



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

DISTRICT OF COLUMBIA

State Snapshot

FY2026 Application / FY2024 Annual Report

December 2025

Title V Federal-State Partnership - District of Columbia

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
SSDI Project Director is not applicable for DC	Desiree Brown Title V Program Manager

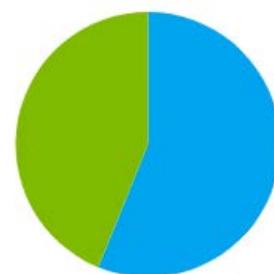
State Youth Leader
Kamil Quander Public Health Advisor

State Hotline: (800) 666-2229

Funding by Source

Source	FY 2024 Expenditures
Federal Allocation	\$6,789,692
State MCH Funds	\$0
Local MCH Funds	\$5,300,000
Other Funds	\$0
Program Income	\$0

FY 2024 Expenditures



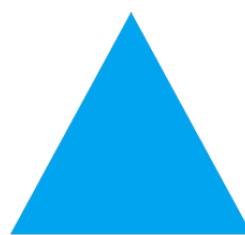
Funding by Service Level

Service Level	Federal	Non-Federal
■ Direct Services	\$6,410,151	\$34,001,504
■ Enabling Services	\$379,541	\$0
■ Public Health Services and Systems	\$0	\$0

FY 2024 Expenditures
Federal



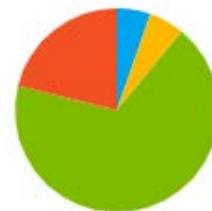
FY 2024 Expenditures
Non-Federal



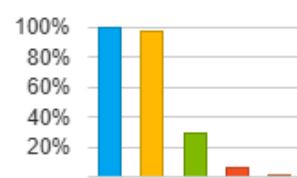
Percentage Served by Title V

Population Served	Percentage Served	FY 2024 Expenditures
■ Pregnant Women	100.0%	\$2,382,291
■ Infants < 1 Year	97.5%	\$2,505,101
■ Children 1 through 21 Years	29.5%	\$30,306,361
■ CSHCN (Subset of all infants and children)	6.1%	\$9,418,721
■ Others *	1.2%	\$0

FY 2024 Expenditures
Total: \$44,612,474



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>Decrease maternal morbidity and mortality for postpartum women</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: Percentage of mothers enrolled in home visiting programs who received a postpartum visit with a healthcare provider within 60 days of delivery and received recommended care components. 	New	Women/Maternal Health
<p>Reduce adverse perinatal outcomes for infants in their first year of life.</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: Number of pregnant women engaged through the implementation of early prenatal care with the Preterm Birth Reduction Initiative and assessed for high risk of preterm birth or having a very low birth weight (VLBW) infant. <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 1: Risk appropriate perinatal care - Decrease the proportion of Medicaid beneficiaries who deliver a low-birth-weight infant 	Revised	Perinatal/Infant Health
<p>Increase lactation support and education before, during, and after pregnancy</p> <p>NPMs</p> <ul style="list-style-type: none"> ● A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months - BF ○ ESM BF.1: Increase the percentage of WIC infants who received breast milk exclusively until at least 6 months of age 	Revised	Perinatal/Infant Health

<ul style="list-style-type: none"> <input type="radio"/> ESM BF.2: Increase the percentage of infants who received lactation support and ever breastfed until at least 6 months of age <input type="radio"/> ESM BF.3: Increase the percent of completed breastfeeding education training <input type="radio"/> ESM BF.4: Percent of pregnant and postpartum WIC clients served by breastfeeding peer counselors (WIC) <input type="radio"/> ESM BF.5: Percent of women provided with in-person or telephonic breastfeeding consults/support services 		
<p>Improving access to healthcare among children</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 <input type="radio"/> ESM MH.1: Percent of adolescents without a medical home and elected School-based Health Centers (SBHCs) as their medical home <input type="radio"/> ESM MH.2: Percent of District Medicaid-enrolled Children ages 10-17 who have had a well-child visit within the last year 	Revised	Child Health
<p>Promote access to resources and services that allow all children to develop and reach their full potential</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 <input type="radio"/> ESM DS.1: Percent of children who received a developmental screening through home visiting programs <input type="radio"/> ESM DS.2: Percent of children who receive early intervention for developmental support services after being screened with the Ages and Stages tool <input type="radio"/> ESM DS.3: Percent of children aged 24 to 35 months who received vaccinations on time to support health development 	Revised	Child Health
<p>Improve access to mental healthcare services among adolescents</p> <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 <input type="radio"/> ESM MHT.1: Reduce the percentage of high school students who reported that their mental health was most of the time or always not good, 	New	Adolescent Health

