



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

CALIFORNIA

State Snapshot

FY 2020 Application / FY 2018 Annual Report

November 2019

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 2020 Application / FY 2018 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

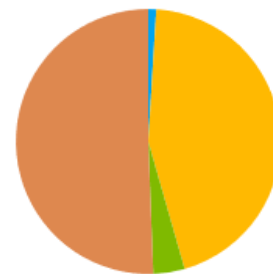
State Contacts

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Funding by Source

Source	FY 2018 Expenditures
Federal Allocation	\$39,529,642
State MCH Funds	\$1,805,981,264
Local MCH Funds	\$155,125,706
Other Funds	\$0
Program Income	\$2,049,567,664

FY 2018 Expenditures



Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$0	\$3,621,837,888
Enabling Services	\$25,016,373	\$289,870,176
Public Health Services and Systems	\$14,513,269	\$98,966,570

FY 2018 Expenditures
Federal



FY 2018 Expenditures
Non-Federal



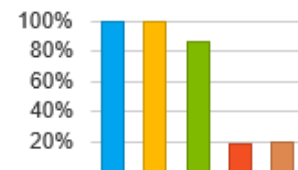
Percentage Served by Title V

Population Served	Percentage Served	FY 2018 Expenditures
Pregnant Women	100.0%	\$41,131,816
Infants < 1 Year	100.0%	\$43,360,850
Children 1 through 21 Years	86.0%	\$123,322,868
CSHCN (Subset of all Children)	18.0%	\$3,839,984,181
Others *	20.0%	\$0

FY 2018 Expenditures
Total: \$4,047,799,715



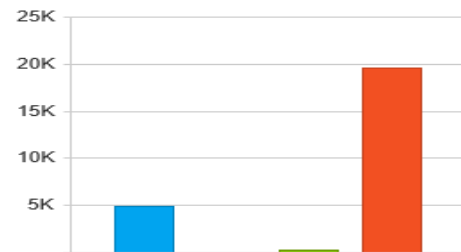
FY 2018 Percentage Served



*Others– Women and men, over age 21.

Communication Reach

Communication Method	Amount
State Title V Website Hits:	4,907
State Title V Social Media Hits:	0
State MCH Toll-Free Calls:	288
Other Toll-Free Calls:	19,596



Selected National Performance Measures

Measure #	Measure Short Name	Reporting Domain(s)
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 10	Adolescent Well-Visit	Adolescent Health
NPM 11	Medical Home	Children with Special Health Care Needs
NPM 12	Transition	Children with Special Health Care Needs

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 10	Adolescent Well-Visit	ESM 10.1	Percentage of adolescents 12-17 served in AFLP with a referral to preventive services.
NPM 11	Medical Home	ESM 11.2	Number of completed informational trainings to increase awareness and participation in activities that engage families into partnership with systems and services in Whole Child Model counties
NPM 12	Transition	ESM 12.1	Number of county CCS programs with family members providing input into transition policies.

State Performance Measures

SPM #	SPM Title	Reporting Domain(s)
SPM 1	Percent of women with the appropriate weight gain during pregnancy	Women/Maternal Health
SPM 2	Percent pregnancies that are mistimed or unwanted among women with a recent live birth	Women/Maternal 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
SPM 5	Percent of youth ages 12 through 17, who have an adult in their lives with whom they can talk about serious problems.	Adolescent Health
SPM 6	Percent of children ages 1-17 years who received a dental visit in the past year.	Child Health, Adolescent Health
SPM 7	Hispanic :White birth rate ratio among adolescents, ages 15-19 years	Adolescent Health
SPM 8	Rate of Sudden Unexpected Infant Death (SUID) per 100,000 live births	Perinatal/Infant Health
SPM 9	Percent of parents/caregivers experiencing a sudden unexpected infant death (SUID) who were offered grief/bereavement support services.	Perinatal/Infant Health
SPM 10	Number of Local Health Jurisdictions (LHJ) that examine and monitor fetal and infant deaths	Perinatal/Infant Health
SPM 11	Percent of Local Health Jurisdiction (LHJ) with staff who received Intimate Partner Violence (IPV) Prevention training	Women/Maternal Health
SPM 12	Percentage of children, ages 2 to 4 years, receiving WIC services who are considered overweight or obese.	Child Health

Executive Summary

Program Overview



The mission of the California Department of Public Health (CDPH) is to protect the health and well-being of people and communities in California. As part of CDPH and the Center for Family Health (CFH), the mission of the Maternal, Child and Adolescent Health (MCAH) Division is to support CDPH by implementing strategies to improve and foster health, support the development of children and adolescents, and promote well-being and health equity across the reproductive life course. The Title V Maternal and Child Health (MCH) Block Grant provides core funding to California that allows MCAH to *lead, fund, partner, and support* activities to meet its mission.

