



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

ARIZONA

State Snapshot

FY2026 Application / FY2024 Annual Report

December 2025

Title V Federal-State Partnership - Arizona

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

MCH Director	CSHCN Director
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SSDI Project Director	State Family Leader
Martin Celaya Chief, Bureau of Assessment and Evaluation martin.celaya@azdhs.gov (602) 542-2233	Dawn Bailey Consultant, MCH/Title V Family Delegate, Engagement Specialist

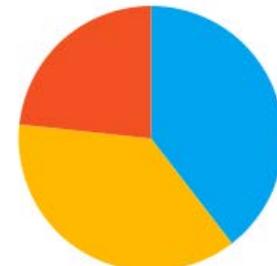
State Youth Leader
No Contact Information Provided

State Hotline: (800) 232-1678

Funding by Source

Source	FY 2024 Expenditures
Federal Allocation	\$7,883,506
State MCH Funds	\$7,410,714
Local MCH Funds	\$0
Other Funds	\$4,645,646
Program Income	\$0

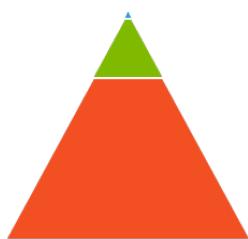
FY 2024 Expenditures



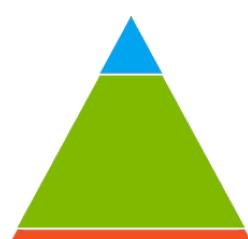
Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$185,413	\$3,091,001
Enabling Services	\$2,031,672	\$8,274,135
Public Health Services and Systems	\$5,666,421	\$691,224

FY 2024 Expenditures Federal



FY 2024 Expenditures Non-Federal



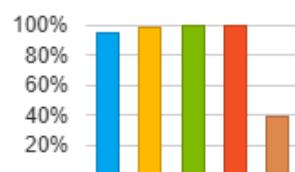
Percentage Served by Title V

Population Served	Percentage Served	FY 2024 Expenditures
Pregnant Women	94.0%	\$2,838,007
Infants < 1 Year	98.0%	\$4,934,352
Children 1 through 21 Years	99.0%	\$6,426,338
CSHCN (Subset of all infants and children)	99.0%	\$3,478,104
Others *	39.0%	\$2,066,123

FY 2024 Expenditures
Total: \$19,742,924



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>Support women's wellbeing by expanding mental health resources and removing barriers to respectful preventive, maternity, and postpartum care.</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: Mean Score of Provider Confidence in Teaching Postpartum Warning Signs ● Percent of women who were screened for depression or anxiety following a recent live birth - MHS ○ ESM MHS.1: Percent of Birth Hospitals Implementing Mental Health and Perinatal Substance Use Patient Safety Bundles ● Percent of women who had a dental visit during pregnancy - PDV-Pregnancy ○ ESM PDV-Pregnancy.1: Number of medical, dental, and other healthcare professionals who receive perinatal oral health education. ○ ESM PDV-Pregnancy.2: Number of Dental and OB Providers Trained in Perinatal Oral Health 	New	Women/Maternal Health
<p>Support healthy infant development by strengthening early identification and intervention systems and linking families to needed care.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of very low birth weight (VLBW) infants born in a hospital with a Level III + Neonatal Intensive Care Unit (NICU) - RAC ○ ESM RAC.1: Percentage of Very Low Birthweight (VLBW) Births Originating at Level I/II Hospitals that are Delivered at Level III+ NICUs via Maternal Transport ● 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: Number of caregivers who receive safe sleep training and a pack 'n' play or a sleep sack 	New	Perinatal/Infant Health

