Washington
Maternal and Child Health Block Grant 2020

The Maternal and Child Health Services Block Grant, Title V of the Social Security Act, is the only federal program devoted to improving the health of all women, children and families. In FY2018, 91% of all pregnant women, 98.7% of infants, and 53.7% of children nationwide benefitted from a Title V-supported service. To learn more about Title V, visit www.amchp.org.

MCH Block Grant Funds to Washington

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<th>FY 2017</th>
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<tr>
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<td>$8,834,688</td>
<td>$8,902,428</td>
<td>$8,893,654</td>
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Title V Administrative Agency:
Office of Family and Community Health Improvement, Washington State Department of Health

*States must provide a three dollar match for every four Federal dollars allocated.

Protecting and Improving the Health of Washington’s Families

Preconception Health — The Office of Family and Community Health Improvement (OFCHI) created a cross-Department Women’s Health work group with staff from genetics, perinatal and women’s health, adolescent health, family planning, injury and violence prevention, chronic disease, and surveillance and evaluation. The purpose of this group is to promote women’s health across the lifespan and provide direction to the office in planning and implementing projects. The office is also partnering with stakeholders to develop and disseminate preconception health care standards.

Messaging — The department used focus groups to develop and test healthy living messages for non-pregnant women. Messaging and links to resources for women of childbearing age are on the women’s health website in English and Spanish. The office continues to conduct outreach to Latina women through radionovelas and Spanish language materials. Office staff continue to use the agency website and social media profiles to disseminate messages about issues impacting women’s health including the importance of folic acid, safe relationships, and substance use awareness while also highlighting special events such as Women’s History Month and National Women’s Health Week.

Maternal Health — Title V staff help to support the Maternal Mortality Review Panel (MMRP), which conducts “comprehensive, multidisciplinary reviews of maternal deaths in Washington to identify factors associated with those deaths and make recommendations for system changes to improve health care services for women in this state” with the aims of identifying trends and risk factors for pregnancy-related deaths in Washington; developing strategies for prevention or intervention; and proposing health system changes and legislation to reduce preventable maternal deaths and improve women’s health. The panel issues recommendations every two years. The latest report is available on the Maternal Mortality Review webpage. The Title V program also supports implementation of recommendations.

Promoting Breastfeeding — aligning with healthy starts and chronic disease prevention, the department has directed efforts to increase initiation, duration and exclusivity of breastfeeding through the Breastfeeding Friendly Washington initiative for hospitals and birth centers. This initiative is based on four focus areas to accomplish these goals: 1) Evidence-based mother-baby hospital care; 2) Breastfeeding friendly childcare facilities; and 3) breastfeeding friendly worksites. Implementation of evidence-based interventions in each of these focus areas involves partnerships with a number of agencies and organizations including hospitals, birth centers, clinics, childcare facilities, employers, WIC, Washington State Department of Early Learning and professional organizations. To date more than 40 facilities have been designated Breastfeeding Friendly.

Supporting Parents — A Family Engagement Coordinator Leads a statewide coalition of family led organizations to promote interdisciplinary collaboration between those organizations and their systems partners across the state. The coalition, known as Washington Statewide Leadership Initiative (WSLI) provides infrastructure and support to families and family led organizations to promote family leadership development and community partnership as well as improving the capacity of local community organizations to improve systems of care for children and youth with special health care needs (CYSHCN). WSLI is made up of both contracted and non-contracted family led organizations who work in their communities and at the state systems level.
Child and Adolescent Mental Health — OFCHI identifies and implements strategies for health promotion, prevention, and access to early intervention and treatment for children’s mental health. The office supports development and analysis of the Healthy Youth Survey in partnership with other state agencies and local public health jurisdictions. It collects data on mental health, violence, risk and protective factors that influence youth's well-being and mental health. School districts and many state agencies use the results to target prevention efforts and educate communities.

Adolescent Well Visit: This workgroup successfully applied for the Adolescent and Young Adult Health (AYAH) Collaborative Improvement and Innovation Network (CoIIN) through the Association of Maternal and Child Health Programs (AMCHP). The AYAH CoIIN is designed to help partners develop state partnerships or use existing ones to create a common data-driven agenda to advance access and the quality of well-visits for adolescent and young adults. The CoIIN includes a cross-state workgroup focused on increasing healthcare services for adolescents at their schools. The group includes representatives from the department, the Health Care Authority, Medicaid insurers, Office of the Superintendent of Public Instruction (OSPI), the Leadership Education in Adolescent Health (LEAH) project at the University of Washington, and the Washington Alliance for School Base Health Centers.

Promoting Health Equity — To reduce barriers to effective and appropriate health care, the office works with families and health care providers promoting culturally appropriate care for women, infants, children, adolescents and their families. For example, work with the University of Washington’s Center for Genomics Healthcare Equality has focused on reducing barriers to clinical genetic services for low income families. Collaboration with the American Indian Health Commission focuses on prenatal care, infant case management and oral health and immunizations. Another key partner is the Black Infant Health Program, which works to improve healthy birth outcomes through partnerships with the local community and the use of health ministers. We work with these stakeholders as well as local health jurisdictions to develop recommendations so we can work toward a state where all babies have the healthiest start possible based on detailed information on infant mortality. The report can be found here.

