



Title V MCH Block Grant Program

DISTRICT OF COLUMBIA

State Snapshot

FY2025 Application / FY2023 Annual Report

November 2024

Title V Federal-State Partnership - District of Columbia

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>)

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SSDI Project Director	State Family Leader
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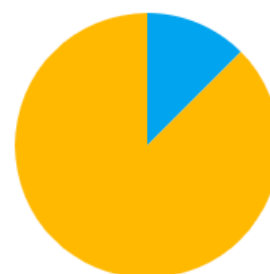
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Funding by Source

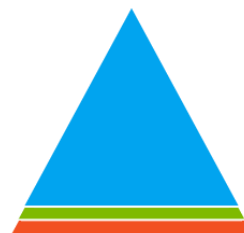
Source	FY 2023 Expenditures
■ Federal Allocation	\$6,599,060
■ State MCH Funds	\$46,159,426
■ Local MCH Funds	\$0
■ Other Funds	\$0
■ Program Income	\$0

FY 2023 Expenditures



Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$5,493,679	\$41,016,829
Enabling Services	\$527,813	\$2,314,168
Public Health Services and Systems	\$577,568	\$2,828,429

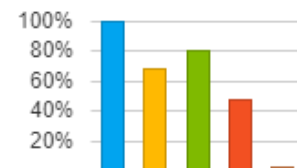
FY 2023 Expenditures
FederalFY 2023 Expenditures
Non-Federal

Percentage Served by Title V

Population Served	Percentage Served	FY 2023 Expenditures
Pregnant Women	100.0%	\$5,341,852
Infants < 1 Year	68.8%	\$6,002,247
Children 1 through 21 Years	79.9%	\$27,525,816
CSHCN (Subset of all infants and children)	47.1%	\$13,280,734
Others *	2.5%	\$0

FY 2023 Expenditures
Total: \$52,150,649

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>Improving women's reproductive health and promoting equitable access to care</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: Number of women who responded and participated in PRAMS ○ ESM WWV.2: Number of women referred for an annual well women visit by a perinatal program. ○ ESM WWV.3: Percent of women that participated in PRAMS and reported attending a preventative medical visit in the past year. ○ ESM WWV.4: Reduce the percent of women that reported experiencing implicit bias or discrimination in PRAMS ○ ESM WWV.5: Increase the percent of reproductive aged women receiving care at FQHCs who received preventive medical visits ● 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>SPMs</p> <ul style="list-style-type: none"> ● SPM 1: Increase the percentage of women who are Medicaid beneficiaries that received a primary care visit within the past year ● SPM 8: Reduce the percent of women that reported experiencing implicit bias or discrimination in PRAMS 	Women/Maternal Health
<p>Decreasing perinatal and infant health disparities</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 women provided with in-person or telephonic breastfeeding consults/support services ○ ESM BF.2: Number of women referred for breastfeeding peer counseling support. ○ ESM BF.3: Number of staff that completed breastfeeding education training. ○ ESM BF.4: Percent of women referred for breastfeeding peer counseling support ○ ESM BF.5: Increase the percent of completed breastfeeding education training 	Perinatal/Infant Health

Priority Needs and Associated Measures	Reporting Domain(s)
<ul style="list-style-type: none"> ○ ESM BF.6: Percent of women provided with in-person or telephonic breastfeeding consults/support services <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 6: Risk appropriate perinatal care - Decrease the proportion of Medicaid beneficiaries who deliver a low birth weight infant 	
<p>Reducing grief and trauma-related symptoms among children and adolescents.</p> <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 3: Mental Health- Increase the percent of children and adolescents, ages 3-17 with mental health needs who received counseling 	Child Health, Adolescent Health
<p>Enhancing positive youth development for adolescents to decrease high-risk behaviors.</p> <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 4: Teen Pregnancy Prevention- Decrease the percentage of live births to teenagers ages 15 to 19 ● SPM 7: Promote the retention of youth participating in tailored adolescent health programming, including the Youth Advisory Council and positive youth development (PYD) curriculum 	Adolescent Health
<p>Improving coordination to early intervention services and supporting healthy child development</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: Number of children who received a developmental screening ○ ESM DS.2: Operationalize the use of a centralized registry (ASQ HUB) to track data on developmental screening. ○ ESM DS.3: Percent of children who received a developmental screening through MIECHV ○ ESM DS.4: Percent of children aged 24 to 35 months who received vaccinations on time to support health development 	Child Health
<p>Improving access to healthcare and healthful foods among children</p> <p>NPMs</p> <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 	Child Health, Cross-Cutting/Systems Building

