



# **HRSA**

Health Resources & Services Administration



Title V MCH Block Grant Program

## **CALIFORNIA**

State Snapshot

FY 2016 Application / FY 2014 Annual Report

April 2016

### Title V Federal-State Partnership - California

The Title V Maternal and Child Health Block Grant Program is a federal-state partnership with 59 states and jurisdictions to improve maternal and child health throughout the nation. This Title V Snapshot presents high-level data and the executive summary contained in the FY 2016 Application / FY 2014 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website ( <https://mchb.tvisdata.hrsa.gov> )

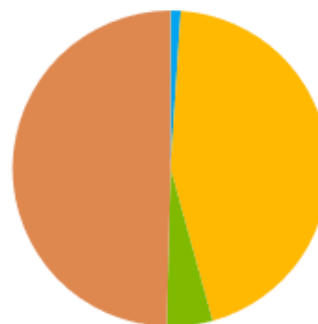
#### State Contacts

MCH Director	CSHCN Director	State Family or Youth Leader
Addie Aguirre	Louis Rico	No Contact Information Provided
Staff Services Manager III, Assistant Division Ch	Chief, Systems of Care Division	
Addie.Aguirre@cdph.ca.gov	louis.rico@dhcs.ca.gov	
(916) 650-0311	(916) 327-2435	

#### Funding by Source

Source	FY 2014 Expenditures
Federal Allocation	\$33,402,919
State MCH Funds	\$1,445,314,553
Local MCH Funds	\$151,226,066
Other Funds	\$0
Program Income	\$1,604,682,820

FY 2014 Expenditures



#### Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$0	\$2,852,495,157
Enabling Services	\$22,397,276	\$257,367,533
Public Health Services and Systems	\$11,005,643	\$91,360,749

FY 2014 Expenditures  
Federal



FY 2014 Expenditures  
Non-Federal



### Total Reach of Title V in Serving MCH Populations

Populations Served	Individuals Served	FY 2014 Expenditures	%
Pregnant Women	494,392	\$44,493,998	1.4%
Infants < 1 Year	520,510	\$33,015,762	1.0%
Children 1-22 Years	7,254,655	\$112,206,238	3.5%
CSHCN	224,364	\$3,043,178,115	94.1%
Others *	1,000	\$0	0.0%
<b>Total</b>	<b>8,494,921</b>	<b>\$3,232,894,113</b>	<b>100%</b>

FY 2014 Expenditures



FY 2014 Individuals Served



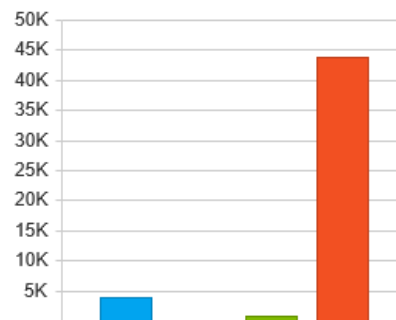
\*Others– Women of childbearing age, over age 21, and any others defined by the State who are not otherwise included in any of the other listed classes of individuals.

### Selected National Performance Measures

Measure #	Measure Short Name	Population Domain
NPM 1	Well-Woman Visit	Women/Maternal Health
NPM 3	Risk-Appropriate Perinatal Care	Perinatal/Infant Health
NPM 4	Breastfeeding	Perinatal/Infant Health
NPM 6	Developmental Screening	Child Health
NPM 9	Bullying	Adolescent Health
NPM 11	Medical Home	Children with Special Health Care Needs
NPM 12	Transition	Children with Special Health Care Needs
NPM 15	Adequate Insurance	Cross-Cutting/Life Course

### Communication Reach

Communication Method	Amount
State Title V Website Hits:	3,889
State Title V Social Media Hits:	0
State MCH Toll-Free Calls:	779
Other Toll-Free Calls:	43,920



## Executive Summary

Title V is committed to mothers and children. It is a vitally important public health program to our nation and to California. As defined in legislation enacted 80 years ago, the purpose of the Maternal and Child Health (MCH) Services Block Grant is to provide and assure: mothers and children access to quality maternal child health services; reduce infant mortality and the incidence of preventable disease; provide rehabilitation services; and promote family-centered, community-based coordinated care for children with special health care needs. The services provided by California's Title V program reflect the California Department of Public Health (CDPH) Maternal, Child and Adolescent Health (MCAH) Division's commitment to improving the health and well-being of mothers, children, adolescents and their families.