<p>by implementing mental health promotion initiatives embedded within adolescents communities</p> <ul style="list-style-type: none"> <input type="radio"/> ESM MHT.2: Percent of youth engaged in mental health initiatives and peer support programs that report a high level of engagement, defined by consistent participation, sense of belonging, and program satisfaction. 		
<p>Improve access to a family-centered, community-based, coordinated system of healthcare for Children with Special Health Care Needs (CSCHN)</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 <input type="radio"/> ESM MH.1: Percent of adolescents without a medical home and elected School-based Health Centers (SBHCs) as their medical home <input type="radio"/> ESM MH.2: Percent of District Medicaid-enrolled Children ages 10-17 who have had a well-child visit within the last year 	New	Children with Special Health Care Needs

Executive Summary

Program Overview

The mission of the DC Department of Health (DC Health) is to promote health and wellness across the District and protect the safety of residents, visitors, and those doing business in our nation's capital. Located within DC Health, the Community Health Administration (CHA) supports the agency's mission through the implementation of the *Framework for Improving Community Health*. The Framework guides CHA's strategies, objectives, and activities to improve the population health within the District by:

- Preventing the leading causes of death,
- Protecting and promoting the health of mothers and children, and
- Ultimately eliminating differences in health.

The District of Columbia's (DC) Title V Maternal and Child Health (MCH) Program plays a pivotal role in the fulfillment of CHA's approach toward the protection and promotion of health among mothers and children in the District. The Title V program provides vital financial and programmatic support for the MCH needs assessment, strategic planning, implementation, and evaluation of programs and initiatives to address identified needs and barriers to optimal health in the District.

The DC Title V Program is located within the Family Health Bureau (FHB) which functions under CHA. To further support the efforts of fulfilling the mission of improving the health of mothers and children in the District, the Perinatal and Infant Health Division Chief (PIHD) within FHB was elected as the State Title V Director in FY24. This helped strengthen the alignment of Title V's priorities with other efforts the PIHD and overall FHB teams contributed to improving community health. Programs within the bureau, programs within DC Health, and programs operating outside of the agency work more closely with the DC Title V team to facilitate a life course approach to addressing the MCH health. This approach recognizes that a person's health is determined by factors present before conception; addresses social determinants of health (SDOH); recognizes that poverty profoundly affects psychosocial well-being and are major contributors to differences in birth outcomes and lifelong health. Collaborations across programs within the administration support the implementation of system-level interventions, addressing underlying social policies that have broad impacts on improving health, and building collective impact while recognizing that sectors beyond public health and medicine must have a role in realizing long lasting health outcomes for all families.

In response to the recurring needs of the District's vulnerable populations, the DC Title V team implemented a needs assessment in 2020 to inform the current 2021-2025 block grant cycle. Nine MCH priorities were selected then incorporated into a five-year state action plan with strategies, objectives, selected National Performance Measures (NPMs), and written State Performance Measures (SPMs) and Evidence-based or Informed Strategy Measures (ESMs).

1. Improve women's reproductive health.
2. Decrease perinatal and infant health outcome differences.
3. Improve the mental health of children and adolescents.
4. Enhance positive youth development to decrease high-risk behaviors.
5. Enhance coordination for early intervention services to support healthy child development.
6. Improve access to healthcare and healthful foods among women and children.
7. Improve access to healthcare among children with special healthcare needs.
8. Improve access to healthcare among adolescents.
9. Improve oral health of pregnant women, children, and adolescents.

