HRSA
Health Resources & Services Administration

Title V MCH Block Grant Program

WASHINGTON

State Snapshot

FY2025 Application / FY2023 Annual Report

November 2024

Title V Federal-State Partnership - Washington

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

MCH Director	CSHCN Director
Katie Eilers Director, Office of Family and Community Health Improvement katie.eilers@doh.wa.gov (360) 236-3687	Monica Burke Children and Youth with Special Health Care Needs Director monica.burke@doh.wa.gov (360) 236-3504

SSDI Project Director	State Family Leader
Teresa Vollan Senior Epidemiologist, Surveillance and Evaluation teresa.vollan@doh.wa.gov (360) 236-3585	Nikki Dyer Family Engagement Coordinator nikki.dyer@doh.wa.gov (360) 236-9353

State Youth Leader
No Contact Information Provided

State Hotline: (800) 322-2588

Funding by Source

Source	FY 2023 Expenditures
Federal Allocation	$8,958,354
State MCH Funds	$7,573,626
Local MCH Funds	$0
Other Funds	$0
Program Income	$0

Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	$89,584	$0
Enabling Services	$479,663	$7,573,626
Public Health Services and Systems	$8,389,107	$0

FY 2023 Expenditures Federal

FY 2023 Expenditures Non-Federal

Percentage Served by Title V

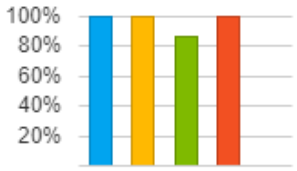
Population Served	Percentage Served	FY 2023 Expenditures
Pregnant Women	100.0%	$2,114,450
Infants < 1 Year	100.0%	$2,114,450
Children 1 through 21 Years	86.0%	$5,952,154
CSHCN (Subset of all infants and children)	100.0%	$5,703,443
Others *	0.0%	$129,948

*Others– Women and men, over age 21.

FY 2023 Expenditures

Total: $16,014,445

FY 2023 Percentage Served



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)

Enhance and maintain health systems to increase timely access to preventive care, early screening, referral, and treatment to improve population health across the life course.
 	
NPMs
• 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
  ○ ESM DS.1: Number of ASQs provided by WithinReach to callers
  ○ ESM DS.2: Number of children reported by HCA as receiving developmental screening
  ○ ESM DS.3: Percentage of children screened by Home Visiting/MIECHV programs
  ○ ESM DS.4: Number of developmental screens completed through Help Me Grow Washington.
• 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
  ○ ESM MH.1: Percentage of primary care providers participating in the ECHO Project who indicate they can provide a medical home to their patients
 	
SPMs
• SPM 3: Universal developmental screening system participation
	Perinatal/Infant Health,
	Child Health

Identify and reduce barriers to quality health care. NPMs • Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year (Adolescent Well-Visit, Formerly NPM 10) - AWV ○ ESM AWV.1: Increase the percentage of 10th graders in school districts with active DOH-supported interventions who have accessed health care in the past year • 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	Women/Maternal Health, Adolescent Health
Improve the safety, health, and supportiveness of communities. SPMs	Adolescent Health

Priority Needs and Associated Measures	Reporting Domain(s)
• SPM 9: Adolescents reporting at least one adult mentor	
Promote mental wellness and resilience through increased access to behavioral health and other support services. NPMs • Percent of children, ages 0 through 17, who are continuously and adequately insured (Adequate Insurance, Formerly NPM 15) - AI ○ ESM AI.1: 15.1 Increase the percentage of CYSHCN who report having insurance when receiving services SPMs • SPM 6: Social and emotional readiness among kindergarteners • SPM 8: Percentage of tenth grade students who report having used alcohol in the past 30 days • SPM 2: Provider screening of pregnant women for depression • SPM 5: Ease of receiving mental health treatment or counseling • SPM 7: Percentage of tenth grade students who have an adult to talk to when they feel sad or hopeless • SPM 10: Suicide ideation among youth with special health care needs • SPM 1: Substance use during pregnancy	Women/Maternal Health, Child Health, Adolescent Health, Children with Special Health Care Needs
Optimize the health and well-being of adolescent girls and adult women, using holistic approaches that empower self-advocacy and engagement with health systems. NPMs • Percent of women, ages 18 through 44, with a preventive medical visit in the past year (Well-Woman Visit, Formerly NPM 1) - WWV ○ ESM WWV.1: Percentage of women reporting in PRAMS that they had a preventive medical visit in the prior year	Women/Maternal Health

Improve infant and perinatal health outcomes and reduce inequities that result in infant morbidity and mortality.
 	
