



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

DELAWARE

State Snapshot

FY2024 Application / FY2022 Annual Report

November 2023

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 FY2024 Application / FY2022 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

State Family Leader	State Youth Leader
Meedra Surratte, M.ED. Executive Director of Parent Information Center of Delaware/Delaware Family Voices msurratte@picofdel.org (302) 999-7394	No Contact Information Provided

State Hotline

Name: Helpline and 2-1-1 Help Me Grow | Telephone: (800) 464-4357

Funding by Source

Source	FY 2022 Expenditures
■ Federal Allocation	\$2,073,458
■ State MCH Funds	\$9,957,273
■ Local MCH Funds	\$0
■ Other Funds	\$2,053,906
■ Program Income	\$0

FY 2022 Expenditures



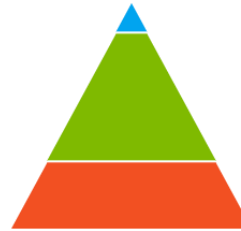
Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$0	\$1,344,512
Enabling Services	\$1,886,595	\$6,043,574
Public Health Services and Systems	\$186,863	\$3,157,312

FY 2022 Expenditures Federal



FY 2022 Expenditures Non-Federal



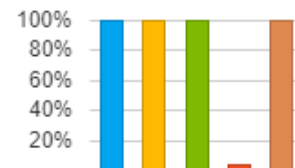
Percentage Served by Title V

Population Served	Percentage Served	FY 2022 Expenditures
Pregnant Women	100.0%	\$3,331,369
Infants < 1 Year	100.0%	\$2,950,785
Children 1 through 21 Years	100.0%	\$1,610,609
CSHCN (Subset of all infants and children)	3.2%	\$1,837,552
Others *	100.0%	\$2,331,185

FY 2022 Expenditures Total: \$12,061,500



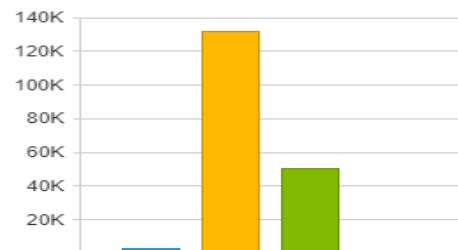
FY 2022 Percentage Served



*Others– Women and men, over age 21.

Communication Reach

Communication Method	Amount
State Title V Website Hits:	3,112
State Title V Social Media Hits:	132,000
State MCH Toll-Free Calls:	50,454
Other Toll-Free Calls:	0



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.

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"> ● NPM 1: Percent of women, ages 18 through 44, with a preventive medical visit in the past year <ul style="list-style-type: none"> ○ ESM 1.1: # of women who receive preconception counseling and services during annual reproductive health and preventive visit at family planning clinics ○ ESM 1.2: % of women served by the HWHBs program that were screened for pregnancy intention ○ ESM 1.3: % 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"> ● NPM 4: A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months <ul style="list-style-type: none"> ○ ESM 4.1: Increase the number of birthing facilities that receive baby friendly designation ○ ESM 4.2: 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"> ● NPM 6: Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year <ul style="list-style-type: none"> ○ ESM 6.1: Percent of children, ages 9 through 71 months, receiving a developmental screening using a parent completed screening tool enrolled in a MIECHV program. ○ ESM 6.2: # of new pediatric practices to adopt PEDs 	<p>Child Health</p>

Priority Needs and Associated Measures	Reporting Domain(s)
<ul style="list-style-type: none"> ○ ESM 6.3: % 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"> ● NPM 8.2: Percent of adolescents, ages 12 through 17 who are physically active at least 60 minutes per day <ul style="list-style-type: none"> ○ ESM 8.2.1: 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 8.2.2: DPH will provide technical assistance for FitnessGram implementation, professional development and training opportunities for Delaware educators, and provide online resources and Tool Kit. ○ ESM 8.2.3: 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"> ● NPM 10: Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year. <ul style="list-style-type: none"> ○ ESM 10.1: Finalize the School Based Health Center Strategic Plan, which is anchored in best-practices. ○ ESM 10.2: % of adolescents receiving services at a school-based health center who have a risk health assessment completed ○ ESM 10.3: Increase the # of unique mental health visits provided to SBHC enrollees ○ ESM 10.4: % of mental health visits within a SBHC that include screening and assessment for developmental, emotional, and behavioral issues. ○ ESM 10.5: % 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"> ● NPM 15: Percent of children, ages 0 through 17, who are continuously and adequately insured <ul style="list-style-type: none"> ○ ESM 15.1: Establishment of Cross-Agency Coordination Committee between DPH and Medicaid ○ ESM 15.2: # of Children with Medical Complexities Advisory Committee (CMCAC) meetings and/or sub-committee meetings attended to improve support of these children included Medicaid coverage. 	Children with Special Health Care Needs

