



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

DELAWARE

State Snapshot

FY2026 Application / FY2024 Annual Report

December 2025

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 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
Leah Jones 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

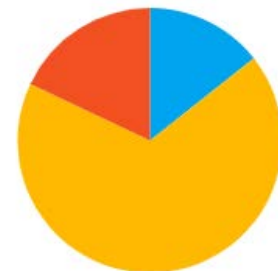
State Youth Leader
No Contact Information Provided

State Hotline: (800) 464-4357

Funding by Source

Source	FY 2024 Expenditures
 Federal Allocation	\$2,123,731
 State MCH Funds	\$10,008,609
 Local MCH Funds	\$0
 Other Funds	\$2,659,797
 Program Income	\$0

FY 2024 Expenditures



Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$0	\$1,329,939
Enabling Services	\$1,417,738	\$5,750,750
Public Health Services and Systems	\$705,993	\$3,022,489

FY 2024 Expenditures
Federal



FY 2024 Expenditures
Non-Federal



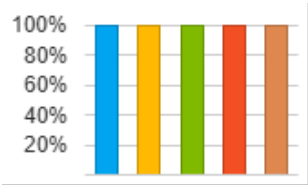
Percentage Served by Title V

Population Served	Percentage Served	FY 2024 Expenditures
Pregnant Women	100.0%	\$5,690,796
Infants < 1 Year	100.0%	\$0
Children 1 through 21 Years	100.0%	\$4,642,537
CSHCN (Subset of all infants and children)	100.0%	\$1,762,344
Others *	100.0%	\$0

FY 2024 Expenditures
Total: \$12,095,677



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>Women have timely postpartum preventive care that addresses physical, psychological, behavioral, and reproductive health needs.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth B) Percent of women who attended a postpartum checkup and received recommended care components - PPV <ul style="list-style-type: none"> ○ ESM PPV.1: 80% of women enrolled in the HWHBs program will have a documented postpartum visit checkup in the record. (Improve data collection and HWHBs program reporting so that infant DOB, postpartum visit date, and number of gestation weeks at enrollment are ○ ESM PPV.2: Mothers enrolled in home visiting will receive a postpartum visit within 12 weeks of giving birth. 	New	Women/Maternal Health
<p>Women have access to safe and supportive patient centered care, where their concerns are listened to, and they are included as partners in health decision making.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of women with a recent live birth who experienced racial/ethnic discrimination while getting healthcare during pregnancy, delivery, or at postpartum care - DSR <ul style="list-style-type: none"> ○ ESM DSR.1: Number of partnerships established with community-based organizations and providers to deliver patient education through Her Story 2.0, co-designed and co-delivered with women and communities most impacted by negative maternal healthcare outcomes. (i 	New	Women/Maternal Health
<p>Pregnant and parenting women have stable housing and are connected to essential resources and services that can improve their outcomes.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of women with a recent live birth who experienced housing instability in the 12 months before a recent live birth - HI-Pregnancy <ul style="list-style-type: none"> ○ ESM HI-Pregnancy.1: Decrease the number of pregnant women facing housing instability. 	New	Perinatal/Infant Health

<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 - 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. ○ ESM DS.2: Increase the percentage of children at pediatric practices who adopt an evidence-based screening tool (ASQ or PEDS) and/or use CHADIS with documentation of a referral to early intervention due to having a higher risk developmental screen. ○ ESM DS.3: Decrease the disparity in developmental screening outcomes for children residing in different regions (higher versus lower) within the state. 	Continued	Child Health
<p>Increase the percentage of high school SBHC-enrolled adolescents receiving behavioral and mental health services among those who are shown to be at higher risk for anxiety or depression, per screening</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 <ul style="list-style-type: none"> ○ ESM MHT.1: Percentage of behavioral and mental health providers within high school SBHCs who are linked with DCPAP. ○ ESM MHT.2: Percentage of high school students enrolled in Delaware SBHCs. ○ ESM MHT.3: Percentage of high school students enrolled in Delaware SBHCs who are screened for behavioral and mental health services (PHQ and GAD-7 are usually components of a risk assessment). 	New	Adolescent Health
<p>All children, with and without special health care needs, have access to a medical home model of care.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - MH <ul style="list-style-type: none"> ○ ESM MH.1: Increase the percentage of children enrolled in home visiting services who receive the recommended number of well-child visits 	New	Child Health, Children with Special Health Care Needs

according to the American Academy of Pediatrics (AAP) Bright Futures schedule.		
<p>All CYSHCN receive the necessary organized services to make the transition to adult health care.</p> <p>NPMs</p> <ul style="list-style-type: none"> 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 ESM TAHC.1: Increase the number of adolescents with a transition plan into an adult health care system of care for CYSHCN ages 12-17. 	New	Children with Special Health Care Needs