Priority Needs and Associated Measures	Reporting Domain(s)
<ul style="list-style-type: none"> ○ ESM MH.1: Number of children and adolescents with and without special health care needs referred to a medical home ○ ESM MH.2: Percent of children and adolescents with and without special health care needs referred to a medical home ○ ESM MH.3: Percent of adolescents who elected School-based Health Centers (SBHCs) as their medical home <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 2: Healthy Food Access- Percent of children living in households that were food insecure at some point during the year 	
<p>Improving access to healthcare among children with special health care needs</p> <p>NPMs</p> <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 <ul style="list-style-type: none"> ○ ESM MH.1: Number of children and adolescents with and without special health care needs referred to a medical home ○ ESM MH.2: Percent of children and adolescents with and without special health care needs referred to a medical home ○ ESM MH.3: Percent of adolescents who elected School-based Health Centers (SBHCs) as their medical home ● 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 CSHCN provided with transition services ○ ESM TR.2: Percent of CSHCN provided with transition services 	Children with Special Health Care Needs
<p>Improving access to healthcare among adolescents.</p> <p>NPMs</p> <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 <ul style="list-style-type: none"> ○ ESM MH.1: Number of children and adolescents with and without special health care needs referred to a medical home ○ ESM MH.2: Percent of children and adolescents with and without special health care needs referred to a medical home ○ ESM MH.3: Percent of adolescents who elected School-based Health Centers (SBHCs) as their medical home ● 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 CSHCN provided with transition services ○ ESM TR.2: Percent of CSHCN provided with transition services 	Adolescent Health

Priority Needs and Associated Measures	Reporting Domain(s)
<p>Improving the oral health of Pregnant Women, children and adolescents.</p> <p>NPMs</p> <ul style="list-style-type: none">● Percent of children, ages 1 through 17, who had a preventive dental visit in the past year (Preventive Dental Visit - Child, Formerly NPM 13.2) - PDV-Child<ul style="list-style-type: none">○ ESM PDV-Child.1: Number of children and youth provided with preventive oral health services through a SBHC.○ ESM PDV-Child.2: Number of children ages 1-17 years receiving preventive dental care from a dentist.○ ESM PDV-Child.3: Percent of women enrolled in Medicaid that received oral health education services○ ESM PDV-Child.4: Percent of Medicaid enrolled children ages 1-17 years receiving preventive dental care through the School-based Oral Health Program	<p>Child Health, Adolescent Health, Cross-Cutting/Systems Building</p>

Executive Summary

Program Overview

Program Overview

The mission of the DC Department of Health (DC Health) is to promote health, wellness, and equity across the District and protect the safety of residents, visitors, and those doing business in our nation's capital. Located within DC Health, the Community Health Administration (CHA) support's the agency's mission through the implementation of the *Framework for Improving Community Health*. The Framework guides CHA's strategies, objectives, and activities to improve the population health within the District by:

- Preventing the leading causes of death,
- Protecting and promoting the health of mothers and children, and
- Ultimately eliminating racial and ethnic disparities in health.

The District of Columbia's (DC) Title V Maternal and Child Health (Title V) Program plays a pivotal role in the fulfillment of CHA's approach toward the protection and promotion of health among mothers and children (MCH) population. The program provides vital financial support for the needs assessment, strategic planning, implementation, and evaluation of programs and initiatives to address identified MCH needs in the District. In addition to the *Framework for Improving Community Health*, DC Title V supports the framework for improving perinatal health, designed by a collaborative effort between the DC Title V team and DC Health leadership.

The DC Title V Program is located within the Family Health Bureau (FHB) which functions under CHA. In FY23, senior leadership within CHA elected the FHB Chief as the State Title V Director to strengthen the alignment of Title V's priorities with FHB's role in improving community health. Programs within the bureau, programs within DC Health, and programs operating outside of the agency work more closely with the DC Title V team to facilitate collaborative efforts using a life course perspective. This perspective recognizes that a person's health is determined by factors present before conception; addresses social determinants of health (SDOH); recognizes that poverty and racism profoundly affect psychosocial well-being and are major contributors to disparities in birth outcomes and lifelong health; implements systems-level interventions, recognize that addressing underlying social policies have broad impacts on improving health; and build collective impact while recognizing that sectors beyond public health and medicine must have a role in realizing long lasting equitable outcomes for all families.

