



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

GUAM

State Snapshot

FY2026 Application / FY2024 Annual Report

December 2025

Title V Federal-State Partnership - Guam

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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SSDI Project Director	State Family Leader
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State Hotline: Toll-free hotline is not available

Funding by Source

Source	FY 2024 Expenditures
■ Federal Allocation	\$779,638
■ State MCH Funds	\$584,729
■ Local MCH Funds	\$0
■ Other Funds	\$0
■ Program Income	\$0

FY 2024 Expenditures



Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$0	\$0
Enabling Services	\$498,858	\$326,069
Public Health Services and Systems	\$280,780	\$258,660

FY 2024 Expenditures
Federal



FY 2024 Expenditures
Non-Federal



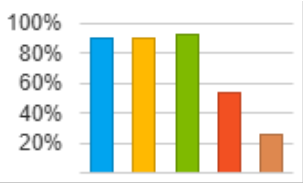
Percentage Served by Title V

Population Served	Percentage Served	FY 2024 Expenditures
Pregnant Women	90.0%	\$277,993
Infants < 1 Year	90.0%	\$205,172
Children 1 through 21 Years	92.0%	\$374,941
CSHCN (Subset of all infants and children)	53.0%	\$421,070
Others *	25.0%	\$15,000

FY 2024 Expenditures
Total: \$1,294,176



FY 2024 Percentage Served



*Others– Women and men, over age 21.

The Title V legislation directs States to conduct a comprehensive, statewide maternal and child Health (MCH) needs assessment every five years. Based on the findings of the needs assessment, states select seven to ten priority needs for programmatic focus over the five-year reporting cycle. The State Priorities and Associated Measures Table below lists the national and state measures the state chose in addressing its identified priorities for the 2025 Needs Assessment reporting cycle. All states are also reporting on two Universal National Performance Measures, Postpartum Visit and Medical Home.

State Priorities and Associated Measures

Priority Needs and Associated Measures	Priority Need Type	Reporting Domain(s)
<p>To improve maternal health by optimizing the health and well-being of women of reproductive age (15-44 yrs.)</p> <p>NPMs</p> <ul style="list-style-type: none"> ● A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth B) Percent of women who attended a postpartum checkup and received recommended care components - PPV <ul style="list-style-type: none"> ○ ESM PPV.1: Postpartum Visit 	New	Women/Maternal Health
<p>To improve infant health by optimizing the health and well-being of infants and mothers.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months - BF <ul style="list-style-type: none"> ○ ESM BF.1: Percentage of home visitors trained in breastfeeding best practices ○ ESM BF.2: Support and encourage local public health organizations who have identified increasing the rate of breastfeeding as a priority need in their communities, i.e. WIC, NCD Breastfeeding Work Group ○ ESM BF.3: Percent of women educated on the importance of breastfeeding to ensure that the feeding decision is fully-informed. <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 2: The rate of infant deaths between birth and 1 year of life 	New	Perinatal/Infant Health
<p>Decrease the rate of infant mortality within the perinatal period</p> <p>NPMs</p> <ul style="list-style-type: none"> ● A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months - BF <ul style="list-style-type: none"> ○ ESM BF.1: Percentage of home visitors trained in breastfeeding best practices ○ ESM BF.2: Support and encourage local public health organizations who have identified 	New	Perinatal/Infant Health

<p>increasing the rate of breastfeeding as a priority need in their communities, i.e. WIC, NCD Breastfeeding Work Group</p> <ul style="list-style-type: none"> ○ ESM BF.3: Percent of women educated on the importance of breastfeeding to ensure that the feeding decision is fully-informed. 		
<p>Increase well-child checkups</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year - DS <ul style="list-style-type: none"> ○ ESM DS.1: Number of home visitors trained to provide ASQ over the next 5 years. ○ ESM DS.2: Developmental Screening Education ○ ESM DS.3: Percent of children participating in an evidence-based home visiting program who received age appropriate developmental screening, <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 3: Percent of Guam children, ages 19 through 35 months, who have completed the recommended 7-vaccine series (4:3:1:3*:3:1:4) 	New	Child Health
<p>Increase screenings (behavioral, ASQ, ASQ-SE) and usage of universal referrals</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year - DS <ul style="list-style-type: none"> ○ ESM DS.1: Number of home visitors trained to provide ASQ over the next 5 years. ○ ESM DS.2: Developmental Screening Education ○ ESM DS.3: Percent of children participating in an evidence-based home visiting program who received age appropriate developmental screening, ● Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - MH <ul style="list-style-type: none"> ○ ESM MH.1: Conduct outreach to families on availability and benefits of the medical home 	New	Child Health
<p>Increase adolescent well-checkups and behavioral health screenings</p> <p>NPMs</p>	New	Adolescent Health

