



# **HRSA**

Health Resources & Services Administration



Title V MCH Block Grant Program

**INDIANA**

State Snapshot

FY2026 Application / FY2024 Annual Report

December 2025

## Title V Federal-State Partnership - Indiana

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
Mary Ellen Potts Director of Operations and Strategic Development MaPotts@health.in.gov (317) 232-3491	No Contact Information Provided

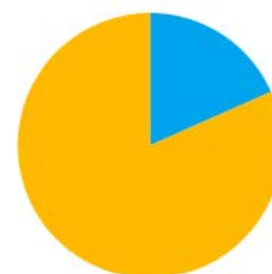
State Youth Leader
Amya Hilderbrand Youth Consultant

**State Hotline:** (844) 624-6667

### Funding by Source

Source	FY 2024 Expenditures
 Federal Allocation	\$12,714,489
 State MCH Funds	\$56,523,730
 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	\$15,248,490
Enabling Services	\$7,628,694	\$26,828,906
Public Health Services and Systems	\$5,085,795	\$14,446,334

FY 2024 Expenditures  
Federal



FY 2024 Expenditures  
Non-Federal



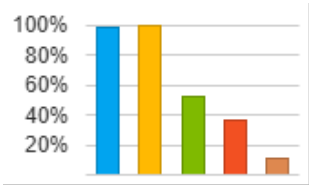
Percentage Served by Title V

Population Served	Percentage Served	FY 2024 Expenditures
Pregnant Women	98.5%	\$6,376,692
Infants < 1 Year	99.5%	\$8,722,437
Children 1 through 21 Years	51.9%	\$3,363,454
CSHCN (Subset of all infants and children)	35.9%	\$19,537,067
Others *	10.8%	\$2,506,767

FY 2024 Expenditures  
Total: \$40,506,417



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>Reduce Preventable Deaths and Advance Quality of Life</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 maternal discharges following a live birth in which a postpartum visit was scheduled before or within 24 hours of discharge from the birthing hospitalization.</li> </ul> </li> <li>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 <ul style="list-style-type: none"> <li>ESM SS.1: Percentage of organizations demonstrating high-fidelity implementation of safe sleep education interventions consistent with IDOH and AAP evidence-based guidelines.</li> </ul> </li> </ul> <p>SPMs</p> <ul style="list-style-type: none"> <li>SPM 4: Promotion of Women and Maternal Health</li> </ul>	New	Women/Maternal Health, Perinatal/Infant Health
<p>Focus on Upstream Opportunities and Strategies</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>Percent of children who have completed the combined 7-vaccine series (4:3:1:3*:3:1:4) by age 24 months - VAX_Child <ul style="list-style-type: none"> <li>ESM VAX_Child.1: Percentage of accurate and complete immunization data.</li> </ul> </li> <li>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"> <li>ESM MH.1: Percent of families who received effective care coordination.</li> <li>ESM MH.2: Percent of children diagnosed with a condition identified through newborn screening who receive an annual assessment of services</li> </ul> </li> </ul> <p>SPMs</p> <ul style="list-style-type: none"> <li>SPM 2: Child Safety and Supports</li> </ul>	New	Child Health, Adolescent Health

<ul style="list-style-type: none"> <li>● SPM 3: Adolescent Wellbeing</li> </ul>		
<p>Address Community Health Factors and Systems that Influence Health Status and Behaviors</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             <ul style="list-style-type: none"> <li>○ ESM MH.1: Percent of families who received effective care coordination.</li> <li>○ ESM MH.2: Percent of children diagnosed with a condition identified through newborn screening who receive an annual assessment of services</li> </ul> </li> </ul>	New	Children with Special Health Care Needs
<p>Improve Physical Health and Strengthen Mental, Social, and Emotional Wellbeing</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             <ul style="list-style-type: none"> <li>○ ESM MHT.1: Percentage of Indiana mental health providers who have passed the two-part series assessment within 6 months of training completion.</li> </ul> </li> </ul>	New	Adolescent Health
<p>Promote Protective Factors and Uplift Hoosier Families</p> <p>SPMs</p> <ul style="list-style-type: none"> <li>● SPM 1: Infant Wellness and Protection</li> </ul>	New	Perinatal/Infant Health
<p>Foster Reciprocal Communication and Strategic and Sustainable Collaboration</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             <ul style="list-style-type: none"> <li>○ ESM MH.1: Percent of families who received effective care coordination.</li> <li>○ ESM MH.2: Percent of children diagnosed with a condition identified through newborn screening who receive an annual assessment of services</li> </ul> </li> </ul> <p>SPMs</p> <ul style="list-style-type: none"> <li>● SPM 5: Partner and Family Feedback</li> </ul>	New	Children with Special Health Care Needs, Cross-Cutting/Systems Building

