



COUNTY OF SAN DIEGO

AGENDA ITEM

BOARD OF SUPERVISORS

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First District

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Second District

TERRA LAWSON-REMER
Third District

MONICA MONTGOMERY STEPPE
Fourth District

JIM DESMOND
Fifth District

DATE: September 30, 2025

XX

TO: Board of Supervisors

SUBJECT

AUTHORIZE ACCEPTANCE OF TITLE V MATERNAL AND CHILD HEALTH BLOCK GRANT ALLOCATION INCLUDING THE PERINATAL EQUITY INITIATIVE ALLOCATION FROM THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH (DISTRICTS: ALL)

OVERVIEW

The San Diego County Board of Supervisors (Board) has supported improving birth outcomes and reducing infant mortality for over two decades through the approval of the California Department of Public Health (CDPH) Maternal, Child, and Adolescent Health Division Title V Maternal and Child Health (MCH) Block Grant funding. Most recently, on June 28, 2022 (10), the Board authorized allocation agreements for three years to accept MCH funding.

MCH Block Grant funding addresses health and birth equity through the implementation of the Black Infant Health (BIH) program in San Diego County, which was established over 35 years ago. The 2018-19 California State Budget Act established the California Perinatal Equity Initiative (PEI) to expand the BIH program to improve birth outcomes and reduce mortality in Black infants through evidence-based interventions. Counties that implement BIH programs were eligible to receive PEI State General Funds. On September 24, 2024 (3), the Board approved the acceptance of the PEI allocation in the amount of \$484,310 for the period of July 1, 2024, through June 30, 2025.

Today's actions request the Board authorize the acceptance of Title V MCH Block Grant funding from the CDPH for \$786,269 and the acceptance of the PEI State General Fund allocation of \$607,297 to support State-mandated Maternal, Child, and Family Health Services programs designed to improve the health of mothers, infants, children adolescents, and their families. Additionally, today's actions request the Board to authorize the execution of all required grant documents, and the application for additional funds to help improve health equity for San Diego County residents.

Today's actions support the County of San Diego vision of a just, sustainable, and resilient future for all, specifically those communities and populations in San Diego County that have been historically left behind, as well as our ongoing commitment to the regional *Live Well San Diego*

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vision of healthy, safe, and thriving communities. This will be accomplished by improving access to quality healthcare for mothers, infants, children, adolescents, and families.

RECOMMENDATION(S)

CHIEF ADMINISTRATIVE OFFICER

1. Waive Board Policy B-29, Fees, Grants, and Revenue Contracts-Department Responsibility for Cost Recovery, which requires prior approval of grant applications and full-cost recovery of grants.
2. Authorize the acceptance of \$786,269 in allocation funds from the California Department of Public Health, Maternal, Child, and Adolescent Health Division for Title V Maternal and Child Health Block Grant for the period of July 1, 2025 through June 30, 2026, and authorize the Deputy Chief Administrative Officer, Health and Human Services Agency or designee, to execute all required grant documents, including any annual extensions, amendments, and/or revisions thereto that do not materially impact or alter the services or funding level.
3. Authorize the acceptance of \$607,297 in allocation funds from the California Department of Public Health, Maternal, Child, and Adolescent Health Division for the period of July 1, 2025 through June 30, 2026, for the Perinatal Equity Initiative allocation, and authorize the Deputy Chief Administrative Officer, Health and Human Services Agency or designee, to execute all required grant documents, including any annual extensions, amendments, and/or revisions thereto that do not materially impact or alter the services or funding level.
4. Authorize the Deputy Chief Administrative Officer, Health and Human Services Agency, or designee, to apply for any additional funding opportunity announcements, if available, to address preventive health care and early intervention and treatment programs for at-risk women, infants, children, and families in San Diego County.

EQUITY IMPACT STATEMENT

The County of San Diego Health and Human Services Agency, Public Health Services administers Maternal, Child, and Adolescent Health (MCAH) programs and the Perinatal Equity Initiative (PEI) to reduce perinatal morbidity and mortality among disadvantaged populations.

Infant mortality is an important indicator of overall population health. It is a product of social well-being, disease rates, access to healthcare, economic development, and general living conditions. Prematurity and low birthweight are among the leading causes of infant death and are also associated with illness and disability in survivors. In 2022, compared to other race/ethnic groups, infants of African-American women had the highest mortality rate in the nation. In San Diego County, averaging 2020-2022, mortality rates were about six times higher among African Americans than Caucasians. In addition, Hispanics and African-Americans are more likely to have Medi-Cal as their expected principal payor for delivery.

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The MCAH and PEI programs work to address inequities in maternal and infant health outcomes to ensure access to quality prenatal and postpartum health care, community resources and family support services through community partnerships and collaborations. In addition, the PEI program offers individual, family, and group-based support and hosts Community Advisory Board meetings that are attended by stakeholders, health care professionals and providers, as well as community residents, with lived experience. Attendees offer guidance and insight into the needs of families served by the programs.

