


Overview of the Title V Block Grant Program

Presentation for the State of Iowa
Fiscal Year 2021 Maternal, Child and Adolescent Health Fall Seminar



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Vision: Healthy Communities, Healthy People




Brief MCH History

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Early roots of MCH Public Health in the United States

- 2nd half of 19th century
 - Interest in child welfare (including child labor)
 - State and local public health efforts
 - Advances in medicine (particularly pediatrics and OB)









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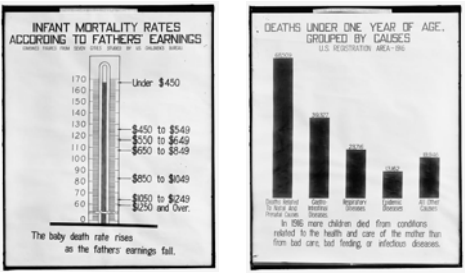
Early roots of MCH Public Health in the United States

- Early 20th century
 - Children's Bureau (1912)
 - Birth registration, investigation of infant mortality, Infant Care
 - Sheppard-Towner Act (1921-1929)
 - Grants-in-aid to states, later repealed
 - Improved infant care, education (maternity and baby clinics, bulletins, public health nurses)

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Early roots of MCH Public Health in the United States





INFANT MORTALITY RATES ACCORDING TO FATHERS' EARNINGS

The baby death rate rises as the fathers' earnings fall.




DEATHS UNDER ONE YEAR OF AGE, GROUPED BY CAUSES

In 1930 more children died from conditions related to the health and care of the mother than from bad care, bad feeding, or infectious diseases.

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Social Security Act (1935)

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Social Security Act (1935)

- Title V—Grants to States for Maternal and Child Welfare
 - Federal-State Partnership
- Title V focus areas
 - Maternal and Child Health Services
 - Services for "Crippled Children"
 - Child Welfare Services
 - Vocational Rehabilitation
- Each focus area required submission of state plan
- State funding allotments included base award as well as population-based amounts (live births, crippled children, rural population)

MCH Services
 "... services for promoting the health of mothers and children, especially in rural areas and in areas suffering from severe economic distress"

Source: Social Security Administration. Legislative History. Available at: [https://www.gpo.gov/](#) Last accessed 09/17/2020.

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Social Security Act (1935)

"It is a critical distinction that Title V is not a part of health legislation, but of the SSA, which seeks to alleviate or remove the insecurities of life which exist among those segments of our population which are dependent on the help of society to meet their basic needs."

Vince L. Hutchins, MD, MPH
MCH Bureau Director, 1977-1992

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MCH Leaders Through the Years

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Today's Maternal and Child Health Bureau

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Maternal and Child Health Bureau

- **Mission:** To improve the health and well-being of America's mothers, children, and families.
- **Vision:** An America where all mothers, children, and families are thriving and reach their full potential.

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Maternal and Child Health Bureau FY 2020 Total Budget: \$1.35 billion

Maternal and Child Health Bureau Programs	FY2020 Enacted
Maternal and Child Health Block Grant	\$687.7
Maternal, Infant and Early Childhood Home Visiting	\$400.0
Healthy Start	\$125.5
Autism and Other Developmental Disabilities	\$52.3
Emergency Medical Services for Children	\$22.3
Early Hearing Detection and Intervention	\$17.8
Heritable Disorders	\$17.8
Pediatric Mental Health Care Access	\$10.0
Family-to-Family Health Information Centers	\$6.0
Sickle Cell service Demonstration Program	\$5.2
Screening and Treatment for Maternal Depression	\$5.0

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Title V Today

- **Authorized for \$850M**
 - Most recent appropriation \$687M in FY20
 - Does not sunset
- **Components:**
 - MCH Block Grant to States
 - Special Projects of Regional and National Significance (SPRANS)
 - Community Integrated Service Systems (CISS)
 - Family-to-Family Health Information Centers (F2F)
 - Maternal, Infant and Early Childhood Home Visiting (MIECHV)

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MCH Block Grant to States

- **Federal-state partnership**
 - Mandatory formula block grant
 - State action plan based on Five Year Needs Assessment
 - Annual application and report for accountability
- **Requirements:**
 - **Expenditures:**
 - ✓ At least 30% on primary and preventive services for children
 - ✓ At least 30% on services for children and youth with special health care needs
 - ✓ No more than 10% on administration
 - Maintenance of effort based on 1989 expenditures
 - Match of \$3 in state dollars for every \$4 in federal dollars

