



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

DELAWARE

State Snapshot

FY2025 Application / FY2023 Annual Report

November 2024

Title V Federal-State Partnership - Delaware

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 FY2025 Application / FY2023 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 |
|--|--|
| Leah J. Woodall Chief, Family Health Systems leah.woodall@delaware.gov (302) 608-5754 | Isabel Rivera-Green CYSHCN Director isabel.rivera-green@delaware.gov (302) 608-5747 |

| SSDI Project Director | State Family Leader |
|--|---|
| Elizabeth R Orndorff SSDI Director elizabeth.orndorff@delaware.gov (302) 608-5744 | Meedra Surratte, M.ED. Executive Director of Parent Information Center of Delaware/Delaware Family Voices msurratte@picofdel.org (302) 999-7394 |

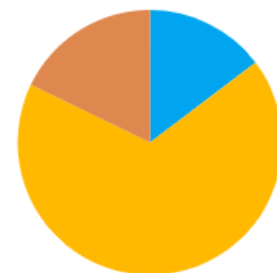
| State Youth Leader |
|---------------------------------|
| No Contact Information Provided |

State Hotline: (800) 464-4357

Funding by Source

| Source | FY 2023 Expenditures |
|--------------------|----------------------|
| Federal Allocation | \$2,126,787 |
| State MCH Funds | \$9,783,792 |
| Local MCH Funds | \$0 |
| Other Funds | \$0 |
| Program Income | \$2,580,255 |

FY 2023 Expenditures



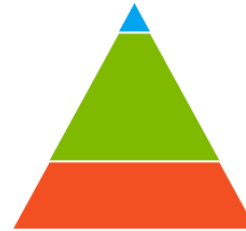
Funding by Service Level

| Service Level | Federal | Non-Federal |
|------------------------------------|-------------|-------------|
| Direct Services | \$0 | \$1,344,513 |
| Enabling Services | \$1,916,076 | \$6,043,574 |
| Public Health Services and Systems | \$210,711 | \$3,157,312 |

FY 2023 Expenditures Federal



FY 2023 Expenditures Non-Federal



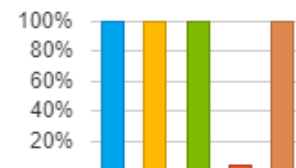
Percentage Served by Title V

| Population Served | Percentage Served | FY 2023 Expenditures |
|--|-------------------|----------------------|
| Pregnant Women | 100.0% | \$5,535,992 |
| Infants < 1 Year | 100.0% | \$0 |
| Children 1 through 21 Years | 100.0% | \$4,429,292 |
| CSHCN (Subset of all infants and children) | 3.5% | \$1,749,514 |
| Others * | 100.0% | \$0 |

FY 2023 Expenditures Total: \$11,714,798



FY 2023 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 2020 Needs Assessment reporting cycle. Beginning with the FY 2025 Application, 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 | Reporting Domain(s) |
|--|--------------------------------|
| <p>Women have access to and receive coordinated, comprehensive services before, during and beyond pregnancy.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of women, ages 18 through 44, with a preventive medical visit in the past year (Well-Woman Visit, Formerly NPM 1) - WWV <ul style="list-style-type: none"> ○ ESM WWV.1: # of women who receive preconception counseling and services during annual reproductive health and preventive visit at family planning clinics ○ ESM WWV.2: % of women served by the HWHBs program that were screened for pregnancy intention ○ ESM WWV.3: % of Medicaid women who use a most to moderately effective family planning birth control method <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 1: Percent of Delaware women with a recent live birth who indicated that their pregnancy was unintended. ● SPM 2: Reduce the percent of infant deaths of black women enrolled in HWHB programs as compared to black women not enrolled in HWHB. | <p>Women/Maternal Health</p> |
| <p>Improve breastfeeding rates.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● A) Percent of infants who are ever breastfed (Breastfeeding, Formerly NPM 4A) B) Percent of infants breastfed exclusively through 6 months (Breastfeeding, Formerly NPM 4B) - BF <ul style="list-style-type: none"> ○ ESM BF.1: Increase the number of birthing facilities that receive baby friendly designation ○ ESM BF.2: Percent of infants receiving breast milk at 6 months of age enrolled in home visiting | <p>Perinatal/Infant Health</p> |
| <p>Children receive developmentally appropriate services in a well coordinated early childhood system.</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 (Developmental Screening, Formerly NPM 6) - DS <ul style="list-style-type: none"> ○ ESM DS.1: Percent of children, ages 9 through 71 months, receiving a developmental screening using a parent completed screening tool enrolled in a MIECHV program. | <p>Child Health</p> |

