Community-Based Models That Are Improving Equity and Black Maternal Health Outcomes: A Focused Analysis

Introduction
Community-based organizations (CBOs) have long played a key role in advancing equity and supporting the health of moms and babies. This work is particularly important for communities of color and low-income communities, which tend to have poor health outcomes. Even before the coronavirus pandemic, CBOs had a history of designing successful program models to address critical gaps and unmet maternal and child health (MCH) needs in their communities. CBOs are also essential to reducing disparities because of their community-driven approach and
their culturally responsive models of care. These program models are able to provide access to much-needed services that go beyond those offered by the traditional health care system, including access to doulas, home visits and referrals to other social service programs. However, even the most successful CBO-led initiatives face serious challenges in securing long-term, sustainable funding and in scaling their models to reach more people.

Alongside other federal programs, Medicaid provides essential support for MCH services. Because Medicaid is a significant source of health coverage for pregnant women, young mothers, and children, Medicaid programs should provide sustained funding for innovative community-based models that have a proven track record of improving equity and maternal health outcomes in the communities they serve.

This paper provides background on the current health crisis facing Black women and babies, explores how CBOs are developing effective models to address equity and poor health outcomes, explains how Medicaid is a crucial source of coverage for children and pregnant women, and shares findings from a analysis we conducted to identify promising models in 70 communities across the nation. Our goal is to inform advocates and policymakers about successful maternal and child health models, to spur communities to replicate them, and to encourage CBOs to work with key state stakeholders to secure sustainable Medicaid funding for these models.

CBOs are essential to reducing disparities because of their community-driven approach and their culturally responsive models of care.

What is a doula?

Doula are trained professionals who provide continuous physical, emotional and informational support to a mother before, during and shortly after childbirth to help her achieve the healthiest, most satisfying experience possible.*

* “What is a doula?” DONA International. https://www.dona.org/what-is-a-doula/
The Maternal and Child Health Crisis Facing Black Women and Babies

The United States continues to grapple with poor maternal and child health outcomes, most prominently demonstrated by the abysmal rates of maternal and infant mortality in the United States.\(^1,2\) The U.S. ranks 10th out of 10 countries in maternal mortality compared to other similarly wealthy countries.\(^3\) And the U.S. ranks 33rd out of 37 countries for infant mortality compared with other member countries of the Organisation for Economic Co-operation and Development (OECD).\(^4,5\)

Due to historical, systemic racism, Black women and infants are at high risk for poor health outcomes.\(^6\) Black women from all income levels die or develop severe maternal morbidity from preventable pregnancy-related complications at three to four times the rate of non-Hispanic white women. This disturbing trend is seen in infants as well: The death rate for Black infants is twice that of infants born to non-Hispanic white mothers.\(^7\)

As physician and maternal health scholar Dr. Joia Crear-Perry explains: “Structural racism and institutional policies and practices—Jim Crow, the GI Bill, ‘redlining’ (home mortgage denial on the basis of race and government-backed disinvestment in non-white neighborhoods), mass incarceration—are historically based features of an overly oppressive U.S. society that have

A Note About the Coronavirus Pandemic

The models included in our analysis were already working to address poor MCH outcomes before the pandemic struck, however a few important points have come to light since March 2020:

» The pandemic worsened health disparities for communities of color and exacerbated the maternal health crisis.\(^3,4\)

» The pandemic also underscored the need to address our nation’s significant gaps in health equity.

» One important lesson from the pandemic is that communities must play an essential role in addressing health crises. State and federal leaders must listen to what communities need and understand how to best provide crucial resources to effectively respond to any future crisis, including the maternal health crisis.
endured and adapted over time and continue to shape contemporary access to health-promoting resources and opportunities necessary for optimal Black maternal and infant health outcomes.\footnote{8}

Issues of racism, discrimination and health inequities have persisted for generations. Racism in health care contributes to Black women receiving poorer quality health care overall than white women, and Black women are more likely to experience denials of or delay in necessary and life-saving care.\footnote{9} In addition, Black women have more limited access to health coverage: Nearly 14% of Black women are uninsured compared to 8% of white women.\footnote{10}

However children’s uninsurance rates are lower than those of adults.\footnote{11} And, in recent decades, children’s access to care has increased overall,\footnote{12} including for low-income children and non-Hispanic white, non-Hispanic Black, and Hispanic children. However, disparities in access to care and coverage persist. According to a study from the Kaiser Family Foundation, Hispanic children and American Indian/Alaska Native children were still significantly more likely than white children to be uninsured.\footnote{13}

We have yet to see how the pandemic will ultimately affect children’s insurance coverage and maternal health, but it has greatly affected children’s health care in the short term. For example, vaccination rates and well-child visits declined\footnote{14} during the pandemic, and there have been significant disruptions in maternal care.\footnote{15}

Congress has been slow to act on maternal health issues; however, policymakers have recently introduced several pieces of legislation designed to address maternal health issues.\footnote{16} The first step it took was passing the America Rescue Plan Act of 2021. This law gives states the option to extend Medicaid postpartum coverage for up to 12 months through a state plan amendment.\footnote{17} States are starting to take up this option, which will go into effect in 2022.

In addition to expanding coverage, states have been at the fore of confronting poor outcomes\footnote{18} and have proposed initiatives to improve the health of women and children. Most states have implemented maternal mortality review committees that are designed to understand the causes of maternal deaths and make policy recommendations (and changes) based on committee findings.\footnote{19} For example, California’s Maternal Quality Care Collaborative implemented evidence-based quality improvement toolkits,
which resulted in reduced rates of maternal morbidity and mortality across the state.\textsuperscript{20} The California Maternal Quality Care Collaborative also provides hospitals with access to near real-time benchmarking data through its online Maternal Data Center and has developed four quality measures related to maternal and infant health.\textsuperscript{21} And in early 2019, New Jersey launched a multi-pronged, multi-agency initiative, Nurture NJ, to address equity in maternal and infant health statewide.\textsuperscript{22} This initiative convenes community partners and state agencies to accomplish three primary objectives: ensuring all women are healthy and have access to care before pregnancy; building a safe, high-quality, equitable system of care and services for all women during prenatal, labor and delivery, and postpartum care; and, ensuring supportive community environments and contexts during every other period of a woman’s life so that the conditions and opportunities for health are always available.\textsuperscript{23}

**Working with Community-Based Organizations to Improve Maternal and Child Health Outcomes**

CBOs should be considered essential partners as states develop strategies to improve equity and address high rates of poor MCH outcomes. In general, CBOs are developed within the communities they serve based on the needs of those communities. However, there are also some national, more standardized models that CBOs may tailor to fulfill the needs of the local community they are serving. In addition, CBOs employ a community-based workforce that includes community health workers (CHWs) – trusted community members who are deeply rooted in the communities they serve.\textsuperscript{24}

While there are important benefits to engaging CBOs in the work to scale up successful models so they can serve more people, there are also challenges. In particular, because CBOs can be hyperlocal and small in scale, it can be difficult to expand their capacity and replicate them in other parts of a state. Additionally, for CBO models that focus on MCH outcomes, there is a legacy of separation between public health-driven MCH programs and Medicaid initiatives.

Often, state public health programs reside in different departments and operate under separate funding streams. For example, programs funded by the Maternal and Child Health Services Block Grant (Title V, provided through the Health Resources and Services Administration) and Medicaid programs (funded through the Centers for Medicare & Medicaid Services) may be housed in different state agencies.
This bifurcation makes it difficult to coordinate programs despite the fact that these agencies focus on similar populations. Medicaid finances about half of all births in the U.S.\textsuperscript{25} It covers 39 million children, and the Children’s Health Insurance Program (CHIP) covers an additional 9 million.\textsuperscript{26} Medicaid and CHIP are the primary sources of health coverage for low-income children, especially for children of color, because they are more likely to be economically disadvantaged. According to a study from Georgetown University’s Center for Children and Families, more than half of children who identify as Black, other/multiracial, or Latino have Medicaid as their source of health insurance, compared with about one-third of non-Hispanic white children.\textsuperscript{27} Furthermore, Black children make up 14\% percent of U.S. children but represent 20.8\% of children insured by Medicaid.\textsuperscript{28}

Given that Medicaid is a crucial source of coverage for children and pregnant women, especially in communities of color, it makes sense to leverage Medicaid to improve MCH outcomes.\textsuperscript{29} However, Medicaid agencies operate with limited annual budgets, which can make it difficult for states that are interested in funding new programs and services under Medicaid. This is particularly challenging when these new programs and services are focused on long-term prevention of poor outcomes where short-term, immediate savings are more difficult to achieve.\textsuperscript{30}

CHWs have a promising track record of improving the health of children, particularly children of color; those with low family incomes; and, those living in under-resourced, marginalized communities where systemic, structural inequities fuel health disparities. Among the most compelling benefits of deploying CHWs are that they:

» Share lived experience with the communities they serve.