Through Title V funding, MCAH *leads* efforts to reduce maternal and infant mortality, implements and *supports* a variety of programs such as the Black Infant Health (BIH) Program, the Comprehensive Perinatal Services Program (CPSP), and the Adolescent Family Life Program (AFLP).

CDPH/MCAH *funds* 61 Local Health Jurisdictions (LHJs) comprised of 58 county and three city health departments that differ widely by population and socioeconomic factors and vary from urban to rural to frontier areas. LHJs play a critical role in the collaborative development of policies and programs that drive the MCAH mission and receive 48% of California's Title V funding for local implementation of services.

CDPH/MCAH also *funds other partners* including State and local agencies, community-based organizations, and universities to drive programmatic efforts that improve the health of the MCAH population. In addition, California receives Federal Maternal, Infant, and Early Childhood Home Visiting funding to *lead* home visiting programs across the State and state general funds to support this work.

CDPH/MCAH collaborates with *partners* across the State that support our mission and partners with and *supports* a number of entities including the CDPH/Office of Oral Health, CDPH Violence Prevention Initiative, Department of Health Care Services (DHCS), California Maternal Quality Care Collaborative (CMQCC), California Perinatal Quality Care Collaborative (CPQCC), and

the Preconception Collaborative Improvement and Innovation Network (CoIIN) Project. MCAH lends its *support* to improve issues such as preconception health, maternal mental health, opioid addiction, developmental screening, and maternal and infant nutrition.

The following is an overview of the eight MCAH priority health areas that CDPH/MCAH *leads, funds, partners, or supports* through Title V funding.

Women/Maternal Health Domain

Priority 1: Improve access and utilization to comprehensive, quality health services for women.

CDPH/MCAH *funds* 61 LHJs to develop and implement activities to improve the health and well-being of women and families. Programs and initiatives aim to serve California's diverse population and provide best practice interventions, resources, and information on topics such as reproductive health, family planning, healthy pregnancy, access to prenatal care, and intimate partner violence.

In collaboration with the LHJs, CDPH/MCAH *leads* the Comprehensive Perinatal Services Program (CPSP). The program delivers a wide range of culturally competent services to Medi-Cal eligible, low-income pregnant and postpartum women, from conception through 60 days postpartum. In addition to standard obstetric services, women receive enhanced services in the areas of nutrition, psychosocial support, and health education.

The 2018-20 California Preconception CoIIN, *led* by CDPH/MCAH, the March of Dimes, and other state preconception health experts aims to develop, implement, and disseminate a woman-centered, clinician-engaged, community-involved approach to the well-woman visit to improve the preconception health status of women of reproductive age, particularly low-income women and women of color.

CDPH/MCAH *partners* with the CDPH/Sexually Transmitted Diseases (STD) Control Branch to support the needs of our LHJs to address sexual health issues and congenital syphilis in California. CDPH/MCAH and the STD Control Branch *partner* in ongoing, regular discussions regarding areas to work together regarding congenital syphilis prevention and control. CDPH/MCAH participates in the STD Control Branch, perinatal communicable diseases working group, and *partners* to convene an in-person congenital syphilis meeting.

CDPH/MCAH also *partners* with the CDPH/Center for Healthy Communities in a department wide Violence Prevention Initiative with a focus on building resiliency, reducing exposure to Adverse Childhood Experiences (ACEs) and promoting better understanding of the critical constructs for healthy relationships.

CDPH/MCAH was awarded the Public Health Crisis Response Notice of Funding Opportunity to improve provider and hospital knowledge and practice on perinatal opioid screening and referral of women with opioid use disorder. The Centers for Disease Control and Prevention (CDC) will fund MCAH to accomplish the work and the Association of State and Territorial Health Officials (ASTHO) will fund the California American College of Obstetricians and Gynecologists. Additionally, ASTHO will develop a perinatal opioid/substance abuse public health toolkit. The University of California, San Francisco Family Health Outcomes Project was contracted to promote the toolkit throughout MCAH and Special Supplemental Nutrition Programs for Women, Infants, and Children (WIC) in targeted high-need counties.

CDPH/MCAH *leads* the development and implementation of the Maternal and Infant Health Assessment (MIHA) survey. MIHA is a collaborative effort of the MCAH Division, WIC and UCSF Center on Social Disparities in Health. MIHA collects self-reported information about maternal and infant experiences and about maternal attitudes and behaviors before, during and shortly after pregnancy. In summer 2018, MIHA released and distributed a data brief on the symptoms of depression during and after pregnancy.