| Priority Needs and Associated Measures | Reporting Domain(s) |
|---|---|
| <ul style="list-style-type: none"> ○ ESM DS.2: # of new pediatric practices to adopt PEDs ○ ESM DS.3: % of children at pediatric practices who adopt PEDS and/or use CHADIS with documentation of a referral to early intervention due to having a higher risk developmental screen. | |
| <p>Empower adolescents to adopt healthy behaviors.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of adolescents, ages 12 through 17 who are physically active at least 60 minutes per day (Physical Activity - Adolescent, Formerly NPM 8.2) - PA-Adolescent <ul style="list-style-type: none"> ○ ESM PA-Adolescent.1: Determine which policy recommendations that address health promotion and disease prevention initiatives in schools and community-based settings that MCH can assist or lead implementation efforts. ○ ESM PA-Adolescent.2: DPH will provide technical assistance for FitnessGram implementation, professional development and training opportunities for Delaware educators, and provide online resources and Tool Kit. ○ ESM PA-Adolescent.3: Increase the percent of locations implementing the Triple Play model within DE schools. | Adolescent Health |
| <p>Increase the number of adolescents receiving a preventative well-visit annually to support their social, emotional and physical well-being.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of adolescents, ages 12 through 17, with a preventative medical visit in the past year (Adolescent Well-Visit, Formerly NPM 10) - AWW <ul style="list-style-type: none"> ○ ESM AWW.1: Finalize the School Based Health Center Strategic Plan, which is anchored in best-practices. ○ ESM AWW.2: % of adolescents receiving services at a school-based health center who have a risk health assessment completed ○ ESM AWW.3: Increase the # of unique mental health visits provided to SBHC enrollees ○ ESM AWW.4: % of mental health visits within a SBHC that include screening and assessment for developmental, emotional, and behavioral issues. ○ ESM AWW.5: % of children and adolescents receiving services for Project THRIVE | Adolescent Health |
| <p>Increase the percent of children with and without special health care needs who are adequately insured.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of children, ages 0 through 17, who are continuously and adequately insured (Adequate Insurance, Formerly NPM 15) - AI <ul style="list-style-type: none"> ○ ESM AI.1: Establishment of Cross-Agency Coordination Committee between DPH and Medicaid | Children with Special Health Care Needs |

| Priority Needs and Associated Measures | Reporting Domain(s) |
|---|---------------------|
| <ul style="list-style-type: none"> ○ ESM AI.2: # of Children with Medical Complexities Advisory Committee (CMCAC) meetings and/or sub-committee meetings attended to improve support of these children included Medicaid coverage. ○ ESM AI.3: % of primary caregivers and children with health insurance among Home Visiting participants ○ ESM AI.4: Increase the percent of families enrolled as a member of the Family Leadership Network. ○ ESM AI.5: Increase the percent of CYSHCN 0-17 that are served by the Family SHADE mini-grantees. | |
| <p>Improve the rate of Oral Health preventive care in children.</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 (Preventive Dental Visit - Child, Formerly NPM 13.2) - PDV-Child <ul style="list-style-type: none"> ○ ESM PDV-Child.1: Percent of children, ages 1 through 17, who had a preventive dental visit in the past year. ○ ESM PDV-Child.2: Increase the referrals received for dental services via the DEThrives website. | <p>Child Health</p> |

Executive Summary

Program Overview

The Delaware Maternal and Child Health/Title V Program is housed within the Department of Health and Social Services, Division of Public Health (DPH), Family Health Systems (FHS). Housed within FHS is our Bureau of Adolescent and Reproduce Health, Bureau of Maternal and Child Health and the Center for Family Health Research & Epidemiology. Delaware's Title V MCH Director also serves as the FHS Section Chief. Therefore, all programs within FHS are under the direction of the MCH Title V Director. This allows for greater collaborative relationships between the three Bureaus under FHS. Delaware's Title V priorities and plans for the coming year are presented below by population domain, as defined by the MCHB.

