



January 2024  
DOH 141-135

## 2022-23 Local Health Jurisdiction Success Stories

### Washington State Congressional District 10

The Maternal and Child Health Block Grant (MCHBG) is provided through Title V of the Social Security Act of 1935. [Washington State Department of Health](#) receives about \$8.8 million annually, and more than 60% goes to serve 39 counties through contracts with Local Health Jurisdictions (LHJ) and a hospital district.

Mason, Pierce, and Thurston counties together receive approximately \$817,651 of MCHBG funding to improve maternal and child health outcomes in their communities. These funds help create and support initiatives for pregnant individuals, infants, children, adolescents, and children and youth with special health care needs (CYSHCN). The success stories below show the impact of these initiatives in the 2022-23 contract year.

#### **Mason County Public Health & Human Services**

Mason Health providers and local partners, including the Shelton School District, Mason County Public Health & Human Services, and South Sound Parent to Parent, launched SMART in 2020 to help families get a quicker autism diagnosis for their child. Before SMART, it took families years to get their child's diagnosis through Seattle and Tacoma facilities. With SMART, families can get a diagnosis in less than 3 months and access resources sooner. Teachers, parents, other providers, therapists, or a family resource coordinator, such as those working with South Sound Parent to Parent's Birth to Three program can refer a child for an autism evaluation. In 2022, there were 100 referrals, and 34 were diagnosed with autism. As of early December 2023, 65 children were diagnosed with autism through this program.

#### **Tacoma-Pierce County Health Department**

Our MCHBG Resource and Referral Team worked with Managed Care Organizations (MCO) to collaborate on coordinated care for CYSHCN families. We raised concerns to local and state leaders about health care shortages, lack of child care, and gaps in case management. Our MCO partnerships strengthened referral pathways for the CYSHCN program and connected other Parent Child Family Health (PCFH) programs to MCHBG at our agency. We also trained our staff on "Medicaid 101." This training shared information about the purpose of MCO case management services, client eligibility, and how to link CYSHCN and PCFH clients to their MCO for support. The goal of this training was to help improve the system of care for CYSHCN families in our community.



### **Thurston County Public Health & Social Services**

“Sara,” a married 19-year-old, enrolled in Nurse-Family Partnership (NFP) during her first trimester of pregnancy. She was engaged in her pregnancy and visits with her nurse until she learned that the unborn baby was a girl. Her behavior changed after learning the news, and she withdrew from her pregnancy. Sara missed many NFP visits, and it wasn’t until a few months after the baby was born that she was ready to contact her nurse. The nurse noticed Sara wouldn’t hold or look at her little girl. A nurse home visitor assessed Sara for depression and helped her find counseling. Unfortunately, it took months to get an appointment. The nurse was working closely with the pediatrician, who had concerns about their client’s mental health and the infant’s growth because Sara wasn’t feeding her baby regularly. Through weekly visits, the nurse and pediatrician noticed positive changes. Mother and baby are slowly bonding. Sara is in therapy and works with her nurse on attachment and other parenting tools. Sara’s nurse is helping her understand the developmental needs of her child.



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