Using the State Action Plan to drive DC Health's service to the MCH community, the DC Title V team monitored and/or provided strategic oversight and direction for more than 35 relevant programs and initiatives. In FY24, efforts to conduct a needs assessment for the MCH population and their families commenced to identify emerging needs and inform the priorities for the upcoming 2026-2030 Title V block grant cycle. The top priority needs across all five population domains will inform the selection of new performance measures to focus on in the upcoming block grant cycle.

DC Title V program continues to support efforts to alleviate burdens experienced by the MCH community by promoting the strategic collaboration with community-based organizations, other DC government programs/teams, and local agencies.

Title V Population Domains:

The following sections provide a synopsis of DC Title V Block grant objectives and activities in supporting the District's MCH population. These are grouped based on the District's Title V population domains.

Women/Maternal Health

The **DC Pregnancy Risk Assessment Monitoring System (PRAMS)** estimates that 70.4% of mothers who gave birth in 2023 had a health care visit for a regular visit with an OB/GYN and 62.6% had a health care visit with a family doctor in the 12 months before pregnancy.

DC Health recognizes the importance of preventative health visits for women of reproductive age to help prevent poor health outcomes, prepare the woman for a healthy pregnancy, and treat existing conditions for a better quality of life. Improving women's reproductive health and promoting access to care are some ways to ensure a healthier future for DC residents. DC Health uses PRAMS data to monitor the agency's impact in encouraging reproductive-aged women to participate in preventative healthcare services. By funding two FQHC-managed programs, **La Clínica de Pueblo's, Mujeres Saludables (Healthy Women) Program and Unity Health Care Well Woman Project**, the DC Title V team continues to monitor progress towards achieving the performance goal of improving preventive health visits. The two grantees served over 4,000 non-pregnant women of reproductive-age and approximately 2,400 pregnant women in FY24. Both organizations employ a family practice model of care rooted in a holistic approach and implement strategies like wellness screenings, SDOH screenings and referrals to local resources catering to nutritional, mental/behavioral, emotional, legal, and housing needs.

Unity utilized evidence-based strategies to improve appointment rates to increase the number of reproductive-aged women engaged in well-women visits. During the 3rd quarter of the grant year a Cervical Cancer Screening text message campaign was conducted. This campaign was part of their efforts to reach their target population of reproductive-age women who are overdue for their Pap Smear screening. As a result, 95% of patients were reached with 6698 text messages that were successfully delivered to patients.

Perinatal/Infant Health

DC Health leads efforts to continue supporting a comprehensive approach to address infant mortality and morbidity through multiple interconnecting programs, partnerships, and community-based initiatives. The Perinatal and Infant Health Division oversees core strategies in partnership with the Title V program to address health issues especially among underserved communities.

In the District, adverse birth outcomes including preterm births, low birth weight, and infant deaths continue to disproportionately affect residents in Wards 5, 7, and 8. Yet, progress on addressing the geographic areas of the city (Wards 5, 7, and 8) has been stagnant. Across the eight wards, infant mortality rates during 2016-2020 were significantly higher in Wards 5, 7, and 8 at 6.0, 9.9, and 12.9 per 1,000 live births, respectively compared to Wards 2 and 3 at 2.1 and 3.0 per 1000 live births, respectively¹.

Strategies addressing perinatal and infant health outcomes such as the **Preterm Birth Reduction Initiative**, prioritizes screening, management of risk factors, and coordinated support for Medicaid-insured women especially those residing in Wards 5, 7, and 8 to prevent early birth and low birth weight were continued in FY24. The **DC Safe Sleep Program (SSP)** educates and empowers parents, caregivers, and partnering agencies with prevention information for Sudden Infant Death Syndrome (SIDS), Sudden Unexpected Infant Death (SUID), and safe sleep practices. In FY24, 1,615 parents/caregivers were educated on infant-safe sleep practices, and 182 partners were educated using the train-the-trainer model.

