



# **HRSA**

Health Resources & Services Administration



Title V MCH Block Grant Program

**IDAHO**

State Snapshot

FY2026 Application / FY2024 Annual Report

December 2025

## 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 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






MCH Director	CSHCN Director
Katherine Humphrey Maternal and Child Health Director Katherine.Humphrey@dhw.idaho.gov 2088608440	Melissa Roa CSHCN Director Melissa.Roa@dhw.idaho.gov (208) 519-6661

SSDI Project Director	State Family Leader
Dawn Amos PRATS Manager Dawn.Amos@dhw.idaho.gov (208) 272-0511	Angela Lindig Executive

State Youth Leader
No Contact Information Provided

**State Hotline:** (800) 296-2588

### Funding by Source

Source	FY 2024 Expenditures
 Federal Allocation	\$2,541,866
 State MCH Funds	\$15,000
 Local MCH Funds	\$2,484,692
 Other Funds	\$0
 Program Income	\$51,245

FY 2024 Expenditures



Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$241,678	\$0
Enabling Services	\$1,448,069	\$2,594,385
Public Health Services and Systems	\$852,119	\$0

FY 2024 Expenditures  
Federal



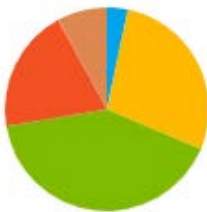
FY 2024 Expenditures  
Non-Federal



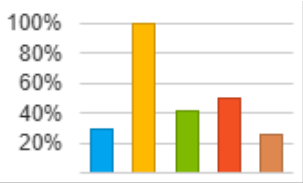
Percentage Served by Title V

Population Served	Percentage Served	FY 2024 Expenditures
Pregnant Women	28.6%	\$165,065
Infants < 1 Year	100.0%	\$1,398,792
Children 1 through 21 Years	41.3%	\$2,045,196
CSHCN (Subset of all infants and children)	49.8%	\$981,993
Others *	25.0%	\$393,475

FY 2024 Expenditures  
Total: \$4,984,521



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 access to quality prenatal and postpartum healthcare to promote patient safety</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● 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"> <li>○ ESM PPV.1: Percentage of healthcare providers and perinatal support workers who participated in the training who report increased confidence in providing postpartum complication education and recognition of maternal warning signs to enhance postpartum safety.</li> </ul> </li> </ul>	New	Women/Maternal Health
<p>Maintain access to effective and affordable reproductive health services</p> <p>SPMs</p> <ul style="list-style-type: none"> <li>● SPM 1: Contraception Use. Percent of women ≤200% of FPL, including postpartum women, using a most or moderately effective contraceptive method.</li> </ul>	New	Women/Maternal Health
<p>Increase access to quality, risk-appropriate, perinatal care to improve health outcomes</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● Percent of very low birth weight (VLBW) infants born in a hospital with a Level III + Neonatal Intensive Care Unit (NICU) - RAC <ul style="list-style-type: none"> <li>○ ESM RAC.1: Percent of Idaho live births occurring at a birthing facility participating in patient safety bundle (PSB) implementation.</li> </ul> </li> </ul>	New	Perinatal/Infant Health
<p>Improve access to preventative services and screenings</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● Percent of children, ages 1 through 17, who had a preventive dental visit in the past year - PDV-Child <ul style="list-style-type: none"> <li>○ ESM PDV-Child.1: Percentage of 3rd grade students that had dental sealants on at least one tooth recommended for sealants</li> </ul> </li> </ul>	New	Child Health

<ul style="list-style-type: none"> <li>○ ESM PDV-Child.2: Number of partnerships established between school districts, public health districts, Head Start, WIC, and community-based programs to support oral health programs.</li> </ul>		
<p>Improve systems of care</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - MH</li> <li>○ ESM MH.1: Conduct environmental scan to determine current medical home model services landscape in Idaho.</li> </ul>	New	Child Health, Children with Special Health Care Needs
<p>Promote safe and healthy development</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● Percent of adolescents, ages 12 through 17, who receive needed mental health treatment or counseling - MHT</li> <li>○ ESM MHT.1: Increase school staff trained to deliver mental health education, screenings, and support services annually by 3%.</li> </ul>	New	Adolescent Health
<p>Expand MCH data capability and utilization</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● Percent of very low birth weight (VLBW) infants born in a hospital with a Level III + Neonatal Intensive Care Unit (NICU) - RAC</li> <li>○ ESM RAC.1: Percent of Idaho live births occurring at a birthing facility participating in patient safety bundle (PSB) implementation.</li> </ul>	New	Perinatal/Infant 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 10 MCH priorities across the respective population domains based on the 2020 needs assessment. The table below illustrates the selected priorities for the 2021-2025 state action plan 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
Children with Special Health Care Needs	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 drivers of health and promote health outcomes 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 10 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

