HRSA
Health Resources & Services Administration

Title V MCH Block Grant Program

GEORGIA

State Snapshot

FY2026 Application / FY2024 Annual Report

December 2025

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 FY2026 Application / FY2024 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (https://mchb.tvisdata.hrsa.gov)

State Contacts

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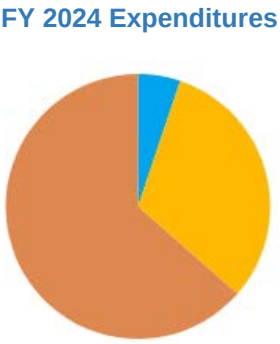
State Hotline: (800) 244-5373

Funding by Source

Source	FY 2024 Expenditures
Federal Allocation	$17,161,644
State MCH Funds	$103,574,337
Local MCH Funds	$0
Other Funds	$0
Program Income	$210,633,769



Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	$9,719,495	$76,881,056
Enabling Services	$4,925,508	$17,718,758
Public Health Services and Systems	$2,516,641	$8,974,523

FY 2024 Expenditures Federal

FY 2024 Expenditures Non-Federal

Percentage Served by Title V

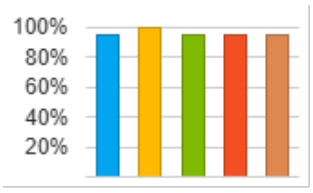
Population Served	Percentage Served	FY 2024 Expenditures
Pregnant Women	95.0%	$21,961,487
Infants < 1 Year	98.8%	$105,888,140
Children 1 through 21 Years	95.1%	$133,765,020
CSHCN (Subset of all infants and children)	95.1%	$47,575,861
Others *	95.1%	$0

*Others– Women and men, over age 21.

FY 2024 Expenditures

Total: $309,190,508

FY 2024 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 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)

Enhance support services and improve coordination between community resources and clinical care throughout the perinatal period.
 	
NPMs
• 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
  o ESM PPV.1: Percent of patients receiving home visiting services who completed the postpartum visit by 12 weeks postpartum
• Percent of women who were screened for depression or anxiety following a recent live birth - MHS
  o ESM MHS.1: Percent of home visitors who reported knowledge gained from an EPDS training.
  o ESM MHS.2: Percent of postpartum patients who received timely and appropriate mental health interventions
	New	Women/Maternal Health

Strengthen regionalized perinatal care through quality improvement initiatives that promote evidence-based practices for mothers and infants.
 	
NPMs
• Percent of very low birth weight (VLBW) infants born in a hospital with a Level III + Neonatal Intensive Care Unit (NICU) - RAC
  o ESM RAC.1: Percent of hospitals that incorporated the CME module into their staff education requirements
  o ESM RAC.2: Number of hospitals verified annually through the Levels of Neonatal Care Designation Program
• A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months - BF
  o ESM BF.1: Percent of providers and health educators who reported having increased knowledge after receiving evidence-based breastfeeding education
  o ESM BF.2: Number of home visitors who report increased knowledge of breastfeeding best practices
	New	Perinatal/Infant Health

○ 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		
Increase safe sleep practices by strengthening professional and caregiver education and community outreach. NPMs ● A) Percent of infants placed to sleep on their backs B) Percent of infants placed to sleep on a separate approved sleep surface C) Percent of infants placed to sleep without soft objects or loose bedding D) Percent of infants room-sharing with an adult during sleep - SS ○ ESM SS.1: Percent of professionals trained to educate on safe infant sleep and model safe infant sleep environments who report an increase in knowledge on the subject. ○ ESM SS.2: Number of safe infant sleep educational materials distributed by the Program ○ ESM SS.3: Number of professionals trained to education on, identify, and model safe infant sleep environments	New	Perinatal/Infant Health
Create and support systems that provide timely, appropriate, and consistent health and developmental screenings to children in Georgia. NPMs ● Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year - DS ○ ESM DS.1: Percent of providers who demonstrate increased self-efficacy to interpret results, communicate findings to families, and refer appropriately to DPH child health programs after participating in developmental screening-related trainings. ○ ESM DS.2: Number of providers that receive developmental screening education and training who report promoting developmental screenings with parents in their practices ○ ESM DS.3: Percent of children that screen with concern that are referred to appropriate intervention services by providers ○ ESM DS.4: Percent of children participating in Home Visiting with at least one developmental screening using a validated instrument.	New	Child Health
Strengthen access to a more integrated community-based continuum of high-quality family centered clinical care and	New	Child Health, Children with Special Health Care Needs

