



# HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

**CALIFORNIA**

State Snapshot

FY2026 Application / FY2024 Annual Report

December 2025

## 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 FY2026 Application / FY2024 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

### State Contacts

MCH Director	CSHCN Director
Sydney Armendariz, MA CDPH Maternal, Child and Adolescent Health Division Director, California Title V Director sydney.armendariz@cdph.ca.gov (916) 650-0300	Windy Ly, MPH Community Resilience and Support Section Manager, California Title V CYSHCN Director windy.ly@cdph.ca.gov (916) 650-0300

SSDI Project Director	State Family Leader
Cheryl Walker, MD Medical Director & Medical Policy Branch Chief, California SSDI Director cheryl.walker@dhcs.ca.gov (916) 713-8293	Janis Connallon Director, Family Voices of California

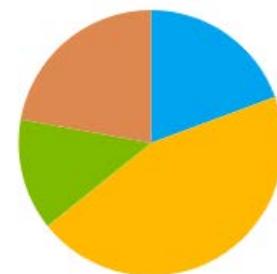
State Youth Leader
No Contact Information Provided

**State Hotline:** (866) 241-0395

### Funding by Source

Source	FY 2024 Expenditures
Federal Allocation	\$39,435,771
State MCH Funds	\$91,311,642
Local MCH Funds	\$27,653,117
Other Funds	\$0
Program Income	\$45,082,753

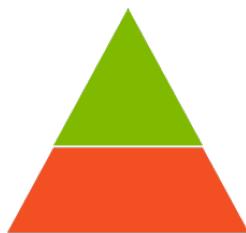
### FY 2024 Expenditures



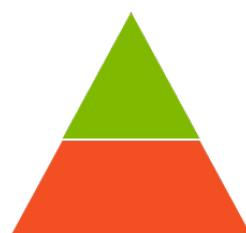
### Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$0	\$0
Enabling Services	\$24,350,080	\$93,183,977
Public Health Services and Systems	\$15,085,691	\$70,863,535

### FY 2024 Expenditures Federal



### FY 2024 Expenditures Non-Federal



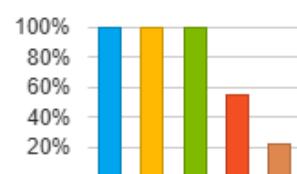
### Percentage Served by Title V

Population Served	Percentage Served	FY 2024 Expenditures
Pregnant Women	100.0%	\$69,062,732
Infants < 1 Year	100.0%	\$20,500,219
Children 1 through 21 Years	100.0%	\$70,698,206
CSHCN (Subset of all infants and children)	54.5%	\$38,684,278
Others *	21.9%	\$0

**FY 2024 Expenditures**  
Total: \$198,945,435



### FY 2024 Percentage Served



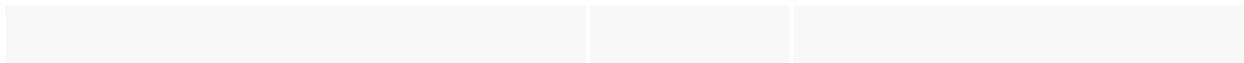
\*Others—Women and men, over age 21.

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 2025 Needs Assessment reporting cycle. 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	Priority Need Type	Reporting Domain(s)
<p>Advance healthy birth outcomes by supporting mothers to thrive through pregnancy and the postpartum period.</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>• A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth B) Percent of women who attended a postpartum checkup and received recommended care components - PPV</li> <li>○ ESM PPV.1: Percentage of regular Big 6 state (California, Florida, Illinois, New York, Pennsylvania, Texas) peer learning meetings of the MCH Subgroup (postpartum visit) attended with active participation (e.g., presenting, responding to peer discussions).</li> </ul>	New	Women/Maternal Health
<p>Advance healthy birth outcomes by supporting mothers and families to have thriving infants.</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>• A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months - BF</li> <li>○ ESM BF.1: Number of online views to the "Lactation Support for Low-Wage Workers" report</li> <li>○ ESM BF.2: Number of trainings of Black Infant Health staff and their networks (e.g., doulas) to increase the knowledge, skills and abilities to provide community-aligned breastfeeding support.</li> </ul>	New	Perinatal/Infant Health
<p>Improve the physical and mental health and development of all children so they flourish and thrive.</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>• Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - MH</li> <li>○ ESM MH.1: Number of strategic planning, capacity building and education/outreach efforts completed by CDPH/MCAH to promote medical home for California children and families.</li> </ul>	New	Child Health
Enhance strengths, skills, and access to supports, ensuring all youth thrive.	New	Adolescent Health