NPMs
• 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
  ○ ESM BF.1: Percentage of eligible facilities certified "Breastfeeding Friendly Washington" by Department of Health
  ○ ESM BF.2: Percentage of births taking place in facilities certified as Breastfeeding Friendly by Department of Health
  ○ ESM BF.3: Percentage of births taking place in facilities certified as compliant with LIFE by Washington State Department of Health.
	Perinatal/Infant Health

Priority Needs and Associated Measures	Reporting Domain(s)
Optimize the health and well-being of children and adolescents, using holistic approaches. NPMs ● Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year (Adolescent Well-Visit, Formerly NPM 10) - AWV ○ ESM AWV.1: Increase the percentage of 10th graders in school districts with active DOH-supported interventions who have accessed health care in the past year SPMs ● SPM 12: Percent of families showing 4 or more factors indicating high resilience to challenges.	Child Health, Adolescent Health
Identify and reduce barriers to needed services and supports for children and youth with special health care needs and their families. NPMs ● 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 ○ ESM MH.1: Percentage of primary care providers participating in the ECHO Project who indicate they can provide a medical home to their patients ● Percent of children, ages 0 through 17, who are continuously and adequately insured (Adequate Insurance, Formerly NPM 15) - AI ○ ESM AI.1: 15.1 Increase the percentage of CYSHCN who report having insurance when receiving services	Children with Special Health Care Needs

Executive Summary

Program Overview

III.A.1. Program Summary

The Department of Health works with others to protect and improve the health of all people in Washington state. This is our mission statement. Our vision is equity and optimal health for all. Our programs and services help prevent illness and injury, promote healthy places to live and work, provide information to help people make healthy choices, and ensure our state is prepared for emergencies. We work with many partners daily to do this work. We are also working to center community leadership and voice in all our efforts.

The state's Title V Maternal and Child Health (MCH) program is part of the Office of Family and Community Health Improvement in the Prevention and Community Health division of the Department of Health (DOH).

The MCH Block Grant (MCHBG) provides the state with essential financial and technical support to implement policies and programs that improve the well-being of parents, infants, children, and youth, including children and youth with special health care needs (CYSHCN), and their families. MCHBG also adds to state and local public health's abilities to provide foundational public health services, which are the capabilities and programs essential to communities everywhere for the health system to work anywhere. As the grant program is focused on aiding those with low income or with limited access to health services, it supports the state's work to address issues of health equity.

Our Title V work focuses on issues of justice, addressing the needs of underserved populations, and where there is demonstrated need. This has led us to focus our work on increasing health equity by supporting community-driven solutions and tailoring system improvements tied to disparities. We are also identifying gaps where the demand for services is more than the supply, such as perinatal and genetic services in rural areas, and we develop agreements with providers to better serve those regions.

All our MCHBG work relates to key state priorities. Washington conducted a needs assessment between fall 2018 and spring 2020 to identify priority needs for maternal and child health services and inform objectives and strategies for MCHBG work over a five-year period.

We identified **four core principles** as the basis of our work:

- All people deserve the opportunity to thrive and achieve their highest level of health and well-being. Improving systems that serve families and children to be more equitable is a core responsibility of public health practitioners. We embrace this responsibility in our maternal and child health work. We commit to being anti-racist in our programs and policies.
- We value both evidence-based and community-developed promising practices. These practices ensure our health systems serve everyone, especially those marginalized by mainstream society. We work in ways that embrace cultural humility and appropriateness.
- We are working to ensure trauma-informed approaches are built into all our programs and services.
- We must continue to assess the effects of COVID-19 on all programs and adjust as needed. We must do this with particular focus on our values and goals associated with racial and ethnic equity.

