HRSA
Health Resources & Services Administration

Title V MCH Block Grant Program

GEORGIA

State Snapshot

FY2025 Application / FY2023 Annual Report

November 2024

Title V Federal-State Partnership - Georgia

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

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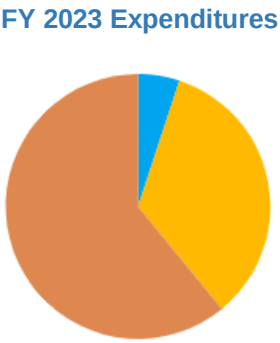
Funding by Source

Source	FY 2023 Expenditures
Federal Allocation	$16,573,086
State MCH Funds	$111,121,001
Local MCH Funds	$0
Other Funds	$0
Program Income	$199,279,326



Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	$9,271,671	$240,417,803
Enabling Services	$4,939,842	$48,501,214
Public Health Services and Systems	$2,361,573	$37,476,797

FY 2023 Expenditures Federal

FY 2023 Expenditures Non-Federal

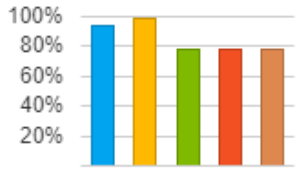
Percentage Served by Title V

Population Served	Percentage Served	FY 2023 Expenditures
Pregnant Women	93.6%	$26,904,850
Infants < 1 Year	99.3%	$108,405,576
Children 1 through 21 Years	78.2%	$131,360,229
CSHCN (Subset of all infants and children)	78.2%	$51,110,337
Others *	78.2%	$0

*Others– Women and men, over age 21.

FY 2023 Expenditures
Total: $317,780,992

FY 2023 Percentage Served



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)

Prevent Maternal Mortality
 	
NPMs
• Percent of women, ages 18 through 44, with a preventive medical visit in the past year (Well-Woman Visit, Formerly NPM 1) - WWV
  ○ ESM WWV.1: Percent of women (30 years or older) who have never been screened or not screened within the last 10 years, who received an initial program cervical screening test
  ○ ESM WWV.2: Percent of women (ages 15-44) served in Georgia Family Planning Program who use long-acting reversible contraceptives (LARCs)
• A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth (Postpartum Visit) B) Percent of women who attended a postpartum checkup and received recommended care components (Postpartum Visit) - PPV
	Women/Maternal Health

Prevent Infant Mortality
 	
NPMs
• Percent of very low birth weight (VLBW) infants born in a hospital with a Level III + Neonatal Intensive Care Unit (NICU) (Risk-Appropriate Perinatal Care, Formerly NPM 3) - RAC
  ○ ESM RAC.1: Number of hospitals verified annually through the Levels of Neonatal Care Designation Program
• 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
  ○ ESM BF.1: Percent of the 10-Steps to Successful Breastfeeding training slots utilized by staff and providers from the state's birthing hospitals
  ○ ESM BF.2: Number of home visitors who report increased knowledge of breastfeeding best practices
  ○ ESM BF.3: Number of MIECHV and Healthy Start women who are referred to WIC services
  ○ ESM BF.4: Percent of Georgia hospitals actively implementing the Optimizing Nutrition for Georgia Newborns
• A) Percent of infants placed to sleep on their backs (Safe Sleep, Formerly NPM 5A) B) Percent of infants placed to sleep on a separate approved sleep surface (Safe Sleep, Formerly NPM 5B) C) Percent of infants placed to sleep without soft objects or loose bedding (Safe Sleep, Formerly NPM 5C) D) Percent of infants room-sharing with an adult during sleep (Safe Sleep) - SS
  ○ ESM SS.1: Percent of hospitals and birthing facilities providing education and modeling safe infant sleep to parents with newborns or infants
	Perinatal/Infant Health

○ ESM SS.2: Number of professionals trained to education on, identify, and model safe infant sleep environments ○ ESM SS.3: Number of safe infant sleep educational materials distributed by the Program SPMs ● SPM 1: Percent of congenital syphilis cases averted ● SPM 2: Rate of infant mortality (per 1,000 live births) in the Black Population	
Promote developmental screenings among children NPMs ● 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 ○ ESM DS.1: Number of providers that receive developmental screening education and training who report promoting developmental screenings with parents in their practices ○ ESM DS.2: Percent of children that screen with concern that are referred to appropriate intervention services by providers ○ ESM DS.3: Number of community partners who promote developmental screenings and make referrals to their local public health district ○ ESM DS.4: Percent of children, ages 0 through 5, who receive a developmental screening from DeKalb Board of Health Refugee Clinic ○ ESM DS.5: Percent of children participating in Home Visiting with at least one developmental screening using a validated instrument.	Child Health
Increase the number of children, both with and without special health care needs, who have a medical home NPMs ● Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH ○ ESM MH.1: Number of telehealth/telemedicine patient encounters ○ ESM MH.2: Number of telehealth/telemedicine providers in the network ○ ESM MH.3: Number of callers connected to resources through Help Me Grow (HMG) ○ ESM MH.4: Percent of families that receive a follow-up call from HMG that report they were linked to a medical home, or any other service to meet their needs	Child Health, Children with Special Health Care Needs