In response to the recurring needs of the District's vulnerable populations, the DC Title V team implemented a needs assessment in 2020 to inform the current block grant. Nine MCH priorities were selected then incorporated in a five-year state action plan with strategies, objectives, selected National Performance Measures (NPMs), and written State Performance Measures (SPMs) and Evidence-based or Informed Strategy Measures (ESMs).

1. Improve women's reproductive health.
2. Decrease perinatal and infant health disparities.
3. Improve the mental health of children and adolescents.
4. Enhance positive youth development to decrease high-risk behaviors.
5. Enhance coordination for early intervention services to support healthy child development.
6. Improve access to healthcare and healthful foods among women and children.
7. Improve access to healthcare among children with special healthcare needs.
8. Improve access to healthcare among adolescents.
9. Improve oral health of pregnant women, children, and adolescents.

Using the State Action Plan to drive DC Health's service to the MCH community, the DC Title V team monitored and/or provided strategic oversight and direction for more than 35 relevant programs and initiatives. Nine (9) of the programs/initiatives were fully funded by the DC Title V program as a result of a competitive process facilitated through a Request for Applications (RFA):

- La Clínica del Pueblo – Well-Woman Visits
- Unity Healthcare Inc. - Well-Woman Visits
- Mary's Center – Medical Home Identification
- Children's National Medical Center – Medical Home Identification/Transition
- DC Breastfeeding Coalition – Breastfeeding Support
- Healthy Babies Project Inc. - Positive Youth Development
- Youth Advisory Council – Positive Youth Development
- Men Can Stop Rape – Positive Youth Development
- William Wendt Center for Loss and Healing – Mental Health including Grief- and Trauma-Informed Care

With the strategic collaboration with community-based organizations, DC Health programs/teams, and local agencies, the DC Title V program continues to alleviate burdens experienced by the MCH community. The program focuses on the District's strengths - high insurance coverage, the number of health systems, and high political will to improve MCH outcomes - while addressing priority needs. One success of this strategic collaboration is the intentional selection of leadership to help govern the Title V program including Dr. Kafui Doe as the DC Title V State Director, Dr. Ericka Peterson as the Children with Special Health Care Needs (CSHCN) Director, and Lori Garibay as the Family State Leader. These leaders along with DC Title V team members participate in various conferences, committees, and task forces to maintain the collaborative effort to improve MCH outcomes in the District. One example involves the support of the annual National Maternal and Infant Health Summit. In FY23, the DC Title V team provided

financial and programmatic support to engage over 500+ attendees including elected officials, health experts, and community members.

Title V Population Domains:

The following section provides a synopsis of DC Title V Block grant objectives and activities in supporting the District's MCH population. These are grouped based on the District's Title V population domains.

Women/Maternal Health

The **DC Pregnancy Risk Assessment Monitoring System (PRAMS)** estimates that 65.1% (CI: 58.9, 70.7) of mothers who gave birth in 2022 had a health care visit for a regular visit with an OB/GYN and 54.8% (48.6, 60.8) had a health care visit with a family doctor in the 12 months before pregnancy. DC Health recognizes the importance of preventative health visits to help prevent poor health outcomes, prepare the woman for a healthy pregnancy, and treat existing conditions for a better quality of life. Improving women's reproductive health and promoting equitable access to care are some ways to ensure a healthier future for DC residents.

DC Health uses PRAMS data to monitor the agency's impact in encouraging reproductive-aged women to participate in preventive healthcare services. By funding two FQHC-managed programs, **La Clínica de Pueblo's, Mujeres Saludables (Healthy Women) Program and Unity Health Care Well Woman Project**, the DC Title V team continues to enjoy monitoring progress as the two grantees served over 3,000 reproductive-aged women in FY23. Both employ a family practice model of care rooted in a holistic approach and implement strategies like SDOH screenings and referrals to local resources catering to nutritional, mental/behavioral, emotional, legal, and housing needs.

