



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

IDAHO

State Snapshot

FY2025 Application / FY2023 Annual Report

November 2024

Title V Federal-State Partnership - Idaho

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

MCH Director	CSHCN Director
Katherine Humphrey Maternal and Child Health Director Katherine.Humphrey@dhw.idaho.gov (208) 860-8440	Erica Powell CSHCN Director Erica.Powell@dhw.idaho.gov (208) 334-5616

SSDI Project Director	State Family Leader
Dawn Amos PRATS Manager Dawn.Amos@dhw.idaho.gov (208) 272-0511	Angela Lindig Executive Director, Idaho Parents Unlimited angela@ipulidaho.org (208) 342-5884

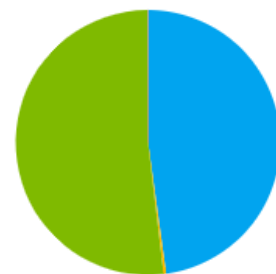
State Youth Leader
No Contact Information Provided

State Hotline: (800) 296-2588

Funding by Source

Source	FY 2023 Expenditures
Federal Allocation	\$2,293,676
State MCH Funds	\$15,000
Local MCH Funds	\$2,484,692
Other Funds	\$0
Program Income	\$4,560

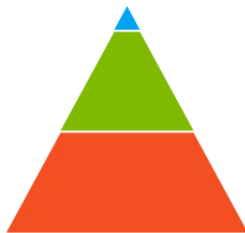
FY 2023 Expenditures



Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$241,321	\$0
Enabling Services	\$1,020,377	\$2,573,680
Public Health Services and Systems	\$1,031,978	\$0

FY 2023 Expenditures Federal



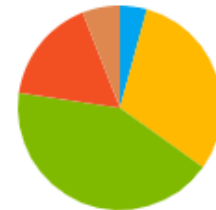
FY 2023 Expenditures Non-Federal



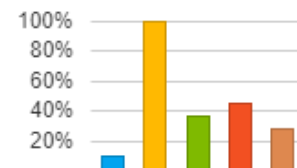
Percentage Served by Title V

Population Served	Percentage Served	FY 2023 Expenditures
Pregnant Women	9.7%	\$202,610
Infants < 1 Year	100.0%	\$1,453,467
Children 1 through 21 Years	36.9%	\$2,011,821
CSHCN (Subset of all infants and children)	45.7%	\$791,279
Others *	27.9%	\$282,705

FY 2023 Expenditures Total: \$4,741,882



FY 2023 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 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)
<p>Increase percent of women accessing prenatal and well-woman health care</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of women, ages 18 through 44, with a preventive medical visit in the past year (Well-Woman Visit, Formerly NPM 1) - WWV <ul style="list-style-type: none"> ○ ESM WWV.1: Percentage of women assessed for pregnancy intention using One Key Question 	<p>Women/Maternal Health</p>
<p>Improve breastfeeding rates</p> <p>NPMs</p> <ul style="list-style-type: none"> ● 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 <ul style="list-style-type: none"> ○ ESM BF.1: Number of professionals and parents who attend annual Idaho Breastfeeding Summit. 	<p>Perinatal/Infant Health</p>
<p>Support services, programs, and activities that promote safe and healthy family functioning</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of women, ages 18 through 44, with a preventive medical visit in the past year (Well-Woman Visit, Formerly NPM 1) - WWV <ul style="list-style-type: none"> ○ ESM WWV.1: Percentage of women assessed for pregnancy intention using One Key Question ● 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 <ul style="list-style-type: none"> ○ ESM SS.1: Number of individuals who participated in safe sleep training ● 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 <ul style="list-style-type: none"> ○ ESM BLY.1: Number of adult advisors who received evidence-based suicide prevention training <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 1: Injury Prevention: Unintentional death rate to children under 5 years of age 	<p>Women/Maternal Health, Perinatal/Infant Health, Adolescent Health</p>