Increase bullying and suicide prevention NPMs • Percent of adolescents, with and without special health care needs, ages 12 through 17, who are bullied or who bully others (Bullying, Formerly NPM 9) - BLY ○ ESM BLY.1: Number of schools, individuals, and organizations that receive guidance on evidence-based strategies to prevent bullying	Adolescent Health

Improve systems of care for CYSHCN
 	
NPMs
• 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 (Transition, Formerly NPM 12) - TR
  ○ ESM TR.1: Percent of youth/young adults enrolled in the Department's Title V program for Children and Youth with Special Health Care Needs (CYSHCN) that transfer to an adult provider.
  ○ ESM TR.2: Number of stakeholders, state agencies, and community partners that collaborate with the Department to improve health care transition for youth/young adults with or without special health care needs.
	Children with Special Health Care Needs

Promote oral health among MCH populations
 	
NPMs
• Percent of women who had a dental visit during pregnancy (Preventive Dental Visit - Pregnancy, Formerly NPM 13.1) - PDV-Pregnancy
  ○ ESM PDV-Pregnancy.1: Percent of medical providers who reported an increase of oral health knowledge from trainings and presentations
  ○ ESM PDV-Pregnancy.2: Number of oral health resource bags distributed to pregnant women and caregivers of young children through internal and external partners
• 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
  ○ ESM PDV-Child.1: Number of children screened at school-based/ school-linked programs
  ○ ESM PDV-Child.2: Number of Hispanic children who are provided with oral health education
	Women/Maternal Health,
	Child Health

Increase father involvement among MCH populations SPMs • SPM 3: Percent of fathers (ages 18-55) whose knowledge increased using a Father Involvement curriculum in Georgia Healthy Start sites.	Cross-Cutting/Systems Building

Executive Summary

Program Overview

Georgia's Title V program, in partnership with the Health Resources and Services Administration (HRSA), is responsible for promoting the health of all mothers and children, including children and youth with special health care needs, and their families. The Georgia Department of Public Health (DPH) Division of Women, Children, and Nursing Services administers the MCH Services Title V Block Grant. The division includes the Office of Women's Health, the Office of Child Health, and the Office of Nursing. The Title V Program serves as the backbone of maternal and child health policy and program administration, providing the core public health system for women, infants, children, children and youth with special health care needs (CYSHCN), and families in the state's 18 public health districts comprised of 159 counties. In addition to the public health districts, the Title V program relies on state and local partnerships with 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 and maximize impact.

The five-year needs assessment and needs assessment update during interim years drive Georgia's Title V programs. The ongoing needs assessment activities ensure programs are data driven and responsive to the needs of communities throughout the state. On an ongoing basis, quantitative data are reviewed to assess for emerging needs and to evaluate impact and effectiveness of Title V programs. Title V programs also incorporate the perspective of individuals with lived experience when assessing needs through various methods, such as focus groups and listening sessions. Individuals with lived experience, including families and community partners, are engaged in strategic planning, program development, quality improvement initiatives, and workforce development. The Division of Women, Children, and Nursing Services hosts multiple committees and councils for which families, organizations, and partners participate at the state level and throughout the health districts.

The needs assessments and program development are also focused on understanding and eliminating health inequities through Title V programs. Data are disaggregated by race and ethnicity whenever possible to understand the populations most affected by poor health outcomes. Individuals with lived experience from these communities are engaged to better understand the community's needs and their solutions for improving health. Programs are designed and implemented in partnership with these communities. Programs are evaluated on an ongoing basis to determine the impact programs are making on inequities.

The 2020 needs assessment guided the current state priorities that cover each of the five health domains. These priorities determined the National Performance Measures (NPMs) chosen for programmatic focus.