Perinatal/Infant Health

DC Health is driven to continue supporting efforts addressing infant mortality, especially among infants of non-Hispanic black mothers with a significantly higher infant mortality rate (10.0 per 1,000 live births) compared to infants of Hispanic mothers (3.6 per 1,000 live births) and infants of non-Hispanic white mothers (2.0 per 1,000 live births).

The DC Title V team collaborates with the District's **HIV/AIDS, Hepatitis, STD, and TB Administration (HAHSTA)** to address emerging infectious disease issues among pregnant women and infants in the District. Evidence of this collaboration includes the implementation of a community outreach plan to promote awareness on diagnosis and treatment to providers and pregnant women. Furthermore, DC Title V is joining HAHSTA's existing efforts to establish a unified agency response to the rising rate of congenital syphilis cases in the District. The agency looks forward to engaging the District with a wider reach through the maternal health symposium scheduled to occur in FY24.

DC Title V continued funding the **DC Safe Sleep Program (SSP)** to educate and empower parents, caregivers, and partnering agencies with information on Sudden Infant Death Syndrome (SIDS), Sudden Unexpected Infant Death (SUID), and safe sleep practices. In FY23, 11,581 parents/caregivers were educated on infant-safe sleep practices. SSP's success is attributed to its collaborations with DC Help Me Grow (HMG), the Office of the State Superintendent of Education (OSSE), the DC Child and Family Services Agency (CFSA), and the Child Protective Service (CPS).

The **DC Breastfeeding coalition** continued to utilize Title V funds to focus to promote, protect and support culturally sensitive programs and activities that build awareness and understanding of the preventive health benefits of breastfeeding. In FY23, program staff conducted 421 unique breastfeeding consults. In addition to the consults, the program successfully produced an American Sign Language (ASL) Breastfeeding video series to engage the DHH community with education and information on breastfeeding.

Child Health

The 2022 National Survey of Children's Health states that 58.5% of children ages 9 through 35 months did not receive developmental screenings. DC Health celebrates the seven (7) point difference from the 2021 to 2022 survey and recognizes that efforts can continue to improve. DC Health staff continues to oversee the **DC Maternal, Infant, Early Childhood Home Visiting (MIECHV)** program that offers voluntary home visiting services to promote infant and child health, foster education and school readiness, and help prevent child abuse and neglect. In FY23, 27 children received services with 70% receiving developmental screenings and 100% who screened positive were successfully linked to services.

The DC Title V Program also continued its partnership with **DC Health's Immunization Division** and the **Child, Adolescent, and School Health (CASH)** team to ensure that District children are receiving timely immunization. Staff continues to lead with the mission of catching children up on their routine pediatric immunizations as part of pandemic recovery. Four grades were identified to receive tailored approaches to encourage immunization compliance: students entering PK3, kindergarten, 7th grade, and 11th grade. By the fall of 2023, immunization compliance in the District of Columbia Public Schools (DCPS) and public charter schools rose to 87.5%.

In FY23, DC Health continued to fund **Mary's Center Medical Home Identification for School-Age Children and Families Program** (Mary's Center) to support the medical home utilization objective. Low-income families of color often face challenges in navigating the healthcare system, especially non-English speakers and immigrants. Challenges often appear as language and cultural barriers, discrimination, low health literacy, legal concerns, etc. In response, the Family Support Worker (FSW) provided culturally and linguistically appropriate care to 432 referrals for medical, dental, behavioral, and social services.

Adolescent Health

Many District adolescents encounter traumatic, stressful, and difficult life events because of existing racial/ethnic, socio-economic, and geographic disparities occurring within their families and environments. These disparities can be challenging to overcome without proper resources and community support. Engaging adolescents with evidence-based interventions to promote positive health behaviors and outcomes is a DC Title V priority. That is why the DC Title V team continues to support and partner with community-based organizations who target District youth to leverage their strengths in resilience and community while providing relevant, quality services that addresses their medical, health, and social needs.

To help increase linkages to, and navigation through a medical home for adolescents, DC Health encourages and empowers students to utilize their school-based health centers as their medical home. Title V provides support for (DC Health) staff overseeing the locally funded **School-Based Health Center Program (SBHC)**, which plays a role in addressing each of the priority needs. During FY23, DC Health provided oversight to seven (7) SBHCs which completed 6,657 total visits (9.5% increase from FY22) and served 4,612 total students (102% increase from FY22). Services provided by each School-Based Health Center include preventive and primary care, sexual and reproductive health care, oral health care, behavioral/mental health care, health education, immunizations, and linkages/referrals.