<p>Decrease the prevalence of childhood overweight and obesity</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day (Physical Activity, Formerly NPM 8.1) - PA-Child <ul style="list-style-type: none"> ○ ESM PA-Child.1: Number of child care professionals trained on healthy behaviors for young children and creating healthy environments with focus on nutrition and physical activity. 	<p>Child Health</p>
<p>Improve childhood immunization rates</p> <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 2: Immunizations: Percent of children at kindergarten enrollment who meet state immunization requirements 	<p>Child Health</p>
<p>Improve access to medical specialists for children and youth with special health care needs</p> <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 3: Medical Specialist Access: Percent of children with special health care needs who needed or received specialist care in the past 12 months, and experienced some problem accessing care. 	<p>Children with Special Health Care Needs</p>
<p>Decrease substance abuse among maternal and child health populations</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of women who smoke during pregnancy (Smoking - Pregnancy, Formerly NPM 14.1) - SMK-Pregnancy <ul style="list-style-type: none"> ○ ESM SMK-Pregnancy.1: Percentage of pregnant women, postpartum women, and their partners who quit smoking through participation in an incentive-based smoking cessation program 	<p>Women/Maternal Health</p>
<p>Improve social determinants of health and promote health equity for maternal and child health populations</p> <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 4: MCH Workforce Development: Number of health care providers and other professionals who serve MCH populations that receive training with the goal of improving delivery and quality of care 	<p>Cross-Cutting/Systems Building</p>
<p>Promote smooth transition through the life course for CSHCN</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 received services to prepare for the transition to adult health care (Transition, Formerly NPM 12) - TR 	<p>Children with Special Health Care Needs</p>

<ul style="list-style-type: none">○ ESM TR.1: Number of families who received support or services from the Family to Family Resource Center	
<p>Improve maternal and child health population access to medical and dental homes</p> <p>NPMs</p> <ul style="list-style-type: none">● 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<ul style="list-style-type: none">○ ESM PDV-Child.1: Percentage of 3rd grade students that had dental sealants on at least one tooth recommended for sealants	Child Health

Executive Summary

Program Overview

Executive Summary

Idaho Title V Program Overview

What is Title V?

The goal of Idaho's Title V Maternal and Child Health (MCH) Program is to improve the health and well-being of mothers, infants, and children, including children and youth with special health care needs (CSHCN), and their families. Title V supports a spectrum of services, from infrastructure-building services like quality assurance and policy development, to gap-filling of direct health care services for CSHCN.

How does Title V determine the needs of Idaho families?

Every five years, states are required to conduct a comprehensive, statewide needs assessment to assess the gaps in needs, strengths, and limitations of services available to MCH populations across six domains. Idaho uses the "Title V Needs Assessment, Planning Implementation, and Monitoring Framework" to guide the process, with emphasis placed on engaging stakeholders and community partners.

The MCH Program contracts with the Boise State University Center for Health Policy to conduct needs assessment activities, assist with the state action plan, and help with data collection and analysis. Final priority selections were based on stakeholder input, programmatic capacity, evidence-base, cost, and ability to make a measurable impact.

What are Idaho's MCH priorities?

Idaho selected ten MCH priorities across the respective population domains based on the 2020 needs assessment. The table below illustrates the selected priorities and the corresponding population domain and performance measure.

MCH Domain	MCH Priority	National or State Performance Measure (NPM/SPM)
Women/Maternal Health	Increase percent of women accessing prenatal and well-woman health care	Well-Woman Visits
	Support services, programs, and activities that promote safe and healthy family functioning	
	Decrease substance abuse among maternal and child health populations	Smoking During Pregnancy
Perinatal/Infant Health	Improve breastfeeding rates	Breastfeeding
	Support services, programs, and activities that promote safe and healthy family functioning	Safe Sleep Injury Prevention
Child Health	Decrease the prevalence of childhood overweight and obesity	Child Physical Activity
	Improve childhood immunization rates	Immunizations
	Improve maternal and child health population access to medical homes and dental homes	Oral Health
Adolescent Health	Support services, programs, and activities that promote safe and healthy family functioning	Adolescent Bullying
CSHCN	Promote smooth transition through the life course	Transition
	Improve access to medical specialists for children and youth with special health care needs	Specialist Access
Systems-Building	Improve social determinants of health and health equity for maternal and child health populations	MCH Workforce Development

Note: Some priorities were used in multiple domains to justify selection of strategies and linkage to respective performance measures.

How does Title V meet the needs of Idaho's MCH populations?

Idaho MCH leadership developed a state action plan with specific objectives and strategies to address the ten MCH priorities. The following sections present these objectives and an abbreviated description of notable strategies by domain area.

