



# **HRSA**

Health Resources & Services Administration



Title V MCH Block Grant Program

## **WEST VIRGINIA**

State Snapshot

FY2025 Application / FY2023 Annual Report

November 2024

### Title V Federal-State Partnership - West Virginia

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
Teresa Marks Interim WV Title V Director teresa.d.marks@wv.gov (304) 558-5388	Teresa Marks WV Title V CYSHCN Director/Associate Office Director Teresa.D.Marks@wv.gov (304) 558-5388

SSDI Project Director	State Family Leader
Sharon Hill Division of Epidemiology, Evaluation and Population Based Surveillance/SSDI Project Director Sharon.K.Hill@wv.gov (304) 558-5388	Shellie Mellert PPIE/Project DOCC Grant Coordinator mellert@marshall.edu (304) 691-1393

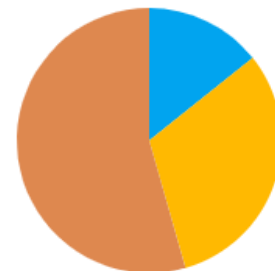
State Youth Leader
No Contact Information Provided

**State Hotline:** (800) 642-8522

### Funding by Source

Source	FY 2023 Expenditures
Federal Allocation	\$5,446,687
State MCH Funds	\$11,936,001
Local MCH Funds	\$0
Other Funds	\$1,809
Program Income	\$20,758,082

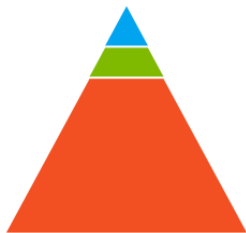
FY 2023 Expenditures



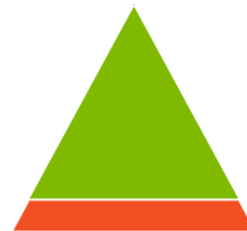
### Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$962,690	\$163,630
Enabling Services	\$708,084	\$28,136,750
Public Health Services and Systems	\$3,775,913	\$4,395,129

FY 2023 Expenditures Federal



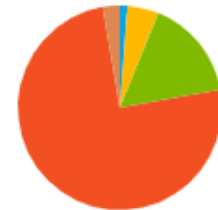
FY 2023 Expenditures Non-Federal



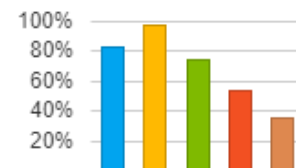
### Percentage Served by Title V

Population Served	Percentage Served	FY 2023 Expenditures
Pregnant Women	82.4%	\$194,820
Infants < 1 Year	97.9%	\$829,128
Children 1 through 21 Years	75.0%	\$2,681,777
CSHCN (Subset of all infants and children)	53.2%	\$12,568,272
Others *	35.6%	\$448,459

FY 2023 Expenditures Total: \$16,722,456



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>Decrease smoking specifically among pregnant women and decrease smoke exposure among children in the household.</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● Percent of women who smoke during pregnancy (Smoking - Pregnancy, Formerly NPM 14.1) - SMK-Pregnancy                             <ul style="list-style-type: none"> <li>○ ESM SMK-Pregnancy.1: Number of health care workers who have had Help2Quit maternity care provider training</li> <li>○ ESM SMK-Pregnancy.2: Percent of women enrolled in HV who reported using any tobacco products at enrollment and were referred to tobacco cessation within 3 months of enrollment.</li> </ul> </li> <li>● Percent of children, ages 0 through 17, who live in households where someone smokes (Smoking - Household, Formerly NPM 14.2) - SMK-Household                             <ul style="list-style-type: none"> <li>○ ESM SMK-Household.1: Percent of children in households where someone smokes.</li> </ul> </li> </ul>	<p>Women/Maternal Health, Child Health</p>
<p>Decrease infant mortality with an emphasis on Sudden Unexplained Infant Death (SUID).</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● A) Percent of infants placed to sleep on their backs (Safe Sleep, Formerly NPM 5A) B) Percent of infants placed to sleep on a separate approved sleep surface (Safe Sleep, Formerly NPM 5B) C) Percent of infants placed to sleep without soft objects or loose bedding (Safe Sleep, Formerly NPM 5C) D) Percent of infants room-sharing with an adult during sleep (Safe Sleep) - SS                             <ul style="list-style-type: none"> <li>○ ESM SS.1: Percent of birthing hospitals that are trained using the evidence-based curriculum for safe sleep education</li> <li>○ ESM SS.2: Percent of families enrolled in a home visitation program who received safe sleep education from a trained home visitation provider on the first visit after child's birth</li> <li>○ ESM SS.3: Percent of infants enrolled in a home visitation program that are always placed to sleep on their backs, without bed-sharing or soft bedding</li> </ul> </li> </ul>	<p>Perinatal/Infant Health</p>
<p>Decrease preterm and low birthweight infants.</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● Percent of cesarean deliveries among low-risk first births (Low-Risk Cesarean Delivery, Formerly NPM 2) - LRC</li> </ul>	<p>Women/Maternal Health</p>

