



# Title V Maternal and Child Health (MCH) Program California MCH LEND

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**Maternal and Child Health Bureau (MCHB)**

**Vision: Healthy Communities, Healthy People**



# Presentation Outline

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- Title V and MCHB Foundation and History
- Overview of the Title V MCH Services Block Grant and Guiding Principles
- Accountability: National Performance Measure Framework
- Family Partnerships
- Population Approach to Improving the Health for all CYSHCN
- Title V Information System (TVIS)



# What is “Title V”, or “The MCH Block Grant”?

- **Social Security Act: TITLE V—MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT\***
- Administered by the **Maternal and Child Health Bureau (MCHB)**, Health Resources and Services Administration (HRSA), Department of Health and Human Services (HHS).
- Purpose: to create Federal/State partnerships that support service systems for addressing the needs of maternal and child health populations.
- Title V currently includes
  - Formula-based Block Grants to 59 States and Jurisdictions (Title V Block Grant Program)
  - Additional grants and contracts for training, research, national resource centers and special projects
  - Maternal, Infant Early Childhood Home Visiting Program (MIECHV)
  - Family-to-Family Health Information Centers

\*[https://www.ssa.gov/OP\\_Home/ssact/title05/0500.htm](https://www.ssa.gov/OP_Home/ssact/title05/0500.htm)

\*\*“States” includes District of Columbia and 8 Jurisdictions



# Maternal and Child Health Bureau

- **Mission:** To improve the health and well-being of America's mothers, children, and families.
- **Vision:** An America where all mothers, children, and families are thriving and reach their full potential.



# Early Roots of MCH in the United States





# The Children's Bureau, Established 1912

## THE CHILDREN'S BUREAU

Department of Commerce and Labor

CHILDREN'S BUREAU

Washington

### ESTABLISHMENT OF THE BUREAU.

The Children's Bureau was established by an act of Congress approved April 9, 1912, and began active operations upon the passage of the legislative, executive, and judicial appropriation bill on August 23, 1912. The text of the law establishing the Bureau is as follows:



# 1935: FDR Signed the Social Security Act

“MCH does not raise children, it raises adults... All the population, everybody of every age were all at one time children. And they bring to their maturity and old age the strength and scars of an entire lifetime.”

*Pauline Stitt*



# Title V MCH Services Block Grant

## Historical Milestones

**1935** - Title V of the Social Security Act

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**1981** - MCH Services Block Grant

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**1989** - Omnibus Budget Reconciliation Act (OBRA)

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**1993** - Government Performance and Results Act

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**1996** - Annual Collection of State Health Data and  
Creation of Electronic Reporting Package

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**2015** - Transformation of State MCH Block Grant  
Program

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# And still today....

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- High rates of infant mortality
- Childbirth can be dangerous
- Marked disparities by race and place
- Social factors influencing poor health outcomes

# MCHB Today

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# MCH Block Grant to States

- Federal-state partnership
  - Mandatory formula block grant
  - State action plan based on Five Year Needs Assessment
  - Annual application and report for accountability
- Requirements:
  - Expenditures:
    - ✓ At least 30% on primary and preventive services for children
    - ✓ At least 30% on services for children and youth with special health care needs
    - ✓ No more than 10% on administration

# MCH Block Grant Services Program

## LEGISLATION

### Title V, SEC. 501 (a) (1) (A-B)

Appropriations to States “to improve the health of all mothers and children”.

“To **provide and assure** mothers and children...access to quality maternal and child health services”

“To reduce infant mortality and the incidence of preventable diseases and handicapping conditions among children...”

“To increase the number of children... appropriately immunized against disease and the number of low income children receiving health assessments and follow-up diagnostic and treatment services...”

“To promote the health of mothers and infants by providing prenatal, delivery and postpartum care for low-income, at-risk pregnant women”



# MCH Block Grant Services Program

## Title V, SEC. 501 (a) (1) (B-D)

## Title V authorizes appropriations to States...

“To promote the health of children by providing preventive and primary care services...”

“To provide rehabilitation services for blind and disabled individuals under the age of 16 receiving benefits under Title XVI, to the extent medical assistance for such services is not provided under Title XIX”

**“To provide and to promote family-centered, community-based, coordinated care...for children with special health care needs and to facilitate the development of community-based systems of services for such children and their families.”**



# MCH Block Grant Services Program

## Legislative Requirements

### Federal Title V Funds: (Sec. 502 (a)(1))

- Formula Block Grant – 85% (up to \$600 million) allocated to 59 States and jurisdictions.
- Discretionary Funding – 15% support Special Projects of Regional and National Significance.