Through **DC Healthy Start**, DC Health offers targeted case management, doula support, group prenatal care and care coordination to pregnant women up to 18 months postpartum in neighborhoods with the highest infant mortality rates. The **Perinatal Quality Collaborative**, aligned with national AIM standards, bring together clinicians, public health experts, hospitals and families to implement data-driven clinical improvements across birth facilities which is supported by the Title V program. A District-wide Maternal and Infant Health Symposium was held in FY25 to bring attention to improving statewide maternal health outcomes. The symposium was held in October 2024 with a theme of “Breaking the Silos: Unified strategies to improve Maternal and Infant Health Outcomes in the District”. It allowed the Title V and PIHD team gather stakeholders from public and private organizations to conduct strategic planning sessions and gain organizational level action commitments for addressing MCH outcomes for the next five years

The **DC Breastfeeding coalition** continued to provide breastfeeding and lactation support to women and families with infants in FY24 with support from the Title V team. The program utilizes Title V funds to promote, protect and support programs and activities that build awareness and understanding of the preventive health benefits of breastfeeding. Services provide patients with lactation consultation in-person, virtual and by telephone with an emphasis on residents living in Ward 5, 7 and 8. In FY24, DCBFC program staff conducted 490 individual lactation consultations and 373 were from Wards 5, 7, and 8.

Child Health

The National Survey of Children's Health data for 2023 showed that 59.8% of children ages 9 through 35 months did not receive developmental screenings and increase from 58.5% in 2022. DC Health recognizes that efforts towards improving these screening rates should continue to ensure that children are receiving early intervention services. The DC Title V program continues to provide support and oversee the **DC Maternal, Infant, Early Childhood Home Visiting (MIECHV)** program. MIECHV offers voluntary home visiting services to promote infant and child health, foster education and school readiness, and help prevent child abuse and neglect. In FY24, the Georgetown University Parenting Support Program (PSP) served 24 caregivers and 34 children. Of those children, six children were screened using the ASQ:SE-2 and four received developmental screening. Home visitors worked with parents to implement activities that promote social-emotional development and follow up as needed. Referrals were made to programs such as Strong Start, D.C.'s early intervention program for infants and toddlers with disabilities or developmental delays. The District's **MIECHV Program continued to fund Mary's Center** to implement evidence-based home visiting models in FY24. The Mary's Center Home Visiting team continued to provide home visiting services to participant populations with varying demographic backgrounds and served 172 children within 125 households. Through the DC MIECHV Program, Mary's Center supported children being screened to identify any developmental delays or disabilities before reaching school age.

The DC Title V Program also continued its partnership with **DC Health's Immunization Division** and the **Child, Adolescent, and School Health (CASH)** teams to ensure that District children are receiving timely immunization and prevent vaccine preventable diseases across the lifespan. DC Health Immunization Division granted funds to two VFC providers, Children's Mobile Medical program and Medstar Georgetown Kids Mobile Medical Unit, to host school-associated vaccination events during the fall of 2023 and summer of 2024 to ensure children who were entering school at age 3 (36mos) were vaccinated as required by law.

In FY24, DC Health continued to fund and provide technical support for **Mary's Center Medical Home Identification for School-Age Children and Families Program** (Mary's Center) to support the medical home utilization objective. Low-income residents with children ages 0 –17 (with or without special healthcare needs) and their families often face challenges in navigating the healthcare system, especially those who are non-English or limited English speaking and foreign born. Challenges often appear as language barriers and low health literacy. The program is staffed with a dedicated full time, bilingual Family Support Worker (FSW) working within an existing School-Based Mental Health (SBMH) program across 26 DC public and public charter schools to educate students and families about the importance of selecting a medical home. In FY24, the Family Support Worker (FSW) provided appropriate care to 652 students and their families to successfully connect them to medical, dental, behavioral, and social services.

Adolescent Health

Many District adolescents encounter traumatic, stressful, and difficult life events because of existing socio-economic and geographic differences occurring within their families and environments. These differences can be challenging to overcome without proper resources and community support. Engaging adolescents with evidence-based interventions to promote positive health behaviors and outcomes is a DC Title V priority. Hence, the DC Title V team continues to support and partner with community-based organizations who target District youth to provide relevant, quality services that address their medical, mental health, and social needs.

To help increase linkages to, and navigation through a medical home for adolescents, DC Health encourages and empowers students to utilize their school-based health centers as their medical home. Title V team provides support for (DC Health) staff overseeing the locally funded **School-Based Health Center Program (SBHC)**, which plays a role in addressing each of the priority needs.