Women and Maternal Health

Priority Need: Increase percent of women accessing prenatal and well-woman health care
NPM 1: Percent of women, ages 18 through 44, with a preventive medical visit in the past year
Objective: By September 2025, increase the number of women who are linked to routine well-woman care, including prenatal care during the first trimester

Strategies:
<ul style="list-style-type: none"> • Collaborate with the Idaho Family Planning Program (IFPP) to increase pre- and interconception education and referrals to prenatal care and well-woman care using One Key Question • Fund IFPP to support reproductive health services and provision of contraception
Priority Need: Support services, programs, and activities that promote safe and healthy family functioning
NPM 1: Percent of women, ages 18 through 44, with a preventive medical visit in the past year
Objective: By September 2025, annually implement the legislatively required Maternal Mortality Review Committee (MMRC) to review maternal deaths in Idaho and offer prevention recommendations
Strategy:
<ul style="list-style-type: none"> • Lead implementation, operation, and facilitation of Idaho's MMRC
Priority Need: Decrease substance abuse among maternal and child health populations
NPM 14.1: Percent of women who smoke during pregnancy
Objective: By September 2025, increase the percentage of pregnant women, postpartum women or their household members who have quit smoking or decreased the number of cigarettes smoked in the past 12 months
Strategy:
<ul style="list-style-type: none"> • Implement an evidence-based, incentive-driven smoking cessation program for pregnant and postpartum women across the state

Perinatal and Infant Health

Priority Need: Improve breastfeeding rates
NPM 4: A) Percent of infants who are ever breastfed, B) Percent of infants breastfed exclusively through 6 months
Objective: By September 2025, increase the percentage of infants breastfeeding at 6 months of age
Strategy:
<ul style="list-style-type: none"> • Support the Idaho Breastfeeding Coalition's Annual Breastfeeding Summit for lactation consultants, health care providers, and public health professionals
Priority Need: Support services, programs, and activities that promote safe and healthy family functioning
Objective: By September 2025, support the development and implementation of a Perinatal Quality Collaborative (PQC) with the goal of accelerating improvement efforts for maternal and infant health outcomes
Strategy:
Work with Comagine Health to lead PQC development through: 1) Engagement of stakeholders who will provide guidance on the mission, vision, and goals of the PQC, 2) Identify the structure of the PQC, and 3) Select and implement the first quality improvement initiative.
NPM 5: 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
Objective: By September 2025, reduce infant sleep-related deaths by improving safe sleep practices
Strategies:
<ul style="list-style-type: none"> • Increase safe sleep practices through the provision of safe sleep education and sleep sacks • Train MIECHV home visitors to conduct safe sleep surface assessments • Implement an Idaho-specific safe sleep media campaign
SPM 1: Unintentional death rate of children under 5 years of age
Objective: By September 2025, fund injury and disease prevention activities to reduce morbidity and mortality rates among pregnant women and young children
Strategies:
<ul style="list-style-type: none"> • Fund the Idaho Poison Control Center to provide statewide consultation on poison exposure, maintain the poison control hotline, and provide community education • Provide congenital cytomegalovirus education to relevant populations • Participate in the Child Fatality Review Team and offer prevention recommendations

Child Health

Priority Need: Decrease the prevalence of childhood overweight and obesity
NPM 8: Percent of children ages 6 through 11 who are physically active at least 60 minutes per day
Objective: By September 2025, help fund and support existing programs and initiatives to expand education and activities focused on physical activity and nutrition for children
Strategies:
<ul style="list-style-type: none"> • Through collaboration with the Idaho Physical Activity and Nutrition Program, enhance current strategies to increase the number of childcare professionals trained on healthy behaviors for children.
Priority Need: Improve childhood immunization rates
SPM 2: Percent of children at kindergarten enrollment who meet state immunization requirements
Objective: By September 2025, collaborate with the Idaho Immunization Program to increase vaccination education and vaccine uptake among MCH populations
Strategy:
<ul style="list-style-type: none"> • Through collaboration with the Idaho Immunization Program support the purchase and distribution of vaccines for children through the Vaccine Assessment Fund, address vaccine hesitancy, and provide public education about vaccinations
Priority Need: Improve maternal and child health population access to medical and dental homes

NPM 13.2: Percent of children, ages 1 through 17, who had a preventive dental visit in the past year
Objective: By September 2025, increase the percentage of school-aged children who receive preventive dental care
Strategy: <ul style="list-style-type: none"> • Fund the Oral Health Program to provide dental sealants, apply fluoride varnish, offer oral health education, and refer elementary school students to dental homes