The **key priority needs** we identified in the assessment and focused our work on are:

- Increase capacity of the local public health workforce to strategically identify, plan for, and address the needs of women and children throughout the state.
- Enhance and maintain health systems to increase timely access to preventive care, early screening, referral, and treatment to improve people's health across the life course.
- Identify and reduce barriers to quality health care.
- Improve the safety, health, and supportiveness of communities.
- Promote mental wellness and resilience through increased access to behavioral health and other support services.
- Optimize the health and well-being of adolescent girls and adult women, using holistic approaches that empower self-advocacy and engagement with health systems.
- Improve infant and perinatal health outcomes and reduce inequities that result in infant morbidity and mortality.
- Optimize the health and well-being of children and youth, using holistic approaches.
- Identify and reduce barriers to needed services and supports for children and youth with special health care needs and their families.
- Identify and respond to emerging priority needs associated with public health emergencies and their effects on the maternal and child populations.

These state priority needs have guided our choices of which of the grant's national performance measures to focus on, which are:

- Well-woman visits
- Breastfeeding
- Developmental screening
- Adolescent well visits
- Medical home
- Adequate insurance

We are also tracking progress on the following state performance measures:

- Reduce the percentage of pregnant individuals who use illegal substances during their pregnancy
- Increase the percentage of pregnant individuals who are checked for depression by their providers during pregnancy
- Increase the number of infants with at least one entry in the Washington state universal developmental screening system
- Increase the percentage of children receiving mental health care when they needed it
- Increase the percentage of children starting kindergarten showing the social and emotional characteristics of children of their age
- Increase in resilience measures according to the family resilience metrics as part of the National Children's Health Survey
- Reduce the percentage of 10th grade students who report having used alcohol in the past 30 days
- Increase the percentage of 10th grade students who report they have an adult to talk to when they feel sad or hopeless
- Increase the percentage of adolescents reporting at least one adult mentor
- Reduce the percentage of 10th grade students with special needs who report having suicidal ideation
- Start the next five-year maternal and child health needs assessment as a continuous planning process that begins again this year
- Support COVID-19 vaccination campaign efforts

Here are a few examples of how we use MCHBG funding and how this program impacts communities:

- We pass most of the MCHBG funding through to 32 local health jurisdictions (LHJs) and 1 local hospital district that serve the needs of 34 LHJs. We do this to support local public health MCH services across the state. One of the block grant requirements is to use at least 30 percent of the funding on preventive, primary care, and family support services for CYSHCN. For this reason, we ask each LHJ to include this work in their annual action plan. LHJs can use their remaining funding on a menu of options that support the state priorities included in our grant application, and for foundational maternal and child health services.

- DOH maintains connection with and support of the LHJs' MCH programs in various ways, including three staff consultants whose primary focus is LHJ coordination. They provide connection with DOH subject matter specialists and biweekly emails with information and resources relevant to MCH work. They also host conference calls and meetings on MCH topics, and reporting requirements. These community consultants understand MCH services and gaps across the state, which helps inform our understanding of local needs and adapt our state-level initiatives to better meet these needs.

- Our CYSHCN team has worked diligently to center families in all aspects of programming. Parent to Parent (P2P) is a family-led organization that directly supports families in every county of Washington State, each program has differing capacities, and some programs may serve multiple counties. P2P provides a variety of services to families, which can include direct family support, peer support groups, peer-to-peer Helping Parent matches, SibShops and sensory-friendly seasonal and family social events, and leadership trainings on a variety of topics. CYSHCN provides funding to support an annual training for staff to stay up to date on public health and emerging and ongoing topics and to provide support and leadership to multicultural staff across the state.

- DOH offers technical assistance to providers via the CYSHCN Communication Network meetings and other trainings. The MCHBG contracts with the University of Washington Institute for Human Development and Disability's Medical Homes Partnership Project and Nutrition Network, as well as provides support for family engagement and leadership through the Washington State Leadership Initiative (WSLI), and contracts with family led and family serving organizations. The program collaborates with other state agencies and providers on statewide systems enhancements to improve the system of care and coordination for CYSHCN. This includes utilizing state funding to support a network of neurodevelopmental centers and maxillofacial review boards. The MCHBG is also supporting education and outreach on Medicaid services for CYSHCN through an interagency agreement with our state Medicaid agency, the HCA.