Population Domain: Women's and Maternal Health

Defining the Need: In 2022, 81.9% of Delaware women, ages 18-44, had received a routine check-up within the last year (Behavioral Risk Factor Surveillance System). Access to preventive health care is critical to identify health issues early, prevent the onset of disease, and prepare women for healthy pregnancies.

Accomplishments to Date: Through a partnership with the Delaware Healthy Mothers and Infants Consortium (DHMIC), there has been much work to educate our population about preconception health, in which preventive health visits play a key role. This work includes social media outreach around the theme that "Health Begins Where You Live, Learn, Work & Play." Over the last year, DPH has started to implement a new 5 year DHMIC Strategic Plan, which includes a well women care initiative and an aspirational goal to eliminate health disparities as a priority, supported new DHMIC leadership and members, implemented Healthy Women Healthy Babies (HWHB) 3.0 program model to focus on a) performance/value based care b) address the social determinants of health c) coordinate and provide referral linkages with community health workers and d) strengthen integration of behavioral health into the model, operate and sustain HWHB Zones community based interventions, and supported the training and deployment of community health workers deployed in high risk zones to support HWHB to link women of reproductive age to maternal and child health support and services.

Plans for the Coming Year: We will also continue to educate and counsel women of reproductive age about all contraceptive methods that are safe and appropriate for them, including the most effective methods, long-acting reversible contraceptives (LARCs). DPH will work with partners to implement a law passed two years ago that allows pharmacists in DE, along with 11 other states, to administer or dispense contraceptives under a standing order from DPH in addition to an implementation plan of regulations finalized this year. Delaware will continue to refine and implement the HWHB program 3.0, providing preconception, nutrition, prenatal and psychosocial care for women at the highest risk focused on value-based care by monitoring a core set of benchmark indicators. In partnership with Maternal and Child Death Review Commission, promote, educate and roll out and distribute maternal health warning signs materials and toolkit to providers. Delaware will work on a sustainability plan to support Healthy Women Healthy Babies Zones or community-based interventions to address the social determinants of health, providing coaching and technical assistance using a learning collaborative approach.

Population Domain: Perinatal/Infant Health

Defining the Need: According to the 2022 Breastfeeding Report Card, 83.6% of babies born in Delaware in 2019 were "ever breastfed or fed breast milk"; equal to the national estimate of 83.2%. Delaware scored a 93 on the 2022 mPINC is CDC's national survey of Maternity Practices in Infant Nutrition and Care with several indications receiving 100. According to Pregnancy Risk Assessment and Monitoring System (PRAMS) data, the percentage of women who ever breastfed increased by 12% from 79.2% in 2012 to 88.6% in 2021 and currently breastfeeding increased by 23% from 48.8% in 2012 to 60.1% in 2021 among women with a recent live birth. There were differences in breastfeeding rates by race and ethnicity. For instance, based on PRAMS data, the 2021 prevalence of ever breastfed among Black non-Hispanics was 85.0% as compared to 88.0% among White non-Hispanics, 91.4% among Hispanics, and 96.7% among other races non-Hispanic. Similarly, the 2021 prevalence of currently breastfeeding among Black non-Hispanics was 48.1% as compared with 64.4% among White non-Hispanics and 57.7% among Hispanics, and 71.9% among other races non-Hispanic.