During FY24, DC Health continued to provide oversight to seven (7) SBHCs operated by four DC Health grantees – Children's National Hospital, MedStar Health Research Institute, Mary's Center, and Unity Health Care, Inc. – in DC Public high schools.

In FY24, SBHCs completed 6,633 total visits and served 4,674 total students (unduplicated), an increase from the 4,612 (unduplicated) students served in FY23.

In FY24, DC Health continued the implementation of the **Pediatric Mental Health Care Access (PMHCA)** program. To increase the availability and accessibility of a network of pediatric mental health teams, DC MAP offers both in person (as requested) and telehealth services to accommodate the needs of the families served. DC MAP serves all wards, but receives most of its referrals from wards 5,

7, and 8. In FY24, the program served 783 individuals, including 775 children and adolescents (1-21 years) and 8 infants (under one year). 40 providers formally enrolled with DC MAP to use program consultation (teleconsultation or in-person) or care coordination support services. Of those, 11 providers contacted the program for consultation (teleconsultation or in-person) or care coordination support services. In total, 78 consultations were made via telehealth, and 779 referrals were provided to pediatric providers.

Children with Special Health Care Needs

The 2023 National Survey of Children's Health (NSCH) estimates that 66% of children and youth with special health care needs (CYSCHN) in the District, ages 0 – 17, did not have a medical home. In the District, efforts in FY24 centered on improving care coordination capacity, increasing family engagement, expanding responsive navigation support, and aligning provider practices with national standards for medical home recognition.

To bridge the gap between CYSCHN and medical home utilization, the DC Title V program continued to fund and provide programmatic and technical assistance to the **Children's National Medical Center Parent Navigator Program** to implement the strategies of employing and empowering Parent Navigators to provide guidance and support to families on accessing services, work with providers, and other aspects of care coordination for CYSCHN. Additionally, these Parent Navigators provide guidance and support to families to encourage adolescents with CYSCHN in their transition into adult care. The Parent navigator program provided navigational services to 295 unique families resolving 894 issues related to scheduling appointments, care coordination, assessments, and other barriers to families of CYSCHN. Services were delivered to 88 patients with autism, primarily aged 0–5 years, with a focus on reestablishing their connection to a medical home in FY24.

Cross-Cutting/Systems Building

In the District, 7.5% of adult residents were worried or stressed about having enough money to buy nutritious meals². These rates are higher in neighborhoods with less access to a full-service grocery store which impacts their ability to make healthy food choices, especially wards 7 and 8. Because of this clear lack of access, DC Health continues to fund programs like **Healthy Corner Stores, Joyful Food Market, SNAP-Ed and Produce Plus** to minimize the existing gap. These programs combined reach over 2000 people in the District by improving the nutrition environment and reducing barriers to accessing healthy foods.

How Federal Title V Funds Complement State-Supported MCH Efforts

The District of Columbia's use of Title V MCH Services Block Grant funds has been instrumental in advancing a comprehensive, coordinated system of care that addresses the underlying factors contributing to maternal and child health issues. Title V funds serve as a central hub across the District, anchoring MCH initiatives, aligning efforts, and fostering synergy among government agencies, community stakeholders, and individuals with lived experiences. This centralized approach enables the District to reduce duplication of services and create more efficient systems that address the root causes of poor health outcomes.

Through CHA within DC Health, Title V funds have been leveraged alongside local investments to amplify the District's capacity to serve women, children, and families, including those with special healthcare needs. State match funds complemented federal resources to support critical programs such as Teen Pregnancy Prevention, Home Visiting, Preterm Birth Reduction, Healthy Steps, Perinatal Quality Collaborative, and School-Based Health Centers. Together, these efforts reflect a public health infrastructure that integrates clinical care with enabling services, addressing both medical needs and social determinants of health. Title V funds acted as a vehicle to streamline processes and convene stakeholders across sectors. For example, the District prioritized creating forums for community engagement that brought individuals with lived experiences into decision-making spaces. This presence fostered a more responsive MCH system, ensuring that the voices of those most affected by poorer health outcomes shaped policy and program development.

