



# **HRSA**

Health Resources & Services Administration



Title V MCH Block Grant Program

## **WASHINGTON**

State Snapshot

FY2024 Application / FY2022 Annual Report

November 2023

### 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 FY2024 Application / FY2022 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

State Family Leader	State Youth Leader
Nikki Dyer Family Engagement Coordinator nikki.dyer@doh.wa.gov (360) 236-9353	No Contact Information Provided

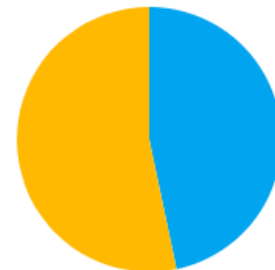
### State Hotline

Name: Help Me Grow Washington Hotline | Telephone: (800) 322-2588

### Funding by Source

Source	FY 2022 Expenditures
Federal Allocation	\$6,630,809
State MCH Funds	\$7,573,626
Local MCH Funds	\$0
Other Funds	\$0
Program Income	\$0

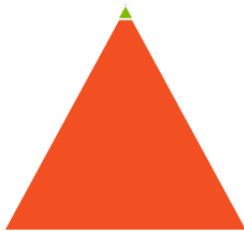
FY 2022 Expenditures



### Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$20,120	\$0
Enabling Services	\$325,255	\$753,626
Public Health Services and Systems	\$6,285,434	\$0

FY 2022 Expenditures  
Federal



FY 2022 Expenditures  
Non-Federal



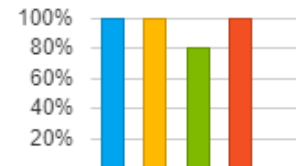
### Percentage Served by Title V

Population Served	Percentage Served	FY 2022 Expenditures
Pregnant Women	100.0%	\$672,878
Infants < 1 Year	100.0%	\$3,197,420
Children 1 through 21 Years	80.0%	\$4,717,194
CSHCN (Subset of all infants and children)	100.0%	\$4,901,370
Others *	0.1%	\$75,668

FY 2022 Expenditures  
Total: \$13,564,530



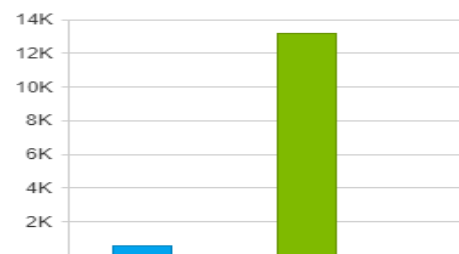
FY 2022 Percentage Served



\*Others– Women and men, over age 21.

### Communication Reach

Communication Method	Amount
State Title V Website Hits:	611
State Title V Social Media Hits:	0
State MCH Toll-Free Calls:	13,169
Other Toll-Free Calls:	0



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.

### State Priorities and Associated Measures

Priority Needs and Associated Measures	Reporting Domain(s)
<p>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.</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● NPM 6: Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year                             <ul style="list-style-type: none"> <li>○ ESM 6.1: Number of ASQs provided by WithinReach to callers</li> <li>○ ESM 6.2: Number of children reported by HCA as receiving developmental screening</li> <li>○ ESM 6.3: Percentage of children screened by Home Visiting/MIECHV programs</li> <li>○ ESM 6.4: Number of developmental screens completed through Help Me Grow Washington.</li> </ul> </li> </ul> <p>SPMs</p> <ul style="list-style-type: none"> <li>● SPM 3: Universal developmental screening system participation</li> </ul>	<p>Perinatal/Infant Health, Child Health</p>
<p>Identify and reduce barriers to quality health care.</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● NPM 10: Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.                             <ul style="list-style-type: none"> <li>○ ESM 10.1: Increase the percentage of 10th graders in school districts with active DOH-supported interventions who have accessed health care in the past year</li> </ul> </li> </ul>	<p>Adolescent Health</p>
<p>Improve the safety, health, and supportiveness of communities.</p> <p>SPMs</p> <ul style="list-style-type: none"> <li>● SPM 9: Adolescents reporting at least one adult mentor</li> </ul>	<p>Adolescent Health</p>
<p>Promote mental wellness and resilience through increased access to behavioral health and other support services.</p> <p>SPMs</p> <ul style="list-style-type: none"> <li>● SPM 6: Social and emotional readiness among kindergarteners</li> <li>● SPM 8: Percentage of tenth grade students who report having used alcohol in the past 30 days</li> </ul>	<p>Women/Maternal Health, Child Health, Adolescent Health, Children with Special Health Care Needs</p>

