



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

HAWAII

State Snapshot

FY2026 Application / FY2024 Annual Report

December 2025

Title V Federal-State Partnership - Hawaii

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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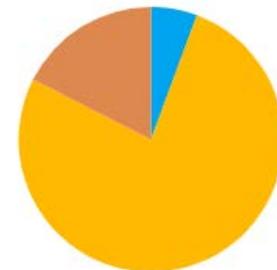
State Youth Leader
No Contact Information Provided

State Hotline: (800) 816-1222

Funding by Source

Source	FY 2024 Expenditures
Federal Allocation	\$2,407,971
State MCH Funds	\$32,683,668
Local MCH Funds	\$0
Other Funds	\$0
Program Income	\$7,455,899

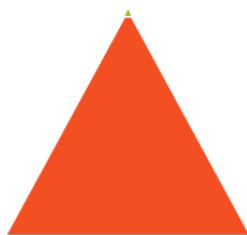
FY 2024 Expenditures



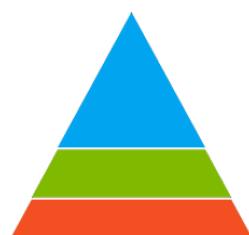
Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$0	\$24,432,517
Enabling Services	\$55,013	\$8,638,877
Public Health Services and Systems	\$2,352,958	\$7,068,172

FY 2024 Expenditures
Federal



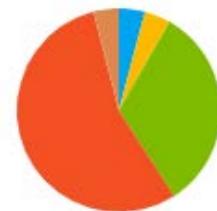
FY 2024 Expenditures
Non-Federal



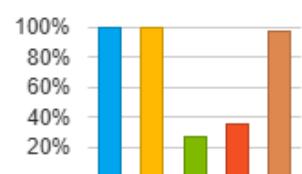
Percentage Served by Title V

Population Served	Percentage Served	FY 2024 Expenditures
Pregnant Women	99.0%	\$1,759,881
Infants < 1 Year	99.1%	\$1,759,881
Children 1 through 21 Years	26.4%	\$13,898,501
CSHCN (Subset of all infants and children)	35.1%	\$23,426,446
Others *	97.3%	\$1,702,829

FY 2024 Expenditures
Total: \$42,547,538



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>Improve postpartum care by promoting timely, comprehensive follow-ups that address physical, mental, and social needs, with a focus on expanding access to responsive services.</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 ○ ESM PPV.1: Completion of environmental scan of organizations and partners to facilitate determination of Title V's role in improving postpartum care across the state. 	Revised	Women/Maternal Health
<p>Increase safe infant sleep practices by partnering with varied communities to provide education, resources, and outreach that reduce the risk of sleep-related infant deaths.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● 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: The number of translated Safe Sleep Guides for Parents that were provided to the agencies, organizations and individuals, on request. 	Revised	Perinatal/Infant Health
<p>Increase the percentage of children ages 0–5 who receive timely and continuous developmental screening by enhancing outreach, provider training, and coordination across early childhood systems</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 ○ ESM DS.1: The number of children screened through the Hi'iilei Developmental Screening Program using a standardized screening tool. 	Revised	Child Health

<p>Support food sufficiency for infants and young children by improving access to WIC services, including outreach, enrollment, and nutrition education.</p> <p>NPMs</p> <ul style="list-style-type: none"> Percent of children, ages 0 through 11, whose households were food sufficient in the past year - FS <ul style="list-style-type: none"> ESM FS.1: The number of infants and children birth to 5 years of age enrolled in the WIC program. 	Revised	Child Health
<p>Increase the number of children with and without special health care needs who have a Medical Home by focusing on improving care coordination</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: Completion of formative research on the status of care coordination efforts in Hawaii to inform the design of the Family Health Services Division/Children with Special Health Needs Branch Care Coordination strategy. 	Revised	Child Health, Children with Special Health Care Needs
<p>Reduce adolescent bullying by promoting prevention programs, creating safe and inclusive school environments, and supporting youth, families, and other adults.</p> <p>NPMs</p> <ul style="list-style-type: none"> Percent of adolescents, with and without special health care needs, ages 12 through 17, who are bullied or who bully others - BLY <ul style="list-style-type: none"> ESM BLY.1: Completion of formative research on status of bullying prevention efforts in Hawaii to inform design of Title V's bullying prevention role and strategy. 	New	Adolescent Health
<p>Increase access to culturally responsive, trauma-informed mental health services and supports for women, children, and families</p> <p>SPMs</p> <ul style="list-style-type: none"> SPM 1: The number of direct and enabling health providers receiving training and support services on maternal and child mental health care in underserved communities/counties statewide across all five population domains. 	New	Cross-Cutting/Systems Building

