



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

CALIFORNIA

State Snapshot

FY2025 Application / FY2023 Annual Report

November 2024

Title V Federal-State Partnership - California

The Title V Maternal and Child Health Block Grant Program is a federal-state partnership with 59 states and jurisdictions to improve maternal and child health throughout the nation. This Title V Snapshot presents high-level data and the executive summary contained in the FY2025 Application / FY2023 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

State Contacts

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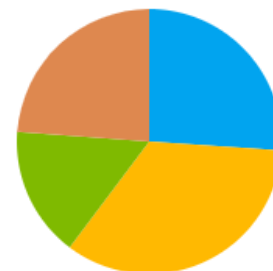
State Youth Leader
No Contact Information Provided

State Hotline: (866) 241-0395

Funding by Source

Source	FY 2023 Expenditures
Federal Allocation	\$39,933,488
State MCH Funds	\$52,378,185
Local MCH Funds	\$24,352,555
Other Funds	\$0
Program Income	\$36,520,191

FY 2023 Expenditures



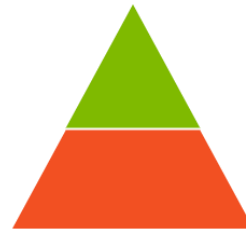
Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$0	\$0
Enabling Services	\$24,438,949	\$62,944,062
Public Health Services and Systems	\$15,494,539	\$50,306,869

FY 2023 Expenditures Federal



FY 2023 Expenditures Non-Federal



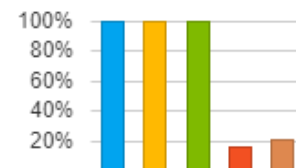
Percentage Served by Title V

Population Served	Percentage Served	FY 2023 Expenditures
Pregnant Women	100.0%	\$60,474,991
Infants < 1 Year	100.0%	\$11,098,039
Children 1 through 21 Years	100.0%	\$45,085,313
CSHCN (Subset of all infants and children)	15.7%	\$32,517,063
Others *	20.7%	\$0

FY 2023 Expenditures Total: \$149,175,406



FY 2023 Percentage Served



*Others– Women and men, over age 21.

The Title V legislation directs States to conduct a comprehensive, statewide maternal and child Health (MCH) needs assessment every five years. Based on the findings of the needs assessment, states select seven to ten priority needs for programmatic focus over the five-year reporting cycle. The State Priorities and Associated Measures Table below lists the national and state measures the state chose in addressing its identified priorities for the 2020 Needs Assessment reporting cycle. Beginning with the FY 2025 Application, all states are also reporting on two Universal National Performance Measures, Postpartum Visit and Medical Home.

State Priorities and Associated Measures

Priority Needs and Associated Measures	Reporting Domain(s)
<p>Ensure women in California are healthy before, during and after pregnancy.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of women, ages 18 through 44, with a preventive medical visit in the past year (Well-Woman Visit, Formerly NPM 1) - WWV <ul style="list-style-type: none"> ○ ESM WWV.1: Percent of local health jurisdictions that have adopted a protocol to ensure that all persons in MCAH Programs are referred for enrollment in health insurance and complete a preventive visit ● A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth (Postpartum Visit) B) Percent of women who attended a postpartum checkup and received recommended care components (Postpartum Visit) - PPV 	<p>Women/Maternal Health</p>
<p>Ensure all infants are born healthy and thrive in their first year of life.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● A) Percent of infants who are ever breastfed (Breastfeeding, Formerly NPM 4A) B) Percent of infants breastfed exclusively through 6 months (Breastfeeding, Formerly NPM 4B) - BF <ul style="list-style-type: none"> ○ ESM BF.1: Number of online views to the "Lactation Support for Low-Wage Workers" report 	<p>Perinatal/Infant Health</p>
<p>Reduce infant mortality with a focus on eliminating disparities.</p> <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 1: Preterm birth rate among infants born to non-Hispanic Black women 	<p>Perinatal/Infant Health</p>
<p>Optimize the healthy development of all children so they can flourish and reach their full potential.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year (Developmental Screening, Formerly NPM 6) - DS <ul style="list-style-type: none"> ○ ESM DS.1: Percent of children enrolled in CHVP with at least one developmental screen using a validated instrument within AAP-defined age range (10-months, 18-months, or 24-months timepoints) during the reporting period. 	<p>Child Health</p>