<p>NPMs</p> <ul style="list-style-type: none"> <li>Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year - AWV <ul style="list-style-type: none"> <li>ESM AWV.1: Percentage of adolescents 12-17 served in AFLP with a referral for preventive services.</li> <li>ESM AWV.2: Percentage of Local MCAH programs that implement at least one Scope of Work (SOW) activity in Adolescent Focus Area 1: Access to Quality Care &amp; Services.</li> </ul> </li> </ul>		
<p>Improve access to supports and services for children and youth with special health care needs.</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - MH <ul style="list-style-type: none"> <li>ESM MH.1: Number of strategic planning, capacity building and education/outreach efforts completed by CDPH/MCAH to promote medical home for California children and families.</li> </ul> </li> <li>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 - TAHC <ul style="list-style-type: none"> <li>ESM TAHC.1: Number of local MCAH programs that implement a Scope of Work objective focused on CYSHCN public health systems and services.</li> <li>ESM TAHC.2: Number of identified key organizations engaged in at least one structured meeting or discussion with CDPH/MCAH on improving transition to adult care for CYSHCN in California.</li> </ul> </li> </ul>	New	Children with Special Health Care Needs
<p>Increase knowledge and capacity of state and local MCAH workforce to improve maternal and child health outcomes.</p> <p>SPMs</p> <ul style="list-style-type: none"> <li>SPM 1: Number of state training opportunities implemented to increase workforce capacity.</li> </ul>	New	Cross-Cutting/Systems Building
<p>Increase knowledge, skills and best practices regarding policy, systems, and environmental change (PSE) practices among state and local MCAH workforce.</p> <p>SPMs</p> <ul style="list-style-type: none"> <li>SPM 1: Number of state training opportunities implemented to increase workforce capacity.</li> </ul>	New	Cross-Cutting/Systems Building



## Executive Summary

### Program Overview

#### California Snapshot

California is home to one out of every eight U.S. residents, making it the most populous state in the nation.<sup>1</sup> The state's economy is the largest in the U.S. and is the fifth largest in the world.<sup>2</sup> California has 58 counties that vary widely in size and population, 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. San Bernardino County covers more than 20,000 square miles and is the largest county in the U.S. by area, while San Francisco County has 810,202 residents in approximately 47 square miles, making it the most densely populated county in the state.<sup>3,4,5</sup> Los Angeles-Long Beach-Anaheim is the second largest metropolitan area in the country with more than 9.6 million residents, while Alpine County has just 1,092 residents.<sup>6</sup>

#### The California 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 (MCAH) Division 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.

Title V supports a variety of programs and initiatives such as the Black Infant Health (BIH) Program and the Adolescent Family Life Program (AFLP). CDPH/MCAH funds and supports partnerships with state and local agencies, community-based organizations (CBO), and universities to drive programmatic efforts that improve the health of the MCAH population. CDPH/MCAH programs and initiatives serve California's populations and regions, providing resources, information, and data on physical, emotional, mental, and social health while recognizing 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.

CDPH/MCAH uses Title V and other funding to support 61 Local MCAH programs, based in 58 counties and three cities, which differ widely by population, geography and socioeconomic factors. Local MCAH programs, located within the California Local Health Jurisdictions (LHJ), play a critical role in the collaborative development of priorities and strategies that drive the MCAH mission. CDPH/MCAH also strengthens the capacity of LHJs, communities and 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.