<ul style="list-style-type: none"> Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year - AWW <ul style="list-style-type: none"> ESM AWW.1: Adolescent preventive medical visit <p>SPMs</p> <ul style="list-style-type: none"> SPM 1: Guam youth suicide rate ages 10-24 		
<p>Increase and standardize early developmental and behavioral screenings</p> <p>NPMs</p> <ul style="list-style-type: none"> Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - MH <ul style="list-style-type: none"> ESM MH.1: Conduct outreach to families on availability and benefits of the medical home 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 <ul style="list-style-type: none"> ESM TAHC.1: Number of families/providers who obtain needed support from Neni 311 for a support service. ESM TAHC.2: Transition to Adult Health Care 	New	Children with Special Health Care Needs

Executive Summary

Program Overview

Introduction

The Title V Maternal and Child Health (MCH) Block Grant program, a pivotal federal-state partnership, plays a crucial role in advancing and improving the health and well-being of the nation's women, adolescents, infants, and children. This includes those with and without special healthcare needs. Authorized under Title V of the 1935 federal Social Security Act, Title V was converted to a Block Grant Program in 1981. State funding allocations are determined by a formula that considers the proportion of low-income children in a state compared to the total number of low-income children nationwide.

The Title V MCH Block Grant Program, a collaborative effort that requires every \$4 of federal Title V MCH Block Grant money to be matched by at least \$3 of State and/or local money, ensures that a minimum of 30% of federal Title V MCH Block Grant funds are used to support services for Children and Youth with Special Health Care Needs (CYSHCN) and 30% of federal funds are used to provide preventive and primary care services for children. In addition to annual performance reporting, states must conduct a comprehensive needs assessment every five years to identify priority issues of the MCH population. This collaborative approach ensures that the needs of the MCH population are met and that the public health MCH-serving programs funded by Title V are guided by the most pressing health needs.

Title V Block Grant Needs Assessment:

The Title V Maternal and Child Health Block Grant Needs Assessment was a systematic process to collect information about the State's public health system. The information collected during the needs assessment process has been used to guide future efforts to comprehensively address the varied needs of pregnant women, mothers, infants, children, adolescents, and CSHCN. The goal of the statewide needs assessment was to improve MCH outcomes and to strengthen partnerships for ensuring the effective implementation of strategies designed to address the needs of the MCH population.

TITLE V MCH SERVICES BLOCK GRANT FFY 2026-2030 PRIORITIES HRSA/MCHB requires states to conduct a comprehensive statewide Needs Assessment every five years to identify the need for preventive and primary care services for pregnant women, mothers, infants, children, and CSHCN. Findings from the Five-Year Needs Assessment serve as the cornerstone for development of a five-year Title V MCH State Action Plan (SAP), based on the seven to 10 priorities selected for focused programmatic effort over the next five years. Every State is required to address and report on two Universal National Performance Measures (NPMs): Postpartum Visit - A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth and B) Percent of women who attended a postpartum checkup and received recommended care components; and Percent of children with and without special health care needs, ages 0 through 17, who have a medical home. States must select a minimum of five NPMs, including the two Universal NPMs, with at least one NPM in each of the five population domains. States may choose as many NPMs and State Performance Measures (SPMs) as necessary to address each identified priority need. Eight priorities were identified from the results of Missouri's statewide 2025 MCH Needs Assessment, with seven NPMs and one SPM selected, and eight overarching Core Values were identified. Beyond the assigned priorities, there is flexibility to implement initiatives not specified in the FFY 2026-2030 SAP to address additional MCH priorities and ongoing and emerging issues.

National Priority Areas: 1. Ensure access to patient-centered, coordinated, and comprehensive postpartum care. 2. Promote preventative oral health care services during pregnancy. 3. Promote safe infant sleep practices and environments to reduce sleep-related infant deaths. 4. Enhance access to holistic oral health care services for children. 5. Ensure coordinated, comprehensive, and ongoing health care services for children with and without special health care needs. 6. Promote stable and supportive relationships with a caring non-parental adult to enhance adolescent psychological well-being and empower youth with the tools and training to reach their full potential. 7. Promote a smooth and successful transition from child-centered to adult-oriented health care, promoting continuity of care, improving health outcomes, and empowering youth to manage their own health.