The five-year needs assessment process utilized a mixed methods approach relying on input from a diverse network of stakeholders, partners, and community members. The needs assessment identified two overarching principles to be applied across all priorities, performance measures, and strategies: (1) to ensure health equity for MCH populations and (2) to promote partnerships with individuals, families, and family-led organizations to ensure family engagement in decision-making, program planning, service delivery, and quality improvement activities. Across all MCH programs, implementation efforts include activities specific to health equity, community and family engagement, performance management, quality improvement and evaluation. The priority needs identified are:

1. Prevent maternal mortality

2. Prevent infant mortality

3. Promote developmental screening among children

4. Increase the number of children, both with and without special health care needs, who have a medical home

5. Improve systems of care for children and youth with special health care needs

6. Increase bullying and suicide prevention

7. Promote oral health among MCH populations

8. Increase father involvement among MCH populations

Nine NPMs and three State Performance Measures (SPMs) were chosen to align with the priority needs. Through the NPMs, Georgia focuses on reducing racial disparities and preventing maternal and infant mortality, increasing breastfeeding rates, promoting safe infant sleep practices, ensuring developmental screening, preventing bullying, increasing the number of all children with a medical home, planning transition for children with special health care needs, and promoting oral health care for MCH populations. The SPMs include preventing congenital syphilis, reducing the rate of infant mortality in Black infants, and improving father involvement.

Strategies, activities, and programming have evolved throughout the year and will continue to see enhancements in the coming years due to ongoing evaluation and needs assessments. Strengthening family partnerships, engaging communities, and improving health equity remain a focus of Title V programming and serve as the foundation for improving outcomes for MCH populations in Georgia.

The 2024 Application and 2022 Annual Report provides an overview of Title V's previous and recent successes and achievements as well as upcoming plans.

Women/Maternal Health

Title V continues its focus and efforts on improving maternal health and eliminating racial disparities in maternal mortality. Data shows that the pregnancy-related death rate for Black, non-Hispanic women in Georgia is twice that of White, non-Hispanic women. The Georgia Maternal Mortality Review Committee (MMRC) was established to understand the burden of pregnancy-related deaths in Georgia, the factors that contribute to deaths, and opportunities for prevention. The MMRC has made efforts to ensure the review identifies social determinants of health and drivers of disparities. Informant Interviews with family members or other key informants provide qualitative data and contextual information on the decedent's life, pregnancy, and events surrounding the death to help the committee better identify contributing factors and recommendations for prevention. The MMRC also collaborates with partners to ensure recommendations for prevention are implemented.

The Women's Health program builds infrastructure and capacity to promote well-women and postpartum visits, health and wellness among women of childbearing age through the efforts of women's health programming including the Family Planning program, Regional Perinatal System, Perinatal Psychiatry Education and Community Engagement (PEACE) for Moms, Maternal Health ECHO, and the implementation of the Alliance for Innovation on Maternal Health (AIM) bundles to include implementation of the AIM Obstetric Hemorrhage Bundle and the AIM Severe Hypertension in Pregnancy Bundle and upcoming Cardiac Conditions in Obstetrical Care AIM Bundle. There are 58 of the 70 (83%) birthing hospitals participating in one or both initiatives.

Perinatal/Infant Health

Infant mortality is a leading indicator of the overall health and well-being of a population. In the 2020 needs assessment, stakeholders identified preventing infant mortality as a priority due to Georgia's infant mortality rate (IMR) with Black, non-Hispanic infants dying at twice the rate of White, non-Hispanic or Hispanic infants. The major evidence-based strategies recommended nationally for addressing infant mortality are regionalized perinatal care, designating levels of neonatal care, safe sleep initiatives, and improving breastfeeding rates. In 2018, DPH began an initiative to designate hospitals according to the appropriate level of maternal and neonatal care provided. DPH continues to strengthen the perinatal regionalization system by coordinating Regional Perinatal Centers (RPC) to help ensure access to risk-appropriate care in each perinatal region. Efforts to improve breastfeeding initiation and continuation and the Georgia Safe to Sleep initiative that provides birthing hospitals with safe infant sleep education to eliminate Sudden Unexplained Infant Deaths (SUID), are ongoing Title V initiatives that are integral parts of Georgia's strategic plan to reduce infant mortality.

Although Georgia has made progress in reducing infant mortality, data continues to show disparities between Black and White birth outcomes. Georgia developed a SPM to reduce the racial disparity in Black infant mortality by improving community engagement to promote awareness of and access to public health interventions in Georgia. As part of the Georgia Perinatal Quality Collaborative's (GaPQC's) focus on health equity, the maternal and neonatal committees continued the two phased approach to address racism and improve health equity. In partnership with the Institute for Perinatal Quality Improvement (IPQI), multiple sessions of the SPEAK UP Against Racism trainings were offered. The training allows participating clinicians to become Speak Up Champions and create and implement action plans to support their hospital specific equity projects.