Adolescent Health

Priority Need: Support services, programs, and activities that promote safe and healthy family functioning
NPM 9: Percent of adolescents, ages 12 through 17, who are bullied or who bully others
Objective: By September 2025, collaborate with the Idaho Suicide Prevention Program (ISPP) to enhance suicide prevention activities for adolescents
Strategy: <ul style="list-style-type: none"> • Collaborate with ISPP to expand the number of schools implementing evidence-based suicide prevention programs
Objective: By September 2025, implement a plan to increase the public health system's capacity to address adolescent health issues with recommendations for strengthening and coordinating systems for adolescent health
Strategies: <ul style="list-style-type: none"> • Collaborate with the Adolescent Pregnancy Prevention (APP) Program to develop an adolescent health working group to address adolescent health issues • Collaborate with APP to assess public health's capacity for addressing youth mental health

CSHCN

Priority Need: Promote smooth transition through the life course for CSHCN
NPM 12: Percent of children with and without special healthcare needs, ages 0 through 17, who received services necessary to make transitions to adult health care
Objective: By September 2025, fund and support services, programs, and activities focused on improving quality of care for CSHCN
Strategies: <ul style="list-style-type: none"> • Partner with Idaho Parents Unlimited (IPUL) to increase parent engagement, provide parent education, assist with parent navigation, and provide program consultation • Partner with IPUL to develop digital resources that empower teens and young adults to take an active role in their transition into adulthood • Support the Idaho Children's Special Health Program to provide financial support to uninsured CSHCN for payment of eligible medical claims • Participate on the state's Emergency Medical Services for Children (EMS-C) Advisory Board
Priority Need: Improve access to medical specialists for children and youth with special health care needs
SPM 3: Specialist Access: Percent of children with special health care needs who needed or received specialist care in the past 12 months, and experienced some problem accessing care
Objective: By September 2025, fund and support services, programs, and activities focused on screening, referral, and access to medical specialists
Strategies: <ul style="list-style-type: none"> • Support the Idaho Newborn Screening Program to detect certain genetic, endocrine, and metabolic disorders and link children to appropriate specialist care • Fund pediatric specialty clinics across the state

Cross-Cutting/Systems-Building

Priority Need: Improve social determinants of health and promote health equity for maternal and child health populations
SPM 4: MCH Workforce Development: Number of health care professionals who serve MCH populations that receive training with the goal of improving delivery and quality of care
Objective: By 2025, increase MCH workforce capacity by increasing the number of health care professionals who participate in topical learning collaboratives
Strategies: <ul style="list-style-type: none"> • Support topical learning collaboratives for health care professionals focused on quality and practice improvement for MCH populations • Support implementation of the Get Healthy Idaho initiative as a community-led, place-based model to improve social determinants of health and health equity • Support implementation of the Project ECHO model or similar models with the goal of increasing knowledge and capacity of Idaho health care professionals to provide best-practice specialty care to MCH populations

Services and Systems of Care

The MCH Program is dedicated to strengthening systems of care and supporting comprehensive, coordinated, and family-centered services for women and children. This is accomplished by working closely with Idaho's Family-to-Family Center to incorporate the lived experience of CSHCN families into assessment, planning, and implementation activities. The MCH Program contracts with the St. Luke's Children's Hospital and public health districts to support specialty pediatric clinics and bring specialists from neighboring states to increase access to clinical services and fill pediatric specialty shortages. Title V funds support the Newborn Screening Program which screens over 99% of Idaho babies for various disorders and ensures babies are linked with appropriate follow-up

care. Title V also funds the Children's Special Health Program, which is a direct service, financial support program for Idaho children who meet certain diagnostic and eligibility criteria.