Executive Summary

Program Overview

Delaware's Title V Program and Framework

Delaware's Title V Maternal and Child Health Block Grant is administered by the Delaware Department of Health and Social Services, Division of Public Health, Family Health Systems. We partner with Health Resources and Services Administration to promote the health of all mother and children, including children and youth with special health care needs. There are three Bureaus within the Family Health Systems: Family Health Research & Epidemiology Bureau, Adolescent & Reproductive Health Bureau, and the Maternal and Child Health Bureau. These sections implement programs that improve the health of women, infants, children, adolescents, children and youth with special health care needs, and their families. In addition, the Title V program relies on other state agencies, community-based organizations, local partnerships, stakeholders, and numerous organizations to implement activities and create coordinated systems of care for MCH populations. Title V also leverages multiple federal and state funds to coordinate activities across multiple funding sources to maximize impact.

Needs Assessment

To conduct our comprehensive Needs Assessment of our priority issues and stakeholder needs, MCH focused on four characteristics. A clear leadership structure for assembling data from both public and private sources, including data from family organizations. Engagement of stakeholders representing various communities, including those that face the greatest barriers to access, for soliciting meaningful programmatic input. A structured priority-setting process that involves the varied communities and families already identified. And collaborative program planning, implementation, evaluation/assessment, and continuous quality improvement.

To carry out the required Five-Year Needs Assessment, we used a systematic approach in developing a working framework, using epidemiological and qualitative approaches to determine priorities, incorporating data, clinical cost-effectiveness, and patient, provider, and stakeholder perspectives. We also looked at available capacity in determining health interventions. With this approach, Delaware tried to balance the clinical, ethical, and economic considerations of need - what should be done, what can be done, and what can be afforded when determining evidence-based health interventions and capacity.

Priorities

The following Title V priority needs within each health domain have been identified by the 2025 Needs Assessment Process:

Women/Maternal Health

Postpartum Visit:

- Women have timely postpartum preventive care that addresses physical, psychological, behavioral, and reproductive health needs.

Perinatal Care Discrimination:

- Women have access to safe and supportive patient centered care, where their concerns are listened to, and they are included as partners in health decision making.

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 few years, DPH has been working with the DHMIC Chair and Vice Chair and membership to implement a 5-year DHMIC Strategic Plan and revisit the governance infrastructure and onboarding process, which includes a well women care initiative and an aspirational goal to eliminate health disparities as a priority. We also continue to support fairly 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 and the fourth trimester benchmarks into the model, as well as continue to train and deploy 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.

We will 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 continues to work with partners to implement a law passed three 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, postpartum 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 evaluate our interventions such as Medical Legal Partnership, HWHBs 3.0, and community health workers to address the social determinants of health, and exploring implementation of the evidence based home visiting model, Family Connects, to determine sustainable system of care for maximum impact on improving maternal and infant health outcomes.

Perinatal/Infant Health

Housing Instability:

- Ensure women and their families facing housing instability are connected to essential resources and services that can improve their housing outcomes.

Following the 2025 Needs Assessment process, a new priority was identified within the Perinatal Health Domain: reducing the percentage of pregnant women and children experiencing housing instability. This priority aligns with Healthy People 2030 Objective 4, which aims to decrease the proportion of families spending more than 30% of their income on housing (baseline of 34.6% in 2017 to a target of 25.5%).

The SDOH Health Committee of the DHMIC is focused on housing stability for pregnant and parenting women. Homelessness and housing instability increases the risk of pregnancy complications and worse health for mothers and babies. Over the last year, the housing workgroup was established under the DHMIC SDOH Committee, and is comprised of housing authorities, housing alliance, managed care entities, Delaware Coalition Against Domestic Violence, University of Delaware, Governor's Office, and two sections within DPH, and developed a set of core recommendations:

1. As part of Delaware's **central intake waiting list**, indicate and prioritize high-risk pregnant women who are unstably housed for HUD's Housing Choice Vouchers.
2. Utilize **TANF Surplus dollars** to create a pilot program with the Division of Public Health as the referring entity to obtain state rental assistance program, SRAP, vouchers for high-risk unstably housed pregnant women.
3. Support multiple **safe and secure options along the continuum**, including maternity villages/homes, voucher assistance, and permanent supportive housing.
4. Advocate to remove **restrictive zoning** to increase the affordable housing stock in Delaware, and support expansion of **home ownership** programs operated by housing authorities.