Accomplishments in the Past Year: Delaware created and launched a website to capture nutrition education, with extensive information on breastfeeding that was once only offered to participants in the form of physical literature. They now will have this vital education wherever they are from their mobile device. This site can be accessed here:

<https://delaware.wicresources.org/breastfeeding/>. FY 2024 Findings from the Gibbous Group will be used to assess current program successes and opportunities to improve program operations. According to the Gibbous findings in the First and Second Quarter Report of Fiscal year 2023 and the WIC WOW Data System:

- Breastfeeding initiation at increased by 4% in the last two quarters.
- Breastfeeding initiation rates in the WIC population has increased by 2% from the 1st to the 2nd quarter.
- Exclusivity increased by 3% from the 1st to the 2nd quarter.
- 12-month duration remained level during the 1st and 2nd quarter.

DE WIC built a cross-functional team that includes WIC program staff, local clinic staff, birthing hospital leadership, and community peer counselors to meet quarterly to review the latest breastfeeding rates and develop big and small strategies to enhance the peer counselor role and breastfeeding supports across the state. In coordination with the team, the WIC program does an annual survey of participants to identify issues and inform participant-driven strategies.

Plans for the Coming Year: The Delaware WIC Program will again be hosting the Annual Breastfeeding Event virtually on August 2, 2024. Speakers, including Marsha Walker and Cierra Murphy-Higgs, have already committed to the day. The Breastfeeding Coalition of Delaware was selected as one of the HWHB mini-grant awardees. Their goal is to improve breastfeeding rates for women of color to the HWHB high-risk zones of Wilmington, Claymont, and Seaford by providing access to community resources, education, and peer support. The project, Delaware Breastfeeding Village is offering accessible support, engaging groups, text check-ins, access to variable levels of lactation support, and incentives for participation. In addition, the Breastfeeding Coalition of Delaware hired three diverse breastfeeding peer counselors (BPC) and one lactation consultant to provide breastfeeding support to women. WIC and Medicaid eligible mothers can participate in a 6-month program where they receive support from a breastfeeding peer counselor and a lactation consultant if needed.

Population Domain: Child Health

Defining the Need: Delaware continues to steadily adopt strategies to improve upon developmental screening. According to the 2021/2022 NSCH, only 34.3% of Delaware children, ages 9-35 months, received a developmental screening – on track with the national average of 33.7%. In addition, Delaware aims to increase access to comprehensive oral health care for children most at risk for oral disease. According to the 2021/2022 NSCH, 75.4% of Delaware children, ages 1 through 17, have had a preventive dental visit in the past year.

Accomplishments in the Past Year: Staff at Help Me Grow 211 served about 3,970 families, linking them to resources, services including general information and education-related materials. Staff also referred nearly 2,338 families for basic needs and family supports or to a program. With recent legislation, licensed childcare centers began administering annual developmental screens of enrolled children using the Ages and Stages Questionnaire (ASQ). Over 900 childcare centers have been enrolled to begin yearly ASQ screens. This demand has elevated the follow-up support the DOE receives from HMG@211 staff. The Books Balls and Blocks project participated in 11 events and interacted with about 86 families, who were provided information on early childhood education and health. From July 1, 2023, through June 4, 2024, the DE Smile Check Program provided a dental screening to 2,602 students. In addition, 2,468 students received a fluoride varnish application. There were 302 students that were identified as having an urgent dental need and 767 with suspected dental decay. Of those, 166 were connected to a dentist and completed all dental treatment, while 42 qualified for Medicaid and are now insured under Medicaid or DCHIP.

Plans for the Coming Year: Through strategic planning, the ECCS program plans to re-introduce the HMG system across the state for better understanding by stakeholders. For the next 3-5 years, the ECCS program also intends to focus on 2 major high risk zip codes in the state. The ECCS program also intends to continue efforts to organize events targeting fathers. The Bureau of Oral Health and Dental Service will continue to expand current oral health education programs. BOHDS has a dedicated team for education that will focus on development and delivery of specialized oral health education and trainings for populations at greater risk for developing decay or injury and less likely to receive dental care. These programs will include individuals with systemic health conditions, pregnant people, experiencing substance abuse, people with disabilities, people with cancer, or mental health challenges. Oral health will be promoted within the family, schools, workplace, and primary healthcare to reduce oral health inequalities, connect them to a dental home and improve oral health literacy.

