



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

ALASKA

State Snapshot

FY2026 Application / FY2024 Annual Report

December 2025

Title V Federal-State Partnership - Alaska

The Title V Maternal and Child Health Block Grant Program is a federal-state partnership with 59 states and jurisdictions to improve maternal and child health throughout the nation. This Title V Snapshot presents high-level data and the executive summary contained in the FY2026 Application / FY2024 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

State Contacts

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SSDI Project Director	State Family Leader
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State Youth Leader
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State Hotline: (800) 799-7570

Funding by Source

Source	FY 2024 Expenditures
Federal Allocation	\$1,154,022
State MCH Funds	\$4,471,700
Local MCH Funds	\$0
Other Funds	\$0
Program Income	\$0

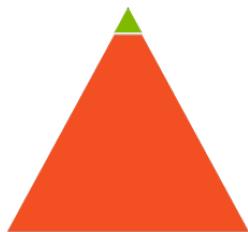
FY 2024 Expenditures



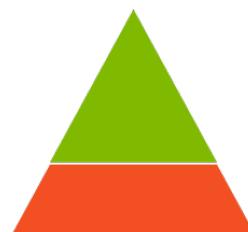
Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$0	\$0
Enabling Services	\$130,404	\$3,079,447
Public Health Services and Systems	\$1,023,618	\$1,392,253

FY 2024 Expenditures
Federal



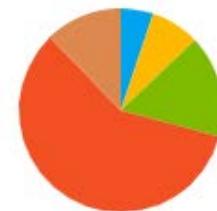
FY 2024 Expenditures
Non-Federal



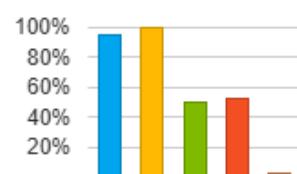
Percentage Served by Title V

Population Served	Percentage Served	FY 2024 Expenditures
Pregnant Women	95.0%	\$287,995
Infants < 1 Year	100.0%	\$435,764
Children 1 through 21 Years	50.0%	\$912,061
CSHCN (Subset of all infants and children)	52.0%	\$3,281,295
Others *	2.0%	\$685,528

FY 2024 Expenditures
Total: \$5,602,643



FY 2024 Percentage Served



*Others— Women and men, over age 21.

The Title V legislation directs States to conduct a comprehensive, statewide maternal and child Health (MCH) needs assessment every five years. Based on the findings of the needs assessment, states select seven to ten priority needs for programmatic focus over the five-year reporting cycle. The State Priorities and Associated Measures Table below lists the national and state measures the state chose in addressing its identified priorities for the 2025 Needs Assessment reporting cycle. All states are also reporting on two Universal National Performance Measures, Postpartum Visit and Medical Home.

State Priorities and Associated Measures

Priority Needs and Associated Measures	Priority Need Type	Reporting Domain(s)
<p>Foster safe, stable, and nurturing environments for Alaskan children.</p> <p>NPMs</p> <ul style="list-style-type: none"> Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year - DS ESM DS.1: ASQ training and administration among home visiting professionals. 	Continued	Child Health
<p>Reduce harmful substance use among women of childbearing age and among caregivers of infants.</p> <p>SPMs</p> <ul style="list-style-type: none"> SPM 2: Percentage of women who delivered a live birth and reported use of the following: tobacco and/or marijuana in any form during pregnancy. 	Continued	Perinatal/Infant Health
<p>Promote safe, supportive connections for adolescent well-being.</p> <p>NPMs</p> <ul style="list-style-type: none"> Percent of adolescents, ages 12 through 17, who have one or more adults outside the home who they can rely on for advice or guidance - ADM ESM ADM.1: Number of Alaska Department of Education & Early Development (DEED) online eLearning course completions 	Continued	Adolescent Health
<p>Increase connection to behavioral and mental health information, training, resources, and supports for families and providers.</p> <p>NPMs</p> <ul style="list-style-type: none"> A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth B) Percent of women who attended a postpartum checkup and received recommended care components - PPV ESM PPV.1: Availability and use of provider training and education on postpartum warning signs. 	Continued	Women/Maternal Health, Perinatal/Infant Health, Child Health, Adolescent Health, Children with Special Health Care Needs, Cross-Cutting/Systems Building

