



ACCEPTANCE OF MATERNAL AND CHILD HEALTH (MCH) AND CALIFORNIA HOME VISITING PROGRAM (CHVP) FUNDS

*County of San Diego Health and Human Services Agency
Public Health Services, Maternal Child and Family Health Services
Health Services Advisory Board*

June 4, 2019





IN SAN DIEGO COUNTY

Fetal and infant mortality rates for African-Americans are **TWICE THE RATE** compared to whites.

African-American and Pacific Islander infants are **60% MORE LIKELY** to be born preterm compared to white infants.

Births to teen girls are **10 TIMES MORE LIKELY** among Hispanic and Native American/Alaskan Native girls compared to Asian girls.

Births to mothers with less than a high school education are **22% LESS LIKELY** to have received prenatal care in the first trimester compared to mothers with at least a bachelor's degree.



OVERVIEW

- The California Department of Public Health (CDPH) receives Title V MCH Block Grant funding and distributes in three-year funding cycles.
- Since 1998, the San Diego County Board of Supervisors has approved to accept a Title V MCH Block Grant Allocation to support State-mandated Maternal, Child, and Family Health Services (MCFHS) programs.
- Since 2012, the Board has approved to accept grant funds for CHVP.



GRANT FUNDS SUPPORT:

- Access to **quality healthcare services** for mothers and children, including comprehensive prenatal and postnatal care, health assessments, and follow-up diagnostic and treatment services.
- Efforts to **reduce infant mortality** and the incidence of preventable diseases.
- Coordinated **systems of care** that are family-centered and community-based.
- Administer **toll-free hotlines** and assistance in accessing services for pregnant women.



Black Infant Health (BIH):

Group-based approach with client-centered management to help develop life skills, learn strategies for reducing stress, and build social support among African-American pregnant women.

California Home Visiting Program (CHVP):

Nurse home visitation services to low-income, first time mothers.

Comprehensive Perinatal Services Program (CPSP):

Enhanced perinatal services for Medi-Cal eligible low-income pregnant and postpartum women.



Fetal and Infant Mortality Review (FIMR):

Understanding healthcare systems and social problems that contribute to preventable fetal and infant deaths.

Perinatal Care Network (PCN):

Connecting pregnant women to Medi-Cal, prenatal care, and other pregnancy-related services and resources through a toll-free phone line.

Sudden Infant Death Syndrome (SIDS):

Education about SIDS, grief and bereavement support services, and identifies strategies to reduce SIDS and other infant deaths.

PROGRAM GOALS



Improve pregnancy and birth outcomes.

Decrease incidence of low birth weight and prematurity.

Reduce fetal and infant deaths.

Improve child health and development.

Ensure access to and utilization of health care and social services.

Build upon individual strengths and improve economic self-sufficiency.

Increase knowledge to improve health and well being.

Build partnerships and mobilize community.

IN FISCAL YEAR 2017-18



96%

• BIH clients gave birth to infants of normal birth weight and initiated breastfeeding.

84%

• Maternal Child Health (MCH) home visiting program clients received recommended number of prenatal care visits.

1,133

• Pregnant women completed an initial intake and assessment to be a PCN client

100%

• Eligible PCN clients referred to County Family Resource Center for Medi-Cal.

75%

• PCN clients without prenatal care linked to a provider within 30 days.

103

• Adolescents educated about the importance of health.

95%

• Community partners receiving infant safe sleep practices education reported learning new information.



This supports the County's vision of *Live Well San Diego* by improving access to quality healthcare for mothers, infants, children, adolescents, and families.

- Supports the Healthy Families Strategic Initiative in the County of San Diego's 2019-2024 Strategic Plan
- Ensures that San Diego County has fully optimized its health service delivery system for mothers, children, and families to be healthy, safe, and thriving.





Title V MCH Block Grant Allocation

- Funds for this request are included in FY 2019-21 Adopted Operational Plan.
- Annual costs and revenue of **\$2,870,517** (FY 2019-20 through FY 21-22).
- There will be no change in net General Fund cost and no additional staff years.

CHVP

- Funds for this request are included in the FY 2019-21 Adopted Operational Plan.
- Costs of \$979,450 and revenue of **\$761,115** (FY 2019-20).
- Annual costs of \$978,765 and revenue of **\$759,415** (FY 2022-21 through FY 2022-23).
- Costs of \$244,691 and revenue of **\$189,854** (FY 2023-24 timeframe of July 1, 2023 through September 30, 2023).
- There will be no change in net General Fund cost and no additional staff years.

MCAH AND CHVP PROGRAMS



Challenge	Solution
<ul style="list-style-type: none">Lack of awareness; outreach	<ul style="list-style-type: none">Partnering with State, County, and community partners to develop campaigns and increase awareness of programs.Develop efficient and effective referral systems (e.g., electronic).
<ul style="list-style-type: none">Enrollment and retention: To meet outcome numbers (e.g., BIH, NFP), need to enroll 2-3 times the required numbers.<ul style="list-style-type: none">Time commitment to participate in programs (can be overwhelming, particularly during pregnancy).	<ul style="list-style-type: none">Emphasize benefits of the program.Understand client's goals and environment (e.g., goal to find employment or go back to school, medical issues, other life circumstances).Offer sessions on evenings and weekends.
<ul style="list-style-type: none">Lack of resources (staffing, funding, partnerships)	<ul style="list-style-type: none">Maximize impact by leveraging resources with community partners (coordinate efforts, not duplicate, shared messaging à collective impact).Seek additional funding.
<ul style="list-style-type: none">Addressing Social Determinants of Health/Life Course Perspective	<ul style="list-style-type: none">Multi-level approach: Address individual, community, and service systems.Collaborative: Partner with providers and agencies with similar activities.Implement evidence-based or promising practices



Requesting the Health Services Advisory Board's support for the Board of Supervisors to retroactively approve and authorize the Clerk of the Board to execute:

- ✓ A new three-year Title V MCH Block Grant Allocation agreement with CDPH from July 1, 2019 through June 30, 2022 for a three-year total of approximately **\$2,870,517**.
- ✓ A new agreement with CDPH for CHVP grant funds from July 1, 2019 through September 30, 2023 for **\$3,229,214**.



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