Population Domain: Adolescent Health

Defining the Need: The priority need is to increase the number of adolescents receiving a preventive well-visit annually to support their social, emotional, and physical well-being. The 2021/2022 NSCH shows that the percentage of Delaware adolescents who have had a preventive medical visit in the past year rests at 74.2%, compared to 69.7% nationally. In addition, Delaware strives to increase the number of adolescents who are physically active. According to the 2021/2022 NSCH, 72.3% of Delaware children, ages 6 through 11 are not physical active.

Accomplishments in the Past Year: Legislation was approved for two high needs elementary SBHC per year until all high needs elementary schools are in compliance. There are currently 20 high need elementary schools in Delaware. Two more elementary schools became a State Recognized School-Based Health Center Provider. As a SBHC are eligible to provide medical, mental health care treatment and health education. PANO has facilitated technical assistance with community partners on the planning and implementation of their community-based interventions, all of which impact children and families. PANO worked with many community partners to provide TA on: an asthma self-management program to be offered to children in schools and/or in youth-serving organizations; improving access to healthy, locally produced food in targeted communities; a program for children with disabilities that educates and teaches skills to increase healthy eating, and increases physical activity for this population; and revitalizing a community space for health education and physical activity for children in an underserved community.

Plans for the Coming Year: There continues to be a growing interest for expansion in schools and the enrollment and utilization of SBHCs has increased. There continues to be a large number of stakeholder interest and commitment to provide evidence based SBHC services based on innovations in practices and policies, to enhance the growing number of SBHCs within the local healthcare, education, and community landscape. PANO will partner with other state agencies and community organizations to sustain community capacity building. DPH will engage community partners who are primarily serving disparate or targeted communities. These efforts will enable community-based organizations to achieve long-term and sustainable outcomes around

health and wellness initiatives that support young Delawareans and the communities that care for them. PANO will promote policy, systems, and environmental change strategies and interventions through community-based initiatives.

Population Domain: CYSHCN

Defining the Need: According to the 2021-2022 National Survey of Children's Health (NSCH), 40.2% of Delaware CYSHCN, ages 0 through 17, have a medical home in comparison to the nationwide CYSHCN average of 40.7%. Among the sub-group of children with special health care needs that have a medical home, 42.3% of Delaware CYSHCN were insured at the time of the NSCH survey in comparison to the nationwide to the nationwide CYSHCN average of 41.6%. Through the Block Grant, Delaware will continue to actively work with partnering state and community contracted agencies to assure that all CYSHCN have a medical home and are adequately insured through statewide initiatives with grantees that serve CYSHCN.

Accomplishments in Past Year: The Parent Information Center (PIC) completed their 3rd year as DPH's vendor to implement the newly revitalized Family Support Healthcare Alliance Delaware (SHADE) project. The programmatic approach included family and professional partnerships at all levels of decision making, to best serve our CYSHCN and their families. PIC implemented the Family Leadership Network (FLN) which is a network for parents/guardians of children birth to 26 that have a special health care need. The FLN network membership is a member network which offers trainings, monthly learning community sessions, and support with Individual Educational Plans, and referrals. FLN members received monthly stipends for attendance and participation pending that there was funding available. The FLN recruited 11 family members that had a child or youth with special health care needs in their family.

Plans for the Coming Year: PIC will continue to implement Learning Communities to families and organizations that serve parents of CYSHCN through the Family SHADE project. The project will align MCH NPMs through the services rendered by organizations in Delaware that serve families of CYSHCN. To enhance capacity and sustain programs that serve CYSHCN, Family SHADE will continue to provide TA to newly awarded mini-grantees in year 4. PIC will provide TA and quality assurance to the newly awarded mini-grantees working on developing a Logic Model, Work Plan, Evaluation Plan, Evaluation Tool, Sustainability Proposal, and a COVID Response Plan. The CYSHCN Director in partnership with the EHDl Coordinator, FLN members, Family Delegate, and leadership within the MCH Title V will work together to develop a seamless crosswalk approach in the implementation of the CYSHCN Blueprint for Change Guiding Principles so that we are identifying needed areas where gaps in service delivery to CYSHCN and their families are not being met.