Executive Summary

Program Overview

Hawaii is the only island state in the U.S., comprised of seven populated islands organized into four major counties: Hawaii, Maui, Honolulu (Oahu), and Kauai. With a land mass of 6,422 square miles that span nearly 11,000 square miles, the state is home to 1.4 million residents—70% living in Honolulu, the most populous county.



Hawaii is one of the most ethnically varied states with no single racial majority. The population includes 36.7% Asian, 21.9% White, 9.4% Native Hawaiian and other Pacific Islander, and less than 2% Black. The state has a large heterogeneous Pacific Islander and Asian population. Nearly 28.2% identify as multiracial, with indigenous Native Hawaiians comprising 22.4% (when combined with other races). About 17.8% of residents are immigrant, mainly from Asia and the Pacific.

The state government is responsible for functions usually performed by counties or cities in other states. For example, Hawaii is the only state with a single unified public school system. Similarly, Hawaii has no local health departments but has county health offices on the neighbor islands to ensure services statewide.

The Hawaii State Department of Health (HDOH) works to protect and improve the health and environment for all people in the state. The HDOH Family Health Services Division (FHSD) administers the federal Title V Maternal and Child Health (MCH) Block Grant (Title V) to improve the health of women, infants, and children, including those with special healthcare needs. The four guiding pillars of MCH are: 1) Delivery of services using the 10 Essential Public Health Services framework; 2) Data-driven performance accountability; 3) Partnerships with agencies, community providers, and individual families/youth; and 4) Working to achieve optimal health for all MCH populations. To help expand its capacity and reach, FHSD leverages state and federal grant funds with community partners.

To set priorities for the state MCH program, a comprehensive needs assessment is conducted every five years. Hawaii completed a new 5-year needs assessment and selected the following priorities for the 2026-2030 project period.

Population Domain	Topic	State Priority Need
Women's/ Maternal Health	Postpartum Visits	Increase the rate and improve the quality of postpartum care by promoting timely, comprehensive follow-up visits that address physical recovery, mental health, family planning, and social support needs, with a focus on optimal access and coordinated responsive care.
Perinatal/ Infant Health	Safe Sleep	Increase the prevalence of safe infant sleep practices by partnering with communities to promote relevant education, resources, and outreach that support safe sleep environments and reduce the risk of sleep-related infant deaths.
Child Health	Developmental Screening	Increase the percentage of children ages 0–5 years who receive timely and continuous developmental screening by enhancing outreach, provider training, and coordination across early childhood systems to ensure early identification and connection to appropriate supports.
	Food Sufficiency	Ensure food sufficiency for infants and young children by strengthening access to WIC nutrition services and supports, including outreach, enrollment assistance, and appropriate nutrition education for eligible families.
Adolescent Health	Bullying Prevention	Reduce the percentage of adolescents who experience or engage in bullying by promoting evidence-based prevention programs; fostering resilience; creating safe school environments; and supporting youth, families, and other adults in addressing bullying behaviors.
Children with Special Health Care Needs	Medical Home	Increase the number of children with special health care needs who have a Medical Home by focusing on improving care coordination
Cross-Cutting	Mental Health	Increase access to responsive, trauma-informed mental health services and supports for birthing people, children, and families

Needs Assessment Methodology. Community partners and agencies were engaged early in the needs assessment planning process to help design the methodology, including selecting data sources, identifying community concerns, guiding community engagement efforts, and prioritizing health topics. An Advisory Committee provided ongoing guidance throughout the needs assessment process. In response to community input, qualitative data collection was expanded by working in partnership with

community-based organizations serving priority MCH populations. This approach ensured the inclusion of more varied family and youth voices.

