



# New Leaders Session

*November 2023*

**Division of State and Community Health**  
**Maternal and Child Health Bureau (MCHB)**

**Vision: Healthy Communities, Healthy People**



# Welcome

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**Shirley Payne, PhD, MPH**

Director

Division of State and Community Health  
Maternal and Child Health Bureau



# Why We Do This Work!



# Session Agenda

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- Welcome/ Introductions
- History of Title V
- Overview of MCHB
- Overview of Title V Block Grant
- Title V Resources
- Questions from States & Closing

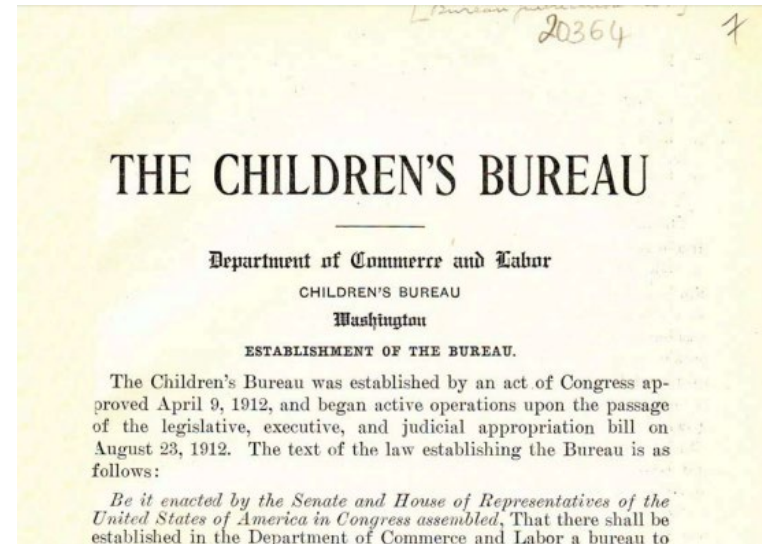




# Understanding Title V



# 1912: Founding of the Children's Bureau



“...investigate and report...upon all matters pertaining to the welfare of children and child life among all classes of our people, and shall especially investigate the questions of infant mortality, the birth rate, orphanage, juvenile courts, desertion, dangerous occupations, accidents and diseases of children, employment, legislation affecting children in the several States and territories.”

Chief of the Bureau, who shall receive an annual compensation of one thousand five hundred dollars; one statistical expert, at two thousand dollars; two clerks of class four; two clerks of class three; one clerk of class two; one clerk of class one; one clerk, at one thousand dollars; one copyist, at nine hundred dollars; one special agent, at one thousand four hundred dollars; one special agent, at one thousand two hundred dollars, and one messenger at eight hundred and forty dollars.

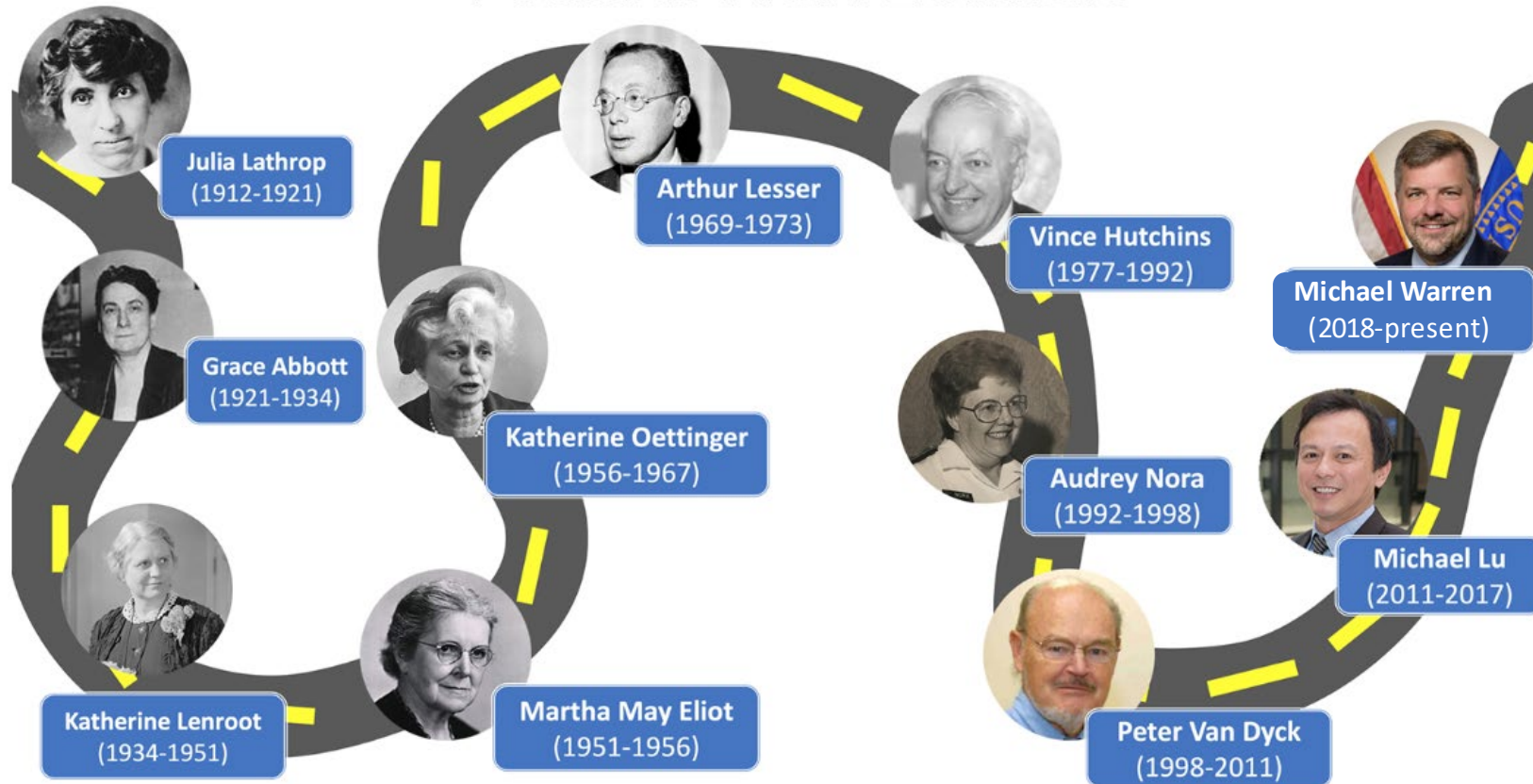
62004\*—12

# 1935: Title V of the Social Security Act



# Outstanding MCH Leadership Over the Years

## Federal MCH Leaders



MCH Digital Library - MCH History: <https://www.mchlibrary.org/collections/history/>



