HRSA
Health Resources & Services Administration

Title V MCH Block Grant Program

CALIFORNIA

State Snapshot

FY 2017 Application / FY 2015 Annual Report

November 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 2017 Application / FY 2015 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
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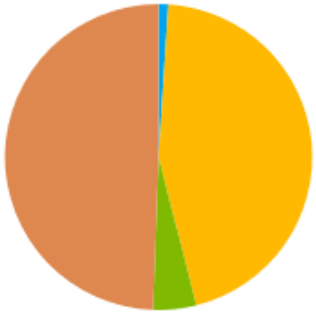
Funding by Source

Source	FY 2015 Expenditures
Federal Allocation	$35,080,907
State MCH Funds	$1,553,292,221
Local MCH Funds	$155,626,242
Other Funds	$0
Program Income	$1,705,385,708

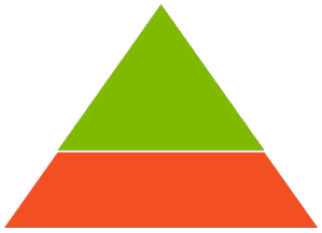
FY 2015 Expenditures



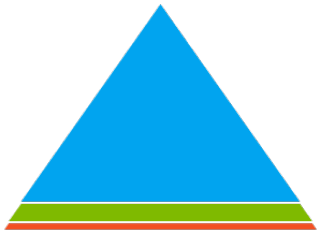
Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	$0	$3,048,882,144
Enabling Services	$23,124,616	$267,593,582
Public Health Services and Systems	$11,956,291	$97,828,444

FY 2015 Expenditures Federal



FY 2015 Expenditures Non-Federal



Total Reach of Title V in Serving MCH Populations

Populations Served	Individuals Served	FY 2015 Expenditures	%
Pregnant Women	502,973	$32,151,300	0.9%
Infants < 1 Year	351,572	$42,617,791	1.2%
Children 1-22 Years	6,080,317	$122,979,907	3.6%
CSHCN	234,329	$3,249,531,200	94.3%
Others *	1,032	$0	0.0%
Total	7,170,223	$3,447,280,198	100%

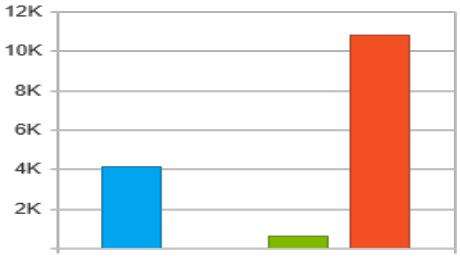
*Others– Women of childbearing age, over age 21, and any others defined by the State who are not otherwise included in any of the other listed classes of individuals.

FY 2015 Expenditures

FY 2015 Individuals Served

Communication Reach

Communication Method	Amount
State Title V Website Hits:	4,175
State Title V Social Media Hits:	0
State MCH Toll-Free Calls:	648
Other Toll-Free Calls:	10,800



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

Evidence-Based or –Informed Strategy Measures

NPM #	NPM Short Name	ESM #	ESM Title
NPM 1	Well-Woman Visit	ESM 1.1	Percent of local health jurisdictions that have adopted a protocol to ensure that all persons in MCAH Programs are referred for enrollment in health insurance and complete a preventive visit
NPM 3	Risk-Appropriate Perinatal Care	ESM 3.1	Percent of facilities with a plan for transport out of complicated obstetric/ maternal patients.
NPM 4	Breastfeeding	ESM 4.1	The proportion of live births that occur in facilities that provide recommended care for lactating mothers and their babies.
NPM 6	Developmental Screening	ESM 6.1	No. of LHJs that implement at least two core components of the Help Me Grow System that connects at-risk-children for developmental and behavioral problems with services they need.
NPM 9	Bullying	ESM 9.1	Percent of adolescents who complete the Adolescent Family Life – Positive Youth Development (AFLP PYD) evidence-informed program model.
NPM 11	Medical Home	ESM 11.1	Number of county CCS programs with family members providing input into CCS medical home policies.
NPM 12	Transition	ESM 12.1	Percentage of county CCS programs with family members providing input into transition policies.
NPM 15	Adequate Insurance	ESM 15.1	No. of local health jurisdictions with a developmental screening, referral and service linkage assurance protocol

