Pennsylvania Title V Program Overview

The Title V Maternal and Child Health (MCH) Services Block Grant to States Program is authorized by Sections 501-509 of Title V of the Social Security Act (42 U.S.C. §§ 701-709), and is a formula grant under which funds are awarded to states and jurisdictions upon submission of an acceptable plan that addresses the health services needs within a state for the target population of mothers, infants and children, which includes infants and children with special health care needs (CSHCN), and their families. Through the MCH Block Grant, each state and jurisdiction support and promote the development and coordination of systems of care which are family-centered, community-based, and meet the needs of the MCH population. The Bureau of Family Health (BFH) as the Pennsylvania (Pa.) Title V administrator serves an estimated 2.6 million individuals of the MCH population annually, using over $76 million of Title V, state match, and other federal funding to support programming, state-level program management, and public health systems. State and federal funds are administered and allocated in accordance with all applicable guidelines and laws and do not duplicate each other, but rather, are used collectively whenever possible to maximize the impact to health outcomes. In partnership with over 45 grantee and partner groups, the BFH applies a life course approach across the Title V population domains. An intentional effort to improve the health and well-being of all and expand the scope of work of Title V in Pa. to include an examination of a range of community health factors is foundational.

The BFH was committed to performing a comprehensive and transparent five-year needs and capacity assessment that engaged partners at each phase and identified the most pressing MCH health needs. Areas of need among the MCH health populations became evident following analysis of state and national data and through conversation with families and providers across the state. Factors influencing maternal health in Pa. include challenges with access and receipt of timely prenatal care, rising rates of maternal morbidity and high rates of maternal mortality, and obtaining healthcare before, during, and after pregnancy with providers trained in serving all populations, mental health services and supports, and behavioral health services and supports, especially for those with substance use disorder. Perinatal health in Pa. is continually impacted by infant mortality and preterm births. Other needs among infants include the support and education of parents and caregivers to strengthen families and promote wellbeing. Among children, education, resources, and support for parents and caregivers on early childhood development, coping skills, and parenting practices is critical. For the adolescent population, the availability and training of youth-serving mental health specialists and care providers and education around bullying, violence, and sexual and reproductive health decision-making was highlighted. The health of CSHCN could be improved through increased access to a well-functioning system of care, including transition services, support for families with care coordination and navigation, and further integration of families in decision-making around care choices.

Based on these data and the input of service recipients, providers, and partners, the BFH adopted the following seven priorities to guide the 2026-2030 state action plan: 1) Behavioral Health During Pregnancy and Postpartum; 2) High Quality and Respectful

Maternal Healthcare; 3) Optimal Health and Wellbeing for Infants; 4) Preterm Birth and Preterm-Related Mortality; 5) Early Childhood Development and Optimal Health; 6) Adolescent Mental Health and Suicide Prevention; and 7) Provider Access, Care Coordination, and Navigation for Children and Youth with Special Health Care Needs.

As the Title V program's role in the delivery of direct services is limited by program capacity and funding, the BFH sees an opportunity to enhance existing strategies and develop system-level strategies to address maternal health. Ongoing work to ensure that women and mothers in Pa. have the support and services they need before, during, and after pregnancy, especially for behavioral health, includes home visiting and community-based maternal care models such as a doula program. These efforts aim to drive improvement in the Postpartum Visit and Perinatal Care Discrimination National Performance Measures (NPM)s.

Among infants, the BFH seeks to enhance existing strategies to serve families with gap-filling direct and enabling services and to expand systems-level work. The preterm birth and preterm-related mortality priority is aligned with the NPM on perinatal care discrimination. Strategies that mitigate factors associated with preterm birth such as addressing community health factors and promoting high quality and respectful care throughout pregnancy may have impact on both the priority and the associated NPM. The optimal health and well-being for infants priority represents a shift toward primary prevention of factors which may be contributing to adverse infant health outcomes and strategies will aim to increase the percent of parents/caregivers of children ages zero to five who are able to cope very well with the day-to-day demands of raising children with the provision of services, supports, and education to improve child safety. This work is directly aligned with a state performance measure (SPM) developed to measure the percent of children ages 0-5 years old living with a parent/caregiver who is coping very well with the demands of raising children.

Among children, the BFH aims to promote optimal health and positively impact early childhood development with a new strategy around improving developmental screening rates. These efforts aim to drive improvement in the Developmental Screening NPM. Additionally, the BFH aims to address the medical home NPM by participating in a learning collaboration with other large states to identify and improve strategies that promote access to medical homes for children.

Among adolescents, the BFH sees an opportunity to enhance existing gap-filling direct and enabling services and to develop a system-level strategy addressing mental and behavioral health by improving access to care for youth who need mental health services by providing interim mental health services and supports. The BFH will aim to address factors influencing mental and behavioral health by increasing youth knowledge of healthy relationships to decrease teen dating violence. A youth advisory committee will also provide a mechanism to gather youth input on relevant issues and better ensure strategies developed are reflective and respectful of the communities being served. These efforts aim to drive improvement in the mental health treatment NPM.