<ul style="list-style-type: none"> ● A) Percent of infants placed to sleep on their backs B) Percent of infants placed to sleep on a separate approved sleep surface C) Percent of infants placed to sleep without soft objects or loose bedding D) Percent of infants room-sharing with an adult during sleep - SS ○ ESM SS.1: Percent of women who delivered a live birth and reported being asked by a health care provider during any prenatal care visits about the use of the following: alcohol, tobacco, marijuana, and/or illegal drugs. ○ ESM SS.2: The percentage of women who recently delivered a live birth who were screened for depression during a postpartum checkup. ● Percent of adolescents, ages 12 through 17, who have one or more adults outside the home who they can rely on for advice or guidance - ADM ○ ESM ADM.1: Number of Alaska Department of Education & Early Development (DEED) online eLearning course completions ● Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - MH ○ ESM MH.1: Utilization of PAL consultation line from providers in the Mat-Su and Interior regions ○ ESM MH.2: Percent of CYSHCN, their family members, health care and community professionals who complete trainings on various health care topics and report increased knowledge after the training. 		
<p>Increase access to comprehensive health care for women including preventive services.</p> <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 1: Percent of women, ages 18 through 44, with a preventive medical visit in the past year <ul style="list-style-type: none"> ○ SPM ESM 1.1: Number of dissemination products created (e.g. Epi bulletins, data briefs, reports, PSAs, etc.) based on analyses of survey data on women's preventive health care visits (and description). ○ SPM ESM 1.2: Among women who had Medicaid during their pregnancy and recently delivered a live birth, percentage who had a postpartum checkup for themselves. 	New	Women/Maternal Health
<p>Increase partnerships and connections with community agencies to support access to basic needs.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth B) Percent of women who attended a postpartum checkup and received recommended care components - PPV 	New	Women/Maternal Health, Perinatal/Infant Health, Child Health, Adolescent Health, Children with Special Health Care Needs, Cross-Cutting/Systems Building

<ul style="list-style-type: none"> <input type="radio"/> ESM PPV.1: Availability and use of provider training and education on postpartum warning signs. ● A) Percent of infants placed to sleep on their backs B) Percent of infants placed to sleep on a separate approved sleep surface C) Percent of infants placed to sleep without soft objects or loose bedding D) Percent of infants room-sharing with an adult during sleep - SS <input type="radio"/> ESM SS.1: Percent of women who delivered a live birth and reported being asked by a health care provider during any prenatal care visits about the use of the following: alcohol, tobacco, marijuana, and/or illegal drugs. <input type="radio"/> ESM SS.2: The percentage of women who recently delivered a live birth who were screened for depression during a postpartum checkup. ● Percent of adolescents, ages 12 through 17, who have one or more adults outside the home who they can rely on for advice or guidance - ADM <input type="radio"/> ESM ADM.1: Number of Alaska Department of Education & Early Development (DEED) online eLearning course completions ● Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - MH <ul style="list-style-type: none"> <input type="radio"/> ESM MH.1: Utilization of PAL consultation line from providers in the Mat-Su and Interior regions <input type="radio"/> ESM MH.2: Percent of CYSHCN, their family members, health care and community professionals who complete trainings on various health care topics and report increased knowledge after the training. <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 3: Use of preferred child care among parents of 3-year-olds 		
<p>Increase education and supports for families and caregivers around accessing coordinated care and pediatric specialty care.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - MH <ul style="list-style-type: none"> <input type="radio"/> ESM MH.1: Utilization of PAL consultation line from providers in the Mat-Su and Interior regions <input type="radio"/> ESM MH.2: Percent of CYSHCN, their family members, health care and community professionals who complete trainings on various health care topics and report increased knowledge after the training. 	Revised	Children with Special Health Care Needs

Executive Summary

Program Overview

Alaska's Title V administrative agency is the Section of Women's, Children's, and Family Health (WCFH), located in the Department of Health, Division of Public Health. WCFH programs are guided by the maternal and child health (MCH) pyramid of health services and aim to improve health status and assure access to health services for pregnant women, infants, children, adolescents, children and youth with special health care needs (CYSHCN), and those with low-income status or limited access to health services.