MCH transformation and revision of the block grant provided the perfect platform to highlight the contributions made by California's MCAH programs in all six of the MCH population health domains. Specific priorities were developed for each domain with the ability to measure evidence-based or evidence-informed program activities that impact each domain and track accountability. Additionally, California's MCAH program provided leadership and guidance to all 61 Local Health Jurisdictions (LHJs) throughout the needs assessment process. California's MCAH program had the foresight to implement the statewide needs assessment beginning March 2013. This was a tremendous undertaking as all 61 LHJs conducted a local needs assessment. Collectively, the LHJ needs assessment, six population domains and corresponding priorities tell the unique and comprehensive story of California's Title V program.

### Needs Assessment

California's Title V harnessed the power of local data to provide a shared understanding of the various strengths and needs at the local level. To further support local assessments, MCAH provided a set of priority problems to focus on in six domains; developed sample logic models, problem analyses and action plans; conducted training webinars; and hosted regular listening sessions to provide technical assistance. Surveys were developed to identify efforts and opportunities at the local level with regard to the status of implementing the Affordable Care Act (ACA) provisions, and better understanding of local health delivery to children with special health care needs (CSHCN), as well as the American Indian population. Collaboration was encouraged among local MCAH Directors, county leaders, local organizations, tribal communities and residents to identify and prioritize needs and develop a local action plan. For the CSHCN population, identification of problem needs was augmented by more in-depth needs assessment of CSHCN enrolled in the California Children's Services (CCS) Program.

For CCS, the System of Care Division (SCD) worked with the Family Health Outcomes Project (FHOP) at UC San Francisco to facilitate the process, which included key informant interviews; family, provider and administrator focus groups; family, provider and administrator surveys; and gathering of pertinent data from CMS Net, the CCS case management system.

### Accomplishments and Priority Needs by Population Domain

A summary of accomplishments in 2014 by population domain is presented below. California's priority needs from 2016 to 2020 are a continuance of priority needs identified for the 2011-2015 reporting period. For 2016- 2020, the California Title V program selected eight priority needs. Listed below are the priority needs by population domain.

#### Domain: Women/ Maternal Health

MCAH continued efforts to prevent and reduce tobacco use among women, with emphasis on preventing smoking relapse. LHJs, the Black Infant Health Program (BIH), the Adolescent Family Life Program (AFLP) and other teen programs, and the Preconception Health Council of California (PHCC) promoted smoking cessation.

Additionally, BIH and AFLP focus clients on life planning, self-esteem and empowerment as intermediate goals of the program.

California Maternal Quality Care Collaborative (CMQCC) provides assistance to hospitals in implementing maternal quality improvement toolkits including the Elimination on Non-Medically Indicated Deliveries < 39 Weeks Gestation Toolkit. MCAH continues to work closely with the Medi-Cal Managed Care Division (MMCD) to improve the timeliness and quality of obstetric services for Medi-Cal-eligible pregnant women.

Maternal mortality rate continue to decline. In 2013, there were 7.3 deaths per 100,000 live births, a reduction of 57% from the 2006 rate of 16.9 deaths per 100,000 live births. While California's maternal mortality rate has been rapidly descending, the U.S. maternal mortality rate has been rising dramatically to a rate of 22.0 deaths per 100,000 live births in 2013; three times California's rate.

MCAH expanded its interconception and reproductive life planning initiatives and updated its messages about birth spacing and overall preconception/interconception health. MCAH publicized its Interconception Care Project of California (ICPC) guidelines and continued to share national resources, including the preconception campaign materials developed by the Centers for Disease Control (CDC) and Preconception Peer Educators materials provided by the Federal Office of Minority Health. LHJs and the Fetal Alcohol Spectrum Disorder (FASD) Task Force continued efforts on preconception health education and promotion. MCAH continued quality improvement and education efforts to learn about emerging best practices for reducing binge drinking.