Enhance Approaches to Operations, Data, and Evaluation	New	Cross-Cutting/Systems Building
<div>SPMs</div> <ul style="list-style-type: none"><li>SPM 6: Data Guided Initiatives</li></ul>		

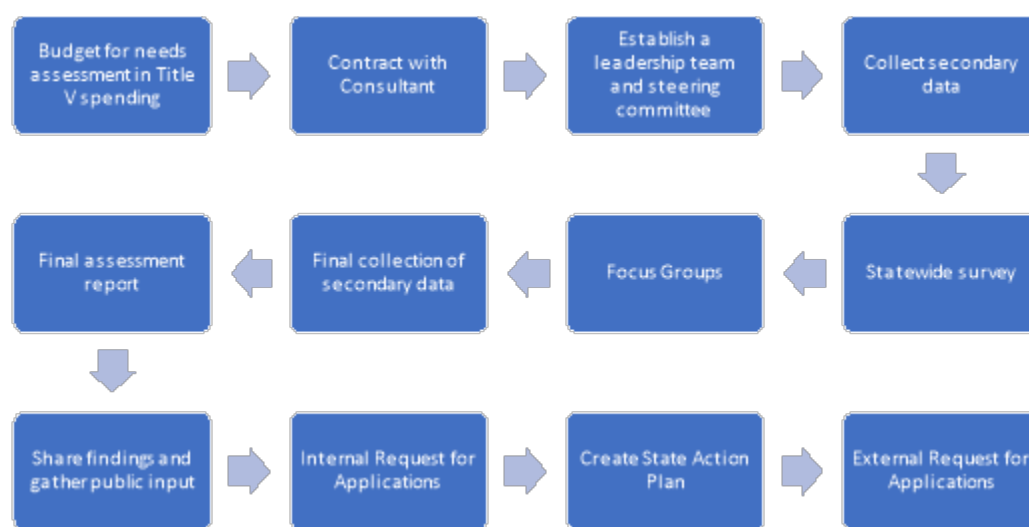
## Executive Summary

### Program Overview

#### Indiana's Title V Program

Indiana's Title V program sits within the Indiana Department of Health (IDOH) and works alongside all other agency programs to carry out the mission "To promote, protect, and improve the health and safety of all Hoosiers". The Title V program helps the state's approach to improving the health and well-being of mothers, infants, children, children with special healthcare needs, adolescents, fathers, and families. The Title V program operations reside within the Maternal and Child Health (MCH) and the Children with Special Health Care Services (CSHCS) divisions within the Women, Children, and Families Commission. To assist in reaching goals and implementing programs, MCH and CSHCS partner closely with and support other divisions at IDOH across several commissions. These divisions hold the programmatic expertise on the selected national and state performance measures outlined in the state action plan. A portion of Title V funding is also granted to community organizations and local health departments around the state to ensure all levels of the MCH pyramid are being addressed.

#### Needs Assessment Framework



To Complete the 2025 Needs Assessment, Indiana's Title V team created a strategic framework. This framework provided directions to ensure the alignment of the needs assessment across the mission of Title V and IDOH. The Title V Leadership team made of core MCH and CSHCS Title V individuals was established in January of 2023. This team then contracted with a consulting group to manage the secondary data, survey, and formal focus groups of the needs assessment.

A steering committee was then established that included all internal partners whose work fell within the population domains. This committee also helped with secondary data collection throughout the process to encompass wider available data. These partners will continue to be involved in program planning, selection of strategies and performance measures, and contribute to the Title V report using best practice initiatives.

#### Summary of Findings

At the conclusion of the 2025 State Needs Assessment, there were common themes that rose to the top as a need in each population. The top survey findings were:

- Health Goals: Pregnancy/postpartum care, physical activity/nutrition, and mental health.
- Health Resources: Local providers with flexible hours, quick access to providers, and cost and coverage of services.
- Personal Resources: Cost and coverage of health services, support systems for families and caregivers, and time/flexibility to focus on health goals.
- Supportive Resources: Housing/Built Environment (this includes sidewalks, gyms), public transportation/transportation, and childcare.