<ul style="list-style-type: none"> <input type="radio"/> ESM SS.2: Percentage of hospitals that are distributing the ABCs of Safe Sleep crib cards to their patient population. <input type="radio"/> ESM SS.3: Percent of Caregivers Reporting Use of Distributed Safe Sleep Materials 		
<p>Support children's social, emotional, and developmental growth by advancing public health strategies for digital safety, early identification of needs, and behavioral health promotion.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of children, ages 1 through 17, who had a preventive dental visit in the past year - PDV-Child <ul style="list-style-type: none"> <input type="radio"/> ESM PDV-Child.1: Percent of Urgent Dental Cases Referred for Treatment <input type="radio"/> ESM PDV-Child.2: Percent of Eligible Children Receiving School-Based Dental Services ● 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: Implementation of Medical Home Model Activities in Arizona 	New	Child Health
<p>Support families of Children and Youth with Special Healthcare Needs through accessible resources, caregiver and family-centered wellness programs, and streamlined care systems.</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: Implementation of Medical Home Model Activities in Arizona ● Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transition to adult health care - TAHC <ul style="list-style-type: none"> <input type="radio"/> ESM TAHC.1: Number of practitioners who have ever enrolled in Got Transition modules. <input type="radio"/> ESM TAHC.2: Percentage of practitioners who have completed the full course of 8 Got Transition modules within 15 months of course initiation. <input type="radio"/> ESM TAHC.3: Percent of Scholarship Recipients Reporting Transition Readiness After the IDEA Conference 	New	Children with Special Health Care Needs
<p>Expand youth-centered programs that support mental health, digital well-being, and access to age-appropriate health education to achieve their full health potential.</p>	New	Adolescent Health

<p>NPMs</p> <ul style="list-style-type: none"> ● Percent of adolescents, ages 12 through 17, who receive needed mental health treatment or counseling - MHT <ul style="list-style-type: none"> ○ ESM MHT.1: Number of Youth Served by Youth Mental Health First Aid Trained Organizations ○ ESM MHT.2: Percent of Youth Mental Health First Aid (YMHFA) Trained Adults Reporting High Knowledge of Youth Mental Health ● Percent of adolescents, with and without special health care needs, ages 12 through 17, who are bullied or who bully others - BLY <ul style="list-style-type: none"> ○ ESM BLY.1: Total number of youth served by an organization trained on mental health first aid for youth. ○ ESM BLY.2: Percentage of Youth Mental Health First Aid trained adults that report being very knowledgeable on recognizing the signs or symptoms of mental health or substance use challenges that may impact youth. ○ ESM BLY.3: Number of Youth and Educators Trained on Bullying Prevention and Social Emotional Learning (SEL) 		
<p>Advance strong systems that connect families to comprehensive, coordinated care across MCH populations.</p> <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 1: Percent of Primary Care Areas with Ideal Provider-to-Population Ratios <ul style="list-style-type: none"> ○ SPM ESM 1.1: Number of Behavioral Health Providers Enrolled Annually in the State Loan Repayment Program (SLRP) and Behavioral Loan Repayment Program (BLRP). ○ SPM ESM 1.2: Number of Primary Care Providers Enrolled in the J-1 Visa Waiver Program or the Student Loan Repayment Program (SLRP) 	New	Cross-Cutting/Systems Building
<p>Promote healthy development and well-being for all Arizona families by building community-rooted supports, strengthening interventions, and investing in sustainable public health systems.</p> <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 2: Percent of Children Living in Families who Demonstrate Qualities of Resilience During Difficult Times. <ul style="list-style-type: none"> ○ SPM ESM 2.1: Percent of Counties Implementing MCH Activities via Healthy Arizona Families Intergovernmental Agreements 	New	Cross-Cutting/Systems Building

Executive Summary

Program Overview

Arizona, one of the fastest-growing and most diverse states in the nation, is home to approximately 7.4 million residents. Nearly half of Arizona's population identifies as part of a racial or ethnic minority group, including roughly 32% who identify as Hispanic or Latino. Over a quarter of households speak a language other than English at home, reflecting the state's rich linguistic and cultural diversity. The state's population profile holds particular relevance for maternal and child health. Children under 18 make up about 22% of the population, and women of reproductive age (15 to 44) comprise nearly 20%. Arizona consistently records around 76,000 births each year, and the percentage of young children ages 0 to 5 is higher than the national average, underscoring the importance of early childhood programs and family support systems.