Process Description

Guam's 2025 Title V Five-Year Needs Assessment was designed and executed as a comprehensive process, grounded in both data and stakeholder input, to identify priority maternal and child health (MCH) issues across the island. Guam's approach exemplified four key characteristics that move beyond a purely data-driven analysis and toward a holistic, community-informed process: 1) a clear leadership structure, 2) stakeholder engagement, 3) a structured priority setting process, and 4) collaborative planning and continuous improvement. This summary outlines the goals, framework, methods, and decision-making that shaped the assessment process and informed the development of Guam's Title V priorities and action plan.

Goal

The assessment aimed to ensure the Guam Title V program reflects current trends, fills service gaps, and supports effective, evidence-based public health strategies. This approach instills confidence in the audience regarding the robustness of the process, ensuring them that the methods are not just theoretical but are grounded in solid evidence and research.

Framework

The process was spearheaded by the MCH Core Leadership Team, the former Title V Director, the current Title V Director, and the Title V Program Manager. They worked in partnership with the University of Guam's Center for Excellence in Developmental Disabilities Education, Research, and Service (CEDDERS), which was contracted to support the facilitation and synthesis of Guam's Title V Needs Assessment. This collaboration began in July 2024, with the Guam Title V and CEDDERS team drafting a Memorandum of Agreement (MOA). In Sept. 2024, CEDDERS and Title V held monthly meetings to coordinate roles, develop tools, and discuss a shared understanding of timelines. However, in May 2025, the Title V/CEDDERS MOA was halted at the Governor of Guam's Office and subsequently returned to Title V, allowing Guam Title V to assume all the Needs Assessment activities.

Guam Title V held three focus group meetings on June 24, June 27, and July 3, 2025. Stakeholders included representatives from Guam Title V and MIECHV programs, family/youth serving agencies, and other key MCH community members, along with representatives from public health and other governmental agencies (Guam Fire Department, Guam Memorial Hospital Authority, Head Start, Guam Behavioral Health and Wellness Center).

The criteria for selecting stakeholders were rigorous and comprehensive. They were chosen based on their area of expertise and workplace setting, training and experience, knowledge of public health, and their ability to conceptualize at the strategic level, without solely advocating for a single issue. This careful selection process ensured that the stakeholder meetings were productive and that a wide range of perspectives were considered, making the audience feel that their input is valued and considered.

Methodology

Guam Title V assessed the needs of the MCH population using Title V indicators, performance measures, and other quantitative and qualitative data. The Leadership Team reviewed morbidity, mortality, health problems, gaps, and disparities among the MCH population to identify MCH domain-specific needs based on data trend analysis.

Quantitative methods used for assessing needs within each population domain included reviewing various data sources, such as vital statistics data, U.S. Census data, MCH jurisdictional Survey data, Medicaid data, Guam Title V Children with Special Health Care Needs surveys, and Youth and Adult Behavioral Risk Factor Surveillance surveys.

Qualitative methods included meetings with MCH clients, stakeholders, parents, and community members. While also identifying any issues that the Leadership Team had considered, some new issues were also identified. In addition, qualitative data were received from special population groups, such as Project Bisita Home Visiting families, and a review of state plans.

During the first focus group meeting, stakeholders were informed about the needs assessment process, as many had not previously been involved in it. Data from the past five years were presented for each domain. The data slides were developed to communicate clear, concise, and accessible information, including priority topics from the last needs assessment and longstanding issues the island has been tracking, such as infant mortality rates and adolescent substance use. This approach encouraged broad participation from diverse stakeholders and community members in ranking candidate priorities. The idea behind this presentation was to inform stakeholders about the current State of maternal and child health on the island, based on data being collected, and to spur discussion among them based on their experiences. MCH Leadership wanted to minimize influence and amplify community and stakeholder input. At the end of this first meeting, stakeholders requested more information about the performance measures from the previous needs assessment to determine any progression or regression. This data was prepared and presented during the second and third focus group meetings, providing stakeholders with a clearer understanding of how performance measures are selected, identifying gaps and barriers in data collection and reporting, and outlining the role they play in developing the needs assessment and action plan. Time was reserved during the second focus group meeting to collectively discuss possible priority areas for Children and Youth with Special Health Care Needs (CYSHCN). Several issues and needs were listed, then filtered into categories (e.g., "health awareness campaign" could address a lack of public awareness of parent support groups, available local services for CYSHCN, and material translation interpretation needs), and the group voted on these categories to determine how high a priority need they may be. The larger audience broke into smaller groups to address the remaining four domains, replicating this voting process. Topics that may not have been chosen as top priorities were documented and may influence future assessments or strategies outlined in the MCH action plan.