For the focus groups, the following was found. Interestingly, many things going well also had components that were barriers to being healthy. The top focus group findings:

Health Areas Going Well:

- Physical Activity
- Nutrition
- Mental Health
- Infant Health

Barriers to Being Healthy:

- Physical Conditions
- Nutrition
- Mental Health
- Postpartum Health

Secondary Data was collected through not only internal, but external partners to further understand the needs of Hoosier families.

Top Secondary Data Themes:

- Preventable deaths
- Quality of Life
- Gaps in Health Outcomes
- Community Factors

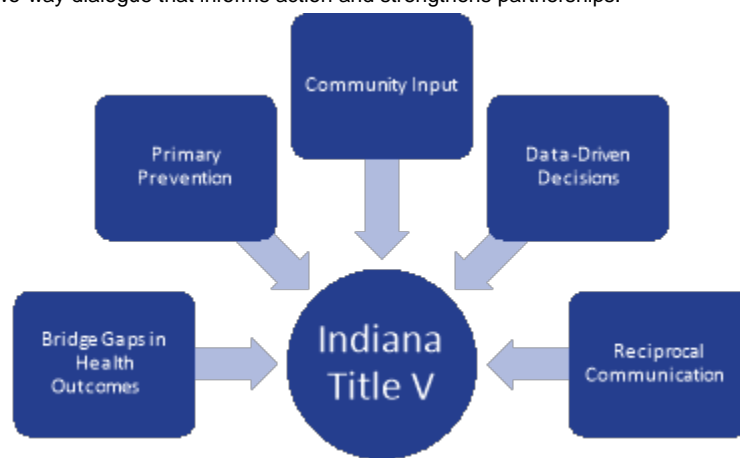
In the Needs Assessment Findings section of this report, there are more details on continuous assessments and emerging needs.

### Indiana's MCH Priorities

The priorities identified through Indiana's 2025 Needs Assessment directly inform the goals, strategies, and performance measures outlined in the State Action Plan, ensuring that Title V resources target Indiana's most pressing MCH challenges.

Indiana's Anchors throughout Work:

These strategic anchors act as a roadmap for Indiana Title V's priorities, programming, and performance monitoring. Indiana Title V plans to: **Bridge Gaps in Health Outcomes** by ensuring programs and funded partners focus on reducing barriers and challenges. Focus on **Primary Prevention** to improve health outcomes, expand access to care, and support stronger, healthier families by addressing the root causes of poor health before they begin. **Community Input** reflects prioritizing the experiences, needs, and strengths of Hoosier families to build effective programs and responses. **Data-Driven Decisions** ensuring all elements are based on concrete evidence from the comprehensive needs assessment. **Reciprocal Communication** builds trust, transparency, and shared ownership and creates a two-way dialogue that informs action and strengthens partnerships.



Priorities

Utilizing the roadmap above, Indiana Title V was able to select 7 priorities to help shape the state action plan and lead to improving the health of the MCH population. They include:

- Reduce preventable deaths and advance quality of life
- Focus on upstream opportunities and strategies
- Address community health factors and systems that influence health status and behaviors
- Improve physical health and strengthen mental, social, and emotional well-being
- Promote protective factors and uplift Hoosiers families
- Foster Reciprocal Communication and Strategic and Sustainable Collaboration
- Enhance Approaches to Operations, Data, and Evaluation

### Family Centered Services

Indiana has many initiatives and projects that keep Family Centered Services at the forefront of programs to reduce the barriers and burdens as well as improve care and service experiences for families.



CSHCS Program Improvement: The CSHCS Division has strong partnerships with Indiana Family to Family that involves collaboration on daily operations for the supplemental coverage program. The collaboration strengthens information sharing, community involvement, and balances healthcare access across all Title V and state-funded activities.

Statewide Services Promotion: CSHCS staff ensure they promote how to best utilize supplemental coverage to the community via presentations in Federally Qualified Health Centers, health fairs, Part C statewide meetings, and other conferences.

Reducing Family Burden: The CSHCS Care Coordination program is transitioning to an online system to make the application process more accessible to reduce burden for families and caregivers. There are also referral systems for families to connect them to services held within MCH (Moms Helpline) and CSHCS (Help Me Grow).