Priority Needs and Associated Measures	Reporting Domain(s)
<ul style="list-style-type: none"> ● Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH 	
<p>Enhance strengths, skills and supports to promote positive development and ensure youth are healthy and thrive.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year (Adolescent Well-Visit, Formerly NPM 10) - AWW <ul style="list-style-type: none"> ○ ESM AWW.1: Percentage of adolescents 12-17 served in AFLP with a referral for preventive services. 	Adolescent Health
<p>Make systems of care easier to navigate for CYSHCN and their families.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transition to adult health care (Transition, Formerly NPM 12) - TR <ul style="list-style-type: none"> ○ ESM TR.1: Number of local MCAH programs that implement a Scope of Work objective focused on CYSHCN public health systems and services. ● Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH 	Children with Special Health Care Needs
<p>Increase engagement and build resilience among CYSHCN and their families.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transition to adult health care (Transition, Formerly NPM 12) - TR <ul style="list-style-type: none"> ○ ESM TR.1: Number of local MCAH programs that implement a Scope of Work objective focused on CYSHCN public health systems and services. 	Children with Special Health Care Needs

Executive Summary

Program Overview

California Snapshot

California is home to one out of every eight US residents, making it the most populous state in the nation. Additionally, California has one of the most racially and ethnically diverse populations in the country, second only to Hawaii.¹ The state's economy is the largest in the U.S. and poised to soon become the fourth largest in the world.² California is a land of contrasts. San Bernardino County covers more than 20,000 square miles and is the largest county in the US by area, while San Francisco County squeezes nearly 900,000 residents into just 47 square miles, making it the most densely populated county in the state.² Los Angeles-Long Beach-Anaheim is the second largest metropolitan area in the country with more than 10 million residents, while Alpine County has just over 1,200 residents.²



Title V Program Background

The mission of the California Department of Public Health (CDPH) is to advance the health and well-being of people and communities in California. The Maternal, Child, and Adolescent Health Division (MCAH) is one of three divisions under the Center for Family Health (CFH) in CDPH. MCAH administers the Title V Maternal and Child Health Services Block Grant Program.

CDPH/MCAH supports 61 Local MCAH Programs, based in 58 counties and three cities, which differ widely by population, geography, and socioeconomic factors. California's counties include major metropolitan areas as well as rural and frontier counties; global centers for agriculture, the arts, culture, technology, and innovation; geography ranging from coastal areas and mountains to the desert; nine National Parks; an international border; and countless other unique characteristics. Local MCAH programs play a critical role in the collaborative development of priorities and strategies that drive the MCAH mission. CDPH/MCAH also strengthens the capacity of Local Health Jurisdictions (LHJs), communities, and Community-Based Organizations (CBOs) and leverages the MCAH infrastructure provided by Title V to improve the health and well-being of women, infants, children, and adolescents throughout the state. CDPH/MCAH programs and initiatives serve California's diverse populations and regions, providing resources, information, and data on physical, emotional, mental, and social health.

In addition to Local MCAH programs, Title V supports a variety of other programs such as the Black Infant Health Program (BIH) and the Adolescent Family Life Program. CDPH/MCAH funds and supports partnerships with state and local agencies, CBOs, and universities to drive programmatic efforts that improve the health of the MCAH population. CDPH/MCAH also collaborates with partners across the state on topics including oral health, trauma and violence prevention, infectious and genetic diseases, nutrition support, adolescent sexual health, maternal and perinatal quality of care, developmental screening, and others. CDPH/MCAH recognizes the integral role that families play in the health of mothers, infants, children, and adolescents and engages in ongoing efforts to increase family involvement as an important aspect of its Title V work.

Health Equity: A Core Focus

Achieving health and well-being for all Californians means acknowledging and addressing health disparities. CDPH/MCAH recognizes that systemic inequities based on race/ethnicity, gender, sexual orientation and gender identity, and disability, along with poverty, trauma, geography, and other social and environmental factors, have an interconnected impact on physical and mental

¹ [Five Census Findings You May Have Missed - The New York Times \(nytimes.com\)](https://www.nytimes.com)

² <http://www.usa.com/california-state-city-and-city-map.htm>

well-being. CDPH/MCAH utilizes a health equity lens throughout its Title V Programs and will continue to expand this focus in the future. CDPH/MCAH programs connect families to economic, social, and physical supports and services that can help mitigate the impact of discrimination and poverty on their physical and mental/emotional health. CDPH/MCAH recognizes the need to listen to and learn from its population for program development and improvement, and to ensure that their needs are addressed.