The state is also home to 22 federally recognized tribes, including the Navajo Nation, the largest tribe in the United States by both land area and population. Nearly 400,000 individuals in the state identify as American Indian or Alaska Native (AI/AN) alone or in combination. Arizona ranks third in the nation for total AI/AN population, with tribal communities residing across 15 counties. Over 30% of AI/AN individuals in Arizona live in rural or frontier areas, which face persistent challenges in accessing care due to provider shortages, long travel distances, and limited specialty services.

In total, 10 of Arizona's 15 counties are classified as rural or frontier, comprising over 90% of the land area but only 15% of the population. Arizona is the 6th largest state in the U.S. and shares a 389-mile border with Mexico. Arizona has a shortage of medical providers, which is particularly acute in sparsely populated, rural areas of the state. With 628 federally designated Health Professional Shortage Areas (HPSAs), Arizona needs 493 full-time primary care physicians, 339 dentists, and 144 psychiatrists statewide to eliminate these HPSAs.²⁴

Structure of the Title V Program

Arizona's Title V Program is implemented by the Arizona Department of Health Services (ADHS), one of the executive agencies that report to the Governor. Arizona Revised Statutes (A.R.S. § 36-691) designates ADHS as Arizona's lead state agency for the administration of Title V. The mission of ADHS is to promote, protect, and improve the health and wellness of individuals and communities in Arizona.

Within ADHS, the Bureau of Women's and Children's Health (BWCH) administers the Title V Program. Most of the programs funded through Title V are housed within BWCH, which is organized into four offices: Children's Health (includes infant health and children and youth with special health care needs), Women's Health (includes adolescent health), Oral Health, and the Primary Care Office (PCO). Ms. Laura Luna Bellucci, Chief of the Bureau of Women's and Children's Health (BWCH), currently serves as the Title V Maternal and Child Health (MCH) Director, with Jessica Stewart-Gonzalez serving as the Title V Children with Special Health Care Needs (CSHCN) Director. In Title V-funded programs and activities that occur outside of BWCH, there is a clear coordination of efforts between BWCH and the outside partners. Dr. Martín Celaya serves as the Bureau Chief for the Bureau of Assessment and Evaluation (BAE). BAE has continued to support Title V data, needs assessment, and evaluation activities. More information about the Bureau of Assessment and Evaluation can be found in section **III.C.1.b.ii.c. Title V Workforce Capacity & Workforce Development**.

Role of the Title V Program

Through Title V funding, the program leads, implements, funds, and partners in activities to reduce mortality and morbidity among women and children, eliminate health disparities in health outcomes and access to services, and increase access to health care. As demonstrated in the 2024 Annual Report narratives, Arizona's partnership with the Health Resources and Services Administration (HRSA)'s Maternal and Child Health Bureau (MCHB), through the Title V Block Grant, has allowed Arizona to leverage federal and non-federal resources to improve the health status of Arizona's mothers, infants, children and adolescents, including children and youth with special health care needs (CYSHCN) and their families. In 2024, Arizona's Title V Block Grant proudly served 1,097,042 and will work to sustain efforts through the strategies and activities proposed in this application. These activities underscore the importance of our numerous public and private partners in fully executing the mandate of Title V.

The Executive Summary highlights some key activities below. More information can be found in the population domain narratives, and **Appendix A** provides a table of Title V-funded programs by population domain.

The Title V Program provides leadership to and participates in several workgroups that bring together stakeholders around specific topics of importance to our Title V populations. These groups, which include the Maternal Health Task Force, Safe Sleep Task Force, Adolescent Health Alliance, Arizona Oral Health Coalition, the Preconception Health Alliance, the Collective Impact for Child Safety and Well-Being, the Perinatal Infant Health Task Force, and the Pediatric Advisory Council for Emergency Services (PACES), serve to identify needs and challenges and set agendas to address these. For a list of groups, view **Appendix B**.