Priority Needs and Associated Measures	Reporting Domain(s)
<ul style="list-style-type: none"> ○ ESM 15.3: % of primary caregivers and children with health insurance among Home Visiting participants ○ ESM 15.4: Increase the percent of families enrolled as a member of the Family Leadership Network. ○ ESM 15.5: 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"> ● NPM 13.2: Percent of children, ages 1 through 17, who had a preventive dental visit in the past year <ul style="list-style-type: none"> ○ ESM 13.2.1: Percent of children, ages 1 through 17, who had a preventive dental visit in the past year. ○ ESM 13.2.2: Increase the referrals received for dental services via the DEThrives website. 	Child Health

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. In some of the health areas, we are building on years of previous work and partnerships and have very detailed action plans forward. In others, we are forging into new territory as we build our expertise and establish new relationships.

Population Domain: Women’s and Maternal Health

Defining the Need: In 2021, 81.4% 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, 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 developed a new 5 year DHMIC Strategic Plan, which includes a well women care initiative as a priority, supported new Delaware Healthy Mother and Infant Consortium (DHMIC) leadership, 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, operated and sustained 10 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 long-acting reversible contraceptives (LARCs). DPH will work with partners to implement a law passed over a year ago that allows pharmacists in DE, along with 11 other states, to administer or dispense contraceptives under a standing order from DPH and regulations will be published to support implementation. Delaware will continue to transition 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, 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%. Within this measure, there are disparities by both race/ethnicity and household income level. 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:

The following activities have been accomplished this past year with the use of Title V funding and through partnerships with entities such as the DHMIC, WIC and the Breastfeeding Coalition of Delaware (BCD). According to the Gibbious 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 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: The priority is for children to receive developmentally appropriate services in a well-coordinated early childhood system. Delaware continues to steadily adopt strategies to improve upon developmental screening. According to the 2020/2021 America’s Health Rankings, only 32.1% of Delaware children, ages 9-35 months, received a developmental screening - below the national average of 34.8%. A significant decrease for the nation as well as the state. In addition, Delaware aims to increase access to comprehensive oral health care for children most at risk for oral disease. According to the 2020/2021 NSCH, 77.3% of Delaware children, ages 1 through 17, have had a preventive dental visit in the past year.

Accomplishments in the Past Year: In addition to partnering with the Office of Early Learning to implement universal developmental screening across the state, MCH has also been successful in piloting the Child Health and Development Interactive System (CHADIS) including building a referral platform. This will aid in developmental screening coordination, especially capturing families referred from health care to early intervention programs. A total of 9,214 PEDS online screens were completed on children 0-59 in 2022. This corresponds to an estimated 6,574 unique or unduplicated children. For the past year, Books Balls and Blocks (BBB) events reached over 60 families virtually and face-to-face. There was also a concerted effort to organize events targeting fathers. Though not well attended we recognize the impact of dads on their children and plan to organize another such event. Since July 2020, over 30 online BBB sessions have been carried out with 124 online evaluations completed. From July '22, through May '23, the Delaware Smile Check Program provided a dental screening to 2,670 students. During that same time frame, 2,550 students received a fluoride varnish application. There were 162 students that were identified as having an urgent dental need and 742 with suspected dental decay. Through case management we were able to confirm 269 students that received follow up treatment with a dental provider in the community.