CDPH/MCAH is committed to exploring and addressing both the causes and the effects of structural injustices on mothers, infants, children, and adolescents within California's communities. As one example, between 2018-2020, the pregnancy-related mortality ratio for Black women and birthing people was three to four times greater than the mortality ratios for Asian, Hispanic/Latino, and White persons. CDPH/MCAH has undertaken several efforts, including expansion of the BIH program and establishment of the Perinatal Equity Initiative, to reduce racial health disparities in birth outcomes among Black women and birthing people. New State General Funds, distributed in 2020 and 2023, were allocated to improve and expand the BIH program. This expansion included changes such as offering one-on-one case management for participants who are unable to attend group sessions, and support for a public education campaign to increase awareness of inequities and poorer birthing outcomes for Black women and birthing people. To highlight these inequities, CDPH released the "Centering Black Mothers Report" in 2023, describing how social policies, structural racism, and community and neighborhood conditions impact the health of Black birthing people and babies.

CDPH has an active Office of Health Equity, and our staff participate in the department's racial equity initiative. A Health Equity Liaison position has been filled within CFH to help embed racial and health equity into policies, programs, and services. While CDPH/MCAH has made significant strides in health equity, a great deal of work is still left to do. CDPH/MCAH reflects some of the core planned activities for 2021-2025 and will continue to explore and work with community partners to do more to address racial and health equity.

Impacts on the MCAH Workforce

As California continues to emerge from the COVID-19 crisis, CDPH/MCAH has worked to redesign and recalibrate programs and initiatives, especially those disproportionately impacted. The CDPH/MCAH response to the pandemic's secondary effects on the MCAH population includes assessing these impacts on families in the state. Notable population burdens resulting from the pandemic include increased mental health issues; loss of social support and connection; increased risk of preterm births, stillbirth, and other pregnancy complications; increased violence, childhood adversity, and trauma; disrupted access to health care, social services, and education; and increased economic hardships such as food insecurity and employment loss. CDPH/MCAH also continues to monitor other secondary impacts of the pandemic on California families.

Over the past couple of years, CDPH/MCAH has received a series of new funding from the State General Fund that has enabled the division to undergo a significant expansion. Large funding increases include the following: the BIH Program (\$18 million), the California Home Visiting Program (CHVP) (\$37.5 million), the Future of Public Health (FoPH) (\$2.9 million) and SB 65 – The CA Omnibus Act (\$5.5 million). The CHVP State General Fund expansion will support increased evidence-based home visiting services with funding available to every LHJ which applies. The increased BIH Program funding will support the expansion of the BIH evidence-informed model over the next five years to maximize reach. The new FoPH funding supports a significant expansion of emergency preparedness and mental and behavioral health efforts. The new SB 65 funding will support enhanced maternal mortality investigations and severe maternal morbidity deliberations. At the same time, this important expansion is impacting the existing CDPH/MCAH workforce as it works toward filling many new positions.

Public health and health care are facing a crisis-level workforce shortage, leading to difficulties with filling vacancies both at the state and local level. These difficulties have affected MCAH programs, as well as all the other sectors that serve MCAH populations, including education, childcare, early intervention, and others. This is an ongoing issue that will require statewide efforts to address.

MCAH Priorities

The MCAH Title V priorities and focus areas below were identified through a synthesis of local MCAH needs assessments; a review of population data and key literature; engagement of MCAH programs and stakeholders through surveys, interviews, and meetings; and an assessment of program capacity and key partnerships at the state level during 2018-2019. The following Priority Needs outline the overarching goals in the five Title V population health domains. Focus areas within each priority further delineate and communicate the most pressing needs for CDPH/MCAH's populations.

These priority needs will be updated according to the findings from the 2025 Title V Needs Assessment currently underway.

WOMEN/MATERNAL Priority Need 1: Ensure women in California are healthy before, during, and after pregnancy.

Focus areas:

1. Reduce the impact of chronic conditions related to maternal mortality.
2. Reduce the impact of chronic conditions related to maternal morbidity.
3. Improve mental health for all mothers in California.
4. Ensure optimal health before pregnancy and improve pregnancy planning and birth spacing.
5. Reduce maternal substance use.

PERINATAL/INFANT Priority Need 1: Ensure all infants are born healthy and thrive in their first year of life.

Focus areas:

1. Improve healthy infant development through breastfeeding.
2. Improve healthy infant development through caregiver/infant bonding.

PERINATAL/INFANT Priority Need 2: Reduce infant mortality with a focus on eliminating disparities.

Focus areas:

3. Reduce Black infant mortality.
4. Reduce preterm births.

CHILD Priority Need 1: Optimize the healthy development of all children so they can flourish and reach their full potential.

Focus areas:

1. Expand and support developmental screening.
2. Raise awareness of adverse childhood experiences (ACEs) and prevent toxic stress through building resilience.
3. Support and build partnerships to improve the physical health of all children.