Priority Needs and Associated Measures	Reporting Domain(s)
<ul style="list-style-type: none"> <li>○ ESM LRC.1: Number of first time pregnant women who have participated in the Lamaze International Evidence Based Labor Support Workshop.</li> <li>○ ESM LRC.2: Percentage of birthing facilities that have received Evidence-based Labor Support Training through the Perinatal Partnership.</li> </ul>	
<p>Decrease injuries among youth and teens specifically related to teen suicide.</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● Percent of adolescents, with and without special health care needs, ages 12 through 17, who are bullied or who bully others (Bullying, Formerly NPM 9) - BLY               <ul style="list-style-type: none"> <li>○ ESM BLY.1: Number of positive youth development (PYD) focused trainings provided to youth, parents, professionals and community members</li> <li>○ ESM BLY.2: Number of schools and/or youth serving organizations in target communities that have implemented a comprehensive bullying and/or violence prevention program</li> <li>○ ESM BLY.3: Number of messages disseminated via social media</li> <li>○ ESM BLY.4: Number of trainings provided to youth, parents, professionals and community members</li> </ul> </li> </ul>	Adolescent Health
<p>Increase breastfeeding, both initiation and continuation.</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● 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"> <li>○ ESM BF.1: Number of birthing facilities designated Baby-Friendly under the EMPower initiative</li> <li>○ ESM BF.2: Percent of infants who are breastfeeding at time of discharge from a birthing facility</li> <li>○ ESM BF.3: Percent of infants enrolled in an evidence-based home visitation program who were exclusively breastfed through six months of age</li> </ul> </li> </ul>	Perinatal/Infant Health
<p>Address substance use in pregnancy and in youth/teens.</p> <p>SPMs</p> <ul style="list-style-type: none"> <li>● SPM 2: Increase identification of pregnant women using substances during pregnancy.</li> <li>● SPM 3: Increase the awareness of controlled substance use among children ages 5-17.</li> </ul>	Women/Maternal Health, Child Health, Adolescent Health
<p>Increase medical home for children with and without special health care needs.</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>● 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"> <li>○ ESM MH.1: Number of stakeholders who receive education and resources regarding the National Resource Center For Patient/Family-Centered Medical Home in the last calendar year.</li> <li>○ ESM MH.2: Percent of well-child exams received by Medicaid members age 0-21 with a documented social determinants of health screening (as identified by claims data) in the last calendar year.</li> <li>○ ESM MH.3: Number of children who receive Title V funded medically necessary medical foods.</li> <li>○ ESM MH.4: Percent of CSHCN who are receiving care coordination services from the West Virginia CSHCN Program and who have a shared plan of care completed or updated within the last 180 days.</li> </ul> </li> </ul> <p>SPMs</p> <ul style="list-style-type: none"> <li>● SPM 5: Percent of CSHCN who pay more than \$500 for their medical, health, dental, and vision care during the last 12 months.</li> </ul>	
<p>Decrease obesity among children.</p> <p>SPMs</p> <ul style="list-style-type: none"> <li>● SPM 4: Percent of children, ages two to four, who are obese as defined as body mass index (BMI) at or above the 95th percentile on the CDC growth charts for age and sex.</li> </ul>	<p>Child Health</p>
<p>Increase dental care specifically during pregnancy.</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● Percent of women who had a dental visit during pregnancy (Preventive Dental Visit - Pregnancy, Formerly NPM 13.1) - PDV-Pregnancy                             <ul style="list-style-type: none"> <li>○ ESM PDV-Pregnancy.1: Establish a curriculum for WVU School of Dentistry on dental care for pregnant women.</li> <li>○ ESM PDV-Pregnancy.2: Expectant and recently postpartum mothers who receive oral health education.</li> </ul> </li> </ul>	<p>Women/Maternal Health</p>
<p>Increase in adolescents with and without special health care needs who receive services necessary to make transitions to adult health care.</p> <p>SPMs</p> <ul style="list-style-type: none"> <li>● SPM 1: Percent of adolescents with and without special health care needs who received services necessary to make transitions to adult health care</li> </ul>	<p>Cross-Cutting/Systems Building</p>