» Build ongoing relationships with community members.

» Are holistic and multi-faceted in their work.

» Have a unique ability to be change agents in their communities.
As a result of the need for more capacity to serve women and children, Title V funding is often seen as providing wraparound services that supplement Medicaid by building community capacity to deliver wrap around services such as care coordination, transportation, home visiting and nutrition counseling. This type of grant funding is helpful, especially in making it possible for new CBOs to begin to deliver services. However, it does not offer the long-term, sustainable funding that Medicaid does. So, it is much more difficult to scale and spread community-based models.

**Overview of Our Analysis**

Recognizing that some of the most successful strategies to address equity and improve maternal and child health outcomes are developed at the community level, we conducted an analysis to identify specific CBOs that are implementing promising models. This analysis explores the models that we determined have the most potential to be expanded and scaled through Medicaid.

In addition to looking at the quality of the CBOs and their models, we examined other factors, including:

- The state’s budget and policy climate.
- Existing governor- or state-led initiatives focused on maternal and child health populations.
- A state’s perceived openness to expanding Medicaid support for maternal and child health initiatives (or a clear indication of impending Medicaid cuts).

Looking at these factors helped us assess how feasible it is for a state to consider covering additional maternal and child services through Medicaid.
Methodology
First, we tailored our analysis to focus on:

» States with governors’ offices and/or Medicaid programs that have expressed interest in prioritizing maternal and child health.

» States with strong maternal and child health advocacy organizations.

» States where data on maternal and child health outcomes either showed room for improvement (for example, Alabama and Washington, D.C.) or where progress has been made but there are opportunities to build on that progress (as in California).

For these reasons we focused our research on Alabama, California, Michigan, New Jersey, North Carolina, Oklahoma, Texas, and Washington, D.C.

Second, we built criteria to assess the CBOs in several categories, including:

» Equity focus

» Services offered

» Target population

» Diversity of Leadership

» Infrastructure

» Outcomes

» Scalability

» Familiarity and interactions with Medicaid

» Potential to continue serving families during the pandemic

Table 1 below provides a more detailed description of the criteria we used to select the most promising CBO models for improving MCH and equity, as well as the scalability of those models.

Third, we examined a variety of sources for additional information on the specific CBOs that work in the MCH space. We started by looking at existing research and descriptions of maternal and child health-focused projects prepared by partner organizations that highlighted promising models. We concentrated our attention on those projects that aligned with our criteria.
We also reached out to partner organizations and people in our networks (including our Health Equity Academy in System Transformation and our Health Equity Task Force for Delivery and Payment Transformation) for ideas on standout models to explore. Finally, we used internet searches in each of our target states to get a comprehensive picture of the CBOs that focused on early childhood and maternal health.

<table>
<thead>
<tr>
<th>Table 1. Criteria Used to Assess the Strength of CBOs’ Maternal and Child Health Models</th>
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<tbody>
<tr>
<td><strong>Organization description</strong></td>
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<td><strong>Equity focus (yes or no)</strong></td>
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<td><strong>Services</strong></td>
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<td><strong>Target Population</strong></td>
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<td><strong>Leadership Diversity</strong></td>
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<td><strong>Infrastructure</strong></td>
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<td><strong>Outcomes</strong></td>
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</table>
### Table 1. Criteria Used to Assess the Strength of CBOs' Maternal and Child Health Models

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Description</th>
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<tr>
<td><strong>Scalability</strong></td>
<td>Reviewed available data to assess potential scalability, looking for information on the following:</td>
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<td></td>
<td>• Billing practices.</td>
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<td>• Systems.</td>
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<td></td>
<td>• Provider enrollment.</td>
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<td></td>
<td>• Caseload.</td>
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<td></td>
<td>• Easier with fee for service than value-based purchasing (but if CBO is part of value-based team, then it looks different).12</td>
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<tr>
<td><strong>Interactions With Medicaid</strong></td>
<td>Assessed whether the CBO is involved with a Medicaid managed care organization, whether the CBO accepts Medicaid, if the majority of clients have Medicaid, etc.</td>
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<tr>
<td><strong>Impact of the Coronavirus Pandemic</strong></td>
<td>Assessed how the pandemic has affected the CBO’s work; checked if CBO’s services continued through the pandemic, if it had to shut down, or if it provided new services (tele-doula, for example) and supports.</td>
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### Landscape Analysis

Please reference the chart in Appendix A, page 13, which synthesizes the information we found in the landscape analysis.

### Prevailing Themes Across CBO MCH Models

A variety of themes emerged from our analysis. First, and most prominently, while a majority of the CBOs focused on pregnant and postpartum women and early childhood health, many of them also branched out to focus on families and the additional services and supports they need to thrive. Examples include parenting education, Early Head Start and Head Start programs, housing supports and income supports.

Second, the CBOs sought to equip families with the skills they needed to lead healthy, productive lives beyond their time in a specific program. Many of the CBO models had program options for continuing family involvement, often focused on a few months to a couple of years. The goal was to ensure that families left prepared to succeed outside of the program.
Third, nearly all of these programs were built by the community and had broader missions to improve the community beyond the populations they intended to serve. They aimed to build sustainable services for their communities, hire individuals from the area, and create a more vibrant life for the families they served – and even those that they did not. This type of commitment to the common good of a neighborhood, city, or county came through in their mission statements and their “no wrong door” approaches.\(^3^3\)

**Limitations of Our Methodology**
First and foremost, this analysis was conducted at a particular point in time, and it is not exhaustive. There are likely many more promising models in other states and communities, especially in light of increased funding from the federal government to support states’ response to the pandemic.

Our research focused on the information that we were able to find on websites and in other published documents. One particular limitation was the lack of readily available information on CBOs’ current interactions with Medicaid programs in their state. It would have been helpful to have a better understanding of whether the CBOs had experience working with Medicaid programs.

Another limitation was the available research on outcomes. As to be expected with community-level organizations, each one demonstrated its value and outcomes in a different way. While some of the national organizations published formal evaluations with short- and long-term outcomes, there were notable gaps in the information that CBOs shared publicly. We found some information on outcomes in testimonials of people who had used the services and from annual reports posted on the websites. Having more standardized information would have helped us understand more about the results CBOs are seeing in their communities.

Additionally, the pandemic dramatically altered states’ landscapes, and we were unable to assess the potential for Medicaid programs to add services. In an ideal assessment, we would review how open target state’s leadership was to advancing and scaling new programs aimed at improving maternal and child health outcomes; explore new and existing statewide initiatives; and, consider how states might expand CBO models. Finally, we had also planned to see if there were state dollars earmarked for improving maternal health.
and child health outcomes or if Medicaid programs had expressed any interest in increasing benefits to serve high-risk women and children.

**Conclusion**

Our analysis found that there are many strong CBOs across the nation that are committed to improving inequities in MCH outcomes and have developed models and approaches that are being implemented to reach those goals.

With additional support and sustained financial investment, these models have the potential to expand and be scaled to reach more high-risk women and families and to improve health outcomes. Since Medicaid is a key source of health coverage for pregnant women, mothers, and young children, states should consider supporting promising CBO models under their Medicaid programs.

We urge state advocates and policymakers to look closely at the many innovative approaches that are being implemented in communities across the country. And we encourage them to partner with key state stakeholders to identify promising models in their states and work to both scale them to reach more people and to secure sustainable Medicaid funding for a broader range of maternal and child services.
### Appendix A: Community-Based Models That Are Improving Equity

**DC Mamatoto Village**
Washington, DC

- **DC Mamatoto Village** is a Family-Focused Care organization supporting people to achieve their full potential. We provide resources to promote self-sufficiency, emotional health, and parent-child relationships by improving the quality of life for the families of our community.