The assessment included the following components:

- *Environmental Scan*: Reviewed over 80 community assessments, studies, and plans to align efforts and avoid duplication.
- *Review of Existing Data Sources*: Analyzed key surveillance and survey data, MCH indicators, demographic and socioeconomic data, and national Healthy People 2030 measures.
- *Community Data Collection*: Administered a translated community survey with 941 responses and conducted 22 focus groups in all counties, hosted by community-based organizations directly serving MCH populations.
- *Capacity Assessment*: Conducted a review of FHSD programs including a workforce staffing survey.
- *Priority-setting*: Drawing on needs assessment findings, FHSD selected priorities for each of the five MCH Population Domains based on program capacity and national MCH performance measures. Strategies and performance/process measures were developed in collaboration with community partners to align resources and support collective impact.

Needs Assessment Findings. Coming out of the global pandemic and Maui Wildfires, FHSD adopted a comprehensive approach to the five-year needs assessment, rather than focusing solely on the 15 national priorities in the federal Title V grant. The assessment identified over 70 preliminary findings (see supporting documents), highlighting the profound impact of community-level factors of health. These include increased stress on families due to the high cost of living and lack of affordable housing across the state; a growing need for mental health services; diminished social support and connection; rising concerns about family and community violence; inconsistent access to healthcare and social services; and a clear need for more relevant care.

FHSD Updates. As Hawaii continues to emerge from the pandemic and the Maui wildfires, FHSD responded by recalibrating and revising programs and initiatives to serve those disproportionately impacted communities. Federal policy shifts also signal the potential for further program changes. Although hampered by mounting vacancies, FHSD staff demonstrate strength and resiliency, creating new partnerships and managing expectations to address service gaps and ever-growing needs.

Federal Policy Impacts. As of June 2025, FHSD has not experienced any loss of federal funding. However, layoffs of federal employees and other federal actions have disrupted some services, including a temporary suspension of PRAMS data collection. Of the 24 federal grants FHSD administers, approximately one-fourth maybe proposed for elimination in the Federal FY 2026 budget.

Clients Served/Programs Reach. As reported in Form 5a, Title V programs continued to see an increase in direct client services in 2024 with a 4.2% rise over 2023. However, this was still 13.5% below 2019 service levels. The 2024 increase was not consistent across all program and population groups. The reach of other public health services, as reported in Form 5b, was similar to 2023 but reflected a 93.3% increase in outreach to adults and an 8.4% increase in outreach to children compared to 2019 due to increased media initiatives.

5-Year Highlights for 2021-2025 Priorities

This FY 2024 report marks the fourth year of the Title V 5-year project period. FHSD recognizes that systematic disparities impact physical and mental well-being in an interconnected way. The current 11 Hawaii Title V priorities are listed below across the six Title V MCH population domains.

Population Domain	State Priority Need
Women's/Maternal Health	Promote reproductive life planning
	Improving postpartum care
Perinatal/Infant Health	Promote food security through WIC services
	Increase infant safe sleep conditions
Child Health	Improve the percentage of children ages 0-5 years screened early and continuously for developmental delay
	Reduce the rate of child abuse and neglect, with special attention to children ages 0-5 years
	Increase the number of children who have a Medical Home
Adolescent Health	Improve the healthy development, health, safety, and well-being of adolescents
Children with Special Health Care Needs	Improve the percentage of youth with special health care needs ages 14-21 years who receive services necessary to transition to adult healthcare

	Increase the number of children with special health care needs who have a Medical Home
Cross-Cutting	Reduce disparities by expanding pediatric mental health care access in rural and at-risk communities

DOMAIN: WOMEN'S/MATERNAL HEALTH**Promote reproductive life planning**

- Partnered with the Hawaii Maternal Infant Health Collaborative (HMIHC) and the Healthcare Association of Hawaii to implement the federal Maternal Health Innovation grant; established a state Maternal Health (MH) Steering Committee; drafted a state MH Strategic Plan; and collaborated on needs assessment.
- The Title V MCH Branch continued to provide reproductive health services to at-risk communities.