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MCH Block Grant to States

- **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)

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MCH Block Grant to States

Flexibility & Accountability

- 30% of funds for children with special health needs
- 30% for primary and preventive services for children
- Max of 10% for administration

5-Year Needs Assessment

- Engage broad group of MCH stakeholders
- Identify state priorities, capacity, and emerging issues

Annual Application & Report

- Describe state activities related to priorities
- Report on performance measures
- Complete review with federal project officer

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MCH Pyramid and Ten Essential Public Health Services

Public Health Services for MCH Populations:
The Title V MCH Services Block Grant

MCH Essential Services

1. Assess and Monitor Health Status
2. Investigate, Diagnose and Address Health Problems and Hazards
3. Communicate Effectively to Inform and Educate the Public on Health
4. Strengthen, Support and Mobilize Community Partners to Improve Health
5. Develop and Implement Supportive Health Policies, Plans and Laws
6. Improve and Protect the Public's Health through Legal and Regulatory Actions
7. Assure Effective and Equitable Health Systems
8. Build and Support a Diverse and Skilled Public Health Work Force
9. Improve and Innovate Public Health Functions through Program Evaluation, Research and Continuous Quality Improvement
10. Build and Support a Strong Public Health Organizational Infrastructure

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MCH Pyramid of Services – National Level

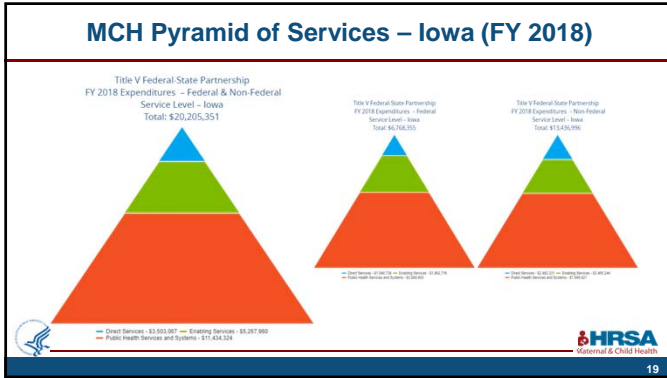
FY 2018 Expenditures – Federal & Non-Federal

Service Level
Total: \$6,477,226,497

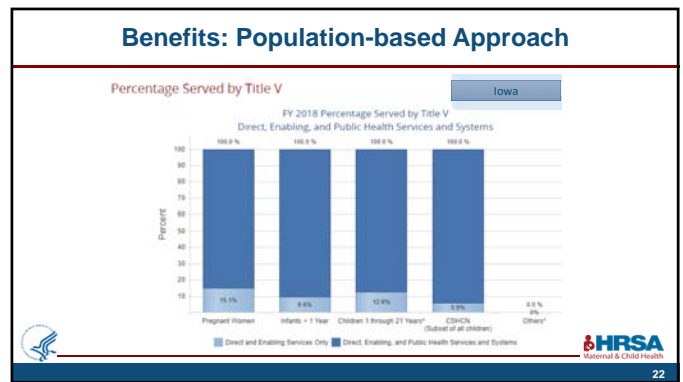
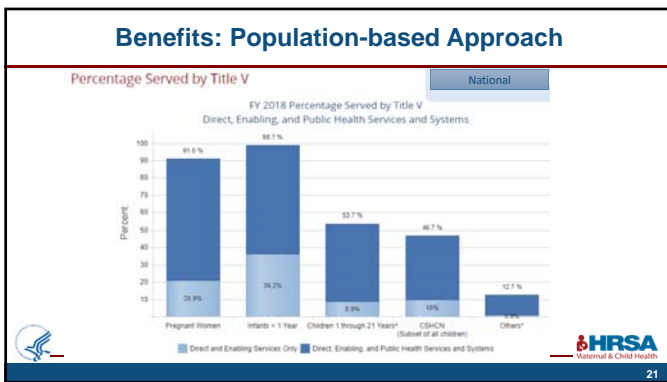
FY 2018 Expenditures – Federal
Total: \$4,920,194,860

FY 2018 Expenditures – Non-Federal
Total: \$1,557,031,637

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- ### Benefits: Population-based Approach
- Opportunity to improve the health of entire population
 - Efficacious use of limited resources
 - Mitigate the negative impacts of social determinants of health
 - Improve the patient/family experience
 - Promote quality health care and healthcare systems
- HRSA**
Maternal & Child Health



Questions and Answers

What questions do you have?



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