<table>
<thead>
<tr>
<th>State</th>
<th>CBO Name</th>
<th>Location</th>
<th>Self-Reported Description of CBO (as reported on CBO website)</th>
<th>catchy focus (free or paid)</th>
<th>Services Provided (as reported on CBO website)</th>
<th>Target Population Served</th>
<th>Diversity of Leadership and Organization</th>
<th>Infrastructure</th>
<th>Outcomes Reported or Organization Website or in Annual Report</th>
<th>Interactions With Medicaid and Scalability</th>
<th>Organization’s Statement about the Pandemic’s Impact and About Services Provided during COVID-19 Pandemic</th>
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</thead>
</table>
| DC    | Mamatoto’s One Place | Tuscaloosa, AL | Tuscaloosa’s One Place, an Family-Focused Care organization supporting people to achieve their full potential. We provide resources to promote self-sufficiency, emotional health, and parent-child relationships by improving the quality of life for the families of our community. | $4.00 monthly membership fee | - Safe, nurturing environments for babies, safe for kids.
- Parenting and child safety classes.
- Family member health education.
- Parent-child play groups.
- Intensive in-home services. | Low income families with children ages 0-5 and under | Y | Standalone | FCL | Available for Medicaid eligible income | None | None |
| CA    | DULCE National | San Diego, CA | DULCE is a community-based, nonprofit organization whose purpose is to provide comprehensive services to children, youth, and families. It operates through an interdisciplinary team — clinical staff, community systems leaders, and legal partners — that meets weekly to review family needs. | $4.00 monthly membership fee | - Safe, nurturing environments for babies, safe for kids.
- Parenting and child safety classes.
- Family member health education.
- Parent-child play groups.
- Intensive in-home services. | Low income families with children ages 0-5 and under | Y | Standalone | FCL | Available for Medicaid eligible income | None | None |
| NY    | Nurturing Care | New York City, NY | Nurturing Care is a family support organization that promotes, trains, and supports parents to achieve their full potential. We provide resources to promote self-sufficiency, emotional health, and parent-child relationships by improving the quality of life for the families of our community. | $4.00 monthly membership fee | - Safe, nurturing environments for babies, safe for kids.
- Parenting and child safety classes.
- Family member health education.
- Parent-child play groups.
- Intensive in-home services. | Low income families with children ages 0-5 and under | Y | Standalone | FCL | Available for Medicaid eligible income | None | None |
| GA    | Circle of Care | Valdosta, GA | Circle of Care is a community-based, nonprofit organization whose purpose is to provide comprehensive services to children, youth, and families. It operates through an interdisciplinary team — clinical staff, community systems leaders, and legal partners — that meets weekly to review family needs. | $4.00 monthly membership fee | - Safe, nurturing environments for babies, safe for kids.
- Parenting and child safety classes.
- Family member health education.
- Parent-child play groups.
- Intensive in-home services. | Low income families with children ages 0-5 and under | Y | Standalone | FCL | Available for Medicaid eligible income | None | None |
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<th>Interactions With Medicaid and Scalability</th>
<th>Organization’s Statement about the Pandemic’s Impact and About Services Provided during COVID-19 Pandemic</th>
<th>Website</th>
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<tbody>
<tr>
<td>99</td>
<td>Marsha’s Table</td>
<td>Washington, DC</td>
<td>For over 30 years, Marsha’s Table has supported young children, their families, and strong communities by ensuring access to quality nutrition, health, and educational opportunities.</td>
<td>Family centred care, providing regular meals, health education, and nutritional guidance.</td>
<td>Low-income families with children (ages 0-5) and adolescents</td>
<td>Former</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Not sure</td>
<td><a href="https://www.marshastable.org/">https://www.marshastable.org/</a></td>
</tr>
<tr>
<td>99</td>
<td>Developing Families, Centro</td>
<td>Washington, DC</td>
<td>Developing Families provides education and support services to more than 50,000 low-income, working families and their children across the District of Columbia and Maryland. For 20 years, Healthy Babies Project, Inc. (HBP) has connected high-risk, underserved pregnant D.C. women and families to health care, support, and early childhood development services in one location. Each child receives support from birth through their child’s second birthday.</td>
<td>Early childhood education (infants and toddlers), Parent education and support services, Community store, Thrive initiative (five months of support, including groceries, dry goods, monthly financial assistance, and an assigned navigator)</td>
<td>Low-income families with children (ages 0-5) and adolescents</td>
<td>Former</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td><a href="https://www.developingfamiliesinc.org/">https://www.developingfamiliesinc.org/</a></td>
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<td>99</td>
<td>East River Family Collaborative Inc.</td>
<td>Washington, DC</td>
<td>East River Family Collaborative Inc. (ERFSC) is to empower families, youth, and communities to become more self-sufficient and person-centered. ERFSC partners with other programs to provide comprehensive family support services utilizing evidence based practices that are family focused and person-centered.</td>
<td>Early childhood education, Parent education and support services, Case management, Family planning and birth control, STI (sexually transmitted infection) testing, Gynecological care and annual exams, Postpartum care and follow-up, Medicaid and private health insurance enrollment, Optional out-of-hospital birth setting, Family-centered health care, Immunizations for the whole family, Thrive initiative (five months of support, including groceries, dry goods, monthly financial assistance, and an assigned navigator)</td>
<td>Low-income families with children (ages 0-5) and adolescents</td>
<td>Former</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td><a href="https://erfsc.org/">https://erfsc.org/</a></td>
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<td>CentroNía</td>
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<td>N/A</td>
<td>N/A</td>
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<td><a href="https://www.healthbabiesproject.org/">https://www.healthbabiesproject.org/</a></td>
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<td>99</td>
<td>Bowen Family Partnership</td>
<td>Washington, DC</td>
<td>Bowen Family Partnership works to have heavily impacted communities regularly explore the strengths and potential in the community, the tools of transformative justice, and their own Jennings to poverty.</td>
<td>Early childhood education (infants and toddlers), Parent education and support services, Community store, Thrive initiative (five months of support, including groceries, dry goods, monthly financial assistance, and an assigned navigator)</td>
<td>Low-income families with children (ages 0-5) and adolescents</td>
<td>Former</td>
<td>N/A</td>
<td>N/A</td>
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<td>N/A</td>
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| CA, DC, IL, MI, OK, TX | Help for Home | Nationwide | Help for Home is a stand alone program, but trails a system that would allow families to select their own resources in order to identify and enhance a comprehensive approach to early childhood learning and development process. | Yes | General and 6-month to 4-year-old visits | Children ages 0-4 | N/A | N/A | N/A | Scalability: likely replicated across the U.S. | Expected for Medicaid and funding, increasing financial stability in health services. | "https://tla.org"
| AL, CA, DC, NC, NJ, MI, TX | Strong Beginnings Grand Rapids, MI | Grand Rapids, MI | Help Me Grow is a network of programs in 20 states that helps communities identify existing resources, build capacity to improve the number of children over the age of 0-5 years, and implement communitywide strategies to reduce the number of children who are birth weight among communities of color. | Yes | Doula services and home visits | Children ages 0-5 | N/A | N/A | N/A | Scalability: high scalability | Expected for Medicaid and funding, increasing financial stability in health services. | "https://strongbeginningskent.org"
| MI | Oakland Family Services | Oakland, MA | Oakland Family Services is a private, nonprofit human service organization with the mission of supporting families through the highest quality of care, including support for families of color and low-income families. | Yes | Data collection and analysis, child health care provider outreach, family and community outreach, centralized access point, referrals, parent education and linkages to community resources, family support services, child development screening and measurement, coaching, family and community outreach, centralized access point, referrals, parent education and linkages to community resources. | Low-income families | N/A | N/A | Y | Scalability: high scalability | Expected for Medicaid and funding, increasing financial stability in health services. | "https://www.strongbeginningskent.org"
| MI | Oakland Family Services | Oakland, MA | Oakland Family Services is a private, nonprofit human service organization with the mission of supporting families through the highest quality of care, including support for families of color and low-income families. | Yes | Data collection and analysis, child health care provider outreach, family and community outreach, centralized access point, referrals, parent education and linkages to community resources. | Low-income families | N/A | N/A | N/A | Scalability: high scalability | Expected for Medicaid and funding, increasing financial stability in health services. | "https://www.strongbeginningskent.org"
| MI | Rubicam Partnerships | Grand Rapids, MI | Rubicam Partnerships is a children's advocacy organization that works to ensure the well-being of children and families through policies and programs. | Yes | Sustain child health and development, ensure equitable access to high-quality health care, promote healthy child development, improve health outcomes for low-income children. | Children ages 0-5 | N/A | N/A | N/A | Scalability: likely replicated across the U.S. | Expected for Medicaid and funding, increasing financial stability in health services. | "https://rubicampartnerships.org"
| MI | Specializing for Children | Southfield, MI | Specializing for Children is a provider of services for children and families in the areas of mental health, substance abuse, and child care. | Yes | Sustain child health and development, ensure equitable access to high-quality health care, promote healthy child development, improve health outcomes for low-income children. | Children ages 0-5 | N/A | N/A | N/A | Scalability: likely replicated across the U.S. | Expected for Medicaid and funding, increasing financial stability in health services. | "https://specializingforchildren.org"
<table>
<thead>
<tr>
<th>State</th>
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<th>Location</th>
<th>Self-Reported/Description of CBO (as reported on CBO website)</th>
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</tr>
</thead>
<tbody>
<tr>
<td>MI</td>
<td>Moms Bloom</td>
<td>Grand Rapids, MI</td>
<td>Our mission is to serve families with infants in need of support, starting the moment a mother or baby emerges into the world and beyond.</td>
<td>Y</td>
<td>Family support (child care, financial support, and coping support), parent training, and community resources.</td>
<td>Families with newborn babies</td>
<td>R/SE</td>
<td>Standalone</td>
<td>N/A</td>
<td>High scalability. Supports families who are high-risk for depression through early childhood intervention through a network of community programs and support services.</td>
<td><a href="https://momsbloom.org">https://momsbloom.org</a></td>
<td></td>
</tr>
<tr>
<td>MI</td>
<td>PR Kids MIHP</td>
<td>Highland Park, MI</td>
<td>Our mission is to decrease infant mortality as part of Michigan's strategic plan. To improve the health and well-being of Medicaid-eligible pregnant women and infants. To promote healthy pregnancies, positive birth outcomes, and healthy infant growth and development.</td>
<td>Y</td>
<td>Parenting, leadership, and social support.</td>
<td>Families with children ages 0-5 and under</td>
<td>N</td>
<td>Standalone</td>
<td>N/A</td>
<td>High scalability. Supports families who are high-risk for depression through early childhood intervention through a network of community programs and support services.</td>
<td><a href="https://www.prkidsmihp.com">https://www.prkidsmihp.com</a></td>
<td></td>
</tr>
<tr>
<td>WI</td>
<td>Starfish Family Services</td>
<td>Madison, WI</td>
<td>Our mission is to connect families with newborns to passionate community members who provide quality, hands-on postpartum support.</td>
<td>Y</td>
<td>Nutrition, education, health, and wellness programs and support services that focus on early childhood education and development, family health, and economic opportunities.</td>
<td>Families with children ages 0-5 and under</td>
<td>N</td>
<td>Standalone</td>
<td>N/A</td>
<td>High scalability. Supports families who are high-risk for depression through early childhood intervention through a network of community programs and support services.</td>
<td><a href="https://www.starfishfamilyservices.org">https://www.starfishfamilyservices.org</a></td>
<td></td>
</tr>
<tr>
<td>MI</td>
<td>Zero to Thrive</td>
<td>Inkster, MI (several offices in Wayne County)</td>
<td>Our mission is to connect families with newborns to passionate community members who provide quality, hands-on postpartum support.</td>
<td>Y</td>
<td>Parenting, leadership, and social support.</td>
<td>Families with children ages 0-5 and under</td>
<td>N</td>
<td>Standalone</td>
<td>N/A</td>
<td>High scalability. Supports families who are high-risk for depression through early childhood intervention through a network of community programs and support services.</td>
<td><a href="https://zerotothrive.org">https://zerotothrive.org</a></td>
<td></td>
</tr>
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</table>