National Performance Measure 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"> <li>• 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.</li> <li>• Fund IFPP to support reproductive health services and provision of contraception.</li> </ul>
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 ( <i>Concluded June 30, 2024</i> ).
Strategy: 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 ( <i>Concluded June 30, 2024</i> ).
Strategy: 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
National Performance Measure 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: 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"> <li>• Increase safe sleep practices through the provision of safe sleep education and sleep sacks.</li> <li>• Train home visitors to conduct safe sleep surface assessments.</li> <li>• Implement an Idaho-specific safe sleep media campaign.</li> </ul>
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"> <li>• Fund the Idaho Poison Control Center to provide statewide consultation on poison exposure, maintain the poison control hotline, and provide community education.</li> <li>• Provide congenital cytomegalovirus education to relevant populations.</li> <li>• Participate in the Child Fatality Review Team and offer prevention recommendations.</li> </ul>

#### Child Health

Priority Need: Decrease the prevalence of childhood overweight and obesity
National Performance Measure 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.
Strategy: 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: 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
National Performance Measure 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: 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
National Performance Measure 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: 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"> <li>Develop an adolescent health work plan to address adolescent health issues.</li> <li>Assess public health's capacity for addressing youth mental health.</li> </ul>

#### Children with Special Health Care Needs (CSHCN)

Priority Need: Promote smooth transition through the life course for CSHCN
National Performance Measure 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"> <li>Partner with Idaho Parents Unlimited (IPUL) to increase parent engagement, provide parent education, assist with parent navigation, and provide program consultation.</li> <li>Partner with IPUL to develop digital resources that empower teens and young adults to take an active role in their transition into adulthood.</li> <li>Support the Idaho Children's Special Health Program to provide financial support to uninsured CSHCN for payment of eligible medical claims.</li> <li>Participate on the state's Emergency Medical Services for Children (EMS-C) Advisory Board.</li> </ul>
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"> <li>Support the Idaho Newborn Screening Program to detect certain genetic, endocrine, and metabolic disorders and link children to appropriate specialist care.</li> <li>Fund pediatric specialty clinics across the state.</li> </ul>

#### Cross-Cutting/Systems-Building

Priority Need: Improve social drivers of health and promote health outcomes for maternal and child health populations
SPM 4: Maternal and Child Health (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"> <li>Support topical learning collaboratives for health care professionals focused on quality and practice improvement for MCH populations.</li> <li>Support implementation of the Get Healthy Idaho initiative as a community-led, place-based model to improve outcomes.</li> <li>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.</li> </ul>

#### 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 to rural communities 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.