### Required Distributions: (Sec. 505 (a) (3) (A-B))

- At least 30% of Title V Federal MCH funds to be spent on preventive and primary care services for children;
- At least 30% of Title V Federal MCH funds to be spent on services for CSHCN; .

### “Block Grant” (Sec. 505 (a) (1))

- Each State/jurisdiction directs its Title V program investments to address the unique priority needs that are identified through a comprehensive, Statewide Five-Year Needs Assessment.



# State MCH Block Grant Program Transformation

## Aims

Increased accountability in the use of Title V funds

Separate reporting of federal and non-federal funds

Reduced duplication and burden for States

Implementation of new performance measure framework

Collection and compilation of State-level and national level Federally Available Data (FAD) through partnerships with other Federal entities (e.g., CDC and USDA).

Increased transparency - **publicly accessible** “data dashboard” web reports in TVIS

# MCH Block Grant to States

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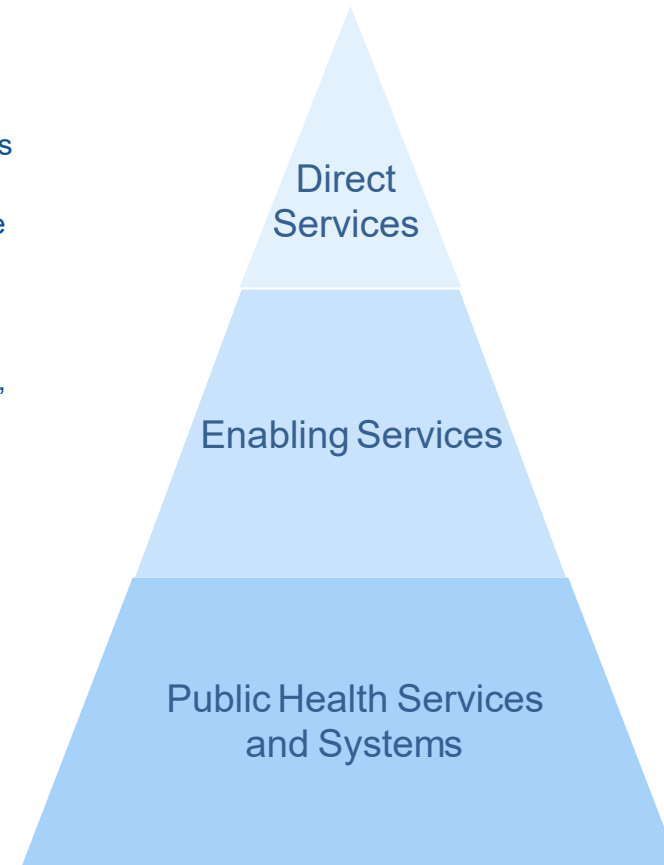
- Guiding Principles:
  - Delivery of Title V services within a public health service model
  - Data-driven programming and performance accountability
  - Partnerships with individuals/families/family-led organizations (i.e., family partnership)

# MCH Pyramid and Ten Essential Public Health Services

## Public Health Services for MCH Populations: The Title V MCH Services Block Grant

### MCH Essential Services

1. Assess and Monitor Health Status
2. Investigate, Diagnose and Address Health Problems and Hazards
3. Communicate Effectively to Inform and Educate the Public on Health
4. Strengthen, Support and Mobilize Community Partners to Improve Health
5. Develop and Implement Supportive Health Policies, Plans and Laws
6. Improve and Protect the Public's Health through Legal and Regulatory Actions
7. Assure Effective and Equitable Health Systems
8. Build and Support a Diverse and Skilled Public Health Work Force
9. Improve and Innovate Public Health Functions through Program Evaluation, Research and Continuous Quality Improvement
10. Build and Support a Strong Public Health Organizational Infrastructure



