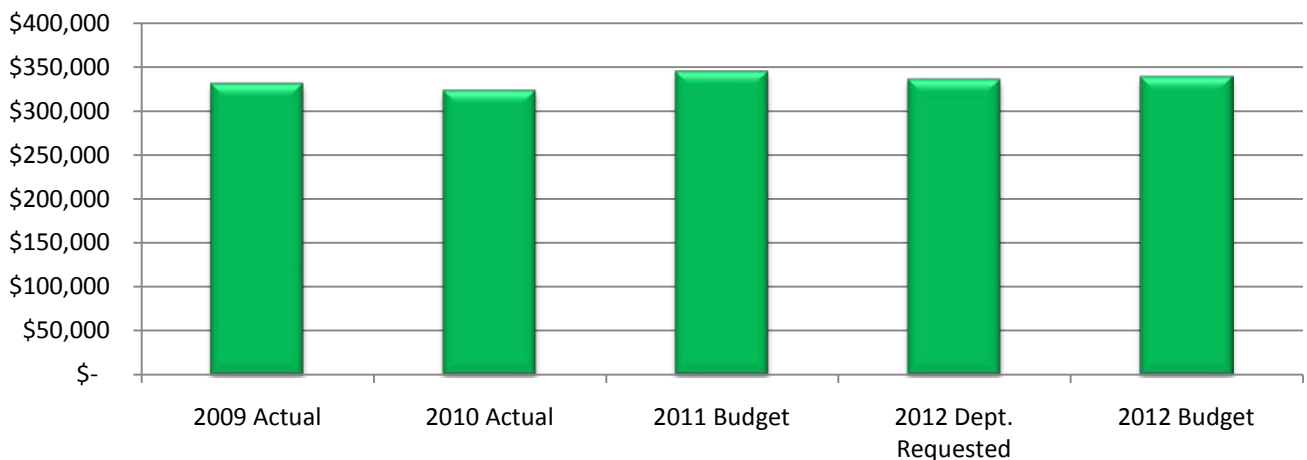
MSS/ISS Program FTE History



Expenditure History

	2009 <u>ACTUAL</u>	2010 <u>ACTUAL</u>	2011 <u>BUDGET</u>	2012 DEPT <u>REQUESTED</u>	2012 <u>BUDGET</u>
PERSONNEL SERVICES	303,820	295,287	326,885	312,990	315,860
SUPPLIES & MATERIALS	4,816	3,941	4,656	4,656	4,656
CONTRACT SERVICES	2,280	2,014	-	-	-
OTHER EXPENSES	19,996	21,756	13,030	18,030	18,030
TOTAL PROGRAM COST	\$330,912	\$322,998	\$344,571	\$335,676	\$338,546

Maternal Infant Health Expenditures

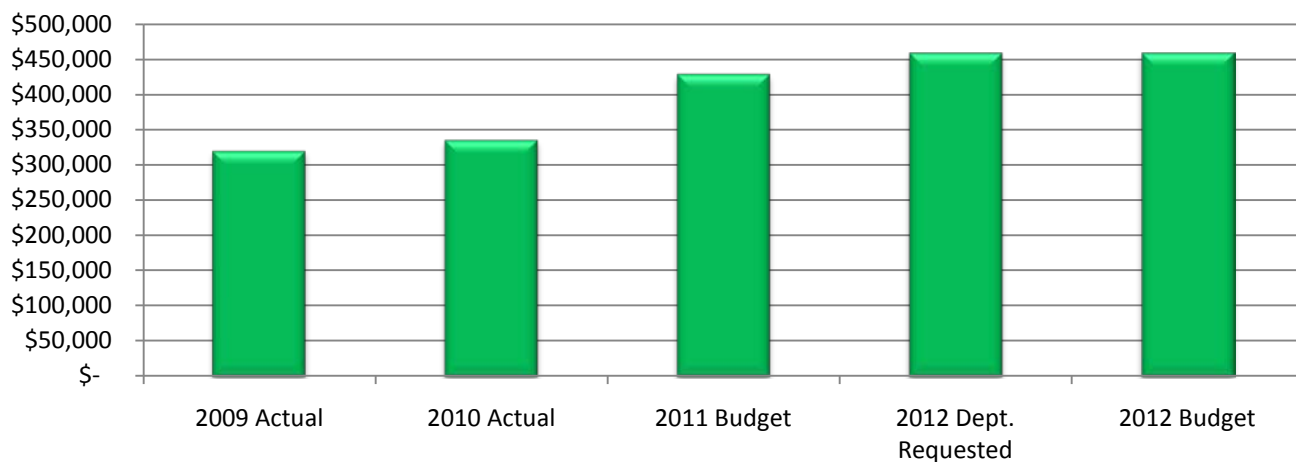


Health Department

Revenue History

	2009 <u>ACTUAL</u>	2010 <u>ACTUAL</u>	2011 <u>BUDGET</u>	2012 DEPT <u>REQUESTED</u>	2012 <u>BUDGET</u>
CHARGES/FEES	91,681	142,471	178,137	183,137	183,137
OTHER	227,944	192,774	50,000	275,000	275,000
TOTAL PROGRAM COST	\$319,625	\$335,245	\$228,137	\$458,137	\$458,137

Maternal Infant Health Program Revenues



Strategic Outcomes

<u>Indicator</u>	2007 <u>Actual</u>	2008 <u>Actual</u>	2009 <u>Actual</u>	2010 <u>Actual</u>	2011 <u>Target</u>	2012 <u>Target</u>

Other Key Indicators

<u>Indicator</u>	2007 <u>Actual</u>	2008 <u>Actual</u>	2009 <u>Actual</u>	2010 <u>Actual</u>	2011 <u>Target</u>	2012 <u>Target</u>
Maternal Clients Served	239	217	226	233	250	250
Infant Clients Served	167	186	191	163	200	250