How Federal Title V Funds Complement State-Supported MCH Efforts

Title V MCH funding serves as the backbone funding source for addressing essential MCH and public health programs and priorities addressing infrastructure and Core Public Health Functions. The types of initiatives impacted by Title V, include chronic disease prevention, access to care, particularly in underserved or rural health areas, programs that reduce infant mortality, newborn screening, and personal care services for children and youth with special health care needs. Title V funding also helps Delaware address Preventive Health Services. Through Title V, Delaware ensures preventive health services for women and children – including well-child services and screenings, prenatal care and comprehensive services for children and youth with special health care needs.

Title V funding also supports our efforts to improve health outcomes, support policies that foster state health department transformation to lead the way towards innovative, community-based solutions. The evolution of our health care system has necessitated that public health agencies make the transformation from safety-net medical direct service providers to more innovative, community-based models which include programs for universal developmental screenings, care coordination, and home visiting. Using a population health framework allows Delaware to implement upstream, data-driven strategies to respond to broad community health needs and evaluate and monitor emerging population health trends.

In the past few years, we have allocated funds to address social determinants of health including the integration of the medical legal partnership model within our home visiting programs and our Healthy Women Healthy Babies (HWHB) providers offices. More recently, funding has been allocated to key community organizations to address community needs with a range of services and/or programs that will propel Delaware forward in two areas, systems of care for children with the special health care needs and infant mortality. Earlier this year we released another RFP to continue our HWHB Zones work which includes mini-grant awards to improve maternal and infant health outcomes in Delaware using community-based approaches. Proposed projects are assessed using several criteria, including whether the applicant uses an actionable, community-based intervention designed to support identified high-risk communities across the state and they must be linked to reducing disparities related to maternal/child health. After three successful cycles, we now have 10 total mini-grant awardees.

Two years ago, we released a similar RFP to award mini grants to improve systems and standards of care for children with special healthcare needs. Two community-based organizations were selected the first year and four additional were awarded last year.

MCH Success Story

On May 7th, there was a Home Visitors Retreat held in Dover, DE with the theme, Caring for The Community While Taking Care of You. The retreat pulled in over 200+ registrants and had 170 in-person attendees, an 85% show rate. The retreat acknowledged and thanked the Family Support Specialists (FSS; commonly known as Home Visitors) for their hard work throughout the year and encouraged the importance of self-care and how that can carry over and improve the professional and personal life of a worker. Segments of the day included topics of self-care and wellness, infant early childhood mental health, and a panel about autism so FSS staff could apply these topics to their "toolbelt" of resources to utilize during their workday. Moderators included leadership from the Home Visiting Community Advisory Board (HV CAB) which helped introduce keynote speakers and video remarks by Lt. Gov Bethany Hall-Long and DHSS' Cabinet Secretary Josette Manning to kick off the retreat.

Self-caring themed items that were made available to participants included massages (96 participants signed up to receive a massage), professional headshots (106 registrants received a professional headshot), resource tables, vendor tables, and giveaway items for networking opportunities and to encourage resource sharing amongst the different Home Visiting programs throughout the state.

A post event Press Release was also released to help share news of the event and to promote the Home Visiting program further.

During the event, DEThrives posted 12 posts and stories on Facebook and Instagram about the Retreat which earned the DEThrives channel 197 total engagements and 162 video views on the published posts/stories in one day alone. The top post that earned the most engagements (likes, comments, shares, clicks) on Facebook highlighted the panel about the autism topic which earned 145 engagements on the post. Short videos (<30 seconds) of participants were also recorded during the retreat which will be continued to be featured as reels on DEThrives social media platforms to share the Home Visiting messaging throughout the year.

The retreat was so well received with staff letting us know of grateful they were and how it made them feel valued and appreciated.

We are planning to carry this topic forward later this year at our Family Health Systems Retreat.

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

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 2023.

[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.