For the CSHCN domain, the BFH will continue to administer direct and enabling programming aimed at providing children with well-coordinated, family-centered care. Gap-filling services for CSHCN will continue as will strategies supporting care coordination and the provision of screening and specialty care to children with conditions such as sickle cell anemia and autism spectrum disorder. These efforts aim to drive improvement in the NPM around increasing the percent of CSHCN who have medical home with care that is accessible, family-centered, continuous, comprehensive, and coordinated.

The BFH intends to achieve its objectives, maintain infrastructure, and support public health services and systems through partnerships. BFH works with county and municipal health departments and selects partners throughout the state to provide public health, enabling, or direct services for the MCH population. BFH uses population and public health data to identify interventions and then selects qualified grantees to implement the services. For all grant agreements, BFH staff develop objectives, work statements, and budgets, and provide oversight and monitoring of grantee progress toward the stated goals. The BFH also coordinates efforts and collaborates with other Bureaus within the Department of Health as well as with agencies at the local, state, and federal level. Given that many other organizations share the mission of advancing the health of MCH populations in Pa., remaining abreast of the work of these other entities remains essential. Convening of regular cross-agency meetings has been incorporated into the action plan and these intra- and interagency relationships, and the corresponding work, have been and will continue to be formalized through the creation of memoranda of understanding. Additionally, the BFH continues to work with partners at the state and local level to increase awareness, guidance, and assistance on developing and implementing strategies that collect meaningful input from the populations being served to inform the design, conduct, and evaluation of MCH programs, policies, and systems.

Given the breadth of the BFH's work to support the MCH system of care in Pa. and the ebb and flow of other funding sources, the BFH continually evaluates how Title V funds can be leveraged and combined with other state and federal funds to make the most positive impact on population health outcomes. As programming, other activities, and agencies receive Title V funds, the BFH will continually ensure dollars are spent as intended to advance priority MCH outcomes, while also adapting to emergent needs when possible.

Pennsylvania Title V Program 2026- 2030 Cycle: State Action Plan, Year 2

Priority Needs	Five-Year Objectives	Strategies	Evidence-Based or - Informed Strategy Measures	National and State Performance Measures	National and State Outcome Measures
Women/Maternal Health					
Behavioral Health During Pregnancy and Postpartum	By 2030, improve the utilization of behavioral health resources by pregnant, postpartum, and parenting women by 1% annually	Increase the percentage of caregivers with a positive depression, intimate partner violence, or substance use screenings who receive services	Percent of caregivers with positive depression, intimate partner violence, or substance use screenings that were referred for and received services	Postpartum Visit	Maternal Mortality Neonatal Abstinence Syndrome Women's Health Status Postpartum Depression Postpartum Anxiety
Behavioral Health During Pregnancy and Postpartum	By 2030, attend regular meetings (at least 75% of all meetings held per year) of the whole group and subgroups, sharing Pennsylvania's State Action Plan components related to Postpartum Visit with peers, and providing feedback and suggestions to other states' State Action Plans as appropriate	Actively participate in the Big 6 Peer Learning Initiative and its Postpartum Visit Subgroup	Percent of regular peer learning meetings attended with active participation in presenting and/or responding to peer discussion	Postpartum Visit	Maternal Mortality Neonatal Abstinence Syndrome Women's Health Status Postpartum Depression Postpartum Anxiety
High Quality and Respectful Maternal Healthcare	By 2030, at least 90% of community-based doulas trained with Title V funding will have completed the Commonwealth's Certified Perinatal Doula certification process	Increase the percent of community-based doulas trained with Title V funding who achieve certification as Certified Perinatal Doulas	Percent of newly trained community-based doulas supported with Title V funding who achieve certification as Certified Perinatal Doulas	Perinatal Care Discrimination	Severe Maternal Morbidity Maternal Mortality Low Birth Weight Preterm Birth Stillbirth Perinatal Mortality Infant Mortality Neonatal Mortality Preterm-Related Mortality Postpartum Depression Postpartum Anxiety
Perinatal/Infant Health					
Optimal Health and Wellbeing for Infants	By 2030, at least 56.9% of children ages 0-5 will be living with a parent/caregiver who reports they are coping well with the day-to-day demands of raising children	Increase the percent of parents/caregivers of children ages 0-5 who are able to cope very well with the day-to-day demands of raising children with the provision of services, supports, and education to improve child safety		Percent of children ages 0-5 years old living with a parent/caregiver who is coping very well with the demands of raising children	Flourishing - Young Child
Preterm Birth and Preterm-Related Mortality	By 2030, at least 42% (8) of Pennsylvania's 19 eligible counties will have started and/or completed the Perinatal Periods of Risk (PPOR) process	Increase the percent of eligible counties with at least one Perinatal Periods of Risk (PPOR) study completed or in progress	Percent of eligible counties with at least one Perinatal Periods of Risk (PPOR) study completed or in progress	Perinatal Care Discrimination	Severe Maternal Morbidity Maternal Mortality Low Birth Weight Preterm Birth Stillbirth Perinatal Mortality Infant Mortality Neonatal Mortality Preterm-Related Mortality Postpartum Depression Postpartum Anxiety