The work of WCFH falls into four distinct categories. These categories also reflect the work and priorities of the Division of Public Health:

1. Serve as Alaska's chief strategists for existing and emerging public health issues.
2. Protect life, health, and safety through core public health functions.
3. Serve as the trusted source of health information.
4. Strengthen essential public health infrastructure, services, and partnerships.

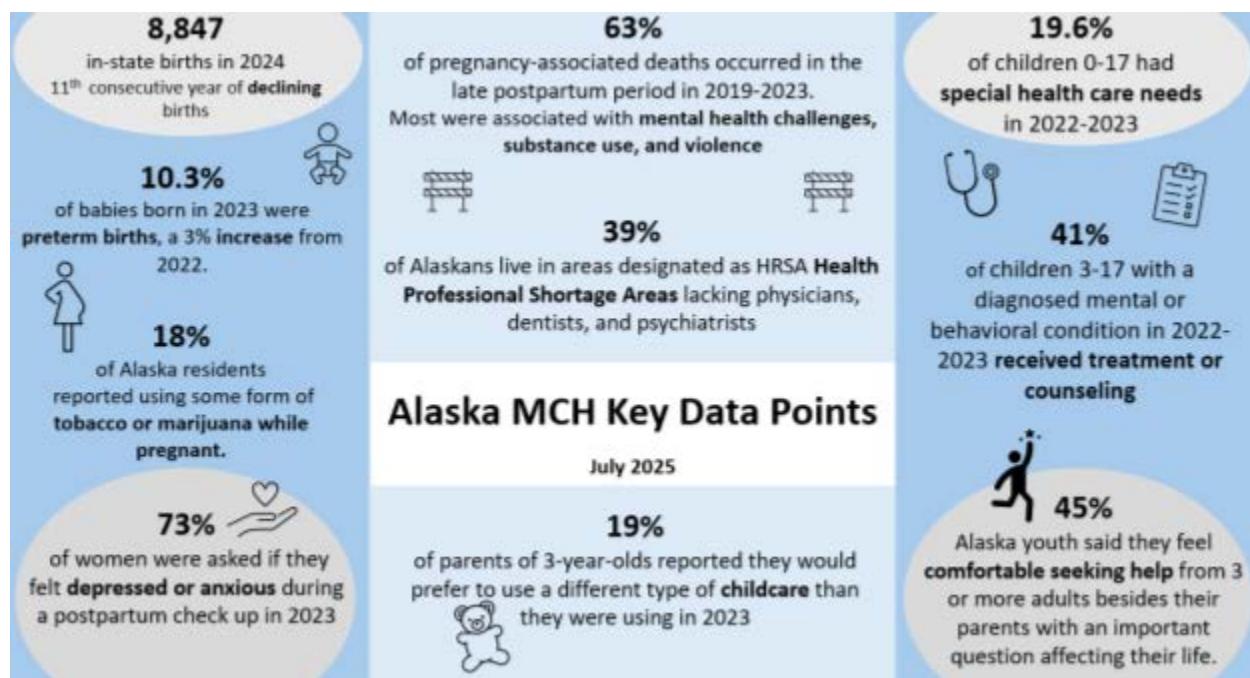
ALASKA'S FRAMEWORK FOR NEEDS ASSESSMENT, PROGRAM PLANNING, AND PERFORMANCE REPORTING

Alaska's MCH priorities are identified in statewide needs assessments conducted every five years and re-examined annually. In 2025, WCFH leadership selected National Performance Measures (NPMs) to track and demonstrate the impact of efforts to address priorities for 2026-2030. State Performance Measures (SPMs) were developed to address priority needs that were identified but not adequately addressed by the NPMs. The group considered the availability of data, the likelihood a change in the measure would be seen during the five-year grant period, how closely linked the measure was to actual work being done by Alaska's Title V program, and resources available to implement strategies. Alignment of the work of Title V with other priorities and programs in the Division was considered critical to assure transparency, reduce duplication across systems, and breakdown silos.