# A more detailed history can be found in the recent article below!

Maternal and Child Health Journal  
<https://doi.org/10.1007/s10995-023-03629-0>

## COMMENTARY



### Over a Century of Leadership for Maternal and Child Health in the United States: An Updated History of the Maternal and Child Health Bureau

Michael D. Warren<sup>1</sup>  · Laura D. Kavanagh<sup>1</sup>

Accepted: 18 February 2023

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#### Abstract

The Maternal and Child Health Bureau (MCHB) is the only federal agency solely focused on improving the health and well-being of all of America's mothers, children, and families. Founded in 1912 as the Children's Bureau, the Bureau has evolved over 110 years in response to the changing needs of MCH populations and shifting legislative and administrative priorities. The Bureau's role in promoting and protecting maternal and child health has grown, spurred by landmark legislation including the Sheppard-Towner Maternity and Infancy Care Act, Title V of the Social Security Act, and multiple programmatic authorizations. Emerging issues in the field—ranging from deficiencies in access and coverage for health care to the emergence of new infectious diseases—have resulted in additional roles and responsibilities for the Bureau; these include convening state and national partners, providing leadership on priority topics, developing guidelines for care, and implementing new programs. Throughout its history, the Bureau has partnered with other federal government agencies, states, communities, and families to improve outcomes for mothers, children, and families. Previous reports have documented the founding of the Children's Bureau and the growth of federal legislation and programs through 1990. This updated history builds on those works and describes the multiple new programs and legislative authorities assigned to the Bureau since the Title V reforms of the 1980s, the Bureau's response to emerging issues, and the contemporary structure and function of MCHB.



# Maternal and Child Health Bureau



**Mission:**  
**Improve the health of America's mothers,  
children, and families.**

# MCHB Strategic Plan

## Mission

To improve the health and well-being of America's mothers, children, and families.

## Vision

Our vision is an America where all mothers, children, and families thrive and reach their full potential.

## MCHB Goals

### ACCESS

Assure access to high-quality and equitable health services to optimize health and well-being for all MCH populations.

### EQUITY

Achieve health equity for MCH populations.