| MI    | Starfish Family Services | Madison, WI | Our mission is to connect families with newborns to passionate community members who provide quality, hands-on postpartum support. | Y | Nutrition, education, health, and wellness programs and support services that focus on early childhood education and development, family health, and economic opportunities. | Families with children ages 0-5 and under | N | Standalone | N/A | High scalability. Supports families who are high-risk for depression through early childhood intervention through a network of community programs and support services. | https://www.starfishfamilyservices.org |

| MI    | PR Kids MIHP | Highland Park, MI | Our mission is to decrease infant mortality as part of Michigan's strategic plan. To improve the health and well-being of Medicaid-eligible pregnant women and infants. To promote healthy pregnancies, positive birth outcomes, and healthy infant growth and development. | Y | Parenting, leadership, and social support. | Families with children ages 0-5 and under | N | Standalone | N/A | High scalability. Supports families who are high-risk for depression through early childhood intervention through a network of community programs and support services. | https://www.prkidsmihp.com |

| WI    | Starfish Family Services | Madison, WI | Our mission is to connect families with newborns to passionate community members who provide quality, hands-on postpartum support. | Y | Nutrition, education, health, and wellness programs and support services that focus on early childhood education and development, family health, and economic opportunities. | Families with children ages 0-5 and under | N | Standalone | N/A | High scalability. Supports families who are high-risk for depression through early childhood intervention through a network of community programs and support services. | https://www.starfishfamilyservices.org |

| MI    | Zero to Thrive | Inkster, MI (several offices in Wayne County) | Our mission is to connect families with newborns to passionate community members who provide quality, hands-on postpartum support. | Y | Parenting, leadership, and social support. | Families with children ages 0-5 and under | N | Standalone | N/A | High scalability. Supports families who are high-risk for depression through early childhood intervention through a network of community programs and support services. | https://zerotothrive.org |

| MI    | Starfish Family Services | Madison, WI | Our mission is to connect families with newborns to passionate community members who provide quality, hands-on postpartum support. | Y | Nutrition, education, health, and wellness programs and support services that focus on early childhood education and development, family health, and economic opportunities. | Families with children ages 0-5 and under | N | Standalone | N/A | High scalability. Supports families who are high-risk for depression through early childhood intervention through a network of community programs and support services. | https://www.starfishfamilyservices.org |

| MI    | PR Kids MIHP | Highland Park, MI | Our mission is to decrease infant mortality as part of Michigan's strategic plan. To improve the health and well-being of Medicaid-eligible pregnant women and infants. To promote healthy pregnancies, positive birth outcomes, and healthy infant growth and development. | Y | Parenting, leadership, and social support. | Families with children ages 0-5 and under | N | Standalone | N/A | High scalability. Supports families who are high-risk for depression through early childhood intervention through a network of community programs and support services. | https://www.prkidsmihp.com |

| WI    | Starfish Family Services | Madison, WI | Our mission is to connect families with newborns to passionate community members who provide quality, hands-on postpartum support. | Y | Nutrition, education, health, and wellness programs and support services that focus on early childhood education and development, family health, and economic opportunities. | Families with children ages 0-5 and under | N | Standalone | N/A | High scalability. Supports families who are high-risk for depression through early childhood intervention through a network of community programs and support services. | https://www.starfishfamilyservices.org |

| MI    | Zero to Thrive | Inkster, MI (several offices in Wayne County) | Our mission is to connect families with newborns to passionate community members who provide quality, hands-on postpartum support. | Y | Parenting, leadership, and social support. | Families with children ages 0-5 and under | N | Standalone | N/A | High scalability. Supports families who are high-risk for depression through early childhood intervention through a network of community programs and support services. | https://zerotothrive.org |

| MI    | Starfish Family Services | Madison, WI | Our mission is to connect families with newborns to passionate community members who provide quality, hands-on postpartum support. | Y | Nutrition, education, health, and wellness programs and support services that focus on early childhood education and development, family health, and economic opportunities. | Families with children ages 0-5 and under | N | Standalone | N/A | High scalability. Supports families who are high-risk for depression through early childhood intervention through a network of community programs and support services. | https://www.starfishfamilyservices.org |

| MI    | PR Kids MIHP | Highland Park, MI | Our mission is to decrease infant mortality as part of Michigan's strategic plan. To improve the health and well-being of Medicaid-eligible pregnant women and infants. To promote healthy pregnancies, positive birth outcomes, and healthy infant growth and development. | Y | Parenting, leadership, and social support. | Families with children ages 0-5 and under | N | Standalone | N/A | High scalability. Supports families who are high-risk for depression through early childhood intervention through a network of community programs and support services. | https://www.prkidsmihp.com |