- Washington works to prevent maternal deaths using a blend of state and federal funding. The state convenes a state Maternal Mortality Review Panel (MMRP) to review all cases of maternal deaths. This panel determines contributing factors and develops recommendations for preventing deaths. In 2023, the department issued a report to the legislature summarizing key findings and recommendations for prevention of maternal morbidity and mortality, using 2014-2020 data. Their findings highlight several racial and socioeconomic inequities that have contributed to these deaths. This report serves as strategic guidance for future investments in maternal health. The MCHBG funding helps support the implementation of several MMRP recommendations.

- Our perinatal health unit continues to work with many partners to transform our systems of screening and treatment for substance use, especially as it affects pregnant individuals and newborns. Our continued focus on the state's Washington State Opioid and Overdose Response Plan and related resources, and the Promoting Healthy Outcomes for Pregnant Women and Infants bill (Substitute Senate Bill 5835) includes implementing strategies to prevent neonatal abstinence syndrome and other effects of opioid misuse and standardization of care for infants born with symptoms of withdrawal. Through cross-agency partnerships with the Department of Children, Youth and Family and the Health Care Authority, we continue to support the implementation of the Plans of Safe Care alternative pathway to child welfare involvement for families with substance use disorder where there is not a child safety issue. Additionally, we are beginning to see billing uptake for the eat/sleep/console model – a best practice in rooming-in care for the birth parent and infant. Finally, the department continues to offer Certification to hospitals for becoming a Center of Excellence for Perinatal Substance Use, and at the time of this report, had it's first hospital qualify for the Center of Excellence certification.

- An important area of our work to improve child health is promoting the value and availability of developmental screening, with early follow-up and referral for intervention services when needed. We work to reduce barriers to well-child health

visits, increase and track rates of developmental screening, increase connection to services, and improve provider billing practices. Having received funding through the Legislature, we have begun rolling out our new universal developmental screening system to health care providers and local health jurisdictions. This system will be accessible to providers and parents, to track screening rates and help ensure all children in the state receive screening for developmental delays.

- To promote adolescent health, DOH works with school-based health centers (SBHCs). Youth, especially those part of populations with disparate health and social outcomes, may have difficulty accessing the medical care system due to many factors. Factors may include lack of transportation, social isolation, complex life situations, or underlying racial bias. These youth might find accessing health care more convenient at a school setting, where they attend and may be more comfortable. There is strong evidence that access to an SBHC and regular well-adolescent health visits reduce school absences, dropout rates, chronic illness, substance use, sexually transmitted infection rates, and pregnancy rates. While increasing graduation rates and improving the management of diabetes, asthma, and mental illness.

- School-based health centers face many barriers to receiving adequate reimbursement for services provided, affecting their sustainability. We are working with SBHCs, the Health Care Authority, and others to address billing and reimbursement issues. Many Washington adolescents and young adults are eligible for Medicaid but are not yet enrolled. We are developing strategies to increase enrollment to help increase the number of youth who receive health care services. Thanks to the 2021 passage of Substitute House Bill 1225: Concerning School Based Health Centers, we have been able to expand and sustain the availability of services in partnering SBHCs to students with a focus on historically underserved populations. It is another example of how we use funding from multiple sources to address priority needs.

Various state and federal funding sources support our overall MCH program. We use MCHBG funds to pay portions of the salaries of program managers who plan and oversee strategic work to improve public health systems. They work to ensure women and children receive the health benefits they are entitled to, including preventive health services and screening. They also promote the importance of coordinated care within a medical home, and address issues of insurance coverage adequacy.

Our investments in maternal, child, and adolescent prevention and wellness also helps fulfill the Governor's Office of Equity's vision that "Everyone in Washington has full access to opportunities, power, and resources they need to flourish and achieve their full potential and there is equity and justice for all, for the next seven generations and beyond."

How Federal Title V Funds Complement State-Supported MCH Efforts

III.A.2. How Federal Title V Funds Complement State-Supported MCH Efforts

The MCHBG provides critical core funding support that we leverage to maximize our investments, both at the state and local level, in maternal, child, and adolescent health services. Whenever possible, we embrace a braided funding model that combines MCHBG with state general funds and other grant funding. LHJs receive 55% of Washington's Title V funding to provide services based on a menu of options aligned with our state priority needs. About ten percent of our grant supports contracts with health care and community service organizations working with the Department of Health on state priorities. The rest supports statewide maternal and child health services, surveillance and evaluation, statewide needs assessment and planning, high priority policy initiatives, and addressing underfunded priorities.