Priority Needs and Associated Measures	Reporting Domain(s)
<ul style="list-style-type: none"> <li>● SPM 2: Provider screening of pregnant women for depression</li> <li>● SPM 5: Ease of receiving mental health treatment or counseling</li> <li>● SPM 7: Percentage of tenth grade students who have an adult to talk to when they feel sad or hopeless</li> <li>● SPM 10: Suicide ideation among youth with special health care needs</li> <li>● SPM 1: Substance use during pregnancy</li> </ul>	
<p>Optimize the health and well-being of adolescent girls and adult women, using holistic approaches that empower self-advocacy and engagement with health systems.</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● NPM 1: Percent of women, ages 18 through 44, with a preventive medical visit in the past year             <ul style="list-style-type: none"> <li>○ ESM 1.1: Percentage of women reporting in PRAMS that they had a preventive medical visit in the prior year</li> </ul> </li> </ul>	Women/Maternal Health
<p>Improve infant and perinatal health outcomes and reduce inequities that result in infant morbidity and mortality.</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● NPM 4: A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months             <ul style="list-style-type: none"> <li>○ ESM 4.1: Percentage of eligible facilities certified "Breastfeeding Friendly Washington" by Department of Health</li> <li>○ ESM 4.2: Percentage of births taking place in facilities certified as Breastfeeding Friendly by Department of Health</li> <li>○ ESM 4.3: Percentage of births taking place in facilities certified as compliant with LIFE by Washington State Department of Health.</li> </ul> </li> </ul>	Perinatal/Infant Health
<p>Optimize the health and well-being of children and adolescents, using holistic approaches.</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● NPM 10: Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.             <ul style="list-style-type: none"> <li>○ ESM 10.1: Increase the percentage of 10th graders in school districts with active DOH-supported interventions who have accessed health care in the past year</li> </ul> </li> </ul> <p>SPMs</p> <ul style="list-style-type: none"> <li>● SPM 12: Percent of families showing 4 or more factors indicating high resilience to challenges.</li> </ul>	Child Health, Adolescent Health
<p>Identify and reduce barriers to needed services and supports for children and youth with special health care needs and their families.</p>	Children with Special Health Care Needs

Priority Needs and Associated Measures	Reporting Domain(s)
<p>NPMs</p> <ul style="list-style-type: none"><li>● NPM 11: Percent of children with and without special health care needs, ages 0 through 17, who have a medical home<ul style="list-style-type: none"><li>○ ESM 11.1: Percentage of primary care providers participating in the ECHO Project who indicate they can provide a medical home to their patients</li></ul></li><li>● NPM 15: Percent of children, ages 0 through 17, who are continuously and adequately insured<ul style="list-style-type: none"><li>○ ESM 15.1: 15.1 Increase the percentage of CYSHCN who report having insurance when receiving services</li></ul></li></ul>	

## 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 Title V Maternal and Child Health Block Grant (MCHBG) provides the state with essential financial and technical support. It helps 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 equity, 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 working to improve birth outcomes for Black or African American and American Indian/Alaska Native people. 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 10<sup>th</sup> grade students who report having used alcohol in the past 30 days
- Increase the percentage of 10<sup>th</sup> 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 10<sup>th</sup> 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 34 local health jurisdictions (LHJs) and 1 local hospital district. We do this to improve local public health systems and provide 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.
- LHJs have moved away from direct services to the CYSHCN population and are increasing their focus on systems level improvements. The CYSHCN Program updated the Focus of Work for CYSHCN coordinators at LHJs to highlight opportunities for them to engage with the systems that serve CYSHCN in their communities and participate in statewide activities to improve the system of care for CYSHCN. We aligned these strategies with the new CYSHCN strategic plan which was developed with input from families, LHJs, and providers. It incorporates key elements from the new CYSHCN Blueprint. DOH has opened a dialogue with LHJs over the past year, and will continue these conversations over the next year, to look at our MCHBG funding distribution model and requirements. We will review our current requirement that all LHJs do some work to serve CYSHCN. identify ways to leverage efficiencies and better meet statewide needs. This process will also be a part of the five-year Needs Assessment effort.
- DOH offers technical assistance to providers via the CYSHCN Communication Network meetings and other trainings. The MCHBG contracts with the University of Washington Center 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 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.
- Our perinatal health unit is working with many partners to transform our systems of substance use care, especially as it affects pregnant individuals and newborns. Our continued work 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 developing 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 have created a pathway where substance-affected birthing parent and newborn receive tailored referrals to free wrap around services following a Plan of Safe Care as an alternative to report to child welfare. Additionally, state partners have created a billing code for [eat/sleep/console](#) – 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](#).
- 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 are starting exciting new work](#). This bill directs DOH to establish a SBHC program office to expand and sustain the availability of services 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 COVID-19 pandemic clearly illustrated the harmful effects of failing to adequately fund public health. In response, the state budget was increased to better support foundational public health services in WA, amounting to \$77 million in the current 2024-2025 biennium and \$100 million in future biennia. Over time, using the resources at the state and local levels will strengthen work in specific programmatic areas. These include communicable disease control, environmental public health, maternal and child health, chronic disease and injury prevention, and access to care. 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 Foundational Public Health Services (FPHS) MCH investments in the state will be dedicated to local governmental public health, providing much needed support to a chronically underfunded body of public health work.