#### Healthy Outcomes for All People: A Core Focus

Achieving healthy outcomes and well-being for all Californians means acknowledging and addressing areas for improvement. CDPH/MCAH programs connect families to economic, social and physical supports and services that can help mitigate the impact of poverty and limited health care access 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.

#### Expansion to Address Mental Health and Maternal Mortality & Morbidity

CDPH/MCAH received new funding from the state legislature from the passage of "Future of Public Health" and "SB65 – The California Momnibus Act," enabling the expansion of the division to address the emerging essential issues of MCAH mental health and maternal mortality and morbidity.

#### Future of Public Health

CDPH/MCAH recently created the Community Resilience and Support Section (CORESS) and developed the MCAH Mental Health Initiative to address mental health within the broader Future of Public Health initiative to strengthen California's public health infrastructure. CORESS strengthens MCAH's capacity in supporting children and youth with special health care needs and broader maternal, child and adolescent mental health initiatives. The MCAH Mental Health Initiative builds on these efforts by advancing primary prevention strategies, promoting mental wellness, and fostering resilience through training, resources, and technical assistance for LHJs.

#### SB 65 – The CA Momnibus Act

CDPH/MCAH created the Adverse Pregnancy Outcomes Prevention (APOP) team to support the California Momnibus Act (SB 65).

<sup>1</sup> [https://www.ppic.org/wp-content/uploads/JTF\\_PopulationJTF.pdf](https://www.ppic.org/wp-content/uploads/JTF_PopulationJTF.pdf)

<sup>2</sup> <https://www.gov.ca.gov/2024/04/16/california-remains-the-worlds-5th-largest-economy/>

<sup>3</sup> <http://www.usa.com/rank/california-state--land-area--county-rank.htm>

<sup>4</sup> <https://labormarketinfo.edd.ca.gov/geography/sanbernardino-county.html>

<sup>5</sup> <https://worldpopulationreview.com/us-counties/california>

APOP works side by side with the surveillance team to promote health and address health disparities, inform and translate data into action, integrate community-informed prevention opportunities, and enhance the development of strategies to reduce preventable maternal mortality and morbidity.

#### Continued Public Health Workforce Challenges

Public health and health care continue to face challenges finding qualified professionals, including public health nurses and doctors, to fill vacancies both at the state and local level. These difficulties have affected MCAH programs and sectors serving MCAH populations, such as education, childcare, early intervention, and others. This is an ongoing issue that will require statewide efforts to address.

#### 2025-2030 National Performance Measures, Priority Needs, Objectives and Focus Areas

CDPH/MCAH conducted a Title V statewide needs assessment from August 2023 through March 2025. The state needs assessment consisted of the following phases:

- **Local Needs Assessment Analysis (July – August 2024):** All 61 LHJs completed a local need assessment from August 2023 – July 2024 which resulted in **five** emergent focus areas across our population health domains: Access to Quality Care & Services, Mental Health & Substance Use, Community Health Factors & Family Social Supports, Physical Health & Prevention, and Injury Prevention & Safe Environments. The state used the results of the local needs assessment and the five focus areas as the foundation of the state needs assessment. Domain activities are aligned by focus area in the California five-year action plan.
- **Statewide Population Data Scan (August– October 2024):** CDPH/MCAH's Epidemiology Team created a data tool to scan [MCAH Data Dashboards](#) and other data sources. The team then extracted California rates for 60 indicators across Title V domains and calculated a priority score. CDPH/MCAH Domain Leads used the data tool to identify any state-level gaps that may have not been captured from the local-level needs assessment.
- **State-Level Partner Engagement (December 2024 – March 2025):** CDPH/MCAH shared the draft five-year action plan priority need statements and strategies with statewide partners for input and feedback before finalizing the action plan.