CDPH/MCAH and a volunteer advisory group *leads* the California Diabetes and Pregnancy Program (CDAPP), Sweet Success®, that provides comprehensive technical support and education to medical personnel and community liaisons to assist in promoting improved pregnancy outcomes for women with pre-existing diabetes and women who develop diabetes while pregnant. The CDAPP Sweet Success® Affiliates is an organization made up of medical providers who undergo standardized training and use the CDAPP Sweet Success® Guidelines for Care to provide direct patient care to women with diabetes while pregnant.

CDPH/MCAH *leads and supports* the Regional Perinatal Programs of California (RPPC). RPPC evolved from the need for a comprehensive, cooperative network of public and private health care providers within geographic areas to assure the well-being of pregnant women and their babies and to promote access to appropriate levels of high quality care. RPPC provides quality improvement resources, consultation, and technical assistance to hospitals and health care providers.

CDPH/MCAH provides *funding* for Stanford University's California Maternal Quality Care Collaborative (CMQCC) to end preventable morbidity, mortality and racial disparities in California maternity care. CMQCC uses research, quality improvement toolkits, statewide outreach collaborative and its innovative Maternal Data Center to improve health outcomes for mothers and infants.

CDPH/MCAH *leads* the California Home Visiting Program (CHVP). CHVP *funds* agencies to implement evidence-based home visiting models, including Nurse-Family Partnership (NFP) and Healthy Families America (HFA). CHVP collaborates with Title V funded programs on the implementation of common objectives and opportunities.

Perinatal/Infant Health Domain

Priority 2: Reduce infant morbidity and mortality.

CDPH/MCAH *funds* and *partners* with all 61 LHJs to lead and support the California Sudden Infant Death Syndrome (SIDS) Program. The SIDS Program promotes public awareness and education of newborn and infant care practices to reduce the risk of SIDS through the dissemination of educational and informational materials. In addition, the Program provides crisis intervention and grief/bereavement support services for parents who have experienced the sudden unexpected loss of their infant.

CDPH/MCAH *funds* the Fetal and Infant Mortality Review (FIMR) in 16 LHJs. FIMR is a community-based initiative that reviews contributing factors to fetal and infant deaths within a LHJ. FIMR community groups identify the necessary actions to prevent these deaths, thus improving health services for families.

CDPH/MCAH *leads* the implementation of the Black Infant Health Program (BIH) in 14 LHJs to reduce Black infant mortality. BIH focuses its implementation strategy on the key contributing factors of disparities, namely the toxic stress of chronic racism. Participants learn proven strategies to reduce stress and develop life skills through a group-based approach with complementary case management.

CDPH/MCAH will establish the Perinatal Equity Initiative (PEI) in 2019 through State General Funds to address the causes of persistent infant mortality inequality and identify best practices to address Black/White disparities in infant mortality. PEI will promote the use of specific interventions designed to fill gaps in current programming offered through the BIH Group Model.

CDPH/MCAH *funds* the California Perinatal Quality Care Collaborative (CPQCC) to improve the quality of care for California's most vulnerable infants. CDPH/MCAH shares a common goal of improving health care outcomes of Newborn Intensive Care Unit (NICU) babies through data surveillance and the implementation of hospital quality improvement projects.

CDPH/MCAH is the *lead* for maintaining and disseminating CDPH's Infant Feeding Guide as a tool for California programs and providers to provide consistent messaging. Through the RPPC contract, CDPH/MCAH takes the *lead* in developing the Model Hospital Policy and providing breastfeeding policy education to California's labor and delivery hospitals.

Child Health Domain

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

Priority 8: Increase the proportion of children, adolescents and women of reproductive age who maintain a healthy diet and lead a physically active lifestyle.

CDPH/MCAH *funds* the California Statewide Screening Collaborative (SSC), a multi-agency organization, in partnership with the Department of Developmental Services, to improve developmental screening and referrals in California. The SSC develops and shares resources for providers, including the Healthcare Provider Developmental Screening Toolkit. CDPH/MCAH programs (CHVP, AFLP, and BIH) incorporate information on child development and developmental screening for participants.

In FFY 2019, CDPH/MCAH will provide technical assistance to the new Undersecretary of Health's Advisory Council on Early Childhood Development as well as provide data and support to the new California Surgeon Generals whose current focus is addressing the negative health impacts of traumatic experiences in childhood. For 2019-20, the Governor's Budget proposes to allow Medicaid providers to bill and receive reimbursement for both developmental and trauma screening of children and youth and in their care using Proposition 56 funding.

The Nutrition and Physical Activity Initiative (NUPA) works to make nutrition and regular physical activity the preferred lifestyle choice for women of reproductive age and their families. This includes increasing the percent of women with recommended weight gain during pregnancy, folic acid intake prior to pregnancy, and reducing childhood obesity.

Children and Youth with Special Health Care Needs (CYSHCN) Health Domain

Priority 4: Provide high quality care to all CYSHCN within an organized care delivery system.