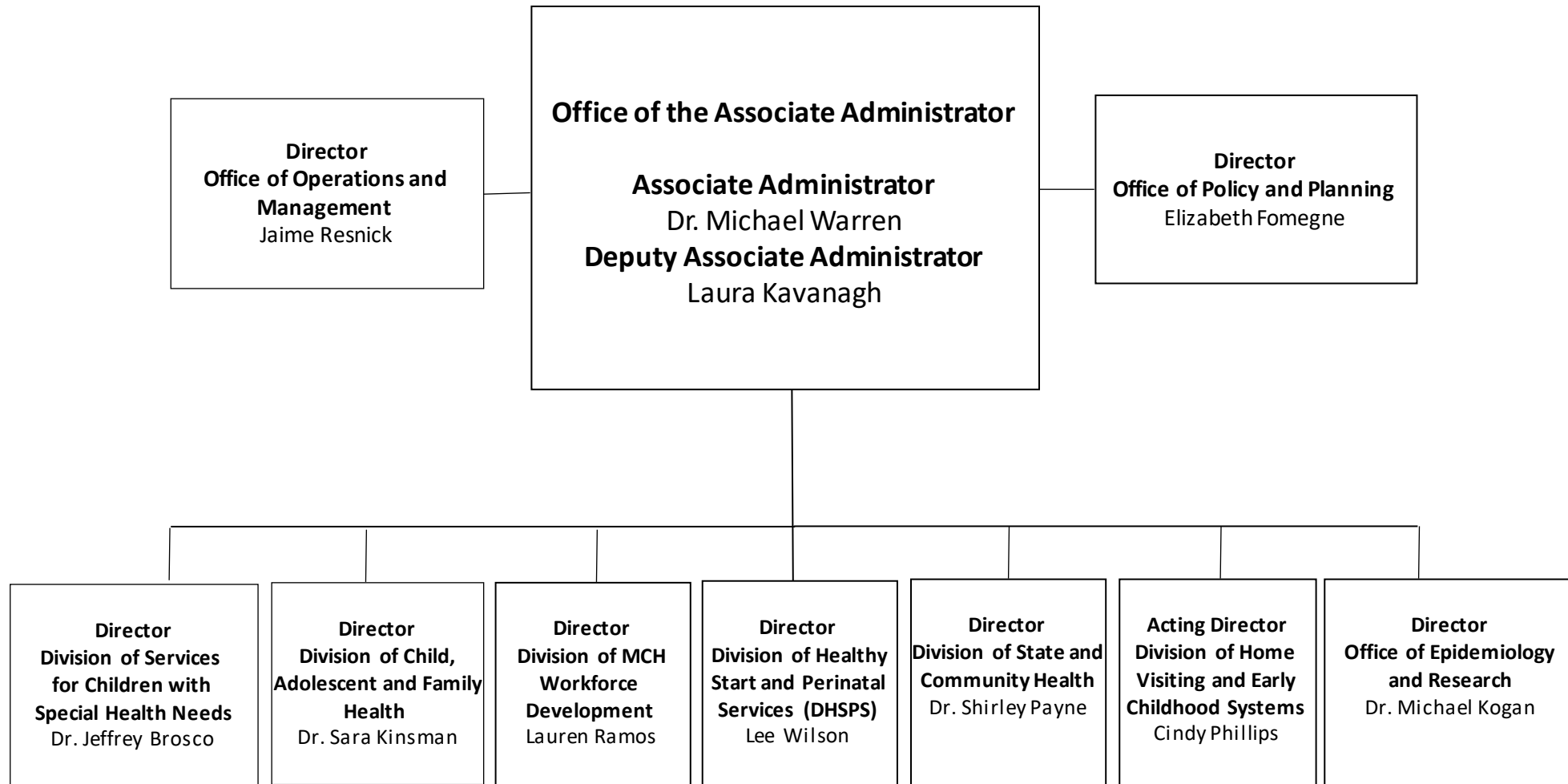
### CAPACITY

Strengthen public health capacity and workforce for MCH.

### IMPACT

Maximize impact through leadership, partnership, and stewardship.

# MCHB Organizational Structure





# Maternal and Child Health Bureau

## FY 2023 Total Budget: \$1.68 billion

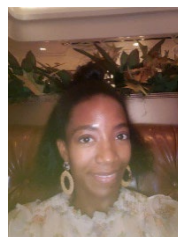
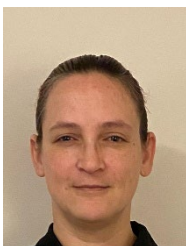
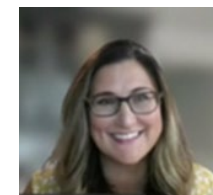
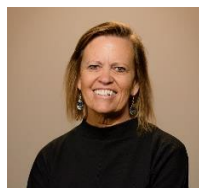
Legislative Authority	FY23 Omnibus
<b>Maternal and Child Health Block Grant</b>	<b>\$822.7</b>
Alliance for Innovation in Maternal Health (NEW)	\$15.3
Integrated Maternal Health Services (NEW)	\$10.0
Autism and Other Developmental Disorders	\$56.3
Sickle Cell Disease Demonstration	\$8.2
Early Hearing Detection & Intervention	\$18.8
Healthy Start	\$145.0
Emergency Medical Services for Children	\$24.3
Heritable Disorders	\$20.8
Pediatric Mental Health Care Access	\$13.0
Screening and Treatment for Maternal Depression	\$10.0
Family-to-Family Health Information Center	\$5.7
Maternal, Infant, and Early Childhood Home Visiting	\$500
Poison Control	\$26.8
<b>TOTAL</b>	<b>\$1.68B</b>

**Last Updated: April 2023**

Note: This table is in millions of dollars.



# Greetings from the DSCH Staff



# Title V MCH Services Block Grant to States

FY 2023 Budget = \$593.3 M



## Reach & Impact

58 million people in FY2021

- 92% of all pregnant women
- 98% of infants
- 58% of children



**Kate Marcell, MS**  
Eastern Branch Team Lead  
Division of State and Community Health  
Maternal and Child Health Bureau



# Title V MCH Block Grant

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## Overview

Federal/State partnerships to address the needs of MCH populations

Formula grant awarded to 59 States and jurisdictions

Submission of Yearly Application/Annual Report



# Title V MCH Block Grant

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## Legislative Requirements

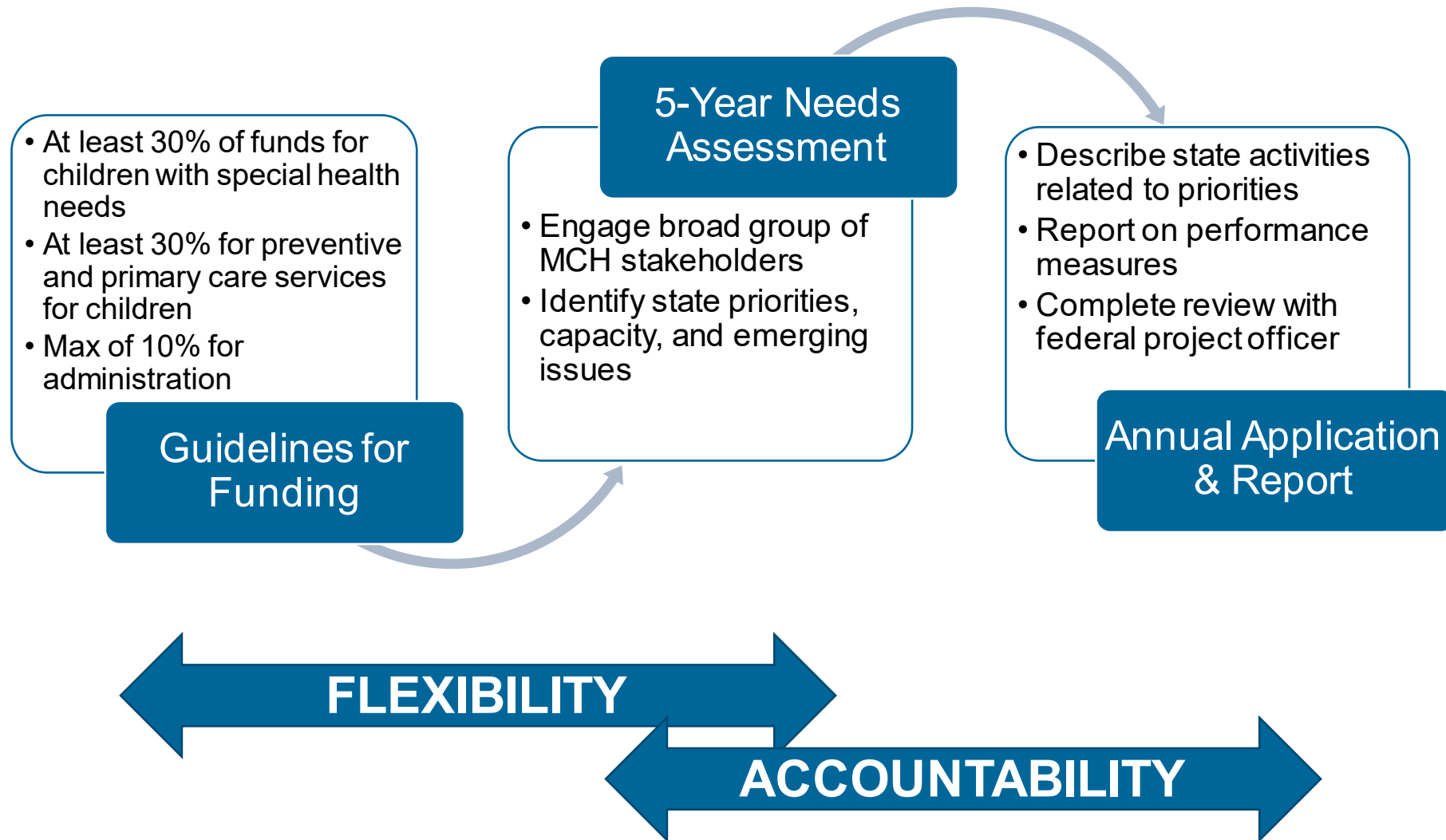
Title V Statewide Five-Year  
Needs Assessment and Action  
Plan