The 2016-2020 priority for the maternal/ women's health domain is:

**Priority 1: Improve preconception health by decreasing risk factors for adverse life course events among women of reproductive age.**

**Domain: Perinatal/ Infant Health**

LHJs monitor access to early prenatal care, conduct outreach to women, provide linkages and streamline processes to increase access to early prenatal care. These are complemented by AFLP and BIH by providing case management services and linkages to prenatal or medical care to their clients. The Regional Perinatal Programs of California (RPPC) and the California Perinatal Transport System (CPeTS) continue their work with hospitals in regional health planning, care coordination and providing birth data quality improvement trainings. The Systems of Care Division (SCD) and CPQCC continue to analyze data and address outliers and concerns about quality of care.

California received an “A” grade in the March of Dimes (MOD) 2013 Prematurity Birth Report Card and garnered the 2014 Franklin Delano Roosevelt Prematurity Campaign Leadership Award. California also received MOD’s 2015 Virginia Apgar Prematurity Campaign Leadership Award.

The 2016-2020 priority for the perinatal/ infant health domain is:

**Priority 2: Reduce infant morbidity and mortality.**

**Domain: Child Health**

MCAH promotes injury prevention through education in collaboration with LHJs to reduce unintentional childhood injuries and abuse. Many MCAH LHJs implement case management, home visiting programs, and parenting classes to assist overburdened families who are at risk for adverse childhood experiences. These programs and services aim to strengthen family functioning and cultivate community support.

MCAH conducted a survey of all LHJs to identify current activities and gaps in services for children with special health care needs (CSHCN). As a result of this survey, MCAH has increased efforts to provide technical assistance, training and resources to better serve this population. Examples include partnering with California Children’s Services (CCS) to improve care coordination for CSHCN, especially non-CCS eligible children or children enrolled in CCS in need of services not covered by CCS, professional development, and statewide collaborative activities.

LHJs work with partners to develop resource referral networks and systems to refer and link families to appropriate care in their communities.

The 2016-2020 priority for the child health domain is:

**Priority 3: Improve the cognitive, physical, and emotional development of all children.**

**Domain: Children with Special Healthcare Needs**

Efforts to improve the systems of care for children in CCS include a high level review of current systems and options through the CCS Redesign process. SCD, with stakeholders, completed the Medical Eligibility Guideline to increase consistency in medical eligibility determinations across county programs. SCD continues to work with county programs to increase consistency and improve efforts in the area of transition, care coordination, and medical home for CCS clients. CCS and MCAH are increasing their efforts to collaborate and provide seamless care to better serve this population.

The 2016-2020 priorities for the CSHCN health domain are:

**Priority 4: Provide a whole-child approach to services to children with special healthcare needs.**

**Priority 5: Improve access: ensuring the right patient to the Right Place.**

**Domain: Adolescent Health**

California’s adolescent birth rate has decreased substantially in recent years. Despite this positive trend, MCAH will continue to fund efforts to support adolescent sexual health programs. An example is AFLP. Funded in 30 LHJs with the highest teen births, AFLP has completed an evaluation and revised its standardized intervention based on Positive Youth Development (PYD) principles integrated with life planning.

MCAH participates in the Adolescent Sexual Health Work Group. Some of the group’s activities include policy recommendation, workforce development and active engagement of youth in their sexual health rights.

The 2016-2020 priority for the adolescent health domain is:

**Priority 6: Increase conditions in adolescents that lead to improved adolescent health.**

**Domain: Cross-cutting/Life Course**

MCAH promotes obesity and substance abuse prevention, and the promotion of breastfeeding, oral health and mental health activities. These health issues are addressed through statewide collaborations and activities conducted by LHJs. MCAH promoted the California perinatal clinical oral health guidelines and assisted LHJs in developing oral health activities to increase community access and outreach. California conducted outreach and education to encourage and facilitate enrollment in Covered California, Medi-Cal and other health insurance to increase access to care. Nutrition and breastfeeding efforts include promoting workplace accommodations for breastfeeding mothers and promoting healthy weight among women of childbearing age. The Comprehensive Perinatal Services

Program (CPSP) offers enhanced nutrition, psychosocial and health education services to Medi-Cal eligible pregnant and parenting women.

The 2016-2020 priorities for the cross-cutting/ life course domain are:

**Priority 7: Increase access and utilization of health and social services**

**Priority 8: Increase the proportion of children, adolescents and women of reproductive age who maintain a healthy weight.**