<p>| WI    | Starfish Family Services | Madison, WI | Our mission is to connect families with newborns to passionate community members who provide quality, hands-on postpartum support. | Y | Nutrition, education, health, and wellness programs and support services that focus on early childhood education and development, family health, and economic opportunities. | Families with children ages 0-5 and under | N | Standalone | N/A | High scalability. Supports families who are high-risk for depression through early childhood intervention through a network of community programs and support services. | <a href="https://www.starfishfamilyservices.org">https://www.starfishfamilyservices.org</a> |</p>
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<td>MI</td>
<td>Rootead</td>
<td>Kalamazoo, MI</td>
<td>Rootead offers services and resources to create healthy relationships with the mind, body, and spirit through ancestral healing arts to address epigenetic stress for BIPOC (black, indigenous, people of color).</td>
<td>Women of color</td>
<td>Y</td>
<td>Standalone</td>
<td>N/A</td>
<td>Low scalability</td>
<td>N/A</td>
<td>n/a</td>
</tr>
<tr>
<td>MI</td>
<td>Family Focus Health Services</td>
<td>Kalamazoo, MI</td>
<td>Family Focus Health Services is a Maternal Infant Health Program as a provider, we work to promote healthy pregnancies, healthy birth outcomes, and healthy infant development during the first year of life.</td>
<td>Low-income women</td>
<td>N/A</td>
<td>Standalone</td>
<td>N/A</td>
<td>N/A</td>
<td>From LENA blast programs.</td>
<td><a href="https://www.blackfamilydevelopment.org/">https://www.blackfamilydevelopment.org/</a></td>
</tr>
<tr>
<td>MI</td>
<td>Twenty Hands</td>
<td>Kalamazoo, MI</td>
<td>Twenty Hands offers services and resources to create healthy relationships with the mind, body, and spirit through ancestral healing arts to address epigenetic stress for BIPOC (black, indigenous, people of color).</td>
<td>Women of color</td>
<td>Y</td>
<td>Standalone</td>
<td>N/A</td>
<td>N/A</td>
<td>No in-person programs, but organizations have been informed on how to modify their programs and website (so assuming information for enrolling families/audience members).</td>
<td><a href="https://twentyhands.weebly.com/">https://twentyhands.weebly.com/</a></td>
</tr>
<tr>
<td>MI</td>
<td>Black Family Development</td>
<td>Detroit, MI</td>
<td>Black Family Development Institute’s purpose is to provide culturally sensitive quality services to families, individuals, community groups, and organizations creating an operating in the Black Mother/Father and Tribal communities.</td>
<td>Women of other races with children ages 5 and under</td>
<td>Y</td>
<td>Part of American Indian Health &amp; Family Services.</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td><a href="https://blackfamilydevelopment.org/">https://blackfamilydevelopment.org/</a></td>
</tr>
<tr>
<td>MI</td>
<td>Family Focus Health Services</td>
<td>Lake Orion, MI</td>
<td>Family Focus Health Services in a Maternal Infant Health Program (MIHP) provider certified by the State of Michigan. Our primary goal is to provide culturally competent care and resources to pregnant women and babies that promotes healthy pregnancies, healthy birth outcomes, and healthy infant development during the first year of life.</td>
<td>Low-income women</td>
<td>N/A</td>
<td>Standalone</td>
<td>N/A</td>
<td>N/A</td>
<td>Available for Medicaideligible women.</td>
<td><a href="https://blackfamilydevelopment.org/">https://blackfamilydevelopment.org/</a></td>
</tr>
<tr>
<td>State</td>
<td>CBO Name</td>
<td>Location</td>
<td>Services Provided</td>
<td>Equity Focus (Yes or No)</td>
<td>Target Population Served</td>
<td>Diversity of Leadership and Organization</td>
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<tr>
<td>NC</td>
<td>NC Equity Before Birth</td>
<td>Durham, NC</td>
<td>Sponsorship: supplementing income and providing paid leave for those with income below 50% of poverty; We are doing this through fundraising and intentional partnership. Our Direct Service Partners are BIPOC-led grassroots organizations who already serve our target populations</td>
<td>Y</td>
<td>Black-serving</td>
<td>Yes</td>
<td>N/A</td>
<td>No interaction with Medicaid</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>NC</td>
<td>NC SistasCaring4Sistas</td>
<td>Asheville, NC</td>
<td>Doula Services founded by women of color for women of color who could benefit from this community-based doula program</td>
<td>Y</td>
<td>Women of color</td>
<td>Yes</td>
<td>N/A</td>
<td>No interaction with Medicaid</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>NC</td>
<td>NC Florence Crittenton Services of North Carolina</td>
<td>Charlotte, NC</td>
<td>The mission of Florence Crittenton Services is to provide comprehensive health, education and social services for at-risk or pregnant adolescents. In addition to Florence Crittenton Services offering a safe, health-focused living environment, a full range of other comprehensive services are provided. They include: Health care and prenatal care, Education, Early childhood development and education, Life skills (such as money and time management), Employment, Substance abuse treatment and prevention, Family planning, Career services, Healthy relationship curriculum.</td>
<td>N/A</td>
<td>Low-income women</td>
<td>N/A</td>
<td>Standalone</td>
<td><a href="https://www.fcsnc.org/wp-content/uploads/2019/07/MP-Program-Logic-Model-FY-2017-2018-Final-.pdf">https://www.fcsnc.org/wp-content/uploads/2019/07/MP-Program-Logic-Model-FY-2017-2018-Final-.pdf</a></td>
<td><a href="https://www.fcsnc.org/uncategorized/covid-19-communication/">https://www.fcsnc.org/uncategorized/covid-19-communication/</a></td>
<td><a href="https://www.fcsnc.org/">https://www.fcsnc.org/</a></td>
</tr>
<tr>
<td>NC</td>
<td>NC Women’s Birth &amp; Wellness Center</td>
<td>Chapel Hill, NC</td>
<td>WBWC is non-profit center for nursing excellence. We specialize in the midwifery model of care with a focus on evidence-based practices, offer a safe, healthy environment, and provide on-going healthcare throughout all stages of life.</td>
<td>Y</td>
<td>Women-identifying individuals</td>
<td>Y</td>
<td>Standalone</td>
<td><a href="https://ncbirthcenter.org/covid19/">https://ncbirthcenter.org/covid19/</a></td>
<td>High scalability. Organization takes private insurance, Medicaid, and offers a sliding scale for uninsured patients.</td>
<td><a href="https://ncbirthcenter.org/">https://ncbirthcenter.org/</a></td>
</tr>
</tbody>
</table>
State | CBO Name | Location | Services Provided (as reported on CBO website) | Target Population Served | Equity Focus (Yes or No) | Infrastructure | Outreach With Medicaid and Social Security | Organization’s Statement about the Pandemic’s Impact and COVID-19 Pandemic | Website
---|---|---|---|---|---|---|---|---|---
NJ | Family Service of the Piedmont | Jackson, NC | Family Service of the Piedmont empowers, educates and enables families to restore hope, achieve stability and thrive through quality support services, advocacy and education. | Low-income families and children | Y | N/A | N/A | N/A | https://www.fspcares.org/COVID-19-update/
NJ | Village Birth International | NY, PA, NJ, International | Village Birth International is a community-based organization dedicated to improving outcomes among maternal and child health by providing family support and educational programs to empower caregivers in order to restore hope, achieve stability and thrive through quality support services, advocacy and education. | Low-income families and children | Y | N/A | N/A | N/A | https://www.villagebirthinternational.org/
NJ | The Children’s Home Society of New Jersey | Fanwood, NJ | The Children’s Home Society of New Jersey empowers, educates and enables families to achieve healthy outcomes and thrive through quality support services, advocacy and education. | Low-income families and children | Y | N/A | N/A | N/A | https://www.childrenshomesocietynj.org/
NJ | Central Jersey Family Health Consortium | Multi-site offices (Burlington, Mercer, Somerset, North Brunswick) | Central Jersey Family Health Consortium (CJFHC) is a multi-site, multi-faceted, comprehensive health consortium with a family-centered approach. Foundation in faith. Established in 1972. CJFHC is a Federally qualified health center. It is the only multi-site, multi-faceted, comprehensive health and a part of a regionalized maternal and child health (MCH) system. | Low-income families and children | Y | N/A | N/A | N/A | https://www.cjfhc.org/index.php/en/