For every \$4 in Federal funding  
received, states must match \$3  
in state or local

Maintenance of Effort



# Title V MCH Block Grant



# Title V MCH Block Grant Guidance

**HRSA**

Health Resources & Services Administration

## TITLE V MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT TO STATES PROGRAM

GUIDANCE AND FORMS  
FOR THE  
TITLE V APPLICATION/ANNUAL REPORT

OMB NO: 0915-0172

EXPIRES: 1/31/2024

U.S. Department of Health and Human Services  
Health Resources and Services Administration  
Maternal and Child Health Bureau  
Division of State and Community Health  
3600 Fishers Lane, Room 18N33  
Rockville, MD 20857  
(Phone 301-443-2204 FAX 301-443-9354)

OMB Number: 0915-0172

1

Expiration Date: 1/31/2024





# Guiding Principles



**Delivery of Title V services within a public health service model**

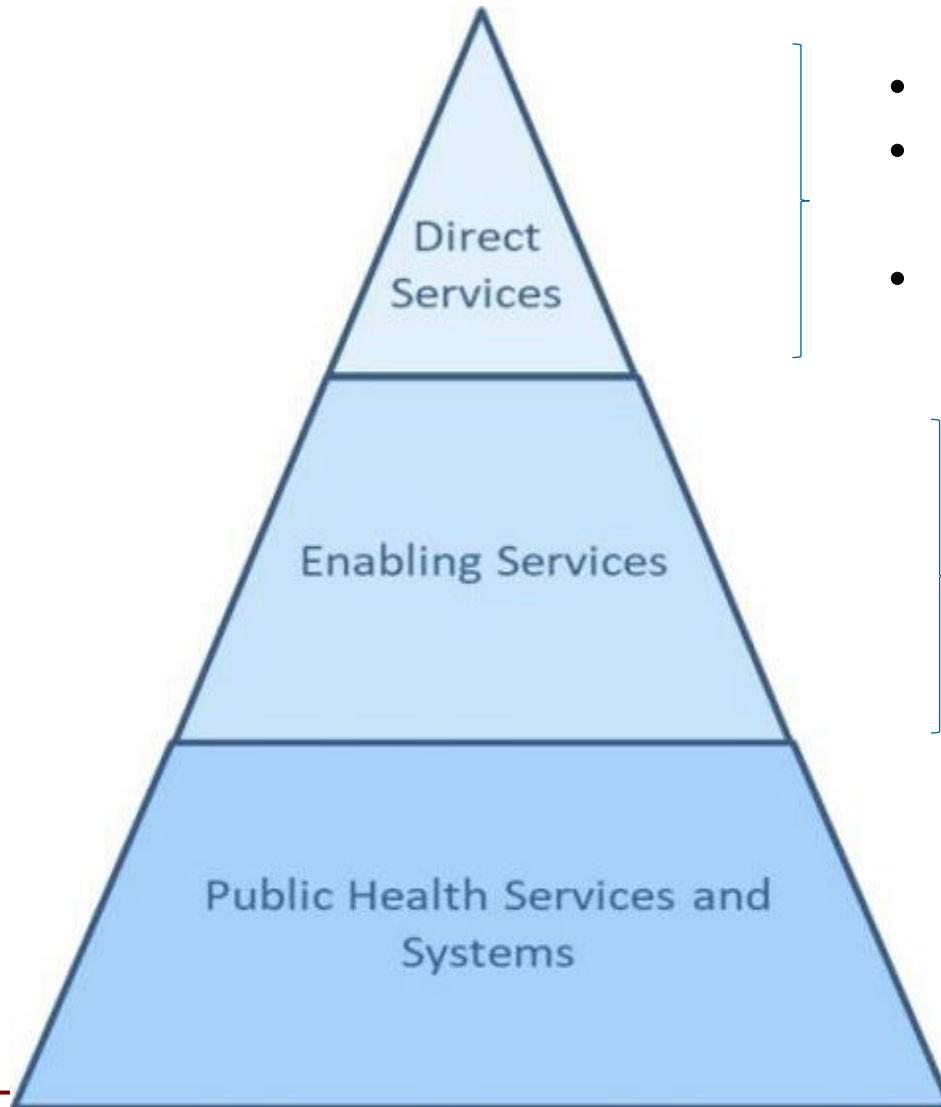


**Data-driven programming and performance accountability**



**Partnerships with individuals/families/family-led organizations (i.e., family partnership)**

# Public Health Service Delivery Model



- Clinical services
- Billing claim/managed care contracts
- Payer of last resort