## Executive Summary

### Program Overview

#### Program Overview

It is the goal of Title V to assure availability of a comprehensive quality, accessible maternal and child health system that will positively affect pregnancy outcomes and promote positive health status for infants, children, adolescents, and children with (and without) special health care needs by involving multiple stakeholders across West Virginia (WV). The Title V Needs Assessment identifies needs based on data/outcomes and partners with community and stakeholders to develop systems-level interventions that will achieve positive results. Other goals of the Needs Assessment are to: collaborate around data collection activities that support the evaluation of care availability, service utilization and the quality of health services for maternal and child health populations; administer population-based health surveillance activities; and collaborate with community resources, government agencies, families, and other stakeholders to identify resources essential for healthy families such as childcare services, healthcare, and economic support. The vision of the WV Office of Maternal, Child, and Family Health (OMCFH) is to provide leadership to support state and community efforts to build systems of care that assure the health and well-being of all West Virginians throughout the life cycle.

WV uses a systematic method in developing a working framework for carrying out the required five-year Needs Assessment using epidemiological and qualitative approaches to determine priorities incorporating data, clinical, cost-effectiveness, and patient, provider, and stakeholder perspectives. WV also looks at available capacity in determining health interventions and attempts to make explicit what health benefits are being pursued. This approach tries to balance the clinical, ethical, and economic considerations of need—what should be done, what can be done, and what can be afforded when determining evidence-based health interventions.

Once the Needs Assessment is completed, interventions developed and implemented, evaluation of the effectiveness of the interventions is conducted and, if needed, changed as indicated using evaluation recommendations. Partners are involved in this process since many of these same collaboratives are involved in the intervention strategies. Data collection and analysis for maternal, infant, and child health outcome are shared with stakeholders across state and local government, as well as with the Centers for Disease Control and Prevention (CDC) and the Health Resources Services Administration (HRSA).

The WV 2020 Needs Assessment identified the following priority areas for securing better health outcomes for mothers, infants, children, and adolescents:

1. Smoking in pregnancy and smoke exposure in the home
2. Infant mortality
3. Preterm birth
4. Injury – specifically bullying and suicide (attempted)
5. Substance use in pregnancy and in youth/teens
6. Breastfeeding initiation and duration
7. Medical home
8. Obesity in children
9. Oral health in pregnancy
10. Transition

The findings of the 2020 WV Title V Five Year Needs Assessment supported the struggles WV has with positive health outcomes in part due to pervasive poverty, chronic disease, an aging population, and employment security.

The OMCFH engages multiple stakeholders across WV to develop and support interventions with the greatest potential to achieve optimal results. These partnerships work together to support data collection activities and assess the availability of care, service utilization, and quality of health services for the maternal and child health populations. The OMCFH strives to maximize state and federal funding streams to administer population-based surveillance and service systems, coordinate with other agencies to eliminate duplicate services, provide safety-net services to address gaps in the delivery system, support home visitation services that strengthen families, and provide capacity for data collection and analysis. Allocation of resources is based on need that takes into consideration other available resources, populations served, and desired outcomes.

Historically, the OMCFH has engaged multiple stakeholders, leveraged longstanding relationships and braided federal and non-federal funds to accomplish objectives outlined in its State Action Plan. Key partnerships include the WV Perinatal Partnership, academic institutions, medical facilities, advisory boards, health care providers, the WV Department of Education, and families.



With assistance from stakeholders and OMCFH staff, the following performance measures under the five population domains have been developed. These have been updated to reflect the 2025 Title V Application/Annual Report submission.

### **Women/Maternal Health**

Decrease the percentage of cesarean section deliveries in low-risk first births from 27.6% in 2018 to 22% by 2025. WV has seen improvement in overall C-section rates but needs to continue to support education efforts to physicians and hospital administration.

Increase the percentage of women who had a dental visit during pregnancy from 35.6% in 2018 to 48% by 2025. It is important for pregnant women to have a dental visit due to the health implications of decaying teeth and gum disease.

Decrease the percentage of women who smoke during the last 3 months of pregnancy from 24.7% in 2018 to 18% by 2025. This has long been an issue in WV and has led to higher than national average preterm births, low birthweight, and Sudden Unexplained Infant Deaths (SUID).

Address substance use in pregnancy by increasing provider, family, and public awareness of harmful effects.

### **Perinatal/Infant Health**

Increase the percentage of infants ever breastfed from 68.6% in 2016 to 74% by 2025. Breastfeeding has increased over the past few years, but more improvement is necessary to maximize important health benefits.