Child Health

Promoting developmental screenings for children, including refugee children, and increasing the number of children who have a medical home were identified as Child Health priorities in the 2020 needs assessment. According to 2021/22 National Survey of Children's Health (NSCH), approximately 32.8% of children, ages 9 through 35 months, received a developmental screening using a parent-completed screening tool. The Children 1st program facilitates trainings for the Ages and Stages Questionnaire (ASQ) developmental screening tool, developmental milestones, and Child Health Referral System to hospitals, public health programs, community organizations, daycare centers, head start programs and primary care offices. Strategies prioritize the use of a patient-centered medical home to provide accessible, comprehensive, family-centered, coordinated, and culturally effective medical care.

Plans to improve access to a medical home include expanding the use of telehealth technology, facilitating efforts to educate families about telehealth as an option for care, and providing ongoing evaluation of DPH's telehealth network to ensure pediatric services meet the needs of families and patients. The Office of Child Health focuses on activities to strengthen Help Me Grow Georgia (HMG) as a resource for ensuring a medical home for all children and expand the capacity of HMG liaisons to increase capacity to help families navigate and access comprehensive services.

Adolescent Health

Title V addresses risk and protective factors for children, ages eight through 17, at the local, regional, and state levels and provides evidence-based interventions and evidence informed strategies. Bullying and suicide prevention was identified as a priority in the 2020 needs assessment due to suicide being the second-leading cause of death for children ages 10 through 17 behind unintentional injury. The Division of Women, Children, and Nursing Services expanded the partnership with the DPH Injury Prevention program to address the need in this area.

State suicide prevention partners were engaged to develop an Injury and Violence Prevention Strategic Plan using a Shared Risk and Protective Factors framework to identify the risk and protective factors shared across multiple forms of violence and injury to inform guidance and/or recommendations provided to partners regarding laws, policies, and evidence-based strategies to prevent bullying. While prevention efforts continue to focus on schools and youth, the program aims to help adult support systems provide safe, stable, and nurturing relationships and environments needed to support youth and help prevent bullying, death by suicide, and other forms of youth violence.

Children and Youth with Special Health Care Needs (CYSHCN)

Georgia's Children and Youth with Special Health Care Needs (CYSHCN) program, Children's Medical Services (CMS), works to strengthen the systems of care for families and their children with particular emphasis on medical home access and successful transition from pediatric to adult health care. The CMS program provides a statewide network of care coordination and pediatric specialty care programming, innovative opportunities to engage families and youth in decision making, service delivery improvements and program outreach, linkages to community resources and supports and workforce development opportunities for staff, health care providers and community stakeholders. CMS provides comprehensive, family centered, community based, and culturally competent services to more than 6,000 families on an annual basis. With many counties across the state without pediatric subspecialists, the CMS specialty clinics serves as the primary source of care for many children. Utilizing the Department's telemedicine and telehealth infrastructure is a strategy currently used to improve access to medical home for children with and without special health care needs.

The services provided by CMS help to prevent complications due to untreated condition(s), offer continuity of care, promote healthy growth and development as well as improved quality of life. CMS works closely with primary care providers, pediatric subspecialists, and healthcare vendors to facilitate timely access to early and continuous screenings, comprehensive care within a medical home, face to face and telemedicine specialty clinics, linkages to social services, financial assistance for medical expenditures and health care transition planning for youth/young adults moving from pediatric to adult health care.

Cross-Cutting/Life Course

Oral Health

Oral health is a priority for MCH and a strategic focus to improving health outcomes for women, infants, and children. The Oral Health program provides training to organizational stakeholders and services which include fluoride varnish, dental sealants, prevention education and comprehensive restorative treatment. School-based prevention programs targeting high-risk children, teledentistry, and tobacco prevention programs to pregnant women are also provided.

Oral Health conducts training and presentations on best practices and the importance of oral health in all MCH domains at the local, state, and national levels.

Fatherhood Involvement

Title V explores and develops targeted approaches to best engage fathers to improve maternal and birth outcomes and provide a valuable contribution in helping children and families thrive. The Fatherhood Initiative continues to engage community partners and strengthen programming and resources to support fathers throughout all domains.

To improve outcomes related to these initiatives, Georgia strives to maintain the infrastructure, capacity and engagement opportunities with families, people with lived experience, community, local and state agency and organization stakeholders and partners across all population domains.

How Federal Title V Funds Complement State-Supported MCH Efforts

The Division of Women, Children, and Nursing Services provides services through federal Title V funds and state funds that reflect Georgia's commitment to improve the health and well-being of mothers, infants, children, adolescents, and children and youth with special health care needs (CYSHCN). Title V funds provide infrastructure and resources to complement and support state-led MCH efforts.