Prioritization Stage

Guam used a criteria-based ranking approach and community voting process through three rounds of prioritization. The first round included conducting criteria-based rankings of the cross-cutting priorities> when a need was suggested, the audience was encouraged to analyze the need truly: what data sources are available relative to this need, what work is being done or interventions in place, if any, to address the need already, how the MCH Team can help, and what limitations or barriers exist (legally, financially, capacity-wise). Then, these needs could be filtered into broader categories and ranked according to further criteria outlined by Title V Leadership. This was followed by a round in which community members could vote for their top three priorities per domain. The third round then included more criteria-based rankings of domain-specific priorities, which were combined with community votes to determine the final priorities. The specific criteria used for the rankings were:

- Magnitude: Number of people who are impacted

- Trend: Pattern or change of a series of data points to move in a specific direction over time
- Health and racial equity: Differences among different groups of people that are avoidable, unfair, and unjust
- Impact/severity: Impact on utilization of resources (financial cost), morbidities, comorbidities, and mortality
- Perceived preventability: Able to be prevented, avoided, or stopped in its tracks
- Effective Interventions: An Effective intervention or evidence-based/informed strategy is available
- Agency capacity: Ability for Guam DPHSS, in partnership with stakeholders, to dedicate resources to address strategies to improve priority areas
- Political will: Collective support from state administration, politicians, and the public

Stakeholder Input: Contributions from community members, stakeholders, internal staff, and other partners throughout the needs assessment process were invaluable and integral to the success of the process, making the audience feel valued and a key part of the process. The findings of the needs assessment were used to identify strategic issues—that is, the most critical challenges that must be addressed to improve the health of Guam's MCH population. MCH leadership selected priorities from the strategic issues based on data, knowledge of Title V program capacity, and the potential to leverage Title V funding to impact MCH outcomes. For 2025 – 2030, Guam's priority issues are:

1. Women's Health: The priority need that was identified is "to improve maternal health by optimizing the health and well-being of women of reproductive age." This measure includes, but is not limited to, mental health screenings, breastfeeding support, and care coordination, among other services. The NPM selected is Postpartum Visit: A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth, and B) Percent of women who attended a postpartum checkup and received recommended care components. Because the data revealed various challenges women face when receiving postpartum care, this priority is overarching to ensure a variety of matters are addressed.
2. Perinatal/Infant Health – The priority need that was identified is "to improve infant health by optimizing the health and well-being of infants and mothers." The advantages of breastfeeding are undeniable. The American Academy of Pediatrics recommends that all infants be exclusively breastfed for about six months, as human milk supports optimal growth and development. The NPM selected is Breastfeeding: A) Percent of infants who are ever breastfed and B) Percent of infants breastfed exclusively through 6 months, which was selected as it is indicative of the success of implementing strategies to make breastfeeding the standard feeding method for the first year of life.
3. Child Health – The priority need identified was "increase well-child checkups." Health care providers and family members have highlighted that many children, especially those with developmental, behavioral, or chronic health needs, are not being connected across systems, resulting in missed referrals and caregiver stress. The NPM selected is Developmental Screening – Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year."
4. Adolescent Health – The priority need identified was "increase adolescent well checkups and behavioral health screenings." Well visits are an opportunity to promote healthy behaviors, discuss risky behaviors, promote essential vaccinations, and address conditions that can interfere with healthy development. Comprehensive and inclusive reproductive health care and education are opportunities to help care and education are opportunities to help adolescents avoid or mitigate risky sexual behaviors. The NPM selected Adolescent Well Visit: Percentage of adolescents, aged 12 through 17, who had a preventive medical visit in the past year.
5. Children with Special Health Care Needs – The priority need identified was "to increase and standardize early developmental and behavioral screening." Families of children with special health care needs report difficulties navigating fragmented systems of care. Many cite a lack of consistent care coordination and communication across providers. Medical home data reveal variations in access to family-centered services, transition planning for youth approaching adulthood, and the transition to adult healthcare. As a result, Guam's focus will be on strengthening medical home infrastructure within the CSHCN domain and developing tools to support additional care coordination. As a result, the NPMs selected are Medical Home: Percent of children with and without special health care needs, ages 0 through 17, who have a medical home and Transition to Adult Health Care: 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.

How Federal Title V Funds Complement State-Supported MCH Efforts

Title V Funds Supporting State MCH Efforts

Title V MCH funding, a cornerstone in our efforts to combat essential MCH and public health programs, is instrumental in tackling health disparities. These disparities are particularly pronounced in underserved health areas, where access to care is a challenge. The initiatives influenced by Title V encompass chronic disease prevention, access to care, programs that reduce infant mortality, newborn screening, and personal care services for children and youth with special health care needs. Title V funding also aids Guam in addressing Preventive Health Services. Through Title V, Guam ensures access to preventive health services for women and

children, including well-child services and screenings, prenatal care, and comprehensive services for children and youth with special healthcare needs. Addressing these disparities is not just a goal, but a necessity for the health and well-being of our communities.