- Care coordination, referrals, education, eligibility assistance, risk reduction
- Salaries/operational support

- Standards/guidelines, program planning, policy, QI, workforce development
- Population-based disease prevention and health promotion

# Family Partnership



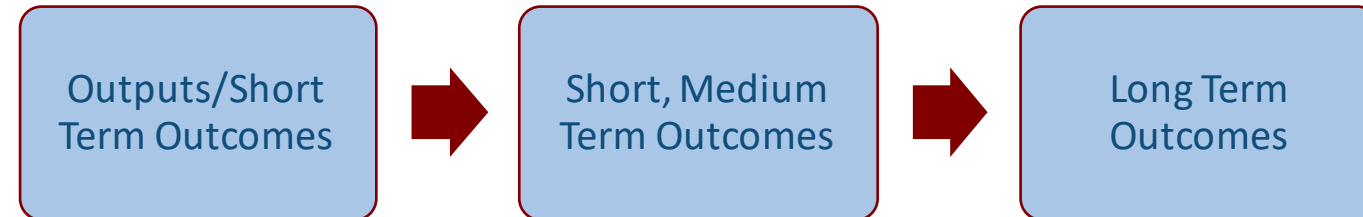
Patients, families, their representatives, and health professionals working in active partnership at various levels across the health care system, to improve health and health care.

# Data-Driven Programming and Accountability

## Title V Performance Measure Framework



## Evaluation Logic Model







**Ellen Volpe, MHS**  
Eastern Branch Chief  
Division of State and Community Health  
Maternal and Child Health Bureau

# Why we do this work: So that they will become responsible adults?



# National Outcome Measures

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## National Outcome Measures (NOMs)

Total of 25

Mandated by Title V legislation

Sentinel health marker for MCH

Major focus of Title V

Increasing prevalence

# Examples of National Outcome Measures (NOMs)

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- Maternal mortality rate
- Infant mortality rate
- Adolescent suicide rate
- Children in excellent or very good health
- Teen birth rate
- Children with decayed teeth cavities in past year

# National Performance Measures

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## National Performance Measures (NPMs)

Total of 15

Large investment of resources

Modifiable

Measurable activities

Large societal costs

Disparities



# National Performance Measures

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## National Performance Measures (NPMs)

At least one NPM for each population domain

- Women/Maternal Health
- Perinatal/Infant Health
- Child Health
- CSHCN
- Adolescent Health

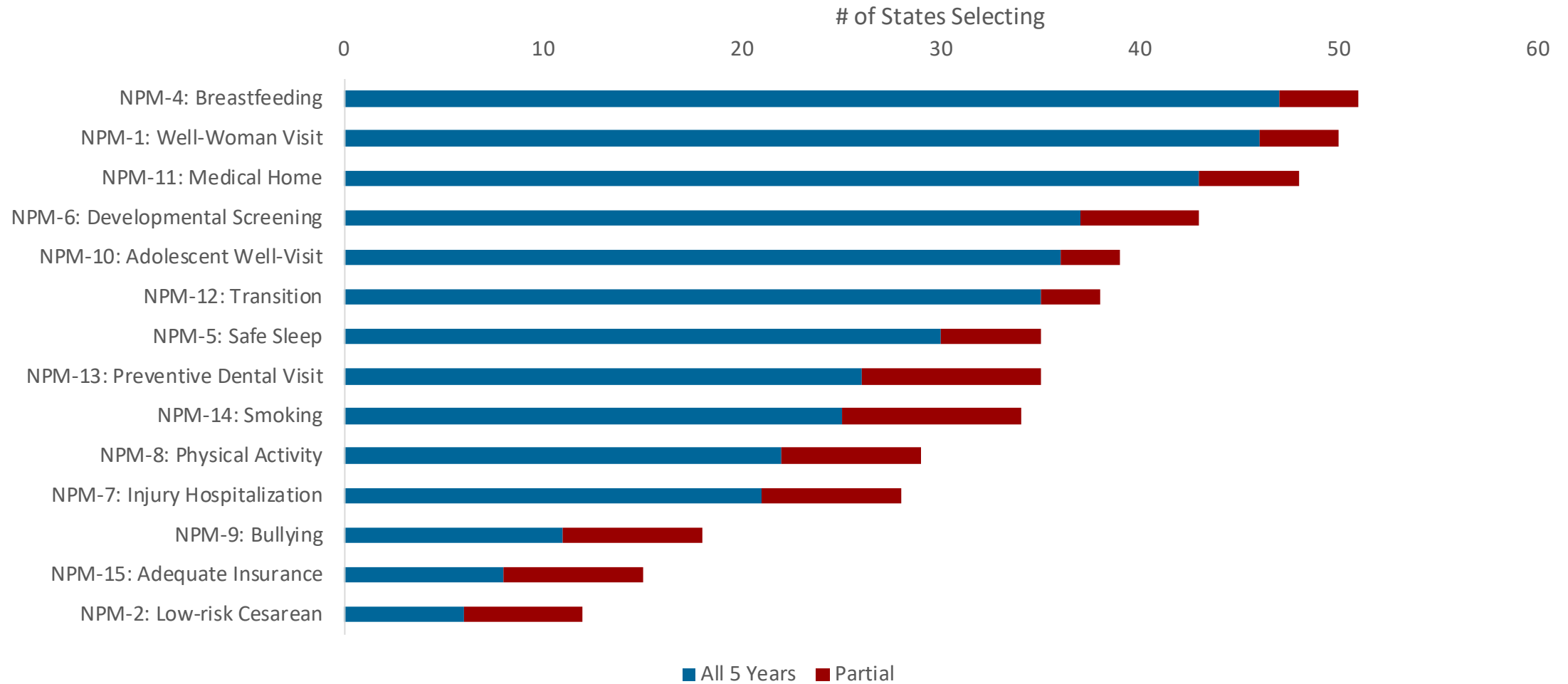
Tracked throughout five-year reporting cycle