The MCHBG provides 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 58% of Washington's Title V funding to provide services based on a menu of options aligned with our state priority needs. Less than 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.

Throughout 2020 and 2021, the 35 LHJs in Washington redirected staff from regular MCHBG duties to respond to the COVID-19 pandemic. In 2022 this situation started to ease after vaccines became available. Many LHJs continued to need extra staff to respond to the pandemic. The COVID-19 pandemic has also led to increased staff turnover and some difficulty in filling open positions – a significant challenge that persists to the timing of this report. As LHJs entered into a recovery period, some reflected on the positive impact of new partnerships developed from the Covid-19 response, deeper ties to community, and a stronger understanding of the physical needs of families. LHJs have slowly transitioned use of Title V funds away from Covid-19 to meet the local needs of their communities, some of which have changed or exacerbated because of the pandemic. Moving into the next reporting period, LHJs will be working diligently to use their Title V funds in complement to FPHS MCH investments, shoring up local infrastructure to serve these populations.

## 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, as evidenced in Pierce County, where the MCHBG staff have channeled their focus and energy into partnerships, community engagement, and health equity in order to strengthen systems to support MCH populations across domains.

MCHBG-funded staff support the Pierce County Perinatal Collaborative (PCPC), a 501(c)3 non-profit, by convening the Board of Directors, and in partnership with the Board facilitating General Membership meetings. The Collaborative addresses needs such as prenatal education, lactation support, nutrition, safety, and behavioral health, and reaches over 1,000 mailing list members (including about 600 active members) who represent about 100 different agencies.

Staff also share time and expertise in the Pierce County Breastfeeding Alliance, a committee of the PCPC, which includes Black birth workers, doulas, health equity advocates, and healthcare providers. With impacts from the pandemic, this Alliance has experienced some delays in their work and reduced membership, but staff remain committed to strengthening this Alliance and with it the lactation supports that Pierce County needs. Staff are developing community lactation support as leaders in statewide and local LIFE initiatives, and supporters of a local Peer Breastfeeding Counselor (PBC) initiative. The [LIFE program is "a voluntary designation program recognizing the important role hospitals play in supporting breastfeeding and chestfeeding."](#) Pierce County has been an integral local champion of this statewide effort, by supporting hospitals and clinics to pursue and obtain the highest level possible of LIFE designation. Pierce County's PBC initiative involves developing and sustaining culturally competent PBC training and support, with a focus on populations with lower breastfeeding rates to eliminate disparities.

Staff also support county-wide Baby Lounges, including culturally and linguistically diverse Baby Lounges, through connections with local partners Family Connects Pierce County (Family Connects) and Pierce County Early Childhood Network (PCECN). Baby Lounges (both virtual and in-person) are "a safe space for all families with babies [including pregnant/expecting families and families with children ages 0-1] to connect and learn together with other parents," and to ask a health professional their questions. Family Connects is a resource to "bridge the gaps between families, providers, and community resources to ensure [families] have the support [they] need to grow and thrive." PCECN is "a collective decision-making network lead by partners from multiple organizations who have a shared commitment to supporting children and families in Pierce County to reach a place where they are thriving." The network is one of 10 active Washington Communities for Children regions, and connects over 400 partners, bolsters family access to local resources, and includes 7 Action Teams working to make change for families. LHJ staff join these community partners in strengthening systems of care for families and expecting parents in ways that are culturally and linguistically responsive.

## 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 2022.

[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.