Title V funding not only bolsters our efforts to enhance health outcomes but also catalyzes the development of supporting policies that drive transformation within state health departments. This transformation, inspired by the potential of Title V funding, is paving the way for innovative, community-based solutions. The evolution of our healthcare system has necessitated that public health agencies transform from safety-net medical direct service providers to more creative, community-based models. These models include programs for universal developmental screenings, care coordination, and home visiting. Using a population health framework allows Guam to implement upstream, data-driven strategies to respond to broad community health needs and evaluate and monitor emerging population health trends.

The Division of Public Health (DPH), Bureau of Family Health and Nursing Services (BFHNS), provides services through federal Title V funds and local funds that reflect Guam's commitment to improving 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 MCH efforts.

The availability of federal funds, coupled with local flexibility, continues to ensure the health of individuals during critical periods, such as preconception, pregnancy and postpartum, childhood, adolescence, and young adulthood. Essential contributors to the public health infrastructure, including but not limited to skilled healthcare professionals, robust data collection and analysis systems, and community engagement initiatives, are evident through the development, ongoing sustainability, and implementation efforts aimed at:

- Addressing maternal mortality and morbidity
- Establishing precedence across all MCH population domains among both internal partners (such as other government agencies) and external partners (like non-profit organizations and community groups) is a key aspect of our work.
- Enhancing workforce capacity to address health equity and social determinants of health is a central focus of Title V funding. This emphasis on capacity building ensures that our health system is equipped to address the root causes of health disparities, thereby promoting a more equitable and just society. Title V funding plays a crucial role in this endeavor, providing the necessary resources and support to build a workforce dedicated to addressing health equity and the social determinants of health.

MCH Success Story

MCH SUCCESS STORY

The Guam Comprehensive Hemophilia Care Program (GCHCP), a unique initiative established in 1998, continues to operate under the Children and Youth with Special Health Care Needs Program within the Bureau of Family Health & Nursing Services at the Department of Public Health & Social Services. The GCHCP's distinctive approach involves providing comprehensive care to patients diagnosed with Hemophilia A (Factor VIII deficiency) and von Willebrand's Disease, genetic blood-clotting disorders. Patients receive annual and follow-up visits from a doctor, nurse, physical therapist, and social worker, all in one setting. These clinics, held every other month at the Northern Region Community Health Center (NRCHC), focus on assisting patients in living with, coping, and managing their bleeding disorder, and gaining access to the necessary medications. The program also provides education and necessary skills to patients and their family members through annual visits, consumer camps, and educational events. The GCHCP receives leadership, guidance, capacity building, and technical support from the Center for Inherited Blood Disorders (CIBD) and the Region IX Western States Regional Hemophilia Network (WSRHN), which also includes California, Nevada, and Hawaii Hemophilia Treatment Centers.

Despite the loss of our physical therapist in 2021 and the retirement of our physician in August 2024, the GCHCP team remained resilient. We informed the CIBD and the WSRHN of these developments, and together, we planned a Family Education Day on November 3, 2024, and a comprehensive clinic on November 4, 2024. The Family Education Day event was made possible by the initiative of a family member of a consumer who is striving to create a Guam Chapter for the bleeding disorders community. This person connected with two members of the National Bleeding Disorders Foundation (NBDF) who assist with Chapter developments. The NBDF, Region IX clinicians, and a few pharmaceutical sponsors contributed to the various educational sessions held.

The comprehensive clinic was brought to life by the joint efforts of the GCHCP team, the CIBD, the WSRHN, and the Health Professional Licensing Office (HPLO) staff. The HPLO helped provide temporary medical licenses, enabling doctors, nurses, and physical therapists to examine patients and make care recommendations. From the WSRHN, a team consisting of an adult hematologist, a pediatric hematologist, a nurse practitioner, a registered nurse, a physical therapist, and a social worker flew in from Hawaii and California to hold the clinic at the NRCHC. A total of 11 out of 13 scheduled patients were seen. This was a highly successful and enriching venture for everyone involved, especially for the patients and their family members. It was a profoundly fulfilling experience to provide the patients with the comprehensive care that is so vital to their lives. Until a comprehensive medical care team is achieved on Guam, we're assured of the ongoing support of the CIBD, the WSRHN, and the NBDF.

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

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.