Direct services are provided for preventive and primary care services for pregnant women, mothers, and infants and children. For example, Children's Medical Services (CMS) is the payer of last resort for medical expenses for CYSHCN when Title V funds are used for patient benefits (i.e. diagnostic testing, medications, audiology, durable medical equipment). The Regional Perinatal Centers provide direct services to high-risk women and infants requiring tertiary care. Both programs use a combination of federal and state funds to deliver services. Direct services are also provided through the autism initiatives, BCW, and newborn screening programs through a combination of federal and state fund sources.

Title V also provides enabling services for MCH populations. CMS provides enabling services for CYSHCN by providing travel assistance for specialty medical services and interpretation services. Children 1st, which serves as the single point of entry for infants and children into MCH programs, relies on a complementary relationship between Title V and state funding. Title V funds the

Children 1st program and epidemiology staff at DPH, while state funds are provided to all 18 public health districts to support the local staff and infrastructure needed for program implementation.

Federal Title V funds are used to support public health services and systems, including the Maternal Mortality Review Committee, the Georgia Perinatal Quality Collaborative, and oral health initiatives to support community water fluoridation. Title V leadership and staff that support programs within the Division of Women, Children, and Nursing Services are funded by Title V. Epidemiology staff who provide data analysis for MCH population needs assessment and impact evaluation of interventions, are funded by Title V and state funds. Staff responsible for overseeing family engagement in Title V programs are funded by federal Title V funds.

Title V, other federal funds, and state funds complement one another to support MCH programs at the local level. For example, the Georgia legislature recently allocated $3,441,000 in state funding to provide a perinatal home visiting program in rural counties. Title V funds are also used to support the perinatal home visiting program. DPH administers federal and state funds to the state's 18 public health districts through Grant-in-Aid to implement programs locally, including funds for Children's Medical Services, C1st, Babies Can't Wait, and Early Hearing Detection and Intervention.

MCH Success Story

The Perinatal Health Partnership (PHP) Program was implemented during fiscal year 2024 in response to recommendations from the Maternal Mortality Review Committee to provide home visiting services for pregnant and postpartum moms at risk for poor outcomes to prevent maternal mortality. DPH was allocated funding during the 2023 legislative session to implement perinatal home visiting. The funding was increased during the 2024 legislative session. Title V funding was leveraged with the state allocation to expand the program from 21 counties in year one to 51 counties in fiscal year 2025. The program that includes clinical assessment, case management, patient navigation, and infant developmental assessment. The goals are to improve birth outcomes, reduce preterm deliveries, and decrease infant and maternal mortality/morbidity.

The participating rural counties have a limited number of birthing facilities which makes travel to prenatal and other medical appointments challenging. The target population includes low-income mothers with high-risk pregnancy conditions, comorbidities, or other indicators that make them at risk for poor outcomes. The addition of home visits to provide assessment and monitoring between provider visits provides an opportunity for earlier detection and intervention of medical complications.

There have been several successes since the launch of the program. During one home visit, a pregnant patient reported an accidental overdose to the PHP staff who called EMS to the home. During another visit, the PHP staff identified the infant as in distress and alerted his primary care provider. The infant was transferred in critical condition to a Regional Perinatal Center. The providers found that the infant had an undiagnosed genetic condition that would have been life threatening if it hadn't been identified and they credited PHP staff for preventing a tragic outcome. Additionally, one patient identified the need to call EMS when she recognized she had some of the warning signs/symptoms of pre-eclampsia that PHP staff had discussed during each of her home visits. Additionally, staff have linked several participating women who weren't receiving prenatal care to obstetric providers where they remain in care.

Georgia's Title V CYSHCN program, Children's Medical Services (CMS), has integrated the Blueprint for Change four critical areas of focus into the 2025 Needs Assessment process via the questionnaire and focus group guides that will be used for qualitative data collection and analysis. Georgia's needs assessment expanded to include the CYSHCN focused questionnaire. The data collected from the questionnaires and focus groups are aimed to drive robust discussions on, '*What Matters Most to Georgia Families Caring for Children and Youth with Special Health Care Needs,*' to inform Georgia's Blueprint for Change priorities and strategies. The strategic planning process will include involvement from parent leaders supporting the program, members of the newly established CMS Family Engagement Advisory Committee (FEAC), Georgia's F2F, Parent to Parent of Georgia, and the CMS Youth Advisory Council that is currently in progress with support from AMCHP's 2024-2025 Capacity Building Replication project. Strengthened family and youth involvement is a critical component for addressing the Blueprint for Change framework and Georgia is striving for a more collaborative process to improve the system of services for CYSHCN and their families.

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

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 Disscretionary 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.