coordinated services for children and CYSHCN and their families
 	
NPMs
• Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - MH
  ○ ESM MH.1: Number of telehealth/telemedicine providers in the network
  ○ ESM MH.2: Number of callers connected to resources through Help Me Grow (HMG)
  ○ ESM MH.3: 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		

Ensure youth & young adults, w/ and w/o SHCN, and their families have access to a coordinated system of services that support an informed and smooth transition from pediatric to adulthood
 	
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 - TAHC
  ○ ESM TAHC.1: Percent of YSHCN enrolled in the Department's CYSHCN Program who have a transition plan in place after completing a transition readiness assessment.
  ○ ESM TAHC.2: Percent of youth/young adults enrolled in the Department's Title V Program for Children and Youth with Special Health Care Needs (CYSHCN) who transfer to an adult provider.
  ○ ESM TAHC.3: Number of youth and young adults who access HCT information co-created by youth leaders.
  ○ ESM TAHC.4: 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.
  ○ ESM TAHC.5: 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.
	New	Adolescent Health,
		Children with Special Health Care Needs

Foster adolescent development by providing programs that increase protective factors and promote health behaviors NPMs	New	Adolescent Health

• Percent of adolescents, with and without special health care needs, ages 12 through 17, who are bullied or who bully others - BLY
  o ESM BLY.1: Percent of parents who reported an increase in knowledge and/or skill from the parent education sessions conducted on supporting children involved in bullying situations.
  o ESM BLY.2: Number of schools, individuals, and organizations that receive guidance on evidence-based strategies to prevent bullying		

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 to maximize impact.

The five-year needs assessment and needs assessment updates 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.

Georgia completed a 2025 needs assessment to guide the state priorities that cover each of the five population domains and the selection of the National Performance Measures (NPMs) chosen for programmatic focus. DPH contracted with Emory University to conduct the five-year needs assessment. This was a critical partnership that expanded the capacity of the state Title V program and allowed for a more objective review of the population needs and evaluation of efforts and programs. The needs assessment process utilized a mixed methods approach relying on input from the MCH workforce and a broad network of partners and community members. An extensive analysis of quantitative data, including all NPMs, was conducted and reviewed by DPH staff, partners, and families. Focus groups were conducted statewide in each population domain to obtain more in-depth and contextual data on population needs. Surveys were disseminated to the MCH workforce, CYSHCN and their families, partners, and the public to obtain a broad variety of perspectives on needs, including from the community and individuals with lived experience. The needs assessment also considered a review of DPH's capacity to provide Title V services, including identification of strategies that DPH is well-positioned to lead in the state, and strategies that DPH can play a supportive role in. The identified priority needs and findings from the needs assessment to support selection of the priority need, selected NPMs, and an overview of the strategies in the State Action Plan are included within each population domain below.

<u>Women/Maternal Health</u>

The needs assessment identified that increasing community supports and ensuring these are coordinated with clinical care was a theme identified through the needs assessment by partners and community members. This need also aligns with findings from the Maternal Mortality Review Committee (MMRC). To address this need, Women's Health will implement strategies to address the Postpartum Visit NPM. The Perinatal Health Partnership, the state's home visiting program, will work to provide high-quality home visits and coordinate with obstetric providers to ensure patients receive their postpartum visit. The Georgia Perinatal Quality Collaborative (GaPQC) will continue to implement the Alliance for Innovation on Maternal Women's Health (AIM) Cardiac Care in Obstetrical Care bundle, which emphasizes coordinating clinical care with community resources and ensures a process for cardiac screening, addressing the NPM component of ensuring postpartum visits have all care components. Women's Health will also ensure clinical care and community resource coordination in the area of maternal mental health by addressing the Postpartum Mental Health Screenings NPM. Women's Health will continue to support PEACE for Moms, the state's perinatal psychiatry access program, which provides ongoing training and support for providers on screening and treatment, as well as referrals to community resources. Women's Health will also continue to fund therapy sessions through Postpartum Support International, Georgia Chapter (PSI-GA), which also ensures access to peer support groups and implement strategies and Postpartum Mental Health Screening NPMs. PHP will also ensure screenings are completed during home visits. Women's Health will continue to implement other programs that improve the health of women and mothers, including the MMRC, Levels of Care, Maternal Health ECHO, Family Planning, and the Breast and Cervical Cancer Program.