An essential role of the Title V program is to increase education and awareness of issues that affect our populations. For example, in 2024, the program continued to fund the Arizona Chapter of the American Academy of Pediatrics to develop resources and share up-to-date information regarding infectious disease among children with pediatric providers in Arizona through the [Arizona Pediatric Infectious Disease Training Center](#). In 2024, BWCH continued to provide the new [Safe Sleep Toolkit](#), developed with Title V funding, and it is still being disseminated through the Strong Families AZ home visiting alliance and the ADHS Office of Injury and Violence Prevention.

The Title V Program also provides workforce and professional development training programs to strengthen the skills and knowledge of Arizona's medical and public health providers. For example, the Office of Oral Health (OOH) provides professional development opportunities for dental providers and program administrators on dental health issues, in partnership with the Arizona Alliance for Community Health Centers, the Inter-Tribal Council of Arizona, and the Greater Valley Area Health Education Center. The Child Fatality Review partners with the Maricopa Medical Examiner's Office to provide training on Sudden Unexpected Infant Deaths to law enforcement and first responders around the state. The training occurred in June 2024 and is scheduled to occur in August and September of 2025.

Through Title V funding, funded partners also implement direct services (or fund partners to implement direct services), such as family planning and reproductive health services, hearing and vision screening, home visiting support, and oral health and medical services for uninsured and low-income children.

Arizona's Title V Program collaborates with other State agencies, local governmental organizations, and private entities to promote and implement activities that address our priority needs. For example, the State utilizes around two million dollars in Title V funds for local county health departments to implement programs that address our state priority needs and selected National Performance Measures (NPMs). Within ADHS, the Title V program collaborates with the Bureau of Nutrition and Physical Activity (BNPA) to implement the Empower Program (which promotes health and wellness in state-licensed childcare facilities), promote breastfeeding, and maintain the Title V Toll-free Helplines; with the Bureau of Chronic Disease and Health Promotion on childhood injury prevention programs, like car seats, safe sleep, and tobacco cessation; with the State Laboratory Services on newborn screening; and with Office of Health Registries on the Arizona Birth Defects Monitoring Program. The Title V program also collaborates with other state agencies involved in child welfare, such as the Department of Education and the Department of Child Safety.

The Title V program in Arizona provides both monetary and non-monetary support, such as technical assistance and coordination, to many non-governmental and community-based organizations, academic institutions, professional associations, hospitals, clinics, and other private entities that are furthering the aims of the Title V Program.

Another key role Arizona's Title V Program plays is to provide referrals, linkages, and access to care. A principal means of doing this is through the various home visiting programs (e.g., MIECHV, High-Risk Perinatal Program, Health Start). The CYSHCN team is also, as part of the Mountain States Regional Genetics Network, working with partners in Newborn Screening, Arizona Early Intervention Program (AzEIP), Arizona American Academy of Pediatrics (AzAAP), and Phoenix Children's Hospital to increase use by pediatricians of the Developmental Delay Algorithm for genetic referrals.

An essential activity of the Title V program is collecting, analyzing, and disseminating MCH data. The data helps the Title V program identify areas of need and emerging issues, assess program effectiveness, measure improvement, and channel federal and state funding where it can be most impactful. This data is also vital for our community partners. An area of particular importance within data collection and analysis is the identification and designation of Health Professional Shortage Areas (HPSAs) and Medically Underserved Areas/Populations (MUA/Ps). Title V programs work with the PCO to complete the statewide assessment of areas for HPSA designation.

Family engagement and health for all are two guiding principles interwoven throughout the Title V strategies across all population health domains. Family engagement is a key strategy to identify, understand, and help address community factors that influence health outcomes and support MCH populations to achieve their full health potential.

More information can be found in the **III.B.2.a. Purpose and Design** section of this application.