SUMMARY OF NEEDS ASSESSMENT FINDINGS

The 2025 Needs Assessment identified several underlying concerns that impact the health of Alaskan families and have long been a focus for WCFH, including child maltreatment, substance misuse, violence, and behavioral and mental health. In addition, access to specialty care and family supports for children and youth with special healthcare needs (CYSHCN) continues to need improvement. Access to basic needs was identified as a new priority in 2025; this includes components of previous focus areas such as reducing the long-term impacts of adverse childhood experiences and community factors impacting health. Increased attention to maternal morbidity and mortality over the past five years led to a new priority related to access to comprehensive healthcare for women.

Some of the key data that informed the 2025 Needs Assessment are illustrated below.



2026-2030 PRIORITIES & ACTION PLAN

The table below illustrates Alaska's new Title V MCH priority needs by population domain. Two priorities connect to all populations.

Infant/Perinatal	Women/Maternal	Child	Adolescent	CYCHCN
Reduce harmful substance use among women of childbearing age and among caregivers of infants.	Increase access to comprehensive health care for women including preventive services.	Foster safe, stable, and nurturing environments for Alaskan children.	Promote Safe, Supportive Connections for Adolescent Well-Being.	Increase education and supports for families and caregivers around accessing coordinated care and pediatric specialty care.
Increase connection to behavioral and mental health information, training, resources, and supports for families and providers.				
Increase partnerships and connections with community agencies to support access to basic needs.				

Selected Strategies and Performance Measures for 2026-2030, By Domain

CYSHCN

Measures

- Percent of children with special healthcare needs, ages 0-17, who have a medical home.

Strategies

- Partner with parents, audiologists, and Early Intervention to increase referrals and enrollment by 6 months of age for children diagnosed with a hearing loss.
- Continue to provide limited gap-filling pediatric specialty clinics and family navigation services as needed and as resources allow.
- Provide sustainable implementation of Family Engagement training through community partnerships.

Infant/Perinatal

Measures

- Percent of infants placed to sleep on their backs.
- Percent of infants placed to sleep on a separate approved sleep surface.
- Percent of infants placed to sleep without soft objects or loose bedding.
- Percent of infants room-sharing with an adult.
- Percent of women who delivered a live birth and reported use of the following: tobacco and/or marijuana in any form during pregnancy.

Strategies

- Enhance on-going surveillance, data analysis, and data dissemination regarding substance-affected pregnancies and substance use among women of childbearing age.
- Promote provider and birthing facility staff use of Screening, Brief Intervention, and Referral to Treatment (SBIRT) for all harmful substances, interpersonal violence, and maternal mental health among women of childbearing age, especially those who are pregnant to identify infants with risk factors for SUID.
- Leverage multi-sector partnerships to provide evidence-based and culturally appropriate safe sleep materials and education for families who experience high-risk factors for SUID, including caregiver tobacco use.

Women/Maternal

Measures

- Percent of women who attended a postpartum checkup within 12 weeks after giving birth.
- Percent of women who attended a postpartum checkup and received recommended care components.
- Percent of women, ages 18 through 44, with a preventive medical visit in the past year.

Strategies

- Collaborate with community-based partners and public and private providers statewide to improve and expand access to preventive health services.
- Engage hospitals and birthing facilities in data-driven, collaborative quality improvement focused on reducing severe maternal morbidity in partnership with the Alaska Perinatal Quality Collaborative (AKPQC).
- Continue to partner with Medicaid and department leadership on promoting the availability of extended postpartum coverage and supporting ongoing evaluation.

Children

Measures

- Percent of children, ages 0-17, who have a medical home.
- Percent of children, ages 9-25 months, who received a developmental screening using a parent-completed screening tool in the past year.
- Percent of Alaskan parents of 3-year-olds using their preferred form or type of childcare.