Title V funding supports a robust workforce at the state level, with deep subject matter expertise across the population domains. It also allows for both fiscal stability for the local public health system MCH workforce and a shared platform for MCH workforce connections across the governmental public health system. During this reporting period, the department braided MCHBG funding with general state fund investments in these strategic areas:

- Universal Developmental Screening data system
- School-based health center grant program for medical and behavioral health
- Reproductive health care access assurance
- Early Hearing Detection for Infants and Newborn Screening
- Breastfeeding guidelines for substance use disorder
- Youth suicide prevention

The Washington State Legislature has also invested in the Foundational Public Health Services (FPHS) account to support unique governmental public health services in specific program, policy, and data/surveillance areas. Over time, using the resources at the state and local levels will strengthen work in specific maternal and child health, injury prevention, and access to care, among other areas. Resources will also help with infrastructure to support information systems and laboratory capacity, and capabilities like assessment, communications, emergency planning, policy and planning, community partnership development, and leadership development. Much of the FPHS MCH investments in the state have been dedicated to local governmental public health, providing much needed support to a chronically underfunded body of public health work.

Title V funding is being leveraged with FPHS investments in the following areas to maximize impact:

- Strengthening the infrastructure of statewide child fatality data collection, supporting implementation of new or re-invigorated child fatality reviews by local public health jurisdictions, and modernization of state law
- Surveillance of perinatal and birth outcomes and maternal/infant health through administration of PRAMS
- Planning for tribal PRAMS in Washington state

MCH Success Story

III.A.3. MCH Success Story

LHJ partners in our state have shown great innovation and community partnership in their MCH work. In the 2022-23 contract year, Spokane Regional Health District (SRHD) focused a portion of their MCHBG work around Healthy Outcomes from Positive Experiences (HOPE). The HOPE model, developed by Tufts University, is built around the idea that positive experiences can help children build resilience and grow into healthy adults. HOPE is based around four “building blocks” that are foundational for healthy childhood development: relationships; safe, equitable, stable environments; social and civic engagement; and emotional growth.

SRHD staff focused on strategic engagement and training with cross-sector partners, in order to increase knowledge and buy-in around the building blocks of HOPE. The long-term vision of this work is to create a community that is committed to building resilience through policy, systems, and environmental changes. Equity is an integral component of the HOPE framework. Racism and other forms of prejudice can lead to barriers that make it challenging for children to access the building blocks of HOPE. With this in mind, SRHD staff intentionally sought to build relationships with organizations that serve historically marginalized communities. Some of SRHD’s foundational work involved showing up at community events and meetings without a specific ask, but simply a goal of strengthening partnerships. As trust grew, so did interest and momentum around the HOPE framework. A few highlights from the year include:

- Staff provided training to Black doulas from the Shades of Motherhood Network, an organization focused on the needs of Black birthing people. This training was focused on using the HOPE framework to strengthen trauma-informed support for birthing people and families. Staff also attended a Black Maternal Health Conference and met with additional community partners.
- A local hospital expressed a need for professional development in health equity, anti-racism, and trauma-informed, person-centered care for their staff. This was with a broader goal of implementing the Respectful Maternity Care Framework. SRHD staff created a HOPE presentation tailored to their needs. They also provided technical assistance as the organization examined internal policies, practices, and culture using the HOPE framework.
- Staff held preliminary meetings with Muslims for Community Action and Support (MCAS) to discuss how HOPE can support trauma-informed care. Staff also met with a community health worker in the Afghan community and discussed future collaborations.
- Staff worked internally to assess the practices, policies, and standards of care of SRHD’s Nurse Family Partnership program.
- Staff began building a partnership with the new Indigenous Birth Justice Center.

SRHD staff also worked towards building a county-wide collaborative of partners who work with pregnant people and families with children aged 0-5. The goal of this collaborative is to evaluate current policies and practices that promote HOPE and develop resilience in families with young children. Through this work, SRHD staff collaborated with the Our Kids: Our Business child abuse prevention coalition to plan a community-wide HOPE event, which was attended by over 100 people.

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

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.