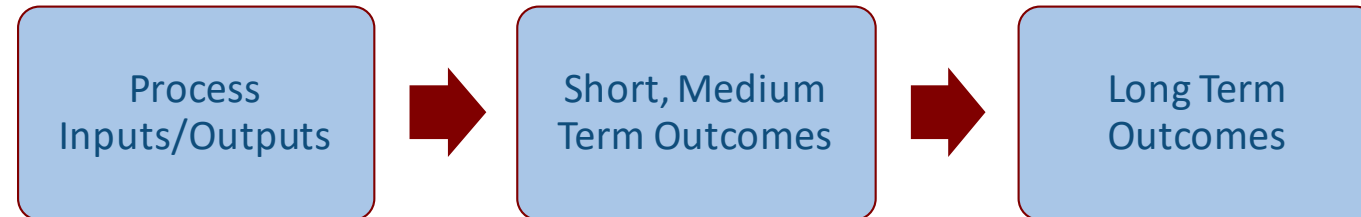
# MCH Block Grant Services Program

## Accountability

### Title V Performance Measure Framework



### Evaluation Logic Model





# Performance Measure Framework

- Needs Assessment -> Priority Needs -> NPMs/SPMs
- NPMs/SPMs are Tied to a Population Domain
  - Women's/Maternal Health
  - Perinatal/Infant Health
  - Child Health
  - Adolescent Health
  - CYSHCN
  - Cross-Cutting/Systems
- States choose 5 of the 15 NPMs across the six domains. PLUS State Performance Measures for Priority Needs that are not addressed by NPMs
- States identify strategies and develop related ESMs for the State Title V program to address/impact NPMs.

# MCH Block Grant to States

## National Performance Measures (NPMs)

National Performance Priority Areas	States Selecting NPM
Well-Woman Visit	47
Low-Risk Cesarean Delivery	6
Risk-Appropriate Perinatal Care	15
Breastfeeding	42
Safe Sleep	36
Developmental Screening	38
Injury Hospitalization	17
Physical Activity	18
Bullying	18
Adolescent Well-Visit	34
Medical Home	39
Transition	37
Preventive Dental Visit (Pregnancy or Child/Adolescent)	27
Smoking (Pregnancy or Household)	16
Adequate Insurance	4

- 15 national performance measures across five domains
- Align with state needs and priorities



# Family Partnership

- Increased emphasis placed on the need for a state/jurisdiction to demonstrate the value of family partnership in improving health outcomes for all sectors of the MCH population.
- Family partnership is defined as:  
“patients, families, their representatives, and health professionals working in active partnership at various levels across the health care system – direct care, organizational design and governance, and policy making – to improve health and health care.”

(Carmen, K., Dardess, P., Maurer, M., Sofaer, S. Adams, K., Bechtel, C., Sweeney, J. “Patient and Family Engagement: A framework for understanding the elements and developing interventions and policies.” Health Affairs. 2013; 32:223-231.)

# Family Partnership

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While there are differences across States, MCH programs engage family representatives in a variety of ways:

- Paid Program Staff
- Advisory Committees/Task Forces
- Agency Decision-Making and Policy Development
- Program Outreach
- Training
- Peer Support

# Who are the Children and Youth with Special Health Care Needs (CYSHCN)?

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- CYSHCN include those who....”have, or are at increased risk for, chronic physical, developmental, behavioral, or emotional conditions, and also require health and related services of a type or amount beyond that required by children generally.”
- This definition includes
  - 19.4% of the US population of children\* and
  - Approximately 1.4 million of California’s children (15.5%)\*

\*National Survey of Children's Health (NSCH), as reported in the FEDERALLY AVAILABLE DATA (FAD) RESOURCE DOCUMENT at <https://grants6.tvisdata.hrsa.gov/uploadedfiles/TvisWebReports/Documents/FADResourceDocument.pdf>





# MCH Block Grant Services Program

Title V, SEC. 501 (a) (1) (A-D)