Maternal and Child Health (MCH) Needs and Priorities

Arizona's Title V program employed multiple data collection strategies during the 2025 Title V MCH Needs Assessment to better understand the primary and preventive health service needs of Arizona's MCH populations. In addition to analyzing quantitative MCH data from national and state sources, the 2025 Needs Assessment was designed to meaningfully engage families and communities through a public survey, focus groups, and regional community forums. These approaches ensured the inclusion of both qualitative and quantitative data that reflect individuals' experiences and priorities of Arizona's communities. State and national surveillance data provided insight into key health trends, allowing Arizona to track progress and identify disparities across MCH indicators. The public survey, available in English and Spanish, reached more than 700 participants and gathered information on service needs and social conditions that impact health for all population domains. Focus groups were conducted in multiple priority populations, including tribal, rural, migrant, homeless/transient, and families with children/youth with special healthcare needs, resulting in 25 sessions across the state, including youth-specific groups. Community forums, held virtually and in person, engaged over 150 participants across borders, rural, and urban communities and asked residents to identify pressing health issues and rate their feasibility for change. One statewide Spanish-language forum was held to ensure Spanish-speaking residents had a dedicated space to share their perspectives.

To elevate Indigenous voices, the Title V program partnered with Diné College and the Inter Tribal Council of Arizona (ITCA) to conduct tribal-specific assessments across all 22 of Arizona's federally recognized tribes. These assessments, rooted in existing relationships between BWCH and tribal partners, aimed to identify strengths, needs, and culturally grounded approaches to improving MCH outcomes in Native communities.

A 35-member Steering Committee representing over 30 organizations guided the needs assessment and priority-setting process. The Steering Committee increased its membership of family and youth representatives and advisors by supporting participation for five individuals to share their insight as part of the committee. Members contributed to tool development, participant outreach, methodology review, and prioritization activities. Their leadership was instrumental in refining Arizona's MCH priorities and aligning

selected National Performance Measures (NPMs) and State Performance Measures (SPMs) to areas of highest need and opportunity.

Informed by community input and Steering Committee recommendations, Arizona's 2025 priorities build on past efforts while strengthening commitments to health for all Arizonans, family engagement, and high-quality care. The use of the term "optimal health for all" throughout the priorities reflects a renewed focus on ensuring all families, regardless of circumstance, have access to the services they need to thrive.

To guide and support the successful implementation of Arizona's MCH priorities, the Title V program identified four strategic anchors that serve as the foundation for all action planning and performance measurement activities. These anchors emerged from a comprehensive analysis of community feedback, qualitative and quantitative data, and partner engagement during the needs assessment process. Rather than standalone goals, the anchors function as core principles embedded across all priorities and strategies:

- Family and Community Partnership** – Centering families and communities as equal partners in program design, implementation, and evaluation to ensure services are reflective of their experiences and responsive to community needs.
- Optimal Health for All** – Committing to addressing root causes of disparities, with a focus on historically marginalized and disadvantaged populations.
- Data and Systems Infrastructure** – Strengthening systems for timely, high-quality data collection, integration, and use to drive decision-making, improve accountability, and support cross-sector collaboration.
- Access to Care** – Advancing equal access to comprehensive, community-responsive, and coordinated services across the life course and geographic regions of Arizona.

These strategic anchors are embedded throughout Arizona's 2025–2030 MCH priorities and inform the development of all Evidence-based or Informed Strategy Measures (ESMs), National Performance Measures (NPMs), and State Performance Measures (SPMs). They ensure the state's Title V efforts are not only measurable and impactful but also grounded in the values of health for all, partnership, and systems-level change.

Arizona's approach to the Title V Block Grant is grounded in evidence and data-informed practices, ensuring that decisions are driven by what works and responsive to community contexts.