Strategies

- Support school nurses and counselors in their work to build safe, stable, and nurturing environments for children.
- Collect, analyze, and disseminate data to better understand child wellbeing in Alaska (e.g., ALCANLink, PRAMS, CUBS, education data sources, etc.).
- Support efforts to improve access to basic needs for Alaska families with children, including access to high quality and affordable childcare.

Adolescent

Measures

- Percent of adolescents, ages 12-17, who have one or more adults outside the home who they can rely on for advice or guidance.

Strategies

- Support initiatives that improve youth access to appropriate healthcare services while supporting parental involvement.
- Increase meaningful connection between youth and supportive adults through programs that support mentorship and community involvement.
- Collaborate with the Division of Behavioral Health to support mental health resources and suicide prevention efforts.

Cross-Cutting and Systems-Building

- Conduct multidisciplinary reviews to identify factors in maternal and child mortality and make Alaska-appropriate, actionable recommendations to reduce preventable mortality.
- Support/develop oral health safety net services to improve access to care for all Alaskans.

TITLE V ROLE IN ASSURING COMPREHENSIVE, COORDINATED, FAMILY CENTERED SERVICES

WCFH seeks and values the importance of individual experience on all programs, and recruits Alaskan parents and caregivers, providers, and communities to help set priorities and initiate activities, keeping the family and consumer voice and leadership central. As a standard, advisory committees include at least one person with lived experience. All staff can participate in Strengthening Families™ training, which is designed to help professionals emphasize family strengths, culture, and voice.

WCFH created trainings to promote parent engagement, expand parent confidence, choice, and systems change. The Family ECHO focuses on the CYSCHN family experience and provides training for providers, educators, case managers, family advocates

and self-advocates about complex behavior and transition challenges. The Family Engagement Leadership Training series provides caregivers training and tools to advocate for their children. WCFH also continues to support parent navigation services for CYSHCN.

ASSURING MCH POPULATIONS REACH THEIR FULL POTENTIAL & INTEGRATING FAMILY/COMMUNITY VOICE

Family and community voice is integrated into WCFH work in a variety of ways, such as through consultation with the Youth Alliance for a Healthier Alaska on projects relevant to adolescents, and incorporation of narrative comments from survey respondents into data presentations and publications. WCFH collaborates with community-based organizations whenever possible, such as with work of the Perinatal Quality Collaborative and Maternal Child Death Review. Title V strategies are reviewed annually to examine direct and indirect impacts of the work on all populations, in particular groups that experience worse outcomes.

EVALUATION EFFORTS, ACCOMPLISHMENTS, AND CHALLENGES

WCFH has a strong MCH Epidemiology team that supports and evaluates Title V work using methods including population-based surveys and data linkages. One example is a community-based doula workforce development initiative that increases access to supportive services in rural areas and other communities with less health care access. Doula support is an evidence-based strategy to improve access to care and maternal mental health outcomes.

How Federal Title V Funds Complement State-Supported MCH Efforts

Much of the Section's federal Title V funding continues to support the Maternal Child Health Epidemiology (MCH Epi) Unit. The surveillance, data analysis, and evaluation provided by the Unit is an important part of the MCH infrastructure for Alaska. This data is used to support needs assessments, create recommendations for policy, determine health priorities, identify gaps in services, and ensure successful implementation and evaluation of programs. Title V funds support programs/initiatives in MCH Epi such as Maternal Child Death Review (MCDR), the Alaska Birth Defects Registry (ABDR), the Alaska Longitudinal Child Abuse and Neglect Linkage project (ALCANLink), Childhood Understanding Behaviors Survey (CUBS), and the Pregnancy Risk Assessment Monitoring System (PRAMS). State matching funds are also used to supplement programs such as PRAMS, CUBS, and MCDR (Public Health Systems and Services). MCH programs outside of Title V such as Physical Activity and Nutrition, the Immunization Program, Public Health Nursing, Early Intervention, Medicaid, and Women's, Infant's & Children (WIC) all utilize the products of the MCH Epidemiology Unit to inform their work for families.