Plans for the Coming Year: In addition to collaborating with the Office of Early Learning to implement universal developmental screening, MCH plans to scale-up the CHADIS pilot at the beginning of the year, especially within pediatric practices. There are also plans to collaborate with early intervention programs to ensure families referred to early intervention do not fall between the cracks, especially children deemed ineligible to EI services. We also will continue to support efforts to increase the number people/providers/ parent leaders trained to use the ASQ and PEDS. MCH supports BOHDS efforts to incorporate dental into school-based wellness programs across the state to improve access to care for preventive dental treatments. BOHDS will continue to pursue expansion efforts for x-rays and restorative treatment to be offered. BOHDS will continue to collaborate with schools interested in including dental into their school-based wellness centers across the state.

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 2020/2021 NSCH shows that the percentage of Delaware adolescents who have had a preventive medical visit in the past year rests at 71.8%, compared to 69.6% nationally. In addition, Delaware strives to increase the number of adolescents who are physically active. According to the 2020/2021 NSCH, Delaware is average among its surrounding states when comparing the percentage of adolescents, ages 12-17, who are physically active at least 60 minutes per day, one to three days per week.

Accomplishments in the Past Year: All schools have returned to in person learning with the option of remote learning and/or hybrid learning, increasing the accessing to School Based Health Centers (SBHC) at the beginning of the year. Many SBHC's implemented telehealth at the onset of COVID which is still in place to ensure are students have access to treatment when needed. During the 2021/2022 school year, the SBHCs in Delaware schools administered 4,094 depression screenings, 941 STD screenings, 1,753 Emotional (Mental Health) evaluations, and 4,395 risk assessments. In addition to this, SBHC's in Delaware completed 4,854 physical exams (well child), and 1,283 nutritional counseling sessions. MCH recently partnered with DOE to promote Project THRIVE, which helps Delaware students, grades pre-k through 12th grade, who are struggling with traumatic situations, such as physical or emotional abuse, community violence, racism, bullying, and more. DPH's Physical Activity, Nutrition & Obesity Prevention partnered with BGC to introduce a new program called Triple Play at 3 Delaware locations. This healthy lifestyle program focuses on the three components of a healthy Self, Mind, Body, and Soul. The goal of the program is to improve knowledge of healthy habits, good nutrition, and physical fitness; increase the numbers of hours per day youth participate in physical activities; and strengthen their ability to interact positively with others and engage in healthy relationships.

Plans for the Coming Year: Delaware's School Based Health Centers (SBHCs) provide prevention-oriented, multi-disciplinary health care to adolescents in their public-school setting and contribute to better outcomes. In most recent years there have been seven SBHC established in elementary schools with epilogue language from FY2020 expanding SBHCs in elementary schools at two per year in high needs elementary schools throughout the state. Along with establishing SBHC's in elementary schools many of the SBHC's are exploring the opportunity of expanding services to more students by opening "spoke" sites. Having these additional sites will provide critical services to students in our state. PANO will continue to facilitate the connection between youth-serving organizations (YSOs) and schools to support the health and well-being of youth and to strengthen community partnerships. These partnerships focus on the link between a community-based, youth-serving organization and the health and social-emotional well-being of participating youth.

Population Domain: CYSHCN

Defining the Need: The priority is to increase the percent of children with and without special health care needs who are adequately insured. Delaware estimates a population size of Children and Youth with Special Health Care Needs (CYSHCN) of 28,111. According to the 2020/2021 NSCH, 68.8% of Delaware children are adequately insured in comparison to the national average of 68.2%. This includes CYSHCN between the ages of 0 through 17. Among the sub-group of children health care needs, 65.4% are continuously and adequately insured, compared to 69.7% of non-CYSHCN children.

Accomplishments in Past Year: The Parent Information Center (PIC) completed their 2nd year as DPH's vendor to implement the newly revitalized Family Support Healthcare Alliance Delaware (SHADE) project. The program's 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. Family SHADE served as a learning network and resource for the community agencies serving CYSHCN. PIC also succeeded in the implementation of the revitalized Family SHADE project which consisted of the execution of two competitive mini-grant opportunities that were innovative and aligned with our MCH National Performance Measures (NPMs) 11, 12 and 15. The two awarded mini-grantees were Jay's House and Tomaro's C.H.A.N.G.E. (creating healing, answers, & necessary guidance for excellence). During this process there were opportunities to build capacity for Jay's House through networking with other organizations within the community through their awarded year. They found that the mini-grant project's most valuable component was the networking with other organizations. Although they did not apply for year 2 of the mini-grant funding they were able to collaborate with another organization to serve children with Autism which is Jay's House's passion. Tomaro's C.H.A.N.G.E. will be returning for year 2 to complete the year 1 project that they had difficulty executing and required reformatting of their program.

