

**MATERNAL, CHILD & ADOLESCENT HEALTH (MCAH)  
ALLOCATION METHODOLOGIES, FY 2015-16**

**MCAH ALLOCATION INCREASE METHODOLOGY**

For FY 2015-16, there is an increase of \$1.6 million allocated statewide to MCAH agencies. Each MCAH agency was given a share of that increase using the following health status indicators:

- Total births
- Number of Medi-Cal paid deliveries
- Number of teen births
- Poverty status of women 12-44 years of age
- Number of families receiving food stamps
- Education attainment levels of women over 23 years of age, with a weighting factor given to births to mothers with less than a high school education
- Total births wherein the newborn was of very low (less than 1500 g) or low birthweight (less than 2500 g), with a weighting factor given to very low birthweight babies
- Prenatal care for all births by trimester, with a weighting factor given to births wherein prenatal care began in the third trimester or there was no prenatal care at all

These health status indicators came from the CDPH Birth Statistical Data Tables, the U.S. Census Bureau Small Area Income and Poverty Estimates, the U.S. Census Bureau Easy Stats (using financial, education, and housing statistics), and the U.S. Census Bureau American Fact Finder.

A risk factor was created by dividing each health status indicator by the aggregate total for the participating local health jurisdictions. That number was then multiplied by \$1.6 million to create a percentage of funding for each health agency allocation, with a minimum increase per agency of \$5,000. The result was added to each agency's FY 2014-15 allocation to arrive at the FY 2015-16 allocation.