Priority 5: Increase access to California Children's Services (CCS)-paneled providers such that each child/youth has timely access to a qualified provider of medically necessary care.

CDPH/MCAH *partners* with DHCS/CCS program and other partners to improve systems of care at the state and local level, promote coordination between agencies, and provide case management, family engagement, screening and links to services.

CDPH/MCAH is currently engaged in a year of learning to connect with stakeholders, build partnerships, and expand knowledge about the greatest needs and opportunities to support CYSHCN and their families. CDPH/MCAH is *partnering* with Family Voices of California to provide training and support to LHJs on how to involve families at the local level.

Other CYSHCN highlights from the past year include two stakeholder meetings bringing together experts from different organizations and sectors, including family members to share information and coordinate through a collaborative of the Big 5 states (California, Florida, Illinois, New York, and Texas). CDPH/MCAH also established the role of the Title V CYSHCN Director within MCAH for the first time.

Adolescent Health Domain

Priority 6: Promote and enhance adolescent strengths, skills and supports to improve adolescent health.

CDPH/MCAH *funds* AFLP to implement a strengths-based case management program to support expectant and parenting youth in California. AFLP is implemented in 20 LHJs and community-based organizations in 18 counties with high need for services. CDPH/MCAH has led the development, implementation and evaluation of the evidence-informed Positive Youth Development (PYD) Model for expectant and parenting youth. The PYD Model is based on a resiliency framework, which holds that all youth have strengths and benefit from protective factors that include supportive relationships, high expectations, and opportunities to make meaningful contributions in their lives, families and communities.

CDPH/MCAH *leads* and *partners* to advance adolescent sexual health and wellness among youth through the statewide Adolescent Sexual Health Work Group (ASHWG). ASHWG is a strategic governmental and non-governmental partnership working to strengthen systems and collaboration between public health, health care, education, and social services to improve adolescent sexual and reproductive health outcomes and health equity, increase access to exemplary sexual health education and services, and promote positive youth development and healthy relationships among California youth.

CDPH/MCAH is committed to hearing the youth voice as demonstrated through a youth panel at the Youth Tech Health conference organized in partnership with ASHWG and the CDPH/MCAH story telling series highlighting the successes of youth that participated in AFLP.

CDPH/MCAH *partners* as a core team member of the California Adolescent Preventive Health Initiative to improve the quality of and access to preventive health care for adolescents. In addition, CDPH/MCAH *supports* the department's school-based health center initiative.

How Federal Title V Funds Support State MCH Efforts

CDPH/MCAH takes the lead in administering state and federal funds, including, the Title V MCH Block Grant, Title XIX Federal Financial Participation (FFP), the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV), and the Personal Responsibility Education Program (PREP) targeted at key programs and initiatives that improve the health of moms, babies, children, and adolescents in California.

CDPH/MCAH *leads, funds, partners, and supports* programs and policies to improve the health and well-being of women, children, adolescents, and CYSHCN. CDPH/MCAH accomplishes this through building strong partnerships at the local, state and national levels to coordinate systems of care and improve access to and delivery of health care services. CDPH/MCAH administers programs and initiatives to address disparities and improve health outcomes along with empowering and educating individuals of reproductive age to achieve their reproductive health goals and maintain optimal health. Simultaneously, CDPH/MCAH collects, analyzes, and monitors data to identify challenges and discover successes that promote policy, systems and environmental change.

MCH Success Story

California Pregnancy-Associated Mortality Review (CA-PAMR)

CA-PAMR is a collaborative effort between CDPH/MCAH and, CMQCC and the Public Health Institute (PHI). CA-PAMR is a comprehensive statewide maternal mortality examination that aims to identify pregnancy-related deaths during pregnancy or within one year of the end of pregnancy, factors that contributed to the death, and improvement opportunities in maternity care and support, with the ultimate goal to reduce preventable deaths and associated health disparities.

CA-PAMR has informed efforts across the country and our strategies for taking data to action have been similarly replicated. CA-PAMR recently completed in-depth case reviews of pregnancy-associated suicide in an effort to apply the same methodology to collect data, engage expert review and identify opportunities for improvement. In addition, CA-PAMR is examining deaths up to one-year post pregnancy because although early deaths have decreased, later deaths (up to one year) have risen. CA-PAMR hypothesizes that chronic health conditions may be contributing as the average age of first pregnancy is rising, or improved rescue care may be delaying deaths, or perhaps access to care after routine postpartum care ends at six weeks may be a factor.

Maternal and Child Health Bureau (MCHB) Discretionary Investments – California

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 document that lists the MCHB discretionary grant programs that are located in this state/jurisdiction for Fiscal Year 2018.

[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.