The collaborative structure also allowed for coordinated action among local programs and initiatives, including: Preterm Birth Reduction initiatives that focused on improving prenatal care and addressing social determinants; Expansion of Home Visiting services to provide early childhood support and prevent adverse outcomes; School Health Services and School-Based Health Center programs, which integrate preventive care and mental health services within educational settings; Place-based vaccination initiatives to increase immunization coverage, particularly in underserved communities; and the DC Mental Health Access in Pediatrics program and Youth Tobacco Cessation campaigns targeted behavioral health and adolescent risk behaviors. Additionally, enabling services funded under Title V—such as parent navigation, breastfeeding peer counseling, and safe sleep education—played a crucial role in reducing barriers to care. Staff and partners played a crucial role in coordinating resources to enhance the MCH system's reach and sustainability, ensuring alignment with key priorities.

Title V funding provided the District with the infrastructure and flexibility needed to integrate health promotion, prevention, and clinical services. It not only addressed immediate health concerns but also built a resilient system capable of tackling the underlying factors that impact the health and well-being of women, children, and families. This investment has positioned the District to continue advancing an MCH system that is efficient and focused on achieving better outcomes for all residents.

MCH Success Story

Over the past five years, the Maternal and Child Health Services Block Grant has focused on enhancing access to quality health care services for women, particularly those facing challenges in finding care in their communities. In the current state action plan, DC Title V prioritized improving reproductive health care and promoting access to essential services. DC Title V supported statewide programs to address barriers to accessing networks of care that affect the health of women before, during, and, after pregnancy including the Breast and Cervical Cancer Early Detection Program, known as Project Wish (Women into Staying Healthy). DC Title V understands that investing in quality and accessible healthcare for women results in improved quality of life for a family. Cancer is the second leading cause of death in the United States as well as in the District of Columbia (DC). According to the American Cancer Society, uninsured individuals are significantly more likely to be diagnosed with cancer at a later stage, when treatment is often more complex, costly and less successful.

Project Wish implements strategies to address the high incidence and mortality rates of breast and cervical cancer amongst the populations of highest risk in the District. Project Wish aims to increase early detection of these cancers when treatment has the best prognosis by providing free breast and cervical screening and diagnostic testing to underinsured and uninsured women. Project Wish implements a 3-pronged approach: 1) direct screening support through cost reimbursements to providers, 2) health systems change to improve provider workflows and increase screening rates, and 3) community-clinical linkages through use of patient navigators to remove barriers to screening and follow-up testing. Ongoing surveys among Project Wish patients indicate language and transportation are the top barriers. In 2024, Project Wish served 752 women receiving breast (657) and cervical (98) screening and diagnostic services. The Project Wish team carries out ongoing data monitoring and assessment to analyze program progress and areas needing improvement. DC Health identified a concerning trend among patients at Breast Care for Washington. The rate of diagnostic follow-ups for women dropped from 67% in 2022 to 40% in 2023. This significant decline highlighted the need for a strategic intervention to improve follow-up care.

In response, DC Health implemented a multifaceted technical assistance and quality improvement approach. This strategy was designed to significantly increase the proportion of women completing follow-up testing after an abnormal mammogram screening within 60 days. Key components of this initiative included dedicated Patient Navigators to screen and connect patients to social support needs such as housing, food, transportation and mental health services through LinkU platform and Uber Health rides. These navigators played a crucial role in ensuring that patients were actively followed and completed their diagnostic follow-ups within the critical 60-day window. DC Health also provided enhanced database trainings and met weekly with Breast Care for Washington staff to improve data documentation, accuracy, and completeness.

Through targeted efforts, breast cancer diagnostic follow-up rates improved dramatically from 45% to 74% by June 2024. This increase reflects the effectiveness of new strategies put in place. The success of Project Wish and the initiatives under the Maternal and Child Health Services Block Grant demonstrate DC Health's commitment to continuous quality improvement and increasing access to quality health care for women in D.C. By addressing barriers and implementing innovative solutions, we are paving the way for healthier futures for mothers and their children.

Maternal and Child Health Bureau (MCHB) Discretionary Investments - District of Columbia

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.