DOMAIN: PERINATAL/INFANT HEALTH**Promote safe sleep practices**

- Conducted media messaging campaigns to promote safe sleep and resources available through the state toll-free warmline, The Parent Line. Information materials are now available in 11 languages.
- Shared Safe Sleep data, practices, and research through the annual Safe Sleep Summit.

Address Food Insecurity through Improving WIC services

- Published data on WIC enrollment demographics and retention rates to strengthen program planning/evaluation.
- Focused on workforce development to expand training opportunities for existing staff and recruitment for new staff.

DOMAIN: CHILD HEALTH**Improve early and continuous screening for developmental delay**

- Began planning to expand free developmental screening services offered by the Children with Special Health Needs Hi'ilei program.
- Continued training for service providers on screening tools to support integration into family-serving organizations and practices.

Reduce the rate of child abuse and neglect (CAN)

- Strengthen community capacity by awarding \$800,000 in federal ARPA funding to programs that meet the needs of communities by providing critical family and parenting support services.
- Continued provision of home visiting services statewide and supporting the state network of home visiting programs.

DOMAIN: ADOLESCENT HEALTH**Improve adolescent health and well-being**

- Partnered with residential youth programs to provide evidence-based youth healthy development programs for youth most at risk.
- Partnered with the Department of Education to support training and develop a resource hub for teachers and staff to better support youth through puberty.

DOMAIN: CHILDREN WITH SPECIAL HEALTH CARE NEEDS (CSHCN)**Improve transitions to adult healthcare**

- Completed a system for transition planning for enrolled Children and Youth with Special Health Needs Section youth using the evidence-based Six Core Elements of Health Care Transition, including guidelines, educational tools, workbook, and database tracking. The system is being integrated into the Kaiser Hawaii Adolescent Health program.
- Partnered with TeenLink Hawaii, a youth-driven, empowerment program to develop web-based resources and social media messages on health issues of concern to youth, including Transition to Adult healthcare.

DOMAIN: CROSS-CUTTING/SYSTEMS BUILDING**Expand pediatric mental health care access to at-risk rural communities**

- Launched pediatric mental health warmline pilot on Maui to provide teleconsultation services and care coordination so pediatric providers can better diagnose, treat, and/or refer children and youth with behavioral health conditions to available services. The warmline was done in partnership with the Hawaii Community Foundation and Queen's Medical Center.
- Conducted mental health trainings for pediatric and family service providers through dedicated seminars, institutes, and conference presentations.
- Sponsored behavioral health networking events to help build awareness and knowledge of the mental health service system.

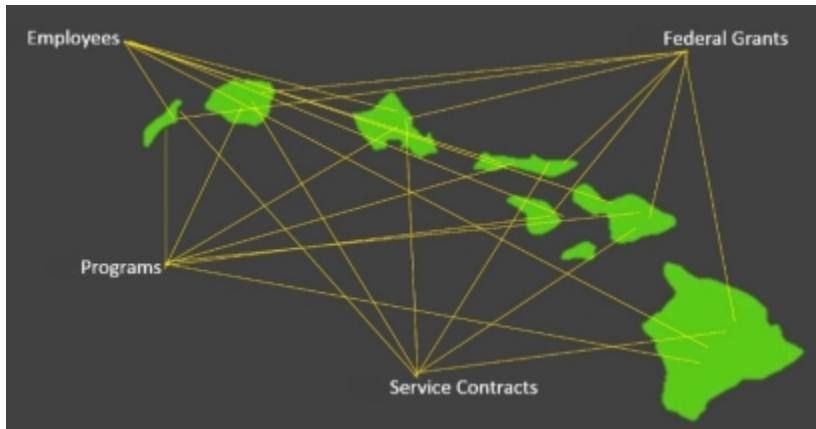
How Federal Title V Funds Complement State-Supported MCH Efforts

The Family Health Services Division (FHSD) provides all levels of service delivery: direct, enabling, and infrastructure building. FHSD's reach is statewide with no local health departments. One of the larger divisions in the Hawaii State Department of Health, FHSD is comprised of three branches—Maternal and Child Health Branch (MCHB); Children with Special Health Needs Branch

(CSHNB); and Women, Infants, and Children (WIC) Services Branch. Together, the division has about 264.5 FTE total positions statewide, administers 30 programs, 25 federal grants, and approximately 150 service contracts—totaling approximately \$58.5 million—with community-based organizations,

Title V funds played a critical role in supporting the state's overall MCH efforts. In 2024, the FHSD budget was \$95.5 million. Nearly \$2.2 million was provided by Title V, with \$52.9 million state matching funds and an additional \$41.3 million in other federal funds. State funds support 134.3 FTE positions statewide.