Direct Support Integration: The Early Hearing Detection and Intervention (EHDI) program exemplifies comprehensive family integration through parent-to-parent support trained parent advocates, and a unique staffing model where four of five key staff members are parents of deaf and hard of hearing children.

Evidence-Based Expansion: The Children with Medical Complexity Expansion Project demonstrates impact through family feedback, with 90% of participating families reporting improved ability to care for their children, leading to Medicaid's three-year funding commitment for expansion.

### **Optimal Health and Community Experience**

Indiana's MCH and CSHCS programs prioritize community engagement by embedding the voices of individuals, families, and caregivers across policies, programs, and initiatives. Key strategies include:

Advisory Committees Leadership Structure: Family representatives actively participate in statewide committees including the Indiana Early Childhood Collaborative (INECC), CSHCS Transition Council, and the evolving Maternal Health Task Force. The Youth Advisory Board (YAB) has successfully elevated youth voices.

Family-Informed Material Development: Educational resources are created with direct input from family representatives. Examples include partnerships with Indiana Hands and Voices for hearing loss materials, state specific Learn the Signs Act Early resources developed with CDC Ambassador input, and multilingual folic acid awareness campaigns expanding from English and Spanish to include Arabic, Chinese, Burmese, Haitian Creole, and German.

Needs Assessment: Families and Community members voice was captured through the participation in focus groups, statewide survey completion, and contributed to the CSHCS Steering Committee for their state action plan. Families also were at the table through several statewide advisory committees and the Indiana's Perinatal Quality Improvement Collaborative.

Over the last few years, MCH and CSHCS have increased the engagement in family voices, but plan to continue to look for more ways to intentionally gather input.

### **Evaluation Capacity**

To strengthen evaluation capacity, Indiana hired an MCH Evaluator in 2023 under the MCH Evaluation and Operations Manager and leveraged SSDI support. The evaluation team participated in training, collaborated with graduate students to build an internal evaluation framework, and launched a REDCap-based quarterly data system to improve accuracy and reduce reporting burdens. During this period, MCH underwent a reorganization, placing the Title V program under the Operations and Strategic Development team. As part of this restructuring, the evaluators within MCH were moved under this team as well. The Title V coordinator and the MCH Evaluator continued to work collaboratively on addressing priorities and performance measures. The Title V team also worked with the MCH Evidence Center to refine strategy measures and received training on results-based tools to support statewide planning.

### **Accomplishments**

For the past two years, Indiana has been able to analyze and release preliminary data on infant mortality rates. The commitment to data-driven decision making has improved the timeliness of infant mortality data, enabling targeted interventions for the littlest Hoosiers. In June 2025, IDOH released 2024 preliminary infant mortality data which reported a potential record low infant mortality rate. More information will be provided once the IDOH confirms the 2024 data for full release.

Indiana has also enhanced infant mortality data analysis to include linked data, connecting births and infant deaths. With this analysis, relationships between risk factors and infant mortality can be shown to better convey the importance of reducing outcomes such as preterm and low birthweight births and prioritizing health prior to pregnancy. Showing this direct relationship can help local programs best work towards addressing the drivers behind infant mortality in their own communities.

The MCH Evaluator recently completed data cleaning for the first three years of sub-recipient funding to ensure accuracy and support deeper analysis. A new evaluation survey is also in development to assess the full grant cycle, capturing sub-recipient feedback and measuring strategy effectiveness through both qualitative and quantitative data.

### Challenges

Indiana continues to face multiple challenges in improving maternal and child health. Efforts to engage families and caregivers in advisory roles remain difficult, even with the provision of stipends and flexible meeting options—leaving gaps in understanding community perspectives and program impact. Amid shifting federal and state priorities, the Indiana Department of Health (IDOH) is working to strategically realign programs, review funding structures, and pursue process improvements to ensure that Title V remains responsive and mission-driven. Persistent issues with data consistency also hinder progress; external sub-recipient reports often include duplication, limited year-over-year growth in performance measures, and overall weak collection systems. Internally, many strategy measures fail to clearly demonstrate program impact. At the same time, Indiana is grappling with widespread hospital closures—14 labor and delivery units have shut down since 2020, with the majority occurring in the past two years. These closures are attributed to declining rural birth rates, low Medicaid reimbursements, provider shortages, and financial strain on operating OB units.