Perinatal/Infant Health

The needs assessment identified two priority needs to improve the health of infants. First, partners identified the need to strengthen regionalized perinatal care and implement quality improvement projects. These needs encompass family members and communities, as a strengthened regionalized system and quality improvement projects are both informed by and intended to serve infants and their caregivers. This priority need will be addressed by the Risk-Appropriate Care NPM. To address this NPM, Women's Health will oversee and coordinate improvements to the Regional Perinatal System to ensure that the system can adapt to the current health care environment. Women's Health will also continue to implement the Levels of Care program to ensure hospitals are verified according to their level of care, which facilitates risk-appropriate care and informs transfers. GaPQC will continue to ensure continuous quality improvement in perinatal care. Women's Health will also coordinate efforts to improve breastfeeding rates and improve access to human milk.

The second need identified in this population domain was the need to increase safe sleep practices by strengthening professional and caregiver education and community outreach. This need was identified through quantitative data, focus groups, and by partners at the partner meeting. The Safe Sleep NPM was selected to align with this priority need. To impact the Safe Sleep NPM, Injury Prevention will continue ongoing education and outreach to a wide range of audiences, including both clinicians and caregivers in the community.

Title V will also continue to support other programs that improve perinatal health, including the Newborn Screening Program and Child Health Home Visiting.

Child Health

Creating and supporting systems that provide timely, appropriate, and consistent health and developmental screenings to children in Georgia was identified as a Child Health priority in the 2025 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. While this is a relative strength in Georgia, assessment of Title V capacity demonstrated that this is an area of great importance where Title V plays a critical role and should maintain this work as a priority to continue the improvements that have been established. Further, the needs assessment revelated opportunities to ensure screenings are occurring timely and consistently. The NPM selected to address this priority is the Developmental Screening NPM. To address this NPM, Child Health will implement improvements throughout the Children 1st program, as well as facilitate 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. Child Health will coordinate with Refugee Health to promote developmental screenings among this population.

Title V will also continue to promote Child Health through the Oral Health program and the Child Occupant Safety Project.

Adolescent Health

The priority need identified for the Adolescent Health domain is to foster adolescent development by providing programs that increase protective factors and promote healthy behaviors. This need takes a strengths-based approach to adolescent health and recognizes the impact of the entire life course in adolescent health, which were consistent themes that appeared in the needs assessment. The Bullying NPM was selected due to suicide being the second-leading cause of death for children ages 10 through 17 behind unintentional injury, along with consideration of the capacity of Title V to address this NPM. The Division of Women, Children, and Nursing Services will continue its partnership with the DPH Injury Prevention program to address the need in this area. Injury Prevention works with partners to implement bullying prevention efforts on schools and youth. Additionally, 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.

The Transition to Adult Health Care NPM will also be addressed in the Adolescent Health domain. Children's Medical Services (CMS) focuses its transition efforts on all children and youth, including those with special health care needs. While it will be described in the CYSHCN population domain, this work was also identified as a priority need for adolescents and the strategies are intended to impact both population domains.

Children and Youth with Special Health Care Needs (CYSHCN)

Strengthening access to a more integrated community-based continuum of high-quality family centered clinical care and coordinated services for children and CYSHCN and their families was a priority need identified for the CYSHCN population domain. This priority need was developed in coordination with partners and families and informed by the quantitative and qualitative findings in the needs assessment. Georgia's 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.