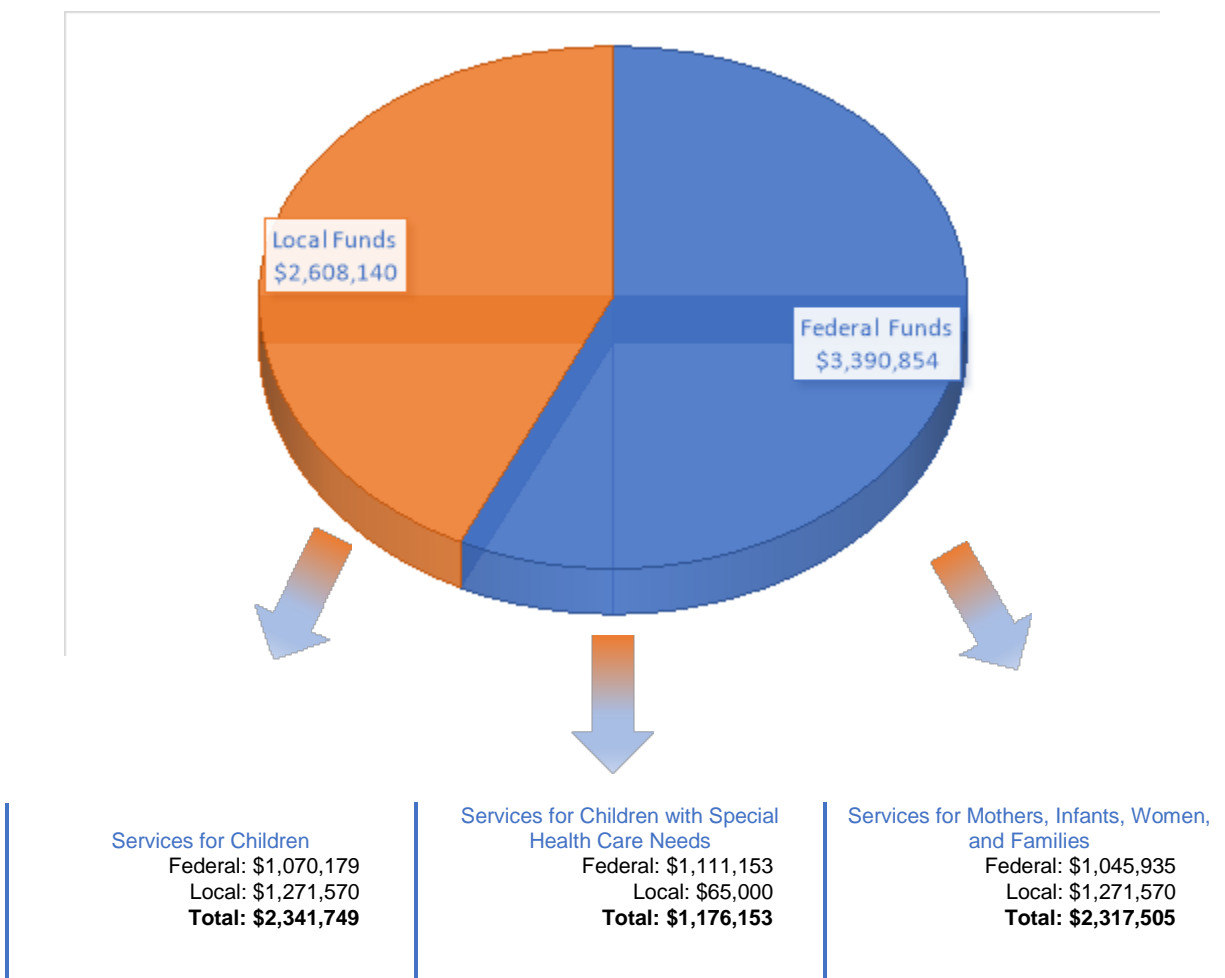
### Title V Partnerships

MCH Program staff are skilled at developing creative and nimble partnerships to address issues within an environment of limited resources, health care shortages, and geographic challenges. Most often, Maternal and Child Health 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, congenital cytomegalovirus education, and Maternal Mortality Review Committee and Perinatal Quality Collaborative 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 2026, the proposed budget for the Federal-State Title V MCH partnership totals \$5,998,994 (federal funds: \$3,390,854 and local funds: \$2,608,140).



Note: Administrative costs in the amount of \$228,000 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

### Idaho MCH Success Story

The Maternal and Child Health (MCH) Program partnered with Idaho Parents Unlimited (IPUL) to support families of Children and Youth with Special Health Care Needs by providing structured tools to guide the transition from pediatric to adult health care through the Association of Maternal and Child Health Program's Got Transition Replication Project. Families were introduced to readiness assessments and medical summaries, which helped them document key information and plan for future health care needs.

One of the participating families found the Got Transition readiness assessment and medical summaries especially useful. The parent said they felt overwhelmed by the health care transition process and were unsure where to begin planning for their child's transition. After using the tools, they felt more informed and prepared to navigate their child's transition to adult health care. The family's health care provider was initially hesitant, but found the process much easier than expected and expressed interest in adopting the tools for other families.

Another participating parent, who is also an Idaho MCH staff member said, "The health care transition project was helping our kids ages 14-18 working forward to transferring from patient directed care to the teen/young adults taking the lead." She continued, "It gave us more of an idea of what our daughter knew about her health care, both meds she was taking and what her appointments are for, and what we needed to do so that she was more in the lead of her health care needs. The assessment, along with my daughter's primary care doctor, provided actionable steps to help her prepare for transition into adulthood."

A total of nine families with 10 youth registered for the project and received ongoing training and resources. Providers who participated in the project were surprised at how easy the tools were to implement and recognized the benefits of structured secondary transition planning in supporting youth and families. The project revealed that while many providers assume care coordinators or schools are addressing these needs, health care transition often remains overlooked. Engaging providers continues to be a challenge. Many health care professionals were hesitant to participate, and cited a lack of time. The project demonstrated that with the right resources and support, providers are receptive and see clear value in integrating health care transition into their practices.

IPUL continues to build on the foundation laid by this partnership. They have integrated Got Transition's tools and messaging into all training materials, and they have begun collaborating with professional partners in education, Centers for Independent Living, Vocational Rehabilitation, and both the Children and Adult Developmental Disabilities Programs to align transition efforts across systems. By continuing to educate families and strategically engage providers, IPUL and the MCH Program are ensuring that health care transition is no longer a missing piece in the transition to adulthood puzzle, but rather a critical step toward independence and lifelong well-being.

## 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 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.