Figure 1. 2025-2030 Statewide Maternal and Child Health Priorities and National Performance Measures (NPMs)

Population	Priority Statement	National Performance Metric
Women/Maternal	Support women's wellbeing by expanding mental health resources and removing barriers to respectful, preventive, maternity, and postpartum care.	Postpartum Visits Mental Health Screenings
Infant/Perinatal	Support healthy infant development by strengthening early identification and intervention systems and linking families to needed care.	Safe Sleep
		Risk-Appropriate Perinatal Care

Children	Support children's social, emotional, and developmental growth by advancing public health strategies for digital safety, early identification of needs, and behavioral health promotion.	Medical Home - Personal Doctor
Children and Youth with Special Health Care Needs	Support families of children and youth with special healthcare needs through accessible resources, caregiver and family-centered wellness programs, and streamlined care systems.	Transition to Adult Health Care
		Medical Home - Care Coordination
Adolescent	Expand youth-centered programs that support mental health, digital well-being, and access to age-appropriate health education to achieve their full health potential.	Bullying
		Mental Health Treatment
Cross-Cutting (Systems)	Advance strong systems that connect families to comprehensive, coordinated care across MCH populations.	Preventive Dental Visits - Child Preventive Dental Visits - Pregnancy
	Promote healthy development and well-being for all Arizona families by building community-rooted supports, strengthening interventions, and investing in sustainable public health systems.	Provider Accessibility (SPM)

How Federal Title V Funds Complement State-Supported MCH Efforts

Title V funds are leveraged to complement and address major gaps that exist in Arizona's MCH infrastructure, not otherwise supported through non-federal MCH dollars. Without Title V funding, a major gap would otherwise exist for children and youth with special health care needs (CYSHCN). The lack of state-appropriated funds for reproductive health services is another gap addressed through Title V funds. Approximately \$2.0 million in Title V funds supports maternal and child health initiatives and the provision of reproductive health services through county health departments (and one federally qualified health center). Title V funding also supports initiatives for PRAMS operations and implementation.

In FY2024, Arizona's total Title V funds amounted to \$7,883,506. This amount, coupled with \$12,056,360 in state funds for various MCH efforts such as Teen Pregnancy Prevention, Oral Health, Child Fatality Review, Health Start, Adult Cystic Fibrosis, State Loan Repayment Program, Newborn Screening, and High-Risk Perinatal Program, came to a combined total investment of \$19,939,866 that was leveraged to address the health needs of Arizona's MCH population.

This total investment allowed the program to serve 1,097,042 individuals via direct and enabling services while supporting the infrastructure in the public health system to serve between 94-99% of all Title V populations in the state. A majority of individuals served by Arizona's Title V Program were children (ages 1-21), including children with special healthcare needs (**Figure 2**). Of the 60.6% of children (ages 1-21) served, 21.8% were children with special healthcare needs, while 78.2% were children with no special needs (**Figure 3**).

Figure 2. Individuals Served (Direct & Enabling Services) by Arizona's Title V Program (1,097,042 Individuals), 2024

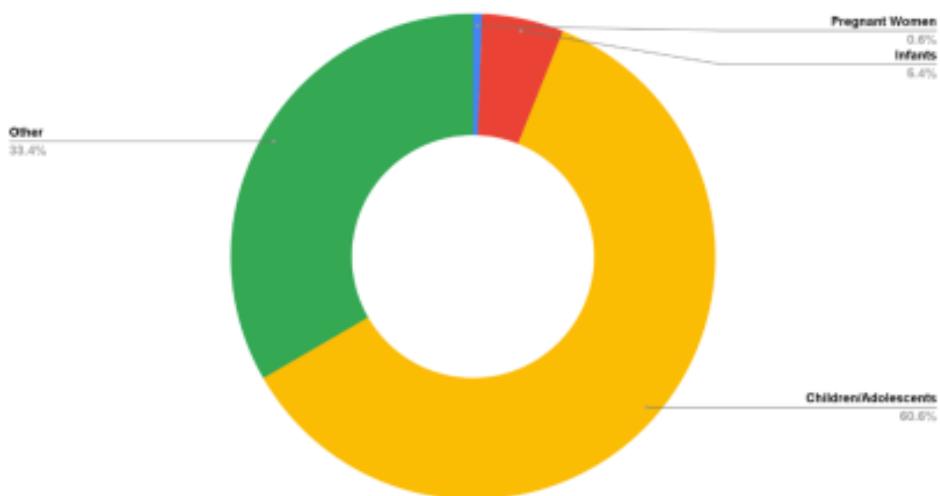
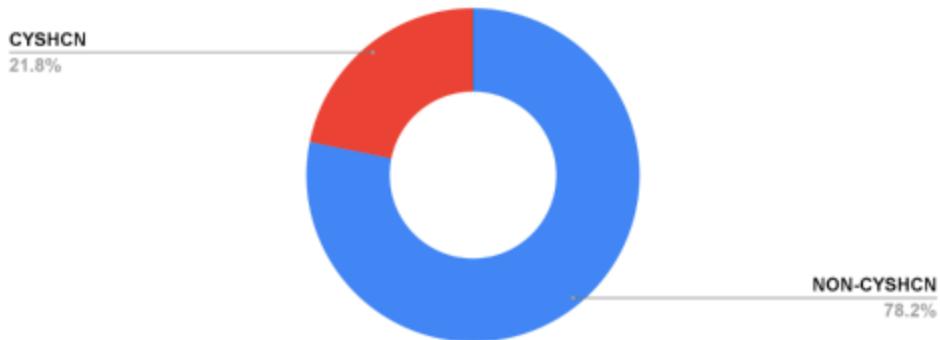