NJ | The Parenting Home (Maternal and Child Health of Newark) | Multi-site offices (Bergen, Essex, Union, Monmouth, Somerset, Warren County) | The Parenting Home chooses to partner with community-based organizations that will help achieve the services and resources in the right hands at the right time. foundation in faith. Established in 1975. The Parenting Home is a non-profit, non-denominational agency providing a variety of services for families and children. Foundation in faith. Established in 1975. The Parenting Home is a non-profit, non-denominational agency providing a variety of services for families and children. | Low-income families and children | Y | N/A | N/A | N/A | https://www.thenparentinghome.org/
NJ | NJ Village Birth International | NV, PA, NJ, International | NJ Village Birth International is a community-based organization dedicated to improving outcomes among maternal and child health by providing family support and educational programs to empower caregivers in order to restore hope, achieve stability and thrive through quality support services, advocacy and education. | Low-income families and children | Y | N/A | N/A | N/A | https://www.njvillagebirthinternational.org/
NY | Family Connection Central Intake | Multi-site offices (Burlington, Mercer, Somerset, North Brunswick) | Family Connection Central Intake assists women in accessing the most appropriate programs and services for their families. Family Connection Central Intake assists women in accessing the most appropriate programs and services for their families. Foundation in faith. Established in 1975. The Parenting Home is a non-profit, non-denominational agency providing a variety of services for families and children. Foundation in faith. Established in 1975. The Parenting Home is a non-profit, non-denominational agency providing a variety of services for families and children. | Low-income families and children | Y | N/A | N/A | N/A | https://www.familyconnectioncentralintake.org/
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<th>Infrastructure</th>
<th>Outcomes Reported or Organization Website in Annual Report</th>
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<tr>
<td>NJ</td>
<td>Children's Aid and Family Services</td>
<td>Newark, NJ</td>
<td>La Casa de Don Pedro's resident-centered approach ensures simple and effective self-sufficiency. Through education and income development strategies, neighborhood revitalization initiatives, and family stability programs and services, the agency works to ensure that Greater Newark's residents engage in and benefit from the community, we make positive lasting differences in the lives of individuals and families. The multi-service agency offers a comprehensive set of programs and services that advance social, educational, and emotional development and wellbeing.</td>
<td>N</td>
<td>- Early Head Start (ages 0-3) and Head Start Early Childhood Education (ages 3-5) programs.</td>
<td>Low-income families and children ages 5 and under</td>
<td>N/A Standalone</td>
<td>N/A Scalability</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
<td><a href="https://www.cafsnj.org/">https://www.cafsnj.org/</a></td>
</tr>
<tr>
<td>NJ</td>
<td>Ironbound Community Corporation</td>
<td>Newark, NJ</td>
<td>Founded in 1969, Ironbound Community Corporation's (ICC's) mission is to engage and empower individuals, families, and groups to succeed through Early Childhood, Foster Care, Counseling and Economic Services. The Southern New Jersey Perinatal Cooperative improves the health of pregnant women, children and families in South Jersey. SNJPC offers a comprehensive set of programs and services that advance social, educational, and emotional development and wellbeing.</td>
<td>N</td>
<td>- Early Head Start (ages 0-3) and Head Start Early Childhood Education (ages 3-5) programs.</td>
<td>Low-income families and children ages 5 and under</td>
<td>N/A Standalone</td>
<td>N/A Scalability</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
<td><a href="https://www.snjpc.org/">https://www.snjpc.org/</a></td>
</tr>
<tr>
<td>OK</td>
<td>OK Sunbeam Family Services</td>
<td>Oklahoma City, OK</td>
<td>OK Sunbeam Family Services provides high-quality, innovative services to ensure that Greater Newark's residents engage in and benefit from the community, we make positive lasting differences in the lives of individuals and families. The multi-service agency offers a comprehensive set of programs and services that advance social, educational, and emotional development and wellbeing.</td>
<td>N</td>
<td>- Early Head Start (ages 0-3) and Head Start Early Childhood Education (ages 3-5) programs.</td>
<td>Low-income families and children ages 5 and under</td>
<td>N/A Standalone</td>
<td>N/A Scalability</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
<td><a href="https://www.sunbeamfamilyservices.org/">https://www.sunbeamfamilyservices.org/</a></td>
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<tr>
<td>OK</td>
<td>Center for Children and Families</td>
<td>Norman, OK</td>
<td>Y</td>
<td>Baby pantry (shelves and empire)</td>
<td>Low-income families and children ages 0-12 and under</td>
<td>White-EL, women staff</td>
<td>Mandate</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>Offering a local veteran and suicide service</td>
<td><a href="https://www.ccfinorman.org/">https://www.ccfinorman.org/</a></td>
</tr>
<tr>
<td>OK</td>
<td>Oklahoma Community Development Agency, Inc.</td>
<td>Oklahoma City, OK</td>
<td>B</td>
<td>Early education (Parent-Heart and Headstart program)</td>
<td>Low-income families (Parents as Teachers and Future Care)</td>
<td>White-EL, women staff</td>
<td>Mandate</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td><a href="https://www.okcdac.org/">https://www.okcdac.org/</a></td>
<td></td>
</tr>
<tr>
<td>TX</td>
<td>Any Baby Can</td>
<td>Austin, TX</td>
<td>Y</td>
<td>Early education (Parent-Heart and Headstart program)</td>
<td>Home pregnancy programs (Parents as Teachers and Future Care)</td>
<td>White-EL, women staff</td>
<td>Mandate</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td><a href="https://www.anybabycan.org/">https://www.anybabycan.org/</a></td>
<td></td>
</tr>
<tr>
<td>TX</td>
<td>The Prenatal Clinic</td>
<td>Bryan, TX</td>
<td>Y</td>
<td>Early education (Parent-Heart and Headstart program)</td>
<td>Comprehensive Individualized case management and care by aListComponent of Local Resources</td>
<td>White-EL, women staff</td>
<td>Mandate</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td><a href="https://www.the-prenatalclinic.com/">https://www.the-prenatalclinic.com/</a></td>
<td></td>
</tr>
<tr>
<td>TX</td>
<td>Abide Women’s Health Services</td>
<td>Dallas, TX</td>
<td>Y</td>
<td>Early education (Parent-Heart and Headstart program)</td>
<td>Systems of care (Support and Advocacy)</td>
<td>White-EL, women staff</td>
<td>Mandate</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td><a href="https://www.abidewomen.org/">https://www.abidewomen.org/</a></td>
<td></td>
</tr>
<tr>
<td>TX</td>
<td>Mama Sana Vibrant Woman</td>
<td>Austin, TX</td>
<td>Y</td>
<td>Early education (Parent-Heart and Headstart program)</td>
<td>Birth companion services to families with babies in 8 Department of Human Services custody</td>
<td>White-EL, women staff</td>
<td>Mandate</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td><a href="https://www.mamasanavibrantwoman.org/">https://www.mamasanavibrantwoman.org/</a></td>
<td></td>
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<tr>
<td>OK</td>
<td>Oklahoma Center for Children and Families</td>
<td>Norman, OK</td>
<td>Y</td>
<td>Early education (Parent-Heart and Headstart program)</td>
<td>Comprehensive Individualized case management and care by aListComponent of Local Resources</td>
<td>White-EL, women staff</td>
<td>Mandate</td>
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<td>Mandate</td>
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<td><a href="https://www.mamasanavibrantwoman.org/">https://www.mamasanavibrantwoman.org/</a></td>
<td></td>
</tr>
</tbody>
</table>