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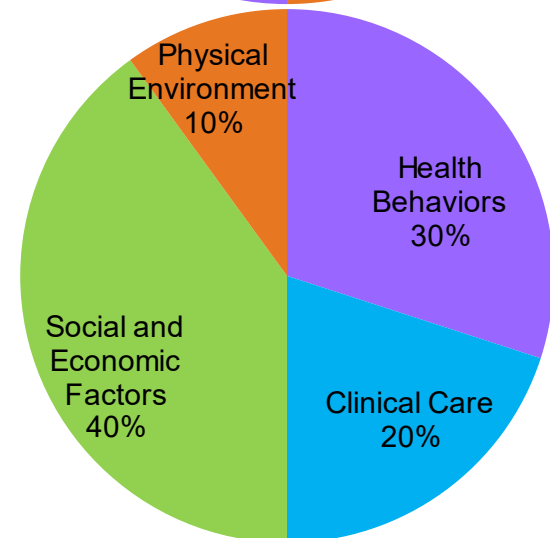
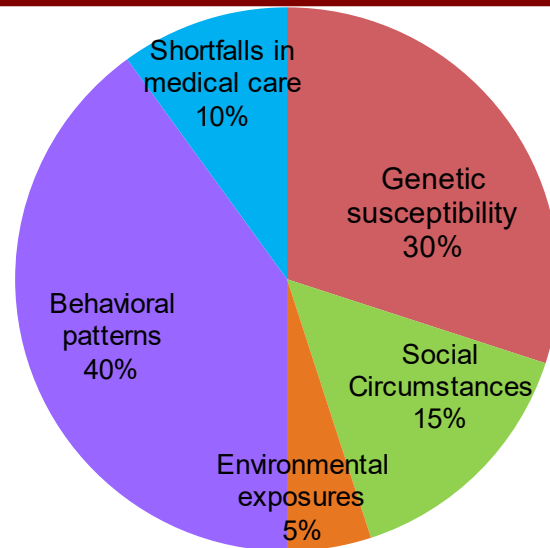
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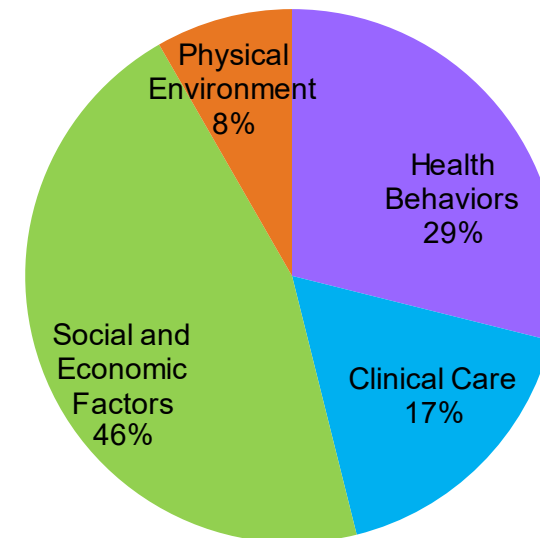
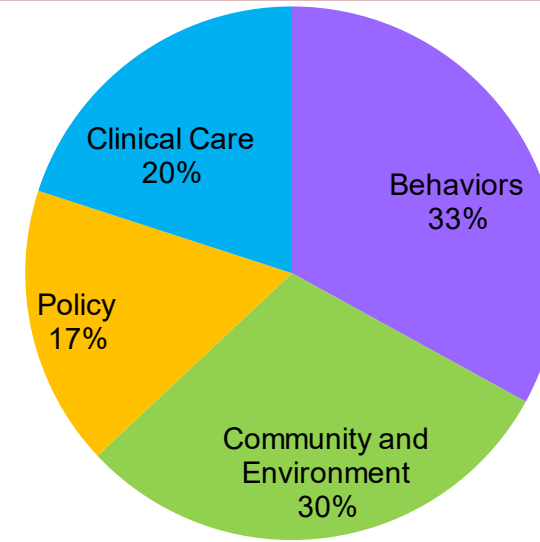
**“To provide and to promote family-centered, community-based, coordinated care...for children with special health care needs and to facilitate the development of community-based systems of services for such children and their families.”**