# Examples of National Performance Measures (NPMs)

- Women with a preventive medical visit in past year
- Infants who are breastfed
- Adolescents who are bullied or who bully others
- Adolescents who received transition services
- Women with a dental visit in the past year



# NPM Selections



# National NPM Progress

NPM #	Short Title	Data Source	2015	2016	2017	2018	2019	2020	Run Line	Absolute Δ	Percent Δ	Status
1	Well-woman visit	BRFSS				73.6	72.8	71.2		-2.4	-3%	-
2	Low-risk cesarean delivery	NVSS	25.8	25.7	26.0	25.9	25.6	25.9		0.1	0%	≈
4A	Breastfeeding - initiation	NVSS	82.7	83.6	83.9	84.0	84.1	84.0		1.3	2%	+
4B	Breastfeeding - exclusive to 6 mo	NSCH		20.9	25.7	23.5	25.6	25.0		4.1	20%	+
5A	Back sleep position	PRAMS	78.4	78.0	79.9	80.8	79.9	79.8		1.4	2%	+
5B	Separate approved sleep surface	PRAMS		31.8	33.2	33.9	35.9	36.9		5.1	16%	+
5C	No soft bedding	PRAMS		42.4	46.7	47.6	50.9	52.5		10.1	24%	+
6	Developmental screening	NSCH		30.4	31.7	35.2	37.7	36.1		5.7	19%	+
7.1	Injury hospitalization - child	HCUP	144.8	132.0	128.6	122.6	124.2	116.0		-28.8	-20%	-
7.2	Injury hospitalization - adolescent	HCUP	227.0	221.9	215.0	201.5	204.2	210.1		-16.9	-7%	-
8.1	Physical activity - child	NSCH		29.8	26.1	29.4	27.1	25.3		-4.6	-15%	-
8.2	Physical activity - adolescent	NSCH		18.5	18.0	17.1	15.9	14.6		-3.9	-21%	-
9	Bullying victimization	YRBSS	25.8		24.1		25.0			-0.8	-3%	≈
10	Adolescent well-visit	NSCH		79.0	78.4		79.6	71.7		-7.3	-9%	-
11	Medical home - CSHCN	NSCH		43.2	43.3	42.1	42.4	42.0		-1.2	-3%	≈
11	Medical home - non-CSHCN	NSCH		50.0	49.7	49.2	48.7	47.2		-2.8	-6%	-
12	Transition - CSHCN	NSCH		16.5	17.0	20.8	24.8	20.3		3.8	23%	+
12	Transition - non-CSHCN	NSCH		14.2	13.5	14.8	19.0	16.2		2.0	14%	+
13.1	Preventive dental visit - pregnant	PRAMS		48.3	44.6	46.2	47.1	45.8		-2.5	-5%	-
13.2	Preventive dental visit - child	NSCH		78.7	80.2	79.1	80.1	74.9		-3.8	-5%	-
14.1	Smoking - pregnancy	NVSS	7.8	7.2	6.9	6.5	6.0	5.5		-2.3	-29%	-
14.2	Smoking - home	NSCH		16.2	14.8	15.0	13.8	14.3		-1.9	-12%	-
15	Adequate insurance	NSCH		69.4	67.5	67.5	66.0	67.4		-2.0	-3%	-

## Significant Improvement

- Safe sleep
- Breastfeeding
- Developmental screening
- Injury hospitalization
- Transition
- Smoking

## Significant Worsening

- Well-woman visit\*
- Physical activity\*
- Adolescent well-visit
- Preventive dental visit\*
- Adequate insurance\*

\* Small (<5%) but significant change

# State Performance Measures

## State Performance Measures (SPMs)

- Sixth Cross-Cutting and Systems Building domain
  - Social determinants of health
  - Equity
  - Workforce development
  - Data infrastructure
  - Family partnership
- Priority needs not related to a NPM





# Evidence Based or Informed Measures (ESMs)

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- Women's preventive health visits at local health units (Well-woman visit/Women)
- Hospitals with safe sleep policies (Safe Sleep/Infants)
- Preventive dental visits for high-risk children (Preventive dental visit/Children)
- Schools with evidence-based bullying programs (Bullying/Adolescents)
- Providers with transition policies

# State Action Plan Table

State Action Plan Table			2020 Application/2018 Annual Report		
Priority Needs	Strategies	Objectives	National and State Performance Measures	Evidence-Based or –Informed Strategy Measures	National and State Outcome Measures
<b>Women/Maternal Health</b>					
Increase access to prenatal care.	<p>PHRM/ISS will seek out a project to implement and track where case managers encourage women to receive the 6 week post medical visit and track achievement number and percentage.</p> <p>Worked with Performance Improvement Office to develop a protocol for distribution of Family Planning Waiver Applications, assistance with completing applications, and sending applications to the Division of Medicaid.</p> <p>The Office of Women's Health Director, PHRM/ISS Director and Fatherhood Coordinator will work with internal MSDH and External MSDH partners to identify opportunities for collaboration.</p> <p>The PHRM/ISS program is beginning to incorporate telehealth into the case management structure to address barriers to transportation and staff shortages.</p> <p>The PHRM/ISS case management program will increase the number of formal MOUs from 2 to 5 in order to increase the number of referral sources for PHRM/ISS.</p>	<p>By September 30, 2018, increase the percent of PHRM/ISS post-partum women who receive their 6 week post medical visit from baseline of 77% to 79%.</p> <p>Increase awareness about PHRM/ISS Case Management by participating on community advisory boards and take part in vendor exhibits booths at professional organizations in order to increase the number of clients in PHRM/ISS.</p> <p>Increase the % of women who view social media content provided by MSDH Office of Women's Health regarding women's preventive health services by 1 % each year.</p>	NPM 1: Percent of women, ages 18 through 44, with a preventive medical visit in the past year	<p><i>Inactive - ESM 1.1: Number of Mississippi women who apply for the Family Planning Waiver</i></p> <p>ESM 1.2: Number of social media message months promoting women's preventive health services</p> <p>ESM 1.3: Number of engaged users viewing social media messages delivered by MSDH social sites promoting women's preventive health</p>	<p>NOM 2: Rate of severe maternal morbidity per 10,000 delivery hospitalizations</p> <p>NOM 3: Maternal mortality rate per 100,000 live births</p> <p>NOM 4: Percent of low birth weight deliveries (&lt;2,500 grams)</p> <p>NOM 5: Percent of preterm births (&lt;37 weeks)</p> <p>NOM 6: Percent of early term births (37, 38 weeks)</p> <p>NOM 8: Perinatal mortality rate per 1,000 live births plus fetal deaths</p> <p>NOM 9.1: Infant mortality rate per 1,000 live births</p>