**Texas**

- **Any Baby Can in Austin, TX**: Focuses on early education, leadership, services, and advocacy to facilitate access to culturally appropriate and quality, prenatal and child development programs in Central Texas. They are a leader and partner in parent education, family strengthening, and complementary services that are easily accessible, holistic, and complimentary.

- **The Prenatal Clinic in Bryan, TX**: Offers a six-month snapshot of the organization's evaluation showing a reduction in prenatal care has been reduced by 76%.

- **Abide Women's Health Services in Dallas, TX**: Aims to have a full-service clinic (with doula services and well-woman care) and a natural birth center.

- **Mama Sana Vibrant Woman in Austin, TX**: Focuses on supporting women and families with a special healthcare need. They offer services such as doula, childbirth, and parenting classes.

**Interactions With Medicaid and Scalability**

- **Any Baby Can**: High scalability. Services available for low-income families.
- **Abide Women's Health Services**: High scalability. Services available for low-income families.
- **Mama Sana Vibrant Woman**: High scalability. Services available for low-income families.

**Website**

- [https://www.anybabycan.org/](https://www.anybabycan.org/)
- [https://www.abidewomen.org/](https://www.abidewomen.org/)
- [https://www.mamasanavibrantwoman.org/](https://www.mamasanavibrantwoman.org/)
<table>
<thead>
<tr>
<th>State</th>
<th>CBO Name</th>
<th>Location</th>
<th>Services Provided</th>
<th>Diversity Appeal Back</th>
<th>Outcome Reporting</th>
<th>Medicaid/Medically Underserved</th>
<th>Scalability</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>NM</td>
<td>Breath of My Heart Birthplace Espanola Valley, NM</td>
<td>Espanola Valley, NM</td>
<td>Birthplace walk-in clinic has a return rate of 65%, and a quarter of patients retain their services for midwifery care. Birthplace walk-in clinic has a return rate of 65%, and a quarter of patients retain their services for midwifery care.</td>
<td>State and federal</td>
<td>89%</td>
<td>None</td>
<td>Scalability would be high for a stand-alone Medicaid managed care organization (MCO) for newborns and pregnant women. No walk-in clinic (best practice).</td>
<td><a href="https://breathofmyheart.org/">https://breathofmyheart.org/</a></td>
</tr>
<tr>
<td>TX</td>
<td>Family Service San Antonio, TX</td>
<td>San Antonio, TX</td>
<td>Family Service's wraparound programs take a holistic approach by addressing the individual's entire life and family structure, which creates long-term change.</td>
<td>State and federal</td>
<td>96%</td>
<td>High scalability (most common), with a Medicaid managed care (MCO) for newborns and pregnant women. No walk-in clinic (best practice).</td>
<td>Scalability would be high for a stand-alone Medicaid managed care organization (MCO) for newborns and pregnant women. No walk-in clinic (best practice).</td>
<td><a href="https://www.familyservice.org/">https://www.familyservice.org/</a></td>
</tr>
<tr>
<td>TX</td>
<td>Latched Support Windcrest, TX</td>
<td>Windcrest, TX</td>
<td>Latched Support transforms communities through babies, women, and families by providing access to health services, quality education for early childhood professionals, and advocacy.</td>
<td>State and federal</td>
<td>96%</td>
<td>High scalability (most common), with a Medicaid managed care (MCO) for newborns and pregnant women. No walk-in clinic (best practice).</td>
<td>Scalability would be high for a stand-alone Medicaid managed care organization (MCO) for newborns and pregnant women. No walk-in clinic (best practice).</td>
<td><a href="https://www.latchedsupport.com/about/">https://www.latchedsupport.com/about/</a></td>
</tr>
<tr>
<td>State</td>
<td>CBO Name</td>
<td>Location</td>
<td>Self-Reported Description of CBO (as reported on CBO website)</td>
<td>Equity Focus (Yes or No)</td>
<td>Services Provided (as reported on CBO website)</td>
<td>Target Population Served</td>
<td>Diversity of Leadership and Organization</td>
<td>Infrastructure</td>
</tr>
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</tr>
</tbody>
</table>
| MO    | Little Village | Kansas City, MO | Established to ensure that mothers and infants have access to appropriate prenatal care, especially for low-income families. | N | - Doula services  
- Walk-in birthing classes  
- Community education - client support  
- Childbirth education - labor support (as reported on CBO website) | Women of color | N | N/A | - Increased rate of meeting development milestones  
- Decreased interaction with child protective services  
- 95% of families reported increased their feelings of  
  control during pregnancy and labor  
- 11% NTSV c-section rate  
- 3 NICU admissions  
- 34 members received  
  53 births  
- 92 enrolled members | N/A | - High scalability  
- High availability  
- Community outreach  
- Organization to manage and scale  | |
| MO    | Family & Children’s Place | Louisville, KY | Family & Children’s Place turns hurt into hope for children and families impacted by abuse and neglect. | Y | - Doula services  
- Childbirth education - labor support  
- Community education - client support  
- Childbirth education - labor support  
- Childbirth education - labor support (as reported on CBO website) | Diverse doulas, leaders, and underserved families  
- Women of color  
- African-American and underserved People of color, especially Native Americans (as reported on CBO website) | N | N/A | - Increased rate of meeting development milestones  
- Decreased interaction with child protective services  
- 95% of families reported increased their feelings of  
  control during pregnancy and labor  
- 11% NTSV c-section rate  
- 3 NICU admissions  
- 34 members received  
  53 births  
- 92 enrolled members | N/A | - High scalability  
- High availability  
- Community outreach  
- Organization to manage and scale  | |
| KS    | Baby U (home visiting program) | Kansas City, KS | Baby U (home visiting program) is focused on improving birth outcomes for all families, but especially for those in Kansas City who are vulnerable. | Y | - Doula services  
- Childbirth education - labor support  
- Community education - client support  
- Childbirth education - labor support  
- Childbirth education - labor support (as reported on CBO website) | Families with children age 5 and under  
- Low-income families  
- Women of color  
- Women of color  
- Women of color (as reported on CBO website) | N | N/A | - Increased rate of meeting development milestones  
- Decreased interaction with child protective services  
- 95% of families reported increased their feelings of  
  control during pregnancy and labor  
- 11% NTSV c-section rate  
- 3 NICU admissions  
- 34 members received  
  53 births  
- 92 enrolled members | N/A | - High scalability  
- High availability  
- Community outreach  
- Organization to manage and scale  | |
| CA    | Babyżu-Home Healthy Baby Program | Fresno, CA | Babyżu-Home Healthy Baby Program is focused on improving birth outcomes for all families, but especially for those in Fresno who are vulnerable. | Y | - Doula services  
- Childbirth education - labor support  
- Community education - client support  
- Childbirth education - labor support  
- Childbirth education - labor support (as reported on CBO website) | Families with children age 5 and under  
- Low-income families  
- Women of color  
- Women of color  
- Women of color (as reported on CBO website) | N | N/A | - Increased rate of meeting development milestones  
- Decreased interaction with child protective services  
- 95% of families reported increased their feelings of  
  control during pregnancy and labor  
- 11% NTSV c-section rate  
- 3 NICU admissions  
- 34 members received  
  53 births  
- 92 enrolled members | N/A | - High scalability  
- High availability  
- Community outreach  
- Organization to manage and scale  | |
| MA    | Accompany Doula Care | Boston, MA | Accompany Doula Care is focused on improving birth outcomes for all families, but especially for those in Boston who are vulnerable. | Y | - Doula services  
- Childbirth education - labor support  
- Community education - client support  
- Childbirth education - labor support  
- Childbirth education - labor support (as reported on CBO website) | Families with children age 5 and under  
- Low-income families  
- Women of color  
- Women of color  
- Women of color (as reported on CBO website) | N | N/A | - Increased rate of meeting development milestones  
- Decreased interaction with child protective services  
- 95% of families reported increased their feelings of  
  control during pregnancy and labor  
- 11% NTSV c-section rate  
- 3 NICU admissions  
- 34 members received  
  53 births  
- 92 enrolled members | N/A | - High scalability  
- High availability  
- Community outreach  
- Organization to manage and scale  | |
| KY    | Family & Children’s Place | Louisville, KY | Family & Children’s Place turns hurt into hope for children and families impacted by abuse and neglect. | Y | - Doula services  
- Childbirth education - labor support  
- Community education - client support  
- Childbirth education - labor support  
- Childbirth education - labor support (as reported on CBO website) | Families with children age 5 and under  
- Low-income families  
- Women of color  
- Women of color  
- Women of color (as reported on CBO website) | N | N/A | - Increased rate of meeting development milestones  
- Decreased interaction with child protective services  
- 95% of families reported increased their feelings of  
  control during pregnancy and labor  
- 11% NTSV c-section rate  
- 3 NICU admissions  
- 34 members received  
  53 births  
- 92 enrolled members | N/A | - High scalability  
- High availability  
- Community outreach  
- Organization to manage and scale  | |
| MA    | Everyday Mothers | Somersworth, NH | Everyday Mothers is focused on improving birth outcomes for all families, but especially for those in Somersworth who are vulnerable. | Y | - Doula services  
- Childbirth education - labor support  
- Community education - client support  
- Childbirth education - labor support  
- Childbirth education - labor support (as reported on CBO website) | Families with children age 5 and under  
- Low-income families  
- Women of color  
- Women of color  
- Women of color (as reported on CBO website) | N | N/A | - Increased rate of meeting development milestones  
- Decreased interaction with child protective services  
- 95% of families reported increased their feelings of  
  control during pregnancy and labor  
- 11% NTSV c-section rate  
- 3 NICU admissions  
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- 92 enrolled members | N/A | - High scalability  
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- Community outreach  
- Organization to manage and scale  | |
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<th>Target Population Served</th>
<th>Diversity of Leadership and Organization</th>
<th>Infrastructure</th>
<th>Outcomes Reported on Organization Website or in Annual Report</th>
<th>Interactions With Medicaid and Solvability</th>
<th>Organization’s Statement about Services Provided during COVID-19/2020</th>
<th>Website</th>
</tr>
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<tbody>
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<td>CA</td>
<td>Mid-Orange County</td>
<td>Santa Ana, CA</td>
<td>Helping families deliver babies as healthy as possible and teaching them to value early learning among development.</td>
<td>Y</td>
<td>• Home visiting</td>
<td>Low-income families, adults with children age 0-5</td>
<td>N/A</td>
<td>Translations</td>
<td>N/A</td>
<td>N/A</td>
<td>[<a href="https://www.momsorangecounty.org/">https://www.momsorangecounty.org/</a>]</td>
<td></td>
</tr>
<tr>
<td>CA</td>
<td>Welcome Home Midwifery Services, Inc.</td>
<td>Los Angeles, CA</td>
<td>For over 40 years, Welcome Home Midwifery Services, Inc. has strengthened families, prevented child abuse, and supported vulnerable children and families during this crisis.</td>
<td>Y</td>
<td>• 98% of children have a development delay or status improve within a year of receiving CII early childhood education.</td>
<td>Low-income families, adults with children age 0-5</td>
<td>N/A</td>
<td>Translations</td>
<td>N/A</td>
<td>N/A</td>
<td>[<a href="https://www.welcomehome.org/2020-2021-annual-report/">https://www.welcomehome.org/2020-2021-annual-report/</a>]</td>
<td></td>
</tr>
<tr>
<td>CA</td>
<td>Children’s Institute</td>
<td>Los Angeles, CA</td>
<td>Children’s Institute provides early intervention,afortable health and family strengthening services to low-income children and families. We are open and providing services.</td>
<td>Y</td>
<td>• 84% of children with a developmental delay at intake improve within a year of receiving CII early childhood education.</td>
<td>Low-income families, adults with children age 0-5</td>
<td>N/A</td>
<td>Translations</td>
<td>N/A</td>
<td>N/A</td>
<td>[<a href="https://www.childrensinstitute.org/">https://www.childrensinstitute.org/</a>]</td>
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</tr>
<tr>
<td>CA</td>
<td>The Whole Child</td>
<td>Los Angeles, CA</td>
<td>The Whole Child is a 3-year-old, countywide project focused on providing Affordable Health, Family Housing, Parent Engagement and Nutritional Education to services to many of the most vulnerable families in Los Angeles County.</td>
<td>Y</td>
<td>• 93% of babies on track with immunizations</td>
<td>Low-income families, adults with children age 0-5</td>
<td>N/A</td>
<td>Translations</td>
<td>N/A</td>
<td>N/A</td>
<td>[<a href="https://www.thewholechild.org/2019-2020-annual-report/">https://www.thewholechild.org/2019-2020-annual-report/</a>]</td>
<td></td>
</tr>
<tr>
<td>CA</td>
<td>SBCC Thrive LA</td>
<td>Los Angeles, CA</td>
<td>SBCC Thrive LA is a 3-year-old, countywide project focused on providing Affordable Health, Family Housing, Parent Engagement and Nutritional Education to services to many of the most vulnerable families in Los Angeles County.</td>
<td>Y</td>
<td>• 98% of babies on track with immunizations</td>
<td>Low-income families, adults with children age 0-5</td>
<td>N/A</td>
<td>Translations</td>
<td>N/A</td>
<td>N/A</td>
<td>[<a href="https://www.sbccthrivela.org/2020-2021-annual-report/">https://www.sbccthrivela.org/2020-2021-annual-report/</a>]</td>
<td></td>
</tr>
</tbody>
</table>