Figure 3. Distribution of Children (ages 1-21 years) Served (Direct & Enabling Services) by Arizona's Title V Program According to Special Need Status (664,680 children), 2024



MCH Success Story

Alhambra School District and Car Seat Checks

The Office of Children's Health works closely with the Office of Injury and Violence Prevention (OIVP), housed in the Bureau of Chronic Disease and Health Promotion. The Arizona Title V Program provides funding to the Office of Injury and Violence Prevention to support initiatives aimed at reducing injury and death among infants and children (e.g., Safe Sleep, traffic injuries, etc.). This includes promoting car seat accessibility and child passenger safety (CPS) education to reduce traffic injuries and fatalities among infants and children.

In the spring of 2024, the OIVP received a request from the Alhambra School District to help educate families on the importance of car seats and restraint use, specifically during the very hectic school pick-up line. To help address this need, OIVP partnered with the Phoenix Fire Department and the Arizona Governor's Office of Highway Safety to provide car seat education and a car seat check to help parents/caregivers understand the importance of everyone buckling up in the vehicle. The Alhambra School District and community appreciated the education on the importance of buckling up after school pick-up. After the educational session was provided and positively received by the community, OIVP connected with the AZ MIECHV-funded Strong Families AZ, Arizona's Home Visiting Alliance, to create additional resources to increase awareness of child passenger safety and car restraints, targeting parents and caregivers in the school pick-up line. These efforts aimed to support schools in promoting life-saving habits. ADHS created feather banners, A-frame signs, retractable banners, and magnetic bumper stickers. These activities were funded in partnership between the AZ Title V and AZ MIECHV grants.



In the fall of 2024, resources were shipped directly to the Alhambra School District and then the district distributed these signs among each of the school campuses in their district, which included preschools and HeadStart campuses as well. The Alhambra School District has received 20 feather banners, 29 A-frame signs, 2 retractable banners, and 30 magnetic bumper stickers. AZ Title V and Strong Families AZ were able to provide the safety resources at no cost to the school district. The signs serve as clear, visual reminders for families to buckle up every time, which ultimately helps protect students and families during pick-up and drop-off times. There are plans to add additional schools.

The OIVP also offered additional support, which included:

- On-site safety assessments, including walkthroughs of drop-off and pick-up areas, traffic flow reviews, signage placement recommendations, and optional parent safety presentations.
- Coordination of car seat safety events, such as car seat checkups—these may include access to free car or booster seats for families in need.
- Parent education resources, including flyers, handouts, and ready-to-use social media messages to promote child passenger safety within your school.

Additional information regarding the work of the OIVP can be found in the ***Children's Health 2024 Annual Update and 2026 Application.***

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

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.