CDPH/MCAH used the needs assessment to select the following priority need statements, HRSA National Performance Measures (NPMs), five-year objectives and focus areas for the state Title V Five-Year Action Plan. CDPH/MCAH has also identified focus areas that can benefit our five population health domains: women/maternal, perinatal/infant, child, adolescent, and children and youth with special health care needs (CYSHCN). More information can be found in the action plan and application narratives.

#### Women/Maternal Health Domain

<b>Priority Need:</b> Advance healthy birth outcomes by supporting mothers to thrive through pregnancy and the postpartum period.
<b>Postpartum Visit NPM:</b> A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth. B) Percent of women who attended a postpartum checkup and received recommended care components.
<b>Objective 1:</b> By 2030, reduce the rate of pregnancy-related cardiovascular deaths from 3.3 per 100,000 live births (2019-2021 CA-PMSS) to 3.0 per 100,000 live births.
<b>Objective 2:</b> By 2030, reduce the rate of pregnancy-related deaths among Black women from 49.7 per 100,000 live births (2019-2021 CA-PMSS) to 42.3 per 100,000 live births.
<b>Focus Areas:</b> Access to Quality Care & Services, Mental Health & Substance Use, Community Health Factors & Family Social Supports, Physical Health & Prevention, Injury Prevention & Safe Environments

#### Perinatal/Infant Health Domain

<b>Priority Need:</b> Advance healthy birth outcomes by supporting mothers and families to have thriving infants.
<b>Breastfeeding NPM:</b> A) Percent of infants who are ever breastfed. B) Percent of children, ages 6 months through 2 years, who were breastfed exclusively through 6 months.
<b>Objective 1:</b> By 2030, reduce the rate of Black infant deaths from 8.81 per 1,000 live births (2023 CCMBF/CCMDF) to 8.37 per 1,000 live births.
<b>Objective 2:</b> A) By 2030, increase the percentage of infants who are breastfed exclusively in-hospital from 68.8% to 73.8%. B) By 2030, increase the percentage of infants breastfed exclusively through three months from 30.8% to 35.8%.
<b>Focus Areas:</b> Access to Quality Care & Services, Community Health Factors & Family Social Supports, Physical Health & Prevention, Injury Prevention & Safe Environments

#### Child Health Domain

<b>Priority Need:</b> Improve the physical and mental health and development of all children so they flourish and thrive.
<b>Medical Home – Overall NPM:</b> Percent of children with and without special health care needs, ages 0 through 17, who have a

medical home.
<b>Objective:</b> By 2030, increase the percentage of children who have received care within a medical home from 40.1% (NSCH 2021-2023) to 42%.
<b>Focus Areas:</b> Access to Quality Care & Services, Mental Health & Substance Use, Physical Health & Prevention, Injury Prevention & Safe Environments

#### Adolescent Health Domain

<b>Priority Need:</b> Enhance strengths, skills and access to supports, ensuring all youth thrive.
<b>Adolescent Well-Visit NPM:</b> Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.
<b>Objective:</b> By 2030, increase the percentage of adolescents, ages 12 through 17, with a preventive medical visit in the past year from 62.9% (NSCH 2021-2023) to 66%.
<b>Focus Areas:</b> Access to Quality Care & Services, Mental Health & Substance Use, Physical Health & Prevention

#### Children and Youth with Special Health Care Needs (CYSHCN) Domain

<b>Priority Need:</b> Improve access to supports and services for children and youth with special health care needs.
<b>Medical Home – Overall NPM:</b> Percent of children with and without special health care needs, ages 0 through 17, who have a medical home.
<b>Objective 1:</b> By 2030, increase the percentage of children with special health care needs, ages 0 through 17, who have a medical home from 34.3% (NSCH 2021-2023) to 35%.
<b>Transition NPM:</b> 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.
<b>Objective 2:</b> By 2030, increase the percentage of adolescents with special health care needs, ages 12 through 17, who received services to prepare for the transition to adult health care from 17% (NSCH 2021-2023) to 18%.
<b>Focus Areas:</b> Access to Quality Care & Services, Mental Health & Substance Use, Community Health Factors & Family Social Supports