Medical Homes — DOH partners with the University of Washington Medical Home Partnerships Project for CYSHCN, a state level technical assistance center for Medical Home and Autism Systems of Care for CYSHCN, to support a statewide Medical Home Leadership Network of providers and parents. Network members work together to identify and access the medical and non-medical services needed to help CYSHCN and their families reach their full potential. This partnership also supports Community Asset Mapping (CAM) in local communities across the state. CAM is a cross systems community based, team approach to assessing community strengths and needs with leaders with a goal of increasing capacity for systems that promote early identification of autism and other developmental disabilities, universal developmental screening, or building resilience. Many CAM communities have adopted the SMART model—School Medical Autism Review Team, which is designed to create interdisciplinary teams in communities which are focused on autism systems of care to screen, diagnose, refer and serve CYSHCN with autism spectrum disorder and other developmental disabilities.

Helping Families Find Services — The WithinReach toll free maternal and child health hotline receives tens of thousands of calls each year. It provides consumer information, and referrals for maternity care, children’s health insurance, nutrition services, developmental screenings, and other health issues.

Preventing Injuries and Deaths — DOH’s Injury Prevention program and community groups promote healthy behaviors, decrease risks and prevent injuries and deaths. Staff review the rules and regulations governing early learning, group care and foster care to promote and require a focus on injury prevention and child health and safety in state licensed programs serving over 200,000 children and youth.

Screening Newborns and Infants — DOH is working to establish a universal developmental screening program to identify and refer infants and young children to early intervention and other services they need. The program identifies existing state and community system successes and successes in other states as well. The office also ensures that all infants born in Washington receive timely hearing screening and those with suspected hearing loss are referred for the services indicated.

Preventing Adversity and Promoting Resilience — With MCH Block Grant funding, 21 of 35 local health jurisdictions work to prevent and mitigate ACEs. The DOH provides technical assistance to local public health. The DOH has a Centers for Disease Control and Prevention Essentials for Childhood grant that supports a collective impact approach to prevent child maltreatment and its consequences. MCH Block Grant funds support work related to community engagement and systems development in Essentials for Childhood. The office also participates in additional partnerships related to preventing ACEs, including Harvard Frontiers of Innovation (FOI), and state-level early learning, home visiting and behavioral health groups. Participation increases leaders’ ability to work on toxic stress and promote healthy brain development.

Health Priorities in Washington

- Healthy starts
- Sexual and reproductive health
- Tobacco and substance use prevention
- Active and safe environments
- Healthy eating
- Screening, referral, and following-up
- Social and emotional wellness
- Quality clinical and preventive treatment services
- Health equity
Percentage Served by the Washington MCH Program*

100.0% pregnant women
100.0% infants under one
80.0% children and adolescents
100.0% children with special health care needs
1.0% others

*2018 State Jurisdiction Annual Reports Submitted to the Maternal and Child Health Bureau

State Selected National Performance Measures

- Well-Woman Visit
- Breastfeeding
- Developmental Screening
- Injury Hospitalization
- Adolescent Well-Visit
- Medical Home
- Adequate Insurance Coverage

For more information, contact:

**Maternal & Child Health**
Katie Eilers, MPH, MSN, RN, APHN-BC
Director, Office of Family and Community Health Improvement
PO Box 47855
Olympia, WA 98504
Phone: (360) 236-3687
E-mail: katie.eilers@doh.wa.gov

**Children with Special Health Care Needs**
Michelle Hoffman
Children and Youth with Special Healthcare Needs Manager
PO Box 47855
Olympia, WA 98504
Phone: (360) 236-3504
E-mail: michelle.hoffman@doh.wa.gov

**State Family or Youth Leader**
Nikole Dyer
Family Engagement Coordinator
PO Box 47855
Olympia, WA 98504
Phone: (360) 236-3536
E-mail: nikole.dyer@doh.wa.gov

Current Special Projects of Regional and National Significance (SPRANS)

**State Systems Development Initiative (SSDI)**
WASHINGTON STATE DEPARTMENT OF HEALTH
Tumwater, WA

**Healthy Tomorrows Partnership for Children Program**
THE ARC OF WHATCOM COUNTY
Bellingham, WA

**Reaching Practicing MCH Professionals in Underserved Areas Through Education and Training Program**
UNIVERSITY OF WASHINGTON
Seattle, WA

**Leadership Education in Adolescent Health (LEAH)**
UNIVERSITY OF WASHINGTON
Seattle, WA

**Pediatric Pulmonary Care Centers**
UNIVERSITY OF WASHINGTON
Seattle, WA

**Maternal and Child Health Public Health Training Program**
UNIVERSITY OF WASHINGTON
Seattle, WA

**SPRANS Research Networks including AYAH, Word Gap, Life Course, Measurement, Pediatric, Pregnancy Related Care, CYSHN**
UNIVERSITY OF WASHINGTON
Seattle, WA