Title V partially supports the implementation of the Alaska Perinatal Quality Collaborative (AKPQC) which has provided an infrastructure to work on emerging MCH topics on a statewide level with health care providers and health care facilities and agencies (Public Health Systems and Services). Federal Title V funds also support the school nursing program to provide technical assistance to school nurses and other school health staff throughout Alaska (Public Health Systems and Services). This is an important part of health promotion activities for children across the state, along with supporting an MCH workforce in schools. Title V funds supported statewide leadership and coordination related to children and youth with special health care needs (CYSHCN), including the implementation of the State Plan for Alaska and leadership of the statewide CYSHCN Advisory Committee (Public Health Systems and Services), along with parent navigation (Enabling), genetic counseling services, and the Metabolic Clinic (Enabling). The Block Grant also provides supplemental support to the State's newborn hearing screening program (Public Health Systems and Services).

The State matching funds from WCFH largely support the administrative backbone of the Section, including the Title V MCH Director and administrative and financial staff within the Section. State matching funds also support parent navigation services for CYSHCN (Enabling), the Autism/Neurodevelopmental Clinic (Enabling), newborn screening (Public Health Systems and Services), among other programs. The State matching contribution also includes MCH funds for Public Health Nursing which includes such services as well-child visits, immunizations, health screenings in schools, pregnancy testing visits, well-women and family planning, and community health education and assessments (primarily Enabling, also Public Health Systems and Services).

MCH Success Story

Perinatal/Infant - Through a maternal mortality prevention grant, the Maternal Child Death Review program launched a community-based doula workforce development initiative. This effort increases access to healing-centered support in communities without maternal healthcare services. Doula support is an evidence-based strategy to improve access to care and maternal mental health outcomes.



Children - Title V staff joined a leadership team with the Division of Public Assistance and the Department of Education and Early Development to administer the Preschool Development Grant Birth through Five. This grant supports initiatives such as developmental screening, Strengthening Families Alaska, Family Engagement and Leadership Training (FELT), Home Visiting ECHO, early childhood systems building, and FAN (Facilitating Attuned Interactions) training.



Children and Youth with Special Healthcare Needs (CYSHCN)

In 2024, the Alaska Metabolic Clinic partnered with the University of Utah to expand access to physician and dietitian services statewide. This collaboration increases in-state clinical care and consultation, enabling more families to receive metabolic services in their home communities.



Adolescents - Alaska youth are leading the 988 Create Campaign, a teen-led arts initiative to promote the 988 Suicide and Crisis Lifeline. With posters, stickers, and multimedia, teens encourage help-seeking and peer support. Coordinated by the Youth Alliance for a Healthier Alaska and funded by Garrett Lee Smith, the campaign has grown annually and contributed to a 31% rise in youth contacts to 988.



Women - The 2024 AKPQC and MCDR Summit was held in April as a hybrid event, featuring topics such as healing-centered care, perinatal brain injury, and substance use. With 68 total participants (36 virtual, 32 in-person), 100% of evaluation respondents rated the event as good or excellent, and 83% intend to share what they learned with colleagues.



Maternal and Child Health Bureau (MCHB) Discretionary Investments - Alaska

The largest funding component (approximately 85%) of the MCH Block Grant is awarded to state health agencies based on a legislative formula. The remaining two funding components support discretionary and competitive project grants, which complement state efforts to improve the health of mothers, infants, children, including children with special needs, and their families. In addition, MCHB supports a range of other discretionary grants to help ensure that quality health care is available to the MCH population nationwide.

Provided below is a link to a web page that lists the MCHB discretionary grant programs that are located in this state/jurisdiction for Fiscal Year 2024.

[List of MCHB Discretionary Grants](#)

Please note: If you would like to view a list of more recently awarded MCHB discretionary investments, please refer to the [Find Grants](#) page that displays all HRSA awarded grants where you may filter by Maternal and Child Health.