*Note: CBOs with asterisks are providing access to care and support for vulnerable children and families during this crisis.*
<table>
<thead>
<tr>
<th>State</th>
<th>CBO Name</th>
<th>Location</th>
<th>Self-Reported Description of CBO (as reported on CBO website)</th>
<th>Target Population Served</th>
<th>Diversity of Leadership and Organizational Structure</th>
<th>Infrastructure</th>
<th>Outcomes Reported or Organization Website (as in Annual Report)</th>
<th>Interactions With Medicaid and Scalability</th>
<th>Organization’s Statement about the Pandemic’s Impact and About Services Provided during COVID-19 Pandemic</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>CA</td>
<td>El Nido Family Centers</td>
<td>Los Angeles, CA</td>
<td>El Nido Family Centers is a social service non-profit that provides counseling and family support services to underserved communities throughout Los Angeles County.</td>
<td>- Families to learn more about prevention and treatment options&lt;br&gt; - Parent education and family development programs&lt;br&gt; - Two parent family services&lt;br&gt; - Foster parent development&lt;br&gt; - Community&lt;br&gt; - Prevention of violence&lt;br&gt; - Foster care, foster adoption, and related services</td>
<td>V</td>
<td>Y</td>
<td>V</td>
<td>Stand-alone</td>
<td>Federally Qualified Health Center</td>
<td>N/A</td>
</tr>
<tr>
<td>CA</td>
<td>Friends of the Family</td>
<td>Los Angeles, CA</td>
<td>Friends of the Family is a comprehensive family resource center that builds on their skills and strengths.</td>
<td>- Family well-being&lt;br&gt; - Family economic success&lt;br&gt; - Early childhood education&lt;br&gt; - Youth development&lt;br&gt; - Foster care, foster adoption, and related services</td>
<td>V</td>
<td>Y</td>
<td>N/A</td>
<td>N/A (updated list of partners)</td>
<td>N/A (limited list of board of directors)</td>
<td>Translation</td>
</tr>
<tr>
<td>CA</td>
<td>Maternal and Child Health Access</td>
<td>Los Angeles, CA</td>
<td>Maternal and Child Health Access (MCHA) improves the health of low-income pregnant women and families through advocacy, education, training and direct services.</td>
<td>- Comprehensive programs and services, help other organizations with innovative tools and methods, and have been developing innovative solutions that impact families and communities in sustainable ways.</td>
<td>V</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Translation</td>
</tr>
<tr>
<td>CA</td>
<td>Bentley Valley Partners for Health</td>
<td>Lancaster, CA</td>
<td>AVPH partners with various organizations, groups, and businesses to create a community collaboration where they can present health and wellness information and resources to children, adults, seniors, and individuals in the community.</td>
<td>- Prevention of violence&lt;br&gt; - Foster care, foster adoption, and related services</td>
<td>V</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Translation</td>
</tr>
<tr>
<td>CA</td>
<td>Children’s Bureau</td>
<td>Seaworld DC locations</td>
<td>The Children’s Bureau helps at-risk children and their parents with basic support, basic and medical insurance benefits, and services. They provide comprehensive programs and services, help other organizations with innovative tools and methods, and are committed to developing innovative solutions that impact families and communities in sustainable ways.</td>
<td>- Prevention of violence&lt;br&gt; - Foster care, foster adoption, and related services</td>
<td>V</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Translation</td>
</tr>
<tr>
<td>State</td>
<td>CBO Name</td>
<td>Location</td>
<td>Self-Reported Description of CBO (as reported on CBO website)</td>
<td>Equity Focus (Yes or No)</td>
<td>Services Provided (as reported on CBO website)</td>
<td>Target Population Served</td>
<td>Diversity of Leadership and Organization</td>
<td>Infrastructure</td>
<td>Outcomes Reported on Organization Website or in Annual Report</td>
<td>Interactions With Medicaid and Scalability</td>
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<tr>
<td>MD</td>
<td>Families for Healthy Babies</td>
<td>Baltimore, MD</td>
<td>Guided by the 2009 Strategy to Improve Birth Outcomes, the initiative has invested heavily in quality improvement measures for the city’s public system of pregnancy, preconception, and early childhood services. In 2013, BHB began focusing on ensuring that all programs and services are anti-racist and trauma-informed. HealthCare Access Maryland and Family League of Baltimore are a partner to both provider direct care and coalition.</td>
<td>Y</td>
<td>• (Covene Coalitions) • Early Childhood Advisory Council • Early Childhood Health Council • School Health Council • Sexual Health Coalition • Parental Health Policy • Pediatric Health Task Force • Pediatric Health Council</td>
<td>Middle-income and at-risk Baltimore and babies</td>
<td>N/A</td>
<td>N/A</td>
<td>- Collaborate between the Baltimore City Health Department, the Family League of Baltimore and Health Care Access Maryland</td>
<td>- Since 2009 (when BHB was launched): - Infant mortality rate in Baltimore City has declined by 36%. - 38% decrease in black-white disparity in infant mortality - 29% decrease in sleep-related infant deaths - 55% decrease in teen births - 76% decrease in black-white disparity in teen births</td>
</tr>
<tr>
<td>MS</td>
<td>Magnolia Medial Foundation</td>
<td>Raymond, MS</td>
<td>Magnolia Medical Foundation (MMF) is a community-based organization founded in 2009 to provide preventive health services. MMF offers health screenings, health education, prevention, direct assistance, and health care access programs to uninsured and underinsured individuals and communities.</td>
<td>Y</td>
<td>• Training for doulas • Wrap-around community health services</td>
<td>N/A</td>
<td>N/A</td>
<td>Standalone</td>
<td>N/A</td>
<td>No interaction</td>
</tr>
</tbody>
</table>

Notes: Y = Yes, N = No, S = Standalone, N/A = Not Applicable.
Endnotes


4 The Organisation for Economic Co-operation and Development was founded in 1961 and brings together 37 member countries that span the globe from North and South America to Europe and the Asia-Pacific region and a range of partners that collaborate on key global issues at national, regional, and local levels (https://www.oecd.org/about/members-and-partners/).

5 The U.S. infant mortality rate is also disproportionately high, at 5.7 deaths per 1,000 live births.; America’s Health Rankings, 2018 Annual Report (Minnetonka, MN: United Health Foundation, December 2018), https://www.americashealthrankings.org/learn/reports/2018-annual-report/ findings-international-comparison.


9 Taylor et al., Eliminating Racial Disparities, May 2, 2019.


12 It is important to note that while children’s coverage had been increasing since 1997 with the enactment of the Children's Health Insurance Program (CHIP), between 2016 and 2018, the number of uninsured children shot up by more than 10%, rising from 3.7 million in 2016 to 4.1 million in 2018, a trajectory likely to continue in 2019 (https://familiesusa.org/wp-content/uploads/2019/10/COV_Child-Health-Emergency_Report-Part-I-1.pdf).


14 Polacheck, Stefanie and Hannah Gears, “COVID-19 and the Decline of Well-Child Care:


32 Value-based care rewards health care providers for quality of care whereas fee for service rewards providers for quantity of care.

33 According to IBM, a “No Wrong Door” approach “provides clients with a universal gateway to community services and government programs. It enables clients to approach the agency with the problem they need to address, rather than a preconceived idea of the programs or services they think that they should receive. No Wrong Door provides workers with the capability to identify the client’s needs upfront and identify the best way to proceed with the client, for example, to refer the client to an external agency or community service, to screen the client for eligibility, or to take an application for benefits.” (Source: [https://www.ibm.com/docs/en/spm/7.0.0?topic=intake-no-wrong-door](https://www.ibm.com/docs/en/spm/7.0.0?topic=intake-no-wrong-door)).