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 FLN membership will continue to grow and will align MCH's NPMs through the services rendered by organizations in Delaware that serve families of CYSHCN. Family SHADE will strive to enhance capacity and sustain programs that serve CYSHCN. The project will continue to provide technical assistance and quality assurance to Tomaro's C.H.A.N.G.E. who will be transitioning into year 2 of the mini-grant project since they had to reformat their program in year one. PIC will provide technical assistance and quality assurance to the newly awarded mini grantees who are working on developing a Logic Model, Work Plan, Evaluation Plan, Evaluation Tool, Sustainability Proposal and a COVID Response Plan. The 3 agencies that were awarded and will begin to implement services soon are: 1. Down Syndrome Association of Delaware, 2. Children's Beach House and 3. Teach Zen. Through ongoing programmatic meetings with the CYSHCN Director and the PIC Team, Family SHADE will work toward educating families of CYSHCN on the available medical insurance coverage that is available in Delaware through innovative approaches.

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. Three years ago, we released a new RFP for 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 two successful cycles, we just released a third and awarded two additional grants. 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 earlier this year.

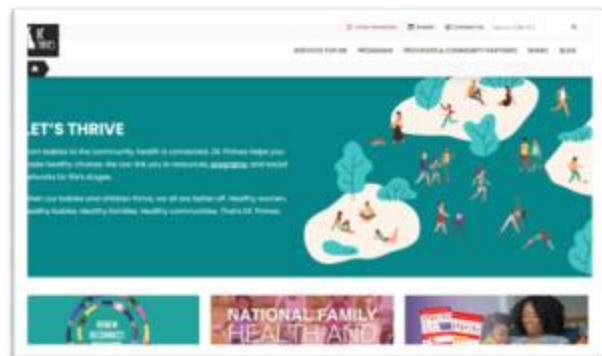
MCH Success Story

After two years in the making, Title V and the MCH Bureau is proud to present the newly designed website, DEThrives.com, where *healthy communities are made of healthy people*. As a convener and facilitator, our Title V team collaborated with DHMIC members, stakeholders, the University of Delaware, and many other partners who were content experts in different subject matter to help develop the improved infrastructure, navigational features, and overall user experience for the revamped website.

When creating the newly designed website, one of the goals was to present the evidence-based maternal and child health messaging in a way that users and our partners could easily understand, resonate with, engage with, and share broadly. This was done by presenting the material in a relatable, respectful, and educational way that any user, i.e., a teen, an adult, a pregnant woman, or a parent, would understand when visiting the site. It was important to use this revamped platform along with our social media channels ([Facebook](#), [Instagram](#), and [Twitter](#)), to present our Delaware based programs and initiatives from a trusted educational figure rather than telling our audience what we think they should do to improve their health.

Material on the site is sorted by [programs](#), [audience](#) type, and professional content that [providers and community partners](#) could utilize. Items such as filters, life stages, and the related programs and services bars, are new items that were added to the site to improve navigation and user experience so the user could easily find the type of content they are searching for on the site. Since the site went live in early April, it has earned its highest ranking of total users that visited the site in one day. There was also an increase in the number of pageviews the [DHMIC page](#) received, which was 219 views in late April, where the average user visit to the DHMIC page was 77 in April.

To ensure the user experience and functionality of the site is working at its best, additional features will be added such as adding Spanish and Haitian Creole translated items on the site, additional content will constantly be added such as stating the importance of mental health, urgent maternal warning signs, and others. The DEThrives site is dedicated to share resources to improve the health of all Delaware women and their babies before, during, and after pregnancy, men, young adults, parents, and those who are planning to have children or to not have children.



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 2022.

[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.