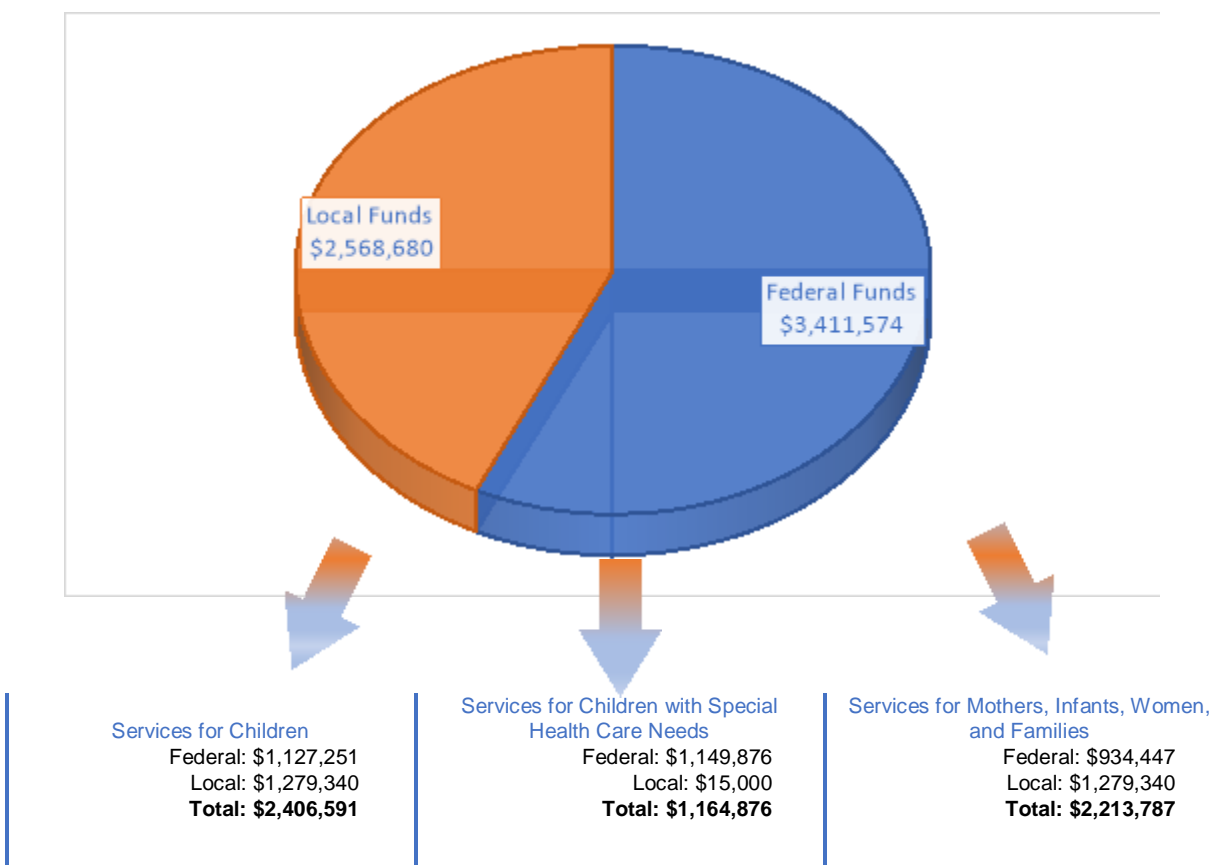
Title V Partnerships

MCH Program staff are skilled at developing creative and nimble partnerships to address MCH issues within an environment of limited resources, health care shortages, and geographic challenges. Most often, MCH leadership and staff serve as a convener, collaborator, or partner to move the needle on MCH issues. MCH leadership has been the primary convener with stakeholders to drive policy development and activities related to the Newborn Screening Program, critical congenital heart disease screening, CMV education, and MMRC and PQC implementation.

How Federal Title V Funds Complement State-Supported MCH Efforts

How Title V Funds Support State MCH Efforts

Idaho Title V MCH funds are used to support services, programs, and activities that are detailed in the state's action plan to address MCH priorities. For FY 2025, the proposed budget for the Federal-State Title V MCH partnership totals \$5,985,254 (federal funds: \$3,411,574 and local funds: \$2,573,680).



Note: Administrative costs in the amount of \$200,000 are excluded from the budgets above and totals may vary due to rounding. Local costs include vaccine assessment funds which enable infants and children to receive immunizations, and program income received from reimbursements for services to children with special health care needs which are reinvested in the program.

MCH Success Story

MCH Success Story

The Idaho Maternal and Child Health (MCH) Program is pleased to share the establishment of Idaho's statewide Perinatal Quality Collaborative (IDPQC).

In 2022, the MCH Program entered into an agreement with Comagine Health to help create the IDPQC structure. The MCH Program applied to the Alliance for Innovation on Maternal Health (AIM) in February 2023, and became the 49th state to enroll in AIM's patient safety bundle program. The IDPQC Governing Board selected the Severe Hypertension in Pregnancy Patient Safety Bundle as its first initiative. This bundle has a large focus on in-patient obstetric settings, including emergency departments. Additional work groups for maternal mental health and rural perinatal care were also formed.

The IDPQC held a kick-off meeting on October 16, 2023, with over 60 people in attendance. A variety of organizations were represented, including public health, Medicaid, community organizations, and hospitals and clinics from every region in Idaho. Participants were provided an overview of the IDPQC's mission, vision, and values, the proposed structure and governance including open leadership positions, and guidance on the first quality improvement initiative.

To learn more about the IDPQC visit www.idahopqc.org.

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

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 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.