Increase the percentage of infants exclusively breastfed through six months from 20.9% in 2017 to 24% by 2025. Breastfeeding has continued to increase over the past few years, but additional improvement is necessary to maximize health benefits.

Increase the percentage of infants placed to sleep on their backs from 86.6% in 2017 to 90% in 2025. Safe sleep remains an issue for WV infants and is a significant factor in the State's infant mortality rate.

### **Child Health**

Decrease the percentage of children in households where someone smokes from 22.2% in 2017 to 18% by 2025. WV ranks first or nearly first every year in the percentage of residents who smoke.

Address substance use in youth/teens by increasing provider, family, and public awareness of harmful effects.

Decrease obesity rates in children, ages two through four, from 16.6% (WIC data 2016) to 14.4% by 2025.

### **Adolescent Health**

Decrease the percentage of adolescents, ages 12-17, who report being bullied from 29.1% in 2017 to 22% by 2025. Bullying is becoming more prevalent with the use of social media.

Increase the percentage of adolescents with and without special health care needs who receive services necessary to make transitions to adult health care from 20.2% (CSHCN) and 19.6% (non-CSHCN) in 2018 to 40% for both populations by 2025.

Address substance use in youth/teens by increasing provider, family, and public awareness of harmful effects.

### **CSHCN**

Increase the percentage of children with special health care needs, which have a medical home from 45.2% in 2018 to 52% by 2025. WV's rates are higher than the national average, but significant improvement is needed for children with special health care needs.

Increase the percentage of adolescents with and without special health care needs who receive services necessary to make transitions to adult health care from 20.2% (CSHCN) and 19.6% (non-CSHCN) in 2018 to 40% for both populations by 2025.



## How Federal Title V Funds Complement State-Supported MCH Efforts

Federal block grant funds are used to establish and guide maternal and child health priorities and concerns in WV. Leveraging the authority and both the interagency and private sector coordination requirements of Social Security statutes and regulations, the OMCFH maximizes the use of Federal and State funding streams to administer population-based surveillance and service systems; work in partnership with other agencies to ensure nonduplication services; provide safety-net services for gaps in the delivery system; support home visitation services that strengthen families; and provide capacity for data collection and analyses. The State of WV remains committed to its mothers and children through continued support of OMCFH and its programs. Generally, the Title V MCH Block Grant along with other federal funding enables the OMCFH to maintain its workforce and continue moving forward. The OMCFH also leverages its partnerships to provide staffing for public health awareness, epidemiologic support, clinics, and case abstraction activities.

The OMCFH uses Title V MCH Block Grant resources to implement many of its programs and projects, especially those that are not specifically mandated by State law. For example, Title V MCH Block Grant funds assure support for breastfeeding, adolescent health, injury prevention, maternal and infant mortality, services for children and youth with special health care needs (cyschn), and health system interventions to improve the medical management of children and youth who present with academic or behavioral problems and/or symptoms of inattention, hyperactivity, or impulsivity (i.e., cyschn). While these programs and projects are broadly supported, little or no state funds are allocated for their operations. Title V MCH Block Grant funding assures infrastructure and support for these vital activities, while state funds are prioritized for efforts required by law. This strategy allows Title V MCH Block Grant funds to complement the efforts supported by the State.

## MCH Success Story

Beginning in late 2022, the OMCFH has been working with the Bureau for Public Health (BPH) Office of Epidemiology and Prevention Services (OEPS) to establish referral process for infants with confirmed Hepatitis C and/or perinatal Hepatitis C exposure. With the increase in syphilis cases and the continued prevalence of intrauterine substance exposure (IUSE), the WV OMCFH is leading the effort to utilize existing state policy and the care coordination services of its Children with Special Health Care Needs (CSHCN) Program to meet the needs of these children and families.

Pursuant to the authority of WV State Code (§16-3) and the corresponding legislative rule (R. §64-7) related to reportable diseases, events, and conditions, the CSHCN Program has begun receiving referrals from the OEPS when children less than 60 months old are confirmed as a positive hepatitis C case. The CSHCN Program is working with the BPH Commissioner's Office to establish an outreach letter from the State Health Officer (SHO) to educate families on the outreach and offer services from the CSHCN Program. Including syphilis and children born with neonatal abstinence syndrome (NAS), this population is increasing in West Virginia. The Program's goal will be to provide care coordination services for these children, including follow-up linkage to care for treatment for hepatitis C at 36 months of age and older to ameliorate these conditions as applicable. The CSHCN Program is excited about this partnership with OEPS and the opportunity to utilize reportable disease data in meaningful ways for children and families in West Virginia.

## Maternal and Child Health Bureau (MCHB) Discretionary Investments - West Virginia

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.