Program Overview

The Department of Health protects and improves the health of people in Washington State.

Our programs and services help prevent illness and injury, promote healthy places to live and work, provide information to help people make good health decisions and ensure our state is prepared for emergencies. To accomplish all of these, we collaborate with many partners every day.

The state’s Maternal and Child Health (MCH) program resides within the Office of Family and Community Health Improvement in the Prevention and Community Health division of the Department of Health (DOH).

The Title V Maternal and Child Health Block Grant (MCHBG) provides essential financial support to the state to deliver programs that improve the well-being of mothers, infants, children and youth, including children and youth with special health care needs (CYSHCN), and their families. This support augments the state’s and local public health’s abilities to provide Foundational Public Health Services, which are the capabilities and programs essential to communities everywhere for the health system to work anywhere. As the grant program is focused toward providing assistance to those with low income or with limited availability of health services, it supports the state’s work on a key priority of addressing issues of health equity.

All of our work accomplished through the MCHBG is related to key state priorities. These align with priorities articulated in the Washington State Plan for Healthy Communities, which guides our work to promote health at every stage of life through policies, systems, and environmental changes, with emphasis on health equity, life course theory, social determinants of health and community-clinical linkages. Our state priorities are:

- Healthy starts
- Screening, referral and follow-up
- Quality clinical and preventive treatment services
- Social and emotional wellness
- Sexual and reproductive health
- Active and safe environments
- Healthy eating
- Tobacco and substance misuse prevention
- Health equity
These state priorities have guided our choices of which of the grant’s national performance measures to focus on, which are:

- Well-woman visit
- Breastfeeding
- Developmental screening
- Injury hospitalization
- Adolescent well visit
- Medical home
- Adequate insurance

The state also has opted to track progress on the following state performance measures:

- Social and emotional readiness among kindergarteners
- Percent of 10th graders who report adverse childhood experiences
- Percent of 10th graders with a body mass index between the 5th and 85th percentiles
- Rate of infant mortality (per 1,000 live births) in the Native American population
- Rate of infant mortality (per 1,000 live births) in the Black population

Our state action plan for the MCHBG was developed as a product of a five-year needs assessment. Each year we revisit this action plan, fine-tune what work still needs to be accomplished and identify how best to focus current resources. Our MCHBG state action plan addresses many of the key issues identified in the 2018 Washington State Health Assessment report that relate to the maternal and child health population, so we have made few changes from last year’s action plan. Looking forward, we have begun the next five-year needs assessment, which includes participation of public health and health services organizations from all areas of the state, and the people who live in Washington.

A few examples of how we use MCHBG funding and how this program impacts communities are described here.

- A majority of our MCHBG funding is passed through to 34 local health jurisdictions (LHJs) and one local hospital district to improve public health systems and provide MCH services throughout the state. As one of the block grant requirements is to focus at least 30 percent of the funding on preventive, primary care and family support services for CYSHCN, we require each LHJ to include this work in their annual action plan. We ask medium and large LHJs to also choose projects that support universal developmental screening and/or address the effects of and prevent adverse childhood experiences. LHJs can use their remaining funding on a menu of options that support the state priorities included in our grant application.

- DOH maintains connection with and support of the LHJs' MCH programs in a variety of ways, including two staff consultants whose primary focus is LHJ coordination,
connection with DOH subject matter specialists, bi-weekly emails providing information and resources relevant to MCH work, conference calls focused on MCH topics, reporting requirements and face-to-face meetings.

- LHJs have had to change how they serve CYSHCN because comprehensive program funding for public health has not kept up with the increasing costs of doing business. Few can provide competitive salaries to hire or replace nursing professionals, and to maintain sustainable programs and services they increasingly need to develop partnerships with schools, community organizations, faith-based organizations and others. DOH will engage in conversations with LHJs over the next year to look at our MCHBG funding distribution model and requirements, including our current requirement that all LHJs do some work to serve CYSHCN, to identify if there are ways to leverage efficiencies and better meet statewide needs.

- Another issue relevant to CYSHCN is access to care. In 2017 DOH conducted a telehealth capacity assessment to address the needs of children with autism spectrum disorders and other developmental disabilities, with a report published January 2018. It found that not enough providers have the ability and capacity to meet the needs. In December 2018 DOH published a telehealth strategic plan, setting a course for expanding telehealth infrastructure in the state and addressing barriers such as insurance coverage, billing and reimbursement (including Medicaid); non-English-language support for telehealth services; equipment and training needs and Health Insurance Portability and Accountability Act (HIPAA) compliance.