In the coming year, DHMIC and DPH and stakeholders will review our current interventions and framework for addressing well woman care, postpartum care as a key period of risk, and housing stability for pregnant women.

Child Health

Developmental Screening:

- Children receive developmentally appropriate services in a well-coordinated early childhood system.

Medical Home:

- Families know what a medical home is and have access to a medical home for their children.

To achieve a developmentally appropriate and well-coordinated services for children and their families, the Early Childhood Comprehensive Systems program focused on gaps and challenges observed within the developmental screening continuum. The program addressed education and training of providers at different stages/phases within the developmental health continuum such as pediatricians, early intervention and special education professionals including parents and childcare providers. Additionally, the program embarked on a continuous quality improvement effort to enhance existing processes such as the referral process while bolstering provider knowledge regarding developmental screening, referrals to early intervention and importance of the feedback loop including the navigation and linkage to resources.

Looking ahead, the program will focus on promoting the centralized access point (HMG@211) to increase community utilization and address the challenges physicians encounter in referrals. We will continue with community and family education and training to build confidence and resilience. We will seek partnerships in emerging areas such as child mental health to address gaps within the system, especially for families on the wait list. We will also work toward a shared approach to aligned and reinforced messaging around early childhood development and data collection and analysis.

The MCHB program has had numerous successes in accomplishing its goals and objectives in engaging families on developmental screening through education and other outreach efforts. Through partnerships with programs with mutually beneficial and shared goals, the program has successfully reached out to high-risk and vulnerable populations. Our challenge for the coming application year is to develop strategies which will decrease and eliminate some of the gaps in the early childhood system.

Adolescent Health

Mental Health Treatment:

- Increase the percentage of high school SBHC-enrolled adolescents receiving behavioral and mental health services among those who are shown to be at higher risk for anxiety or depression, per screening(s).

Delaware's Title V Maternal and Child Health Program prioritizes adolescent health as part of its Five-Year State Action Plan, aligning with National and State Performance Measures to improve access to preventive, physical, and behavioral health care. Delaware certifies all school-based health centers (SBHCs) statewide and contracts with centers in every public high school and two high-need elementary schools.

The main goal of SBHCs is to improve student health and well-being by providing on-site access to essential healthcare services. SBHCs make care more convenient, particularly for underserved students, reduce health disparities, and offer services that support both physical and mental health. In addition, they provide care coordination—working with families and identifying community-based primary care providers to support a smooth changeover after high school. Prevention and health education services offered further promote wellness.

Despite significant workforce shortages and high staff turnover, SBHC teams continue to deliver high-quality, evidence-based care by collaborating closely with school staff, engaging families in feedback and planning, and maximizing hospital system infrastructure to expand services. They continue to think creatively and navigate the legislative system to advocate for policy changes through the Delaware School-based Health Alliance. Stories of impactful provider work are shared across the SBHC network to build community, spread best practices, and reinforce common goals.

SBHCs also contribute to broader school wellness, partnering with school staff for greater impact. Program evaluation tracks utilization, outcomes, and satisfaction to inform continuous improvement. Delaware's approach integrates youth, family, and community voices in the development and delivery of services, ensuring that all adolescents have the opportunity to achieve their full health and academic potential.

Children and Youth with Special Health Care Needs (CYSHCN)

Medical Home:

- All children, with and without special health care needs, have access to a medical home model of care.

Shift to Adult Health Care:

- All CYSHCN receive the necessary organized services to make the shift to adult health care.

The CYSHCN programmatic framework will focus on six core indicators throughout the 5 population domains of the MCH Title V guidance. The CYSHCN program will be intentional in developing a crosswalk across the 5 domains. Delaware has executed a competitive request for proposal, which will result in the selection of a vendor which will serve as the fiduciary of selected mini-grantees serving CYSHCN. The Mini-grantees and Family Leadership Network (FLN) members will address our two selected NPMs.

The CYSHCN program goals for Yr. 2025 -2030, is to increase the number of adolescents with special health care needs served by mini-grantees with a plan that prepares them for the adult health system of care. One of the strategies for addressing the shift into an adult health system of care will be by the mini-grantees educating the adolescents they serve with special health care needs on the importance of a plan when becoming an adult. Also, the FLN members will customize a plan tool kit to educate families on the questions to ask their doctors regarding shifting to adult health care. The universal NPM that will be addressed by all domains is the Medical Home for CYSHCN with and without special health care needs. Focusing on children having access to a medical home model of care will also be a priority for the next 5 years. One of the strategies will be to utilize universal practices to promote all children and CYSHCN have access to care that meets the medical home model of care criteria, which includes comprehensive care, patient-centered, coordinated care, accessible services, quality and safety. Another strategy will be for the Family SHADE program to collaborate with Family To Family to educate health care providers and build partnerships by providing educational sessions on medical home model of care. The CYSHCN program will be intentional in supporting and assuring comprehensive, coordinated and family-centered services for CYSHCN and their families.