In FY23, DC Health continued the implementation of the **Pediatric Mental Health Care Access (PMHCA)** program. By partnering with the District of Columbia Department of Behavioral Health (DBH) to implement the DC Mental Health Access in Pediatrics (DC MAP) program, the program served 859 children and youth ages 1-21 years to administer timely delivery of behavioral health services

Children with Special Health Care Needs

The 2022 National Survey of Children's Health (NSCH) estimates that 62.5% of children and youth with special health care needs (CYSHCN) in the District, ages 0 – 17, did not have a medical home. CYSHCN require adequate, culturally appropriate, timely, and quality care to thrive in academic and social environments. Moreover, families of CYSHCN need tailored support to navigate the healthcare system while learning how to care for their children's needs. To bridge the gap between CYSHCN and medical home utilization, the DC Title V program continued to fund and provide programmatic and technical assistance to the **Children's National Medical Center Parent Navigator Program** to implement the strategies of employing and empowering Parent Navigators to provide guidance and support to families on accessing services, work with providers, and other aspects of care coordination for CSHCN. Additionally, these Parent Navigators provide guidance and support to families to encourage adolescents with CSHCN in their transition into adult care (NPM TR).

To enhance the District's healthcare system and its response to CYSHCN, Title V staff started convening stakeholders in FY23 to draft a strategic plan that will implement policy and programmatic initiatives to improve system delivery and the overall experience of families of CYSHCN. One of the stakeholders includes **Advocates for Justice and Education, Inc (AJE)**, a parent-led community-based organization (CBO) based in Ward 8 to support and advocate for CSHCN. An additional CSHCN Subject Matter Expert position was created on the MCH Advisory Council. The assigned AJE representative provides advice on improving the health of CSHCN and required support to their families. The partnership will continue to expand as the DC Title V program plans to fund AJE to implement a community health equity project for FY25.

Overall, the mentioned activities and efforts above will receive additional leadership through the creation of the CYSHCN team in the **Early Childhood Health Division (ECHD)** at DC Health. The Division Chief who also serves as the **CYSHCN State Director** will recruit existing and new staff to strengthen strategies to improving the healthcare experience of CYSHCN and their families.

Cross-Cutting/Systems Building

Healthy food access is a priority for DC Health. In the District, 32.8% and 26.6% of adult residents do not eat even one serving of fruit or vegetables per day, respectively. Furthermore, 21.2% of Black households with children aged 0-5 years old reported food insecurity.¹ These rates are higher in neighborhoods with poor or limited access to full-service grocery stores. Access to healthy and affordable food options enables people to make healthy food choices. Because of this clear lack of access, DC Health continues to fund programs like **Healthy Corner Stores**, **Joyful Food Market**, **SNAP-Ed** and **Produce Plus** to minimize the existing gap. These programs combined reach over 2000 people in the District by improving the nutrition environment and reducing barriers to accessing healthy foods.

The DC Title V team recognizes the significance of data in the identification and designing of crosscutting strategies to enhance impact across the MCH population. Data reported by the programs mentioned in this overview provide a robust understanding of the needs and help with evaluating the impact of implemented programs in the District. As a result, the State Title V Director facilitated an internal DC Health stakeholder collaboration in alignment with the State Systems Development Initiative (SSDI) to improve data access by addressing needs in the data infrastructure and proposing linkages among MCH-related datasets using modern linkage technology.

How Federal Title V Funds Complement State-Supported MCH Efforts

Title V Supporting State MCH Efforts

Funds from the DC Title V MCH Block grant provides essential funding and infrastructure support needed to improve the District's maternal and child health outcomes. With the position of DC Health functioning as both the state and local health department, the agency serves as a vital population health strategist, hub, and connector for the District's robust healthcare delivery and public health system.