- Maternal and Child Health Block Grant funding is used to support family partnership to continue building community support networks for families of CYSHCN and others who can benefit. Of the many organizations we work with, the Washington State Leadership Initiative, a coalition of family-led organizations and their community- and state-level partners, has been a valuable and sustainable model for family and consumer partnership activities and cross-systems collaboration on training and services.

- Washington is addressing prevention of maternal deaths with both state and federal funding. The state accesses records related to maternal deaths and convenes a state Maternal Mortality Review Panel to review the cases to determine contributing factors and develop recommendations for prevention of future occurrences. Management of this program is partially funded by MCHBG.

- Our women’s health and perinatal health unit is working with a variety of partners to address issues of opioid misuse, especially for pregnant women and newborn infants. Our work on the state’s Interagency Opioid Working Plan and resources and the Promoting Healthy Outcomes for Pregnant Women and Infants Bill (Substitute Senate Bill 5835) includes development of strategies to prevent neonatal abstinence syndrome and other effects of opioid misuse, and standardization of care for infants born withdrawing.
• An important area of work we do to improve child health is promoting the importance and availability of developmental screening, with follow-up and referral for intervention services when needed. We work to reduce barriers to well child health visits, increase and track rates of developmental screening, increase connection to services and improve provider billing practices. Following receipt of funds through the legislature, we are working to create a new universal developmental screening database to track screening rates and help ensure all children in the state receive screening for developmental delays.

• To promote adolescent health, DOH works with school-based health centers (SBHCs). Adolescents, especially high risk youth in vulnerable populations, may have a difficult time accessing the medical care system due to many factors, such as lack of transportation, social isolation, or complex life situations. These youth might find accessing health care more convenient at a school setting, where they go regularly and may be more comfortable. There is strong evidence that access to an SBHC and regular well-adolescent health visits reduce absenteeism, dropout rates, chronic illness, substance use, sexually transmitted infection rates, and pregnancy rates; and increase graduation rates, and better management of diabetes, asthma, and mental illness.

There are 47 SBHCs in Washington, and DOH is participating in pilot projects at three centers, chosen in different settings so they can best inform future work with SBHCs statewide:

  o Jefferson County, a “suburban” site, focusing on youth engagement and quality improvement.
  o Walla Walla, a rural site located in eastern Washington. They are obtaining technical assistance on Medicaid billing and are also interested in youth engagement and marketing.
  o Kent-Phoenix, an urban site located in one of the most racially and ethnically diverse parts of the state. They are also focusing on youth engagement and quality improvement.

School-based health centers face numerous barriers to receiving adequate reimbursement for services provided, affecting their sustainability. We are working in partnership with SBHCs, the Health Care Authority and others to address billing and reimbursement issues. Currently, 85 percent of Washington SBHCs are able to bill effectively for services rendered, and we will continue to work with them to improve this number. In addition, a significant number of Washington adolescents and young adults are eligible for Medicaid but are not yet enrolled. We are working to develop strategies to increase enrollment, which should increase the number of adolescents receiving health care services and address billing and reimbursement issues.
As mentioned, our Title V work prioritizes issues of health equity, underserved populations, and where there is demonstrated need. This has led us to focus on enhancement of services for pregnant and parenting teens, to include attention to the Native American and African American or Black communities, and targeted work to prevent infant mortality in these populations. We also work to identify gaps where demand for services is greater than the supply, such as perinatal and genetic services in rural areas, and develop agreements with providers to better serve those areas.

Our overall MCH program is supported by a variety of state and federal funding sources. We use MCHBG funds to contribute toward portions of program management positions responsible for planning and oversight and strategic work to improve public health systems. They do work to ensure women and children receive the health benefits they’re entitled to, including preventive health services and screening, promote the importance of coordinated care within a medical home, and address issues of insurance coverage adequacy. As a quality improvement initiative, we are currently analyzing the effort, effectiveness and impact of the work we do to improve public health-related policies and processes.

The Title V Maternal and Child Health Block Grant program is an important contributor to our efforts to realize the vision of Washington’s Healthiest Next Generation initiative: Make the next generation the healthiest ever by ensuring all children achieve their highest health potential.

*View the full Washington State Maternal and Child Health Block Grant Application and Report (366 pages; Table of Contents links to each chapter)*