Of the state's overall population, FHSD programs reached an estimated 99% of pregnant women; 99.1% of all infants; 26.4% of children 1-21 years of age, including 35.1% of children with special health needs and 97.3% of others (general adult population).

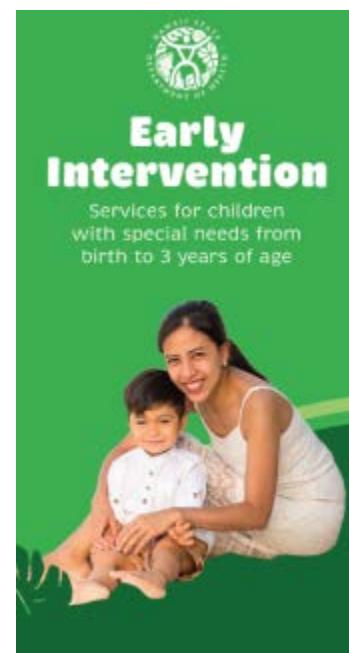


Title V funds were used for key program capacity and public health infrastructure positions needed to administer MCH programs statewide (23.9 FTE). Positions included: critical data analytics staff (epidemiologists and research statisticians); administrative, fiscal, and program management for MCHB and CSHNB; Public Information Officer; contract specialist; and a nutritionist and audiologist for CSHNB. These positions are critical to: 1) securing, leveraging, and managing a broad array of funding sources; 2) addressing statewide surveillance needs; 3) developing critical statewide partnerships and system-building efforts; 4) improving quality to ensure services are family centered, culturally relevant, and community based; 5) ensuring a statewide system of care through provision of safety-net and gap-filling services; 6) recruiting and supporting workforce needs; and 7) ensuring development/dissemination of public health messaging.

MCH Success Story

In 2024, the Hawaii State Department of Health, Children with Special Health Needs Branch, Early Intervention Section began a paid media campaign to promote Early Intervention Services (EIS) that support the development of infant and toddlers from birth to 3 years old. The campaign included updating collateral material and running ads via TV, radio, and digital platforms.

EIS collateral was updated, including the general EIS brochure, an EIS poster, and the Family Rights brochure with information for families on their rights regarding services and supports. Both brochures were translated into Chinese, Japanese, Korean, Vietnamese, Chuukese, Marshallese, Ilocano, and Spanish.



A 60-second TV spot was produced, featuring an EIS family with a 3-year-old son that was diagnosed with cerebral palsy and epilepsy. They shared their story and the support and success they found through the EIS program. The call-to-action directed people to the EIS website (health.hawaii.gov/eis) and the EIS Referral Line (808-594-0066). The broadcast TV reach on local Fox affiliate KHON was 97.2% of households with adults ages 18-54, with an average frequency of 8.6 and 2.187 million impressions.



For radio, two 30-second spots were recorded with general information about the EIS program, featuring one male and one female voiceover. The radio spots ran on Pacific Radio Group's 20+ stations on Oahu, Maui, Kauai, and Hawaii Islands. The radio reach was 62% of adults ages 18-54, with an average frequency of 7.8 and 3.02 million impressions.

Digital media included streaming, social media (Facebook, Instagram), targeted email, and search engine marketing (SEM) that was targeted at parents/caregivers of children 3 years old and under. There were more than 1.26 million digital impressions and over 60K engagement and website clicks.



In 2025, a new paid media campaign was launched using the same creative elements for TV, radio, and digital platforms, with the addition of out-of-home advertising on TheBus, Oahu's widely used public transportation system. The ads are located on the entire 480-bus fleet.

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

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.