SUSTAINABILITY IMPACT STATEMENT

Today's proposed actions support the County of San Diego (County) Sustainability Goal #1 to engage the community; Sustainability Goal #2 to provide just and equitable access; and Sustainability Goal #4 to protect the health and well-being of everyone in the region. This will be accomplished by ensuring vulnerable populations in all communities are given access to resources provided by the Maternal, Child, and Adolescent Health program efforts and the Perinatal Equity Initiative (PEI) and engaging with and seeking community input through the Black Infant Health (BIH)-PEI Community Advisory Board and the Family Support Connection collaborative.

FISCAL IMPACT

Recommendation #2:

Funds for this request are included in the Fiscal Year (FY) 2025-27 Operational Plan in the Health and Human Services Agency. If approved, today's actions will result in estimated costs of \$1,970,390 and revenue of \$786,269 in FY 2025-26. The funding source is the Title V Maternal and Child Health Services Block Grant. A waiver of Board Policy B-29 is requested because the funding does not offset all costs. These unrecovered costs are estimated at \$1,184,120. The funding source for these costs will be existing Realignment. The public benefit for providing these services far outweighs the B-29 unrecoverable costs. There will be no change in net General Fund costs and no additional staff years.

Recommendation #3:

Funds for this request are included in the FY 2025-26 Operational Plan for the Health and Human Services Agency. If approved, today's actions will result in estimated costs of \$982,757 and revenue of \$607,297 in FY 2025-26. The funding source is the Perinatal Equity Initiative State General Funds grant from the California Department of Public Health. A waiver of Board Policy B-29 is requested because the funding does not offset all costs. These unrecovered costs are estimated to be \$375,460. The funding source for these costs will be existing Realignment. The public benefit for providing these services far outweighs the B-29 unrecoverable costs. There will be no change in net General Fund costs and no additional staff years.

BUSINESS IMPACT STATEMENT

N/A

ADVISORY BOARD STATEMENT

The Health Services Advisory Board voted to approve or reject the recommendations at its meeting on September 16, 2025.

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BACKGROUND

Social and economic inequities, such as the availability of quality health care and positive social and built environments, are serious public health concerns. These are evident in local and national infant health statistics and can lead to poor health outcomes and increased healthcare costs. In San Diego County, African-American fetal and infant mortality rates are about three and six times higher than the rate among Caucasians, respectively. Pacific Islander (11.3%) and African-American (11.4%) infants are both about 60% more likely to be born preterm compared to Caucasian infants (7.1%).

The County of San Diego (County) Health and Human Services Agency, Public Health Services (PHS) Maternal, Child, and Family Health Services (MCFHS) Branch aims to improve the health of women of reproductive age, infants, children, adolescents, and their families. Priority areas include infant mortality, prematurity, access to medical and dental care, and preconception and inter-conception health. The Maternal, Child, and Adolescent Health (MCAH) Team is responsible for planning, implementing, and evaluating services such as the Children and Youth with Special Health Care Needs (CYSHCN) program, Perinatal Care Network (PCN) program, and Sudden Infant Death Syndrome (SIDS) program.

- The **CYSHCN program** develops new and existing partnerships with over 20 CYSHCN medical/service providers to enhance the ability to assess current local systems of care for CYSHCN and sustainably bridge gaps.
- The **PCN program** aims to connect pregnant women to Medi-Cal, prenatal care, and other pregnancy-related services through a toll-free phone line. Between Fiscal Year (FY) 2021-22 and FY 2023-24, 1,581 pregnant women completed an initial intake and assessment to be a PCN client. Out of 796 pregnant women eligible for Medi-Cal and Medi-Cal Dental, 793 were referred to a County Family Resource Center to complete the application process. In FY 2023-24, of the 571 pregnant women without prenatal care, 479 were linked to a provider within 30 days of calling the PCN toll-free phone line.
- The **SIDS program** provides education about SIDS, grief and bereavement support services, and identifies strategies to reduce SIDS and other infant deaths. Between FY 2021-22 and FY 2023-24, 27 of 33 families referred for suspected SIDS were contacted within three business days. Additionally, 331 childcare providers, students, nurses, and community partners received education from County program staff about infant safe sleep practices and SIDS risk-reduction strategies.

The County has received non-competitive grant funding through the California Department of Public Health (CDPH) MCAH Division Title V Maternal and Child Health Block Grant allocation (Title V MCH Block Grant) for over two decades. As one of the largest federal block grant programs, Title V is a key source of support for promoting and improving the health and well-being of the nation's mothers, children (including children with special health care needs), adolescents, and their families. The Title V MCH Block Grant supports:

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- Access to quality health care services, including comprehensive prenatal and post-natal care, health assessments and follow-up diagnostic and treatment services, for mothers and children, especially those with low income or limited availability to services.
- Efforts to reduce infant mortality and the incidence of preventable diseases.
- Coordination of systems of care that are family-centered and community-based.
- Administration of toll-free hotlines and assistance in accessing services for pregnant women with infants and children.