#### Cross-Cutting & Systems Building Domain

<b>Priority Need 1:</b> Increase knowledge and capacity of state and local MCAH workforce to improve maternal and child health outcomes.
<b>Objective 1:</b> By 2030, implement at least two process improvements to increase state and local MCAH knowledge and capacity to advance healthy outcomes for all.
<b>Priority Need 2:</b> Increase knowledge, skills and best practices regarding policy, systems and environmental change (PSE) practices among state and local MCAH workforce.
<b>Objective 2:</b> By 2030, integrate at least two PSE practices into CDPH/MCAH programs or operational protocols.

### 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 oversees the administration of state and federal funds that align with Title V, ensuring effective support for key programs and initiatives aimed at improving the health of mothers, 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 fund and support evidence-based and evidence-informed home visiting programs across the state through the California Home Visiting Program (CHVP). CHVP aims to uplift pregnant and newly parenting families by focusing on prevention and strength-based approaches to improve their social and health outcomes.

CDPH/MCAH receives 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 priority needs, programs and initiatives.

CDPH/MCAH receives federal Centers for Disease Control and Prevention funding to enhance the capacity for developing and implementing data-informed strategies to prevent pregnancy-related deaths and reduce disparities among disproportionately impacted populations. The grant supports 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 receives State General Funds for the California Momnibus Act that established the California Pregnancy-Associated Review Committee to identify and conduct reviews of pregnancy-related deaths, analyze common causes of Severe Maternal Morbidity, and make recommendations on strategies to prevent maternal mortality and morbidity and report on this work at least every three years.

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

## MCH Success Story



**Women/Maternal:** CDPH/MCAH was accepted into the 2025-2027 National Academy for State Health Policy Advancing State Strategies to Address Maternity Care Deserts Policy Academy. Partners include California's Medicaid department, Perinatal Quality Collaborative, and a managed care plan serving half of California's counties. The team aims to understand the landscape of maternity service closures in regions with no or low facilities or providers with a focus on surveillance and ultimately mitigation strategies.



**Perinatal/Infant:** CDPH/MCAH partnered with the Centers for Disease Control and Prevention (CDC) and other divisions within the Center for Family Health—the Genetic Disease Screening Program and the Women, Infants and Children Program—to provide a recorded webinar on folate and pregnancy. The webinar titled "[Choosing the right form of Folate for a Healthy Pregnancy: an Essential Guide](#)" featured speakers from each division and CDC, who shared program highlights and contributions with over 400 essential partners statewide.



**Child:** CDPH/MCAH partnered with the CDPH Office of School Health to promote the health, wellness, and safety of school-aged children, their families, and communities. Through this partnership, CDPH participated in and promoted health education webinars, updated and disseminated clinical infectious disease guidance, created a state-wide epinephrine standing order for school use, elevated mental and behavioral health and wellness programs, and uplifted youth engagement and school-linked health opportunities.



**Adolescent:** CDPH/MCAH promoted local youth engagement by supporting 10 youths from across the state to serve as Adolescent Family Life Program Youth Advisors. One youth advisor, who was a past program participant, used her firsthand experience to inform program decisions, create youth-friendly social media posts and plan monthly group connections for young parents. Her experience and leadership were inspiring to other program participants.



**CYSHCN:** CDPH/MCAH administered the CYSHCN Innovation Grants, launched in 2022, to fund five local public health departments—San Francisco, Pasadena, Riverside, San Joaquin and Sutter—to develop and implement innovative strategies that enhance services and support for children and youth with special health care needs and their families. All five agencies are now moving toward the final stages of their projects.

## 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 2024.

### [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.