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Child Health					
Early Childhood Development and Optimal Health	By 2030, at least 73% of children ages one to five enrolled in Parents as Teachers will receive age-appropriate developmental screenings	Increase parental knowledge of early childhood development and positive parenting practices through Parents as Teachers	Percent of children, ages one to five years enrolled in Parents as Teachers, who receive age-appropriate developmental screenings	Developmental Screening	School Readiness Children's Health Status
Early Childhood Development and Optimal Health	By 2030, attend regular meetings (at least 75% of all meetings held per year) of the whole group and subgroups, sharing Pennsylvania's State Action Plan components related to Medical Home with peers, and providing feedback and suggestions to other states' State Action Plans as appropriate	Actively participate in the Big 6 Peer Learning Initiative and its Medical Home Subgroup	Percent of regular peer learning meetings attended with active participation in presenting and/or responding to peer discussion	Medical Home	Children's Health Status CSHCN Systems of Care Flourishing - Young Child Flourishing - Child Adolescent - CSHCN Flourishing - Child Adolescent - All
Adolescent Health					
Adolescent Mental Health and Suicide Prevention	By 2030, at least 20% of youth who are screened or assessed by the Student Assistance Program (SAP) and identified as having a mental health need receive interim services and supports	Increase access to care for youth who need mental health services by providing interim mental health services and supports	Percent of youth screened or assessed by the SAP and identified as having a mental health need who received interim services and supports	Mental Health Treatment	Adolescent Mortality Adolescent Suicide Adolescent Firearm Death Adolescent Injury Hospitalization Children's Health Status Adolescent Depression/Anxiety CSHCN Systems of Care Flourishing - Child Adolescent - CSHCN Flourishing - Child Adolescent - All
Adolescent Mental Health and Suicide Prevention	By 2030, increase the percentage of middle school youth who demonstrate growth in knowledge of teen dating violence and healthy relationships by 10%	Increase youth knowledge of healthy relationships to decrease teen dating violence	Percent of youth who received evidence-based education on healthy teen relationships, completed the pre- and post-survey, and showed an increase in knowledge of teen dating violence following program completion	Mental Health Treatment	Adolescent Mortality Adolescent Suicide Adolescent Firearm Death Adolescent Injury Hospitalization Children's Health Status Adolescent Depression/Anxiety CSHCN Systems of Care Flourishing - Child Adolescent - CSHCN Flourishing - Child Adolescent - All

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CSHCN					
Provider Access, Care Coordination, and Navigation for CYSHCN	By 2030, increase the percentage of counties providing diagnostic services and follow-up care coordination resources to 51%	Improve access to autism spectrum disorder diagnostic services and follow-up care coordination resources through telehealth	Percentage of counties providing diagnostic services and follow-up care coordination through the autism diagnostic clinic program	Medical Home	Children's Health Status CSHCN Systems of Care Flourishing - Young Child Flourishing - Child Adolescent - CSHCN Flourishing - Child Adolescent - All
Provider Access, Care Coordination, and Navigation for CYSHCN	By 2030, increase the percentage of CYSHCN living in rural PA who receive care coordination services through the Community 2 Home (C2H) program which support their health and wellness needs by 20%	Improve care coordination to CYSHCN living in rural PA through the C2H program	Percentage of CYSHCN reporting they received care coordination services which support their health and wellness needs through surveys upon C2H program discharge	Medical Home	Children's Health Status CSHCN Systems of Care Flourishing - Young Child Flourishing - Child Adolescent - CSHCN Flourishing - Child Adolescent - All
Provider Access, Care Coordination, and Navigation for CYSHCN	By 2030, increase the percentage of CSHCN receiving care coordination services in federally qualified health centers (FQHCs) by 25%	Improve care coordination for CSHCN in FQHCs through implementation of evidence-based quality improvement practices	Percentage of CSHCN receiving care coordination services in FQHCs	Medical Home	Children's Health Status CSHCN Systems of Care Flourishing - Young Child Flourishing - Child Adolescent - CSHCN Flourishing - Child Adolescent - All
Provider Access, Care Coordination, and Navigation for CYSHCN	By 2030, increase the percentage of individuals with sickle cell disease (SCD) receiving care coordination services by 10%	Improve care coordination for individuals with SCD and their families across health care systems and community-based services	Percentage of individuals with SCD receiving care coordination through the Community Based Services and Support program	Medical Home	Children's Health Status CSHCN Systems of Care Flourishing - Young Child Flourishing - Child Adolescent - CSHCN Flourishing - Child Adolescent - All