The Title V MCH Block Grant is the primary funding source for the MCFHS Branch of PHS, MCAH programs and is federally administered by the Health Resources and Services Administration. CDPH receives Title V MCH Block Grant funding and distributes the allocations to local health jurisdictions, including the County, as determined by number of births, fetal and infant deaths, Medi-Cal factors, and risk factors for adverse birth outcomes, such as pre-term births and poverty. In San Diego County in 2023, Medi-Cal was the expected source of payment for 32% of approximately 36,000 births.

On April 25, 2025, CDPH MCAH notified the County of an award of \$786,269 for the term of July 1, 2025, through June 30, 2026. The total allocation for the Title V MCH Block Grant is \$1,962,529 and includes an estimated \$1,184,120 in unrecoverable B-29 costs for FY 2025-26. The B-29 costs are due to a cap of the indirect cost rate. CDPH has a cap on the indirect cost rate of 25%, whereas the County indirect cost rate is 33.5%, thus there is a variance of 8.5%. The funding source for unrecovered costs is existing Realignment. Additionally, the MCH funding includes a Title XIX matching component. For the County to qualify for this match, a local contribution is required. In this case, the unrecovered B-29 costs, paid for with existing Realignment, are considered the local contribution. A waiver of Board Policy B-29 is requested because the funding does not offset all costs.

The services funded by this allocation work to improve the health of mothers and children which is achieved by supporting birth equity, linking pregnant women to culturally and linguistically appropriate information, referrals, and ensuring access to quality prenatal care. These services also support children with special health care needs and provide grief and bereavement services to families suffering a sudden and unexpected infant loss.

Although disparities continue to exist, progress has been made over the years. For example, averaging three years, the African-American infant mortality rate decreased by 33%, from 14.3 in 2000-2002 to 9.6 in 2020-2022. The County PHS Black Infant Health (BIH) program and the Perinatal Equity Initiative (PEI) have played a critical role in addressing these and other inequities.

The 2018-19 State of California Budget Act legislation established the PEI program to address the causes of persistent inequality and identify best practices to address disparities in infant mortality. Establishment of PEI, a community-driven initiative, expanded the BIH program by promoting the use of specific interventions designed to fill gaps in health departments to promote leadership and coordination for widespread and lasting change in public awareness, public health, and clinical practice. Counties that implemented a BIH program were eligible to receive PEI funding

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allocation. PEI services include a fatherhood pilot, implicit bias trainings for healthcare providers and medical staff, maintenance of a Community Advisory Board, and Public Awareness Campaign.

In FY 2024-24, the PEI program accomplished the following outcomes:

- Enrolled 23 new and expectant fathers through an evidence-informed fatherhood pilot intervention to support African-American women during pregnancy and childbearing during February 2025 – May 2025.
- Established a Community Advisory Board in March 2019, which presently consists of approximately 50 active members and 262 community partners who are provided with birth equity information and resources to support the work activities of BIH and PEI.
- Developed the Black Legacy Now Public Awareness Campaign in September 2020 which included a website, social media posts, transit posters, and advertisements. The campaign has received 99,879 clicks, demonstrating active engagement with its audience.
- Coordinated with the Office of Nursing Excellence to implement the Diversity Science – Implicit Bias training/exam in FY 2024-2025 to a cohort of 99 Public Health Nurses.

On June 27, 2023 (3), the Board approved the acceptance of the PEI allocation in the amount of \$484,310 for the period of July 1, 2023, through June 30, 2024. Today's actions request the Board to approve and authorize acceptance of PEI State General funding of \$607,297 in allocation funds from the California Department of Public Health, MCAH Division for the period of July 1, 2025, through June 30, 2026. The total allocation for PEI is \$902,473 and includes an estimated \$375,460 in unrecoverable B-29 costs for FY 2025-26. The B-29 costs are due to a cap of the indirect cost rate. CDPH has a cap on the indirect cost rate of 25%, whereas the County indirect cost rate is 33.5%, thus there is a variance of 8.5%. The funding source for unrecovered costs is existing Realignment. Additionally, the PEI funding includes a Title XIX matching component. For the County to qualify for this match, a local contribution is required. In this case, the unrecovered B-29 costs, paid for with existing Realignment, are considered the local contribution. A waiver of Board Policy B-29 is requested because the funding does not offset all costs.

The public benefit for providing these services far outweighs these costs by providing culturally appropriate support services and resources throughout the county to address health disparities and improve birth outcomes.

LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN

Today's proposed actions support the Equity (Health) and Community (Quality of Life) Initiatives in the County of San Diego 2025-2030 Strategic Plan, as well as our commitment to the regional *Live Well San Diego* vision of healthy, safe, and thriving communities. This will be accomplished by ensuring that San Diego County has fully optimized its health service delivery system for mothers, children, and families.

Respectfully submitted,

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EBONY N. SHELTON
Chief Administrative Officer

ATTACHMENT(S)
N/A