State Performance Measures

SPM #	SPM Title	Population Domain(s)
SPM 1	Percent of women with the appropriate weight gain during pregnancy	Women/Maternal Health, Cross-Cutting/Life Course
SPM 2	Percent pregnancies that are mistimed or unwanted among women with a recent live birth	Women/Maternal Health
SPM 3	Percent of births among adolescents, ages 15-17 years.	Adolescent Health
SPM 4	Percent of Children with Special Health Care Needs (CSHCN) with select conditions who have special care center (SCC) team report documenting visit to subspecialist within 90 days of California Children's Service (CCS) eligibility determination.	Children with Special Health Care Needs

Executive Summary

The services provided by California's Title V program reflect a commitment to improve the health and well-being of mothers, children, adolescents and their families by the California Department of Public Health (CDPH) Maternal, Child and Adolescent Health (MCAH) Division and the California Department of Health Care Services (DHCS), Systems of Care Division (SCD). At the conclusion of the first year of the 2016-2020 Title V Block Grant application cycle, California refined the focus of its strategies in order to have organized, logical, evidence-based approaches that will achieve realistic and important objectives as reflected in the revised Action Plan.

During the process of selecting evidence-based or –informed strategic measures (ESMs), state performance measures (SPMs), and national performance measures (NPMs), measurement feasibility also played a role in the refinement of the Action Plans. Analysts and epidemiologists examined the logic of the proposed strategies and the surveillance capabilities in making the final selections.

For the first year of the new five-year goal period, MCAH and SCD performed mostly developmental activities to lay the groundwork for subsequent activities. These developmental activities included environmental scans to determine baseline activity, staff training in new areas such as intimate partner violence (IPV), protocol development, logic model development and review, and partnership building with stakeholders and content-area experts. In addition to the developmental activities, ongoing activities such as case management/referral and technical assistance (TA) were continued or expanded in ongoing programs such as the Preconception Health Council of California, the infant mortality Collaborative Improvement and Innovation Network (CoIIN), Black Infant Health (BIH) Program, Comprehensive Perinatal Services Program (CPSP), Adolescent Family Life Program (AFLP), developmental screening for all children including those with special health care needs, systems and environmental change initiative for obesity reduction, baby friendly hospitals for breastfeeding promotion, and referrals for care to Medi-Cal and Medi-Cal Managed Care Division (MMCD).

Women/Maternal Health Domain: Highlighted Accomplishments—MCAH engaged IPV stakeholder groups in activity planning, trained staff on One Key Question, and continued surveillance activities for maternal morbidity while planning for new Action plan activities in the upcoming year.

Changes to the Action Plan; Highlights—The previously proposed objectives were reordered. Objectives related to four goals previously included in the cross-cutting/life course domain were moved to the Women/Maternal Health domain. Several strategies were revised or eliminated for each objective.

Perinatal/Infant Health Domain: Highlighted Accomplishments—MCAH received the Virginia Apgar Prematurity Campaign Leadership award for achieving an 8% decline in premature birth rates, and had 79 hospitals certified as Baby-Friendly for breastfeeding.

SIDS Bereavement Support: LHJs contacted families who experienced a sudden unexpected infant death and made referrals for grief support services.

Changes to the Action Plan: Highlights—The proposed objectives were unchanged, but the goal related to bereavement and support services for parents/caregivers of babies who die suddenly and unexpectedly was moved from the Cross-cutting/Life course domain to Perinatal/Infant Health domain. Several strategies were removed and several strategies were strengthened with active language to improve clarity and specificity.

Child Health Domain: Highlighted Accomplishments—MCAH conducted several training webinars for local MCAH programs and staff and revised the Scope of Work (SOW) with MCAH local health jurisdictions (LHJs) to establish protocols to increase developmental screening in children.

Changes to the Action Plan: Highlights—Two objectives were eliminated because of limited state staff resources to provide guidance and coordination. The limited capacity to address this domain is a key feature of the state reorganization plan and workforce development.

Children with Special Health Care Needs Domain: Highlighted Accomplishments—SCD performed site visits, provided oversight of the pediatric palliative care waiver, conducted a survey of the CCS administrators of telehealth to help expand the reach of the services, and redesigned the high risk infant follow up program to align with the Quality of Care Initiative of the California Perinatal Quality Care Collaborative (CPQCC) which served over 10,000 children and made almost 12,000 referrals in 2015.