### How Federal Title V Funds Complement State-Supported MCH Efforts

Indiana Title V partners and strategizes with MCH and CYSHN state fund initiatives. Indiana receives funding from the state budget appropriation on a biennium basis that helps to broaden the work and partners to expand the Title V program. By collaborating across state funds and Title V, Indiana can enhance the state level programs and increase capacity to fund local partners. More details on state funds serving the MCH population can be found below:

- **Safety PIN (Partial Title V Match):** around \$11 million per year to fund innovative, local programs that work to reduce infant mortality and reduce health outcome gaps in communities statewide and a small portion for reproductive health and contraceptive care services. Safety PIN requires grantees to demonstrate an improvement in birth outcomes within a defined region within two years to be granted additional funds for two more years.
- **Nurse Family Partnership:** allocated a state fund of \$15 million per fiscal year to support the statewide expansion of NFP in Indiana. As of 2024, NFP services are available in all 92 counties through four local implementing agencies with state, federal, and private funds.
- **My Healthy Baby:** allocated \$3.3 million per year to manage a warm-handoff referral system connecting pregnant women to local home visiting providers. This is operationalized for all 92 Indiana counties and is used as a Medicaid match to increase capacity.
- **Newborn Screening and Indiana Birth Defects and Problems Registry:** This dedicated state fund is for newborn screening and the birth defects and problems registry. These programs ensure early identification and intervention for infants with special health care needs. The annual allocations for the newborn screening state fund and the birth defects and problems registry fund are approximately \$2.7 million and \$72,000, respectively.
- **Tobacco Prenatal Substance Use & Prevention:** This funding supports policy, and systems change to help pregnant women quit tobacco use. This can range from increasing Tobacco Treatment Specialists, the tobacco hotline awareness, or various educational campaigns.
- **CSHCS, Sickle Cell & Visual Impairment (Partial Title V Match for CSHCS):** Indiana allocates \$15 million for supplemental medical coverage for children with special healthcare needs and \$1 million for sickle cell. The Children's Program also has dedicated state funding for children who are visually impaired.
- **MCH Supplement Fund (Partial Title V Match):** This fund is appropriated to supplement life course related work in MCH. This fund receives \$8,235,000 annually with the intent to support ongoing work within MCH populations that span across the life course.

### MCH Success Story

Over the past five years—and especially in the last year—Indiana has achieved numerous successes under Title V. One of the most notable achievements within Maternal and Child Health (MCH) has been increasing engagement with members of the Plain Community (Amish and Mennonite) to explore their health goals, needs, and barriers. Historically, outreach to this population has been challenging due to geographic isolation and community traditions. However, through a strong partnership with a community-based organization serving the Plain Community, the Indiana Department of Health MCH staff have strengthened relationships and were recently invited to participate in an in-depth discussion with community members. This opportunity enhanced mutual understanding of the community's health priorities and the types of services that are appropriate.

Plain communities are close-knit, rely heavily on word-of-mouth for communication and resource sharing, speak English or Pennsylvania Dutch, and are deeply communal in addressing needs. Preventive care is often viewed as a luxury rather than a necessity. Additionally, many community members do not participate in state programs such as Medicaid, complicating efforts to accurately assess provider shortages and offer related incentives. Nevertheless, as MCH and Children with Special Health Care Services (CSHCS) programs have expanded statewide, attitudes toward preventive care are beginning to shift. This has led to greater awareness and increased utilization of available services.

During the recent discussion, community members shared that many families still travel out of state for healthcare due to high local costs, limited provider availability, or personal referrals. Some communities expressed openness to youth mental health support and are showing interest in timely screenings, preventive care, and education—efforts that offer long-term benefits. Understanding current shortages in providers, mental health services, language access, metabolic formula, and battery-operated medical devices

will be crucial in planning future support. The group expressed a desire for trainings, printed educational materials, and the availability of AED equipment at youth centers.

Over the past five years, MCH has leveraged Title V and state funding to enhance preventive and screening services in Plain communities while also collaborating with partners to disseminate educational resources. Insights gained from recent engagement efforts are shaping the ongoing Needs Assessment and State Action Plan. These findings underscore the importance of programmatic changes to expand services, such as increasing access to Newborn Screening and metabolic formula. Title V funding has been instrumental in breaking down barriers and improving healthcare access for Indiana's Plain Community. Progress in preventive care acceptance and service delivery among Amish and Mennonite populations would not have been possible without the combined efforts of Title V, MCH, and CSHCS resources.

### Maternal and Child Health Bureau (MCHB) Discretionary Investments - Indiana

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.