Residing within DC Health's Community Health Administration (CHA), the Title V program provides the framework for much of CHA's work. The Title V performance measures align with multiple objectives in the framework for improving community health developed by CHA. The use of federal Title V funds supports some of the established MCH programs primarily funded by the local District funds to achieve the strategic goals. Additionally, programs funded by Title V help to address any existing gaps in accessing equitable care for the MCH population including Children with special healthcare needs (CSHCN) in the District of Columbia. DC Health leverages Title V funding to bolster federally and locally funded programs and services, identify barriers to access and utilization of health care and public health services, and pilot new innovations in support of improving health outcomes for our MCH population that is often challenged with navigating the healthcare system or overcoming barriers to utilization.

Program staff funded through Title V guide strategic partnerships to tackle some of DC's most complex maternal and child health issues and work to build capacity internally and with our community stakeholders. Our partnerships include providers, payers, nonprofits, advocacy organizations, academia, consumers, and other District agencies even beyond the health and human services agencies. By serving as a convener, DC Title V can identify ways to complement and enhance other state-supported MCH efforts, totaling approximately 40 million for our state match and maintenance of effort.

In FY 23, Title V funds complemented the state provided funds to bridge the gap in care for several MCH programs including: School Health Nursing, School - Based Health Centers, School-Based Oral Health, DC Help Me Grow, Safe Sleep program, Newborn Hearing Screening, Teen Pregnancy Prevention, Breastfeeding promotion, Assistance to families' w/children w/hearing loss, Fatherhood Initiative, Placed-Based Programs, Healthcare Access, Breast and Cervical Cancer Prevention, Healthy Start and Pre-Term birth reduction initiatives.

MCH Success Story

MCH Success Story

Infancy and childhood are critical life stages that can impact the overall health of an individual. The DC Title V program uses the life course perspective to influence environments and behaviors during those life stages for downstream positive health outcomes. Specifically, the program designs, implements, and supports health interventions to improve the overall health of individuals, parents, families, and children living in the District of Columbia. DC Health's current state action plan contributed toward the overarching goals of the Title V MCH federal block grant including 'Increasing immunization for all children'. Data from the World Health Organization proves that vaccination campaigns prevent 4 to 5 million deaths annually worldwide¹. The **No Shots, No School** campaign by DC Health reflects a collective effort to establish equitable access to timely vaccinations for all District youth. The **Immunization Division** at DC Health, the **School Health** team at DC Health, and the **Office of the State Superintendent of Education (OSSE)** collaborated to enforce the District's Immunization of School Students Act of 1979 which requires all children matriculating into DC schools to receive their required immunizations. In SY22-23, vaccine requirement enforcement was reintroduced for all grade levels. In SY23-24, key grades (Kindergarten, 7th and 11th grades) were targeted for enforcement. **In two school years, DC increased kindergarten Measles, Mumps, and Rubella (MMR) coverage from 78.9% in SY20-21 to 87.5% in SY22-23.** This achievement brings the Community Health Administration (CHA) at DC Health closer to its 2026 target of 95% MMR coverage.

Three factors are credited with this success: a) the partnership with OSSE to enforce DC law, b) improved data completeness, quality and tools, c) and c) increased access to vaccinations in school-associated spaces. In collaboration with health and education partners, DC Health implemented school leader and health suite staff trainings, press events, outreach initiatives, and place-based vaccine events. School nurses played a significant role in staffing local efforts to provide quality services to all grade levels. A unified voice engaged the DC community on the importance of vaccination. Moreover, education experts worked with the agency to enforce vaccination requirements through resource sharing and the celebration of high-performing schools. Data completeness, quality and tools were improved by connecting with Maryland through the IZ Gateway, data sharing with Virginia, expanding data quality staff, and developing a purpose-built data tool for school health teams to track student-level non-compliance and print individualized outreach letters for families.

Finally, DC Health and stakeholders enhanced access to immunization in school-associated spaces. This resulted in the funding of a) mobile VFC providers, including a retail pharmacy, for place-based events; b) community health centers to offer vaccine-only appointments and expanded hours; and c) School-Based Health Centers to provide open-access for all students citywide, including

¹ World Health Organization (WHO). Immunization. [cited 2022 December 8]. Available from: <https://www.who.int/news-room/facts-in-pictures/detail/immunization>.

the increase of SBHC staff availability. This multifaceted approach ensured an increase in vaccination opportunities as well as stakeholder involvement in understanding and promoting the importance of vaccines.

Maternal and Child Health Bureau (MCHB) Discretionary Investments - District of Columbia

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.