Georgia's Title V program strives to include a variety of evidence-based or evidence-informed strategies into the State Action Plan. Program evaluation efforts are essential to ensure that the strategies in State Action Plan are effective, particularly when strategies are innovative. For example, DPH contracts with an evaluation team to evaluate the effectiveness of the Perinatal Health Partnership home visiting program. Injury Prevention also conducts extensive program evaluation to ensure activities are increasing knowledge and improving safe sleep practices. The Georgia Perinatal Quality Collaborative monitors data reported by hospitals on continuous quality improvement efforts and hospital discharge data to determine effectiveness of interventions. Evaluation is an important part of annually monitoring the effectiveness of the State Action Plan, and amendments to the plan will be made if needed to include newly identified evidence-based strategies or to increase the effectiveness of existing strategies.

Across all population domains, Georgia strives to maintain the infrastructure, capacity and engagement opportunities with families, people with lived experience, and communities into the planning, development, implementation, and evaluation of programs. Additionally, Georgia's State Action Plan relies on partnerships to expand the capacity of the Title V program. While DPH leads all strategies included in the State Action Plan, partnerships with other organizations are essential to effectively implementing each strategy. Partnerships exist with universities, community-based organizations, professional associations, other federally funded programs and organizations, medical providers, hospitals, and a variety of task forces and working groups.

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 $6,421,000 in state funding to provide perinatal home visiting program in rural counties. Title V funds are leveraged to expand the perinatal home visiting program to additional rural counties. 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

In fiscal year 2025, Georgia's Title V program strengthened collaboration between the Newborn Screening (NBS) and Early Hearing Detection and Intervention (EHDI) programs to improve follow-up, reduce reporting inefficiencies, and support hospitals through unified guidance and shared tools. These efforts were driven by a shared commitment to reduce administrative burden, improve data quality, and ensure timely identification and intervention for infants with hearing loss or other conditions. The two programs developed joint resources, including a shared provider manual and monthly Newborn Screening Office Hours open to all hospitals, pediatric providers, and NBS submitters where both programs present updates, address common issues, and offer technical

assistance. This consistent communication channel has reinforced alignment between NBS and EHDI, built stronger relationships with hospital staff, and helped identify solutions for persistent challenges.

Among the most pressing issues was the high volume of missing newborn hearing screening and critical congenital heart defect (CCHD) screening documentation. Newborn hearing screening and CCHD screening results are typically documented on the newborn dried blood spot (DBS) card, which hospitals are required to submit shortly after birth. However, if the CCHD and/or hearing screening had not been completed before the card was sent, often due to NICU admission, prematurity, or DBS shipping deadlines, DPH required hospitals to report the results separately by faxing a delayed result form. This manual process was time-consuming and contributed to delays and missing documentation. In 2022, 1,156 infants lacked documented newborn hearing screening results requiring extensive, unnecessary follow up.

To address this, DPH worked closely with hospitals to pilot alternative, streamlined reporting options. As a result, 33 hospitals transitioned from dried blood spot card to electronic reporting via the Electronic Birth Certificate (EBC) worksheet. An additional five hospitals began submitting structured CSV files, improving both timeliness and data quality. To close remaining gaps, DPH now sends weekly outreach to 24 hospitals to follow up on missing results. These combined efforts led to a dramatic improvement in the accuracy of newborn hearing screening results. From 2022 to 2023, the number of infants with missing newborn hearing screening results dropped from 1,156 to 14.

This collaboration has extended to the co-development of a new hospital report card, a joint project of the NBS and EHDI programs to provide hospitals with regular and timely performance feedback on screening timeliness and completeness. The lessons learned from improving hearing screening documentation will now help inform enhancements to CCHD screening reporting as well.

Another major success in FY25 was the launch of hearing-targeted congenital cytomegalovirus (cCMV) testing, a direct integration of NBS and EHDI systems. This targeted protocol, implemented in October 2024, ensures that infants who refer on their newborn hearing screen are promptly tested for cCMV, a leading cause of childhood hearing loss. To date, 22 confirmed cCMV cases have been identified through this initiative, allowing for earlier diagnosis, monitoring, and intervention.

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 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.