CHILDREN AND YOUTH WITH SPECIAL HEALTH CARE NEEDS (CYSHCN) Priority Need 1: Make systems of care easier to navigate for CYSHCN and their families.

Focus areas:

1. Build capacity at the state and local levels to improve systems that serve CYSHCN and their families.
2. Increase access to coordinated primary and specialty care for CYSHCN.

CHILDREN AND YOUTH WITH SPECIAL HEALTH CARE NEEDS Priority Need 2: Increase engagement and build resilience among CYSHCN and their families.

Focus area:

3. Empower and support CYSHCN, families, and family-serving organizations to participate in health program planning and implementation.

ADOLESCENT Priority Need 1: Enhance strengths, skills, and supports to promote positive development and ensure youth are healthy and thrive.

Focus areas:

1. Improve sexual and reproductive health and well-being for adolescents.
2. Improve awareness of and access to youth-friendly services for adolescents.
3. Improve social, emotional, and mental health and build resilience among adolescents.

How Federal Title V Funds Complement State-Supported MCH Efforts

As described in the previous section, Title V supports a wealth of activities in California. CDPH/MCAH also takes the lead in administering state and other federal funds that align with Title V to support key programs and initiatives to improve the health of moms, babies, children, adolescents, and families in California.

CDPH/MCAH receives federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) funds and State General Funds to lead local home visiting programs across the state.

CDPH/MCAH receive Family and Youth Services Bureau, Personal Responsibility Education Program (PREP) funds to support comprehensive sexual health education for youth. This program complements and aligns with Title V adolescent health goal and programs/initiatives.

CDPH/MCAH also receive federal funding Center for Disease Control and Prevention funding that aims to support the capacity for developing and implementing data-informed strategies to prevent pregnancy-related deaths and reduce disparities among disproportionately impacted populations. The grant supports with improving data availability and quality to better identify and

characterize pregnancy-related deaths and related health inequities. The grant complements California's Title V and state funded surveillance efforts related to maternal morbidity and mortality.

CDPH/MCAH is committed to responding with adaptability and dedication to meet the needs of the diverse MCAH populations across the state. The Title V Maternal and Child Health Block Grant provides core funding to California that helps MCAH to lead, fund, partner, and support activities to meet its mission.

MCH Success Story



WOMEN/MATERNAL: CDPH/MCAH released the "[Centering Black Mothers in California](#)" report to demonstrate how social policies, structural racism, and community and neighborhood conditions impact the health of Black birthing people and babies. Black women leaders and community members from across California guided the development of the report's findings and recommendations.



PERINATAL/INFANT: CDPH/MCAH partnered with the CDPH Center for Healthy Communities and applied for funding under CDC's State Physical Activity and Nutrition (SPAN) Grant Program. California was one of 17 States awarded. Funds will support the development of trainings and technical assistance on California's Model Breastfeeding Hospital Policy and the translation of the Perinatal Breastfeeding Toolkit.



CHILD: CDPH/MCAH programs promoted positive childhood experiences that support healthy child development, lifelong good health, resilience, and well-being and can mitigate the impacts of childhood trauma. MCAH also increased focus on social determinants of health by connecting with the California Department of Healthcare Services to understand ways their services can help contribute to positive health outcomes for the MCAH population.



ADOLESCENT: CDPH/MCAH continued to support local youth engagement. Through its Adolescent Family Life Program youth advisors continue to inform the program. One bilingual youth advisor enhanced local outreach events, bridging language gaps. Her insights revamped the program website for youth appeal. This role nurtured her determination and leadership, leading to a successful business launch upon completion of the youth advisor position.



CYSHCN: CDPH/MCAH administers Cal-InSPIRE ([California Innovations in Services and Partnerships for Inclusion, Resilience and Empowerment](#)), a new program created in 2022 which funds five local public health departments to develop and implement innovative approaches to serve children and youth with special health care needs and their families.

Maternal and Child Health Bureau (MCHB) Discretionary Investments - California

The largest funding component (approximately 85%) of the MCH Block Grant is awarded to state health agencies based on a legislative formula. The remaining two funding components support discretionary and competitive project grants, which complement state efforts to improve the health of mothers, infants, children, including children with special needs, and their families. In addition, MCHB supports a range of other discretionary grants to help ensure that quality health care is available to the MCH population nationwide.

Provided below is a link to a web page that lists the MCHB discretionary grant programs that are located in this state/jurisdiction for Fiscal Year 2023.

[List of MCHB Discretionary Grants](#)

Please note: If you would like to view a list of more recently awarded MCHB discretionary investments, please refer to the [Find Grants](#) page that displays all HRSA awarded grants where you may filter by Maternal and Child Health.