**Lauren Chambers, MPH**  
Western Branch Team Lead  
Division of State and Community Health  
Maternal and Child Health Bureau

# Understanding the Title V Block Grant



<https://www.youtube.com/watch?v=DMvDHW6XG3c>

# DSCH Technical Assistance



## MCHB Technical Assistance (TA) Request Form

### TA at MCHB

TA is available in support of State Title V Block Grant programmatic efforts. The Maternal Child Health Bureau (MCHB) has developed multiple resources to ensure successful implementation. The type of TA varies but can include:

- expert consultation and training,
- peer-to-peer consultation,
- best practices and lessons learned exchange, and
- webinars, workshops and conferences.

If TA is required, please complete the following form in its entirety. Please note TA will be restricted if this form is not completed.

Section A: Recipient Information	
Date:	
State Director Requesting TA:	
State Agency:	
Address:	
State Contact Person:	
Contact Person Title:	
Phone Number:	
Contact Person Email:	

Section B: Consultant/Peer State Information	
Name of Consultant:	
Consultant Phone:	
Address:	
Consultant Fax:	
Time Requirements for TA:	Start Date: End Date:
Email:	
Please Identify the type of TA requested:	<input type="checkbox"/> Expert Consultant <input type="checkbox"/> State to State (Peer Exchange) <input type="checkbox"/> State Workshop <input type="checkbox"/> Other - Please explain:

\*On a separate document please list all parties involved in this TA with contact information.

1



## MCHB Technical Assistance (TA) Request Form

Section C: Estimated Costs	
Consultant Reimbursement:	Number of persons receiving consultant reimbursement:
	Number of Days/ Person @ \$350/day:
	Total Reimbursement Amount:
Lodging:	Number of rooms requested:
	Number of room nights requested:
	GSA lodging rate per night:
	Total Lodging for all Travelers:
Meals and incidental Expenses (M&IE):	Number of persons requesting M&IE:
	GSA per diem rate per day:
	Number of full days** @ \$ _____:
	M&IE Travel days \$ @ _____:
	Total M&IE for all Travelers:

Payment for meals and incidental expenses (M&IE) will not exceed the official regional government rates found here: <http://www.gsa.gov/pportal/category/21287>

\*\* M&IE for each travel day is calculated at 0.75 of the 1 day M&IE rate.

Travel:	List mode of transportation: (i.e. Flying, Train, etc.):
	Number of persons traveling:
	Estimated cost of ticket per person:
	Local travel (Mileage, Cab Fare, Public Transportation):
	Total Travel:
Other:	Number of room rental days:
	Amount per day:
	Total meeting room rental:
	Meeting supplies (total cost):
	Meeting IT/communication equipment:
	Miscellaneous Expense (Describe):
	Total of Expenses:

2





# DSCH TA Request Topics

- Big 5 Coordination
- Care Coordination
- Cultural and Linguistic Competence
- Diversity Geomapping
- Family Consumer Partnership
- Health Equity
- Inter-agency coordination
- Maternal Mortality
- Neonatal Abstinence Syndrome
- Newborn Screening
- Oral Health
- Payment Structures
- Shared Plans of Care



# Capacity Building Investment Document

- Compilation of MCHB investments
- Capacity to offer direct training and technical assistance (TA)
- Offer resources or data on their websites
- Research networks or single investigator innovation programs that are sources of emerging evidence or promising practices
- Capacity-building resources may also be searched on the MCHB website:  
<https://mchb.hrsa.gov/capacity-building-resources>



## Maternal and Child Health Bureau (MCHB) Capacity-building Investments

*This is a compilation of MCHB investments supporting awardees' further success. Some investments have the capacity to offer direct training and technical assistance (TA), others offer resources or data on their websites, while others are research networks or single investigator innovation programs that are sources of emerging evidence or promising practices. Capacity-building resources may also be searched on the MCHB website: <https://mchb.hrsa.gov/capacity-building-resources>*

### Document Guide:

- There are two sections in this document – (1) Capacity-building Investments; and (2) Research Networks (RN)/Single Investigator Innovation Programs (SIIP). In each section, the entries are ordered alphabetically.
- For the Capacity-building Investments Section, use the icon key shown below and on page 17 to understand the reach and functions.
- Some of the entries have an added indicator showing which MCH National Performance Measure (NPM) is closely related. There is a description of the National Performance Measures on page 22 for reference and the linked National Outcomes Measures can be found at the [Title V MCH Block Grant Performance Measure Framework](#).
- Consider using a keyword search (Ctrl+F) to locate specific topics associated with an entry.