Changes to the Action Plan: Highlights—The targets for two objectives were decreased to a more achievable target within the timeframe. Another objective changed focus for transitional youth to transition planning versus subspecialty care. Several strategies were eliminated or refined to reduce the burden to local health jurisdictions (LHJs) or reflect new nomenclature.

Adolescent Health Domain: Highlighted Accomplishments—MCAH continued to monitor grantees in the Adolescent Family Life Program (AFLP) in the 30 LHJs with the highest teen births and trained 11 additional agencies to implement the positive youth development (PYD) intervention focused on youth resilience skills. Additionally, MCAH improved linkages between other State

departments to address systemic barriers and create pathways to mental health service delivery and were trained on screening, brief interventions and referral to treatment.

Changes to the Action Plan: Highlights—The objectives were reordered and one of the proposed objectives was eliminated (school enrollment) and replaced with a new objective (bullying prevention). The objective related to mental health and substance use was moved from the cross-cutting/life course domain to adolescent health because of its singular focus on adolescents and young adults 15-24After revisiting the proposed objectives, staff determined that this was a higher priority for the LHJs and that there was stronger program infrastructure and collaborations to make it realistic and achievable.

Cross-cutting/Life Course Domain: Highlighted Accomplishments—
Oral Health: 45% of LHJs actively provided education, screenings, referrals and limited dental services for children and pregnant women.

Insurance: Local MCAH conducted outreach and education to encourage and facilitate enrollment in Covered California, Medi-Cal and other health insurance.

Nutrition and Physical Activity: MCAH provided input into the nutrition curriculum and supportive on-line tools for the Preventive Health and Safety Practices (PHSP) training for licensed childcare facilities.

Several objectives were moved to the women/maternal health, perinatal/infant health, and adolescent health domains; two of the remaining objectives were reduced by combining two objectives into one. Significant changes were made to this domain to ensure appropriate alignment with NPMs and to improve clarity.

California also remains committed to developing its public health workforce through sharing best practices, staff leadership development, and continuing education opportunities on emerging topics. Through coordinated trainings, MCAH and SCD work closely to ensure that clients receive timely, appropriate, and coordinated health care and ancillary services and that MCAH strengthens the infrastructure-building and systems to increase health equity.

One of the ways California ensures its effectiveness and maximal impact is through consumer and stakeholder partnerships. Our Title V funded programs maintain working partnerships with MCHB awardees, Medi-Cal, local and state education and health and human service agencies, community based organizations, advocates, and professional/provider organizations to receive valuable input on the planning, development, implementation, and evaluation of the programs.

California continues its widespread implementation of the Patient Protection and Affordable Care Act (ACA) using the Covered California marketplace and healthcare navigators. A significant policy change in health reform is that the California Senate authorized the expansion of full-scope Medi-Cal coverage to pregnant women with incomes up to 138% of the federal poverty level (FPL), effective August 1, 2015. There are three other notable developments in health care reform in California that impact the quality of health care and convenience of access: 1) the Department of Health Care Services (DHCS) approved a new policy to increase the frequency of prenatal care from eight visits to 14, beginning January 1, 2016; 2) the California Senate also approved a measure which allows the State Board of Pharmacy to set protocols for licensed pharmacists to prescribe hormonal birth control, nicotine patches, and travel medications as well as to order toxicology screens; and 3) Senate Bill 75 was signed into law to allow individuals under 19 years of age eligible for Medi-Cal to enroll and receive the full scope of Medi-Cal benefits, regardless of immigration status, starting May 2016. California is also exploring the possibility of applying for the Section 1332 State Innovation Waiver to ACA. The general idea is to allow states to pursue new strategies for improving coverage for residents. One option would allow immigrants in California who do not have legal status to buy health coverage at their own expense without government help through the federal premium assistance or cost-sharing subsidies.

Several emerging issues involved Title V programs. With increased attention to health disparities related to gender and sexual orientation, Title V program staff members are participating in training to begin to evaluate the inclusivity of our policies, services, and initiatives. National attention to Neonatal Abstinence Syndrome has increased surveillance and public health planning efforts for substance abuse and mental health. In California, the drought has necessitated emerging service planning and increased attention to threats for food security. The Zika virus, with an established link to newborn microcephaly, has elicited an increase in statewide surveillance and preventive/prophylactic health messaging.