# What Determines Health?



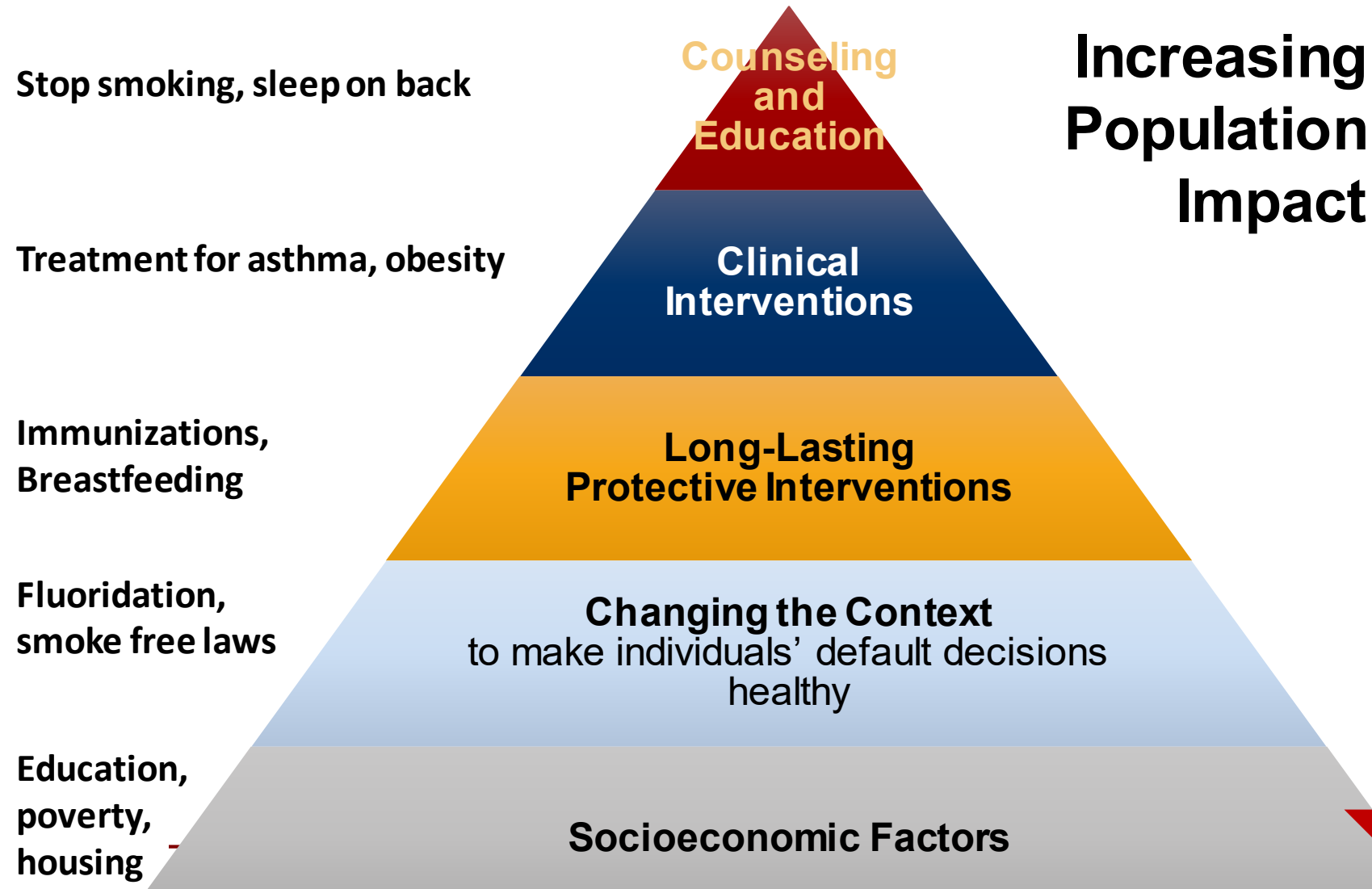
**Health care accounts for only 10-20% of overall health**



**Upper left:** McGinnis JM, Williams-Russo P, Knickman JR. The case for more active policy attention to health promotion. *Health Aff.* 2002; 21(2):78-93. **Lower left:** Remington PL, Catlin BB, Gennuso KP. The County Health Rankings: rationale and methods. *Popul Health Metr.* 2014; 13:11. **Upper right:** American's Health Rankings. [www.america'shealthrankings.org](http://www.america'shealthrankings.org). **Lower right:** Park H et al. Relative Contributions of a Set of Health Factors to Selected Health Outcomes. *Am J Prev Med* 2015;49(6):961-969.



# Population Health Focus



# Benefits: Population-based Approach

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- Opportunity to improve the health of entire population
- Efficacious use of limited resources
- Mitigate the negative impacts of SDOH
- Improve patient/family experience
- Health and healthcare systems improvement

# Title V Information System (TVIS)

<https://mchb.tvisdata.hrsa.gov>



**Transparency:  
publicly  
accessible “data  
dashboard” web  
reports in TVIS**





# State Snapshot

Annually, MCHB produces a *State Snapshot* for each of the 59 states and jurisdictions based on their Title V MCH Block Grant Application/Annual Report in the TVIS.



# Questions and Answers

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What questions do you have?



# Contact Information

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