### ICON KEY: Capacity-building Investment Reach and Functions

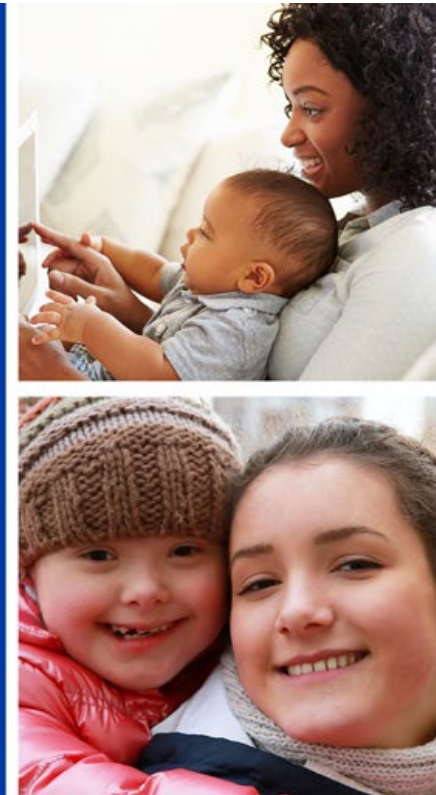
Reach	
National	Limited to Select States or Jurisdictions
Functions	
Publicly Available Resources/Website	Learning Collaborative or Peer Learning
Data Repository	Individual Training or Technical Assistance available
Funding/Mini Grants available (for application)	

# Title V Information System

**TVIS**  
**Title V  
Information System**  
MCH Block Grant State Data

#MCH  
#data


**HRSA**  
Maternal & Child Health




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






# Title V Information System

 U.S. Department of Health and Human Services

**HRSA**  
Maternal & Child Health

Search TVIS

Search Tips Multi-Year Narrative Text Search    

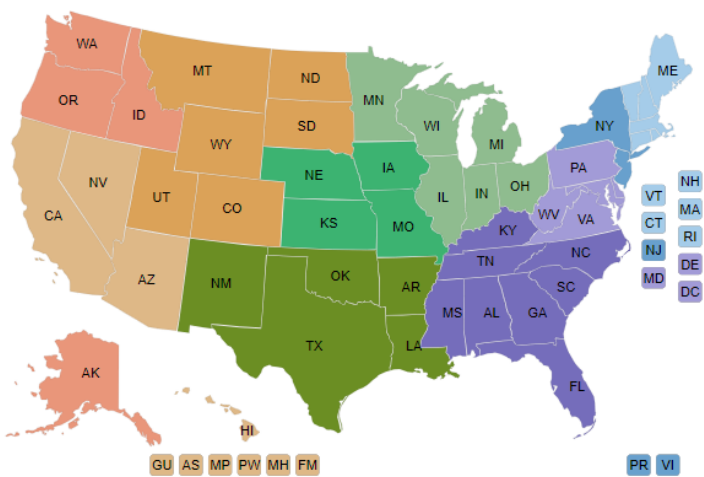
Home Reporting Domains Priorities and Measures Financial Data Access/Linkage State Archive Glossary

## Explore the Title V Federal-State Partnership

As one of the largest Federal block grant programs, Title V is a key source of support for promoting and improving the health of the Nation's mothers and children. The purpose of the Title V Maternal and Child Health Services Block Grant Program is to create Federal/State partnerships that enable each state/jurisdiction (**hereafter referred to as state**) to address the health services needs of its mothers, infants and children, which includes children with special health care needs, and their families.


National



National Data  
FY 2021 Expenditures: \$2,473,378,768



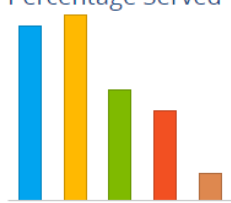
Region 1 Region 2 Region 3 Region 4 Region 5 Region 6 Region 7 Region 8 Region 9 Region 10




FY 2021 Expenditures  
National: \$2,473,378,768



FY 2021  
Percentage Served



 Quick Links

- State Application/Annual Report
- State Action Plan Table
- State Contacts
- National Snapshot
- State Snapshot
- Title V-Medicaid IAA/MOU
- Resources



# Title V Information System

## How Can You Access It?

- Data Entry: *Only available to States via Electronic Handbooks*
- Web Reports: <https://mchb.tvisdata.hrsa.gov>

## How Can You Use It?

- Search national and state level data on key measures and indicators of maternal and child health (MCH) in the United States
- View national and State Title V MCH Block Grant financial and program data
- Acquire information on an individual State Title V MCH Block Grant Program

# Technical Assistance Resource Page

The screenshot displays the HRSA Maternal & Child Health website. The header includes the U.S. Department of Health and Human Services logo, the HRSA logo, and the website URL www.hrsa.gov. A search bar with a 'Search TVIS' button is present. Below the header is a navigation menu with links: Home, Reporting Domains, Priorities and Measures, Financial, Data Access/Linkage, State, Archive, and Glossary. The main content area is titled 'Title V MCH Services Block Grant Program Resource Page'. It contains three paragraphs of text explaining the program's authorization under Title V of the Social Security Act, its annual guidance, and the data collection process. To the right of the text are three boxes: 'Authorizing Legislation' (linking to Social Security Administration Title V - Maternal and Child Health Service Block Grant), 'Guidance and Documents' (containing links for MCH Block Grant - Application/Annual Report Guidance, Block Grant - Supporting Documents, Title V Block Grant - Technical Assistance Resources (Draft) - which is highlighted with a red box, Federally Available Data (FAD) Resource Document, and FAD Resource Document Data Files), and 'Other Resources' (linking to HRSA in Your State, State Snapshot, Performance Measure Framework, and State Oversampling in the National Survey of Children's Health (NSCH)). At the bottom, there is a 'Quick Links' section with icons for various services, a 'Narrative Search' bar, and a 'Contact Us' button. A small Adobe Acrobat Reader icon is also visible.

## Details available on TVIS Resources Page

- Title V Block Grant -- Technical Assistance Resources (formerly Block Grant – Supporting Document aka Appendices)
- Linked to in draft Guidance as well
- See Appendices B and C





## Home Page

[mchb.tvisdata.hrsa.gov](https://mchb.tvisdata.hrsa.gov)

# Questions?

# Connect with HRSA

Learn more about our agency at:

[www.HRSA.gov](http://www.HRSA.gov)



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