Cross Cutting/Systems Building

Workforce Development:

- Multiple workforce skills and identified needs are critically requisite to address public health challenges now and into the future.

Identified during the 2025 Needs Assessment, Delaware aims to build MCH capacity and support the development of a trained and qualified workforce by providing professional development opportunities. Our goal is to strengthen our Title V Workforce and community stakeholder capacity and skill building via training and professional development opportunities. We plan to develop an Accountability Matrix, which provides specific workgroup, contact, and data information about each NPM to ensure no overlap and to track progress. We will also create ongoing learning resources and videos to internal employees as well as partners to address topics such as: onboarding, burnout, Title V resources, technical assistance opportunities, and more. Additionally, we plan to periodically survey and deliver to our internal and external partners the needed training opportunities that are requested to develop our workforce and address actual competency needs.

How Federal Title V Funds Complement State-Supported MCH Efforts

Delaware receives approximately \$2M annually to complement the \$10M in state MOE match funds. Title V Maternal and Child Health (MCH) funding serves as the backbone funding source for addressing essential MCH and public health programs and priorities addressing infrastructure and systems coordination across all MCH domains. The funding supports 13.5 FTEs across the Division including early intervention specialists, nutritionists, nurses, fiscal and administrative support positions. The types of services and initiatives these staff support include chronic disease prevention, access to care, and services for children and youth with special health care needs.

Title V staff and funded contracts support 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. 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.

Examples of programs supported in recent years include:

- **Mini-Grantee Program:** This initiative aims to improve systems and standards of care for children with special healthcare needs. In its first year, two community-based organizations were selected, with a total of four organizations awarded funding in subsequent years, including the most recent cycle.

- **Healthy Women, Healthy Babies (HWHB):** This program offers enhanced services to women who are pregnant, planning a pregnancy, or seeking to improve their overall health. Services focus on personal health and wellness, nutrition, family planning, mental health, and prenatal care.

Data collection and evaluation are essential components of innovative programming. Due to the absence of a MCH Epidemiologist, we have contracted with a vendor to develop data collection and evaluation plans, as well as to report on key findings. Additionally, education and outreach about Title V programs are critical. To support these efforts, we have engaged a local marketing firm to promote available programs through social media and to assist in developing dissemination strategies for sharing evaluation results and insights.

MCH Success Story

Expanding Access to Training through an Enhanced Learning Management System

Over the past few years, Family Health Systems (FHS) has partnered with TAPP Network to create a user-friendly training platform for both internal staff and external partners. In collaboration with the state of Delaware, this effort led to the development of a customized Learning Management System (LMS) that offers on-demand training and certification. Integrated with a marketing automation platform, the LMS enables automated email communications based on users' registration status and training progress.

Currently, the LMS hosts training modules for healthcare providers and staff involved in the *Safe Arms for Babies* initiative and the non-clinical *Delaware Contraception Access Now (DECAN)* program.

The platform is now undergoing an upgrade to support the professional development of Family Support Specialists (FSS) working in Delaware's Home Visiting Programs. This enhanced system provides standardized, on-demand training through video, audio, interactive courses, and real-time progress tracking.

Building on the existing LMS infrastructure, the upgraded platform offers a consistent and scalable onboarding solution for new Home Visitors—often the first point of contact with the Delaware Division of Public Health (DPH). Tailored specifically for the Home Visiting Program, the LMS features a streamlined user interface, simplified registration, and interactive course elements such as quizzes and downloadable resources to support knowledge retention.

While Delaware supports four evidence-based home visiting models, the core onboarding experience is standardized across programs, with minor variations for agency-specific needs. In light of ongoing challenges related to staff turnover, the LMS provides a cost-effective, reliable way to deliver high-quality onboarding for FSS.

In partnership with TAPP Network, FHS is producing engaging, professionally designed training content, including an animated program overview video, up to 50 custom-designed slides, AI-generated voiceovers, and a clearly organized content structure.

Integrated with the Home Visiting App and HubSpot, the LMS also will support automated progress tracking, email reminders, and workflow management—ensuring FSS stay on track throughout their training journey.

We look forward to launching the new FSS training later this year and continuing to expand the LMS to serve all Maternal and Child Health (MCH) programs.

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 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.