



# **HRSA**

Health Resources & Services Administration



Title V MCH Block Grant Program

**KANSAS**

State Snapshot

FY2026 Application / FY2024 Annual Report

December 2025

### Title V Federal-State Partnership - Kansas

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
Jennifer Miller State MCH Director jennifer.m.miller@ks.gov (785) 296-1205	Cora Ungerer Title V CSHCN Director Cora.Ungerer@ks.gov (785) 296-1316

SSDI Project Director	State Family Leader
Jason Geslois Senior Epidemiologist jason.geslois@ks.gov (785) 296-8625	No Contact Information Provided

State Youth Leader
No Contact Information Provided

**State Hotline:** (800) 332-6378

### Funding by Source

Source	FY 2024 Expenditures
<span style="color: blue;">■</span> Federal Allocation	\$4,785,381
<span style="color: orange;">■</span> State MCH Funds	\$3,174,989
<span style="color: green;">■</span> Local MCH Funds	\$3,698,315
<span style="color: red;">■</span> Other Funds	\$0
<span style="color: brown;">■</span> Program Income	\$0

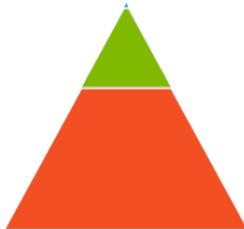
FY 2024 Expenditures



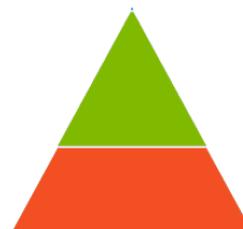
### Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$73,638	\$71,926
Enabling Services	\$1,682,993	\$4,159,542
Public Health Services and Systems	\$3,028,750	\$2,641,836

FY 2024 Expenditures Federal



FY 2024 Expenditures Non-Federal



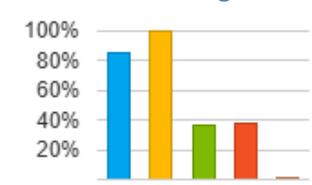
### Percentage Served by Title V

Population Served	Percentage Served	FY 2024 Expenditures
Pregnant Women	85.1%	\$1,885,335
Infants < 1 Year	100.0%	\$1,885,334
Children 1 through 21 Years	36.7%	\$3,514,538
CSHCN (Subset of all infants and children)	37.4%	\$3,974,339
Others *	1.8%	\$0

FY 2024 Expenditures Total: \$11,259,546



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>Women have access to and utilize integrated, holistic, and patient-centered care throughout the preconception, pregnancy, and postpartum periods.</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: Percent of Title V program participants that report attending their postpartum visit. - attendance rate</li> <li>○ ESM PPV.2: Percent of Title V program participants that report attending their postpartum visit. - pregnancy related deaths</li> <li>○ ESM PPV.3: Percent of Title V program participants that report attending their postpartum visit. - illicit drugs</li> </ul> </li> </ul> <p>SPMs</p> <ul style="list-style-type: none"> <li>● SPM 1: Perinatal Behavioral Health</li> </ul>	New	Women/Maternal Health
<p>All infants and families are supported by robust community systems that promote optimal infant health and well-being.</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months - BF                             <ul style="list-style-type: none"> <li>○ ESM BF.1: Percent of WIC non-Hispanic black infants breastfed exclusively through six months. - breastfeeding policies, practices, programs</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: Percent of infants of the BaM participants placed to sleep (A) on their backs; (B) in a crib/bassinet or portable crib. - reduce SUID</li> <li>○ ESM SS.2: Percent of Kansas Perinatal Community Collaboratives (KPCC) participants who placed their infants to sleep (B) in a</li> </ul> </li> </ul>	Revised	Perinatal/Infant Health

<p>crib/bassinet or portable crib after receiving caregiver education</p> <ul style="list-style-type: none"> <li>○ ESM SS.3: Percent of infants of the BaM participants placed to sleep (A) on their backs; (B) in a crib/bassinet or portable crib. - cross-sector initiatives</li> </ul> <p>SPMs</p> <ul style="list-style-type: none"> <li>● SPM 2: Safe Sleep</li> </ul>		
<p>Children and families' access and benefit from developmentally appropriate services within collaborative and integrated systems of health care and community supports.</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year - DS             <ul style="list-style-type: none"> <li>○ ESM DS.1: Number of children served in Title V-funded programs that parents report their child has a medical home. - developmental screening</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: Number of children served in Title V-funded programs that parents report their child has a medical home. - family participation</li> <li>○ ESM MH.2: Number of children served in Title V-funded programs that parents report their child has a medical home. - family navigating services</li> </ul> </li> </ul>	<p>New</p>	<p>Child Health</p>
<p>Ensure adolescents &amp; young adults have consistent access to &amp; actively engage with comprehensive, patient-centered care &amp; community supports that strengthen physical, social, and emotional well-being.</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year - AWV             <ul style="list-style-type: none"> <li>○ ESM AWV.1: Percent of local MCH grantees who have been trained or have received educational materials on how to increase awareness of adolescent well-visits</li> <li>○ ESM AWV.2: Percent of adolescents and young adults (ages 12-17) enrolled in KanCare with a well-visit in the last year. - visit with behavioral screen</li> <li>○ ESM AWV.3: Percent of adolescents and young adults (ages 12-17) enrolled in KanCare with a well-visit in the last year. - engaged Title V</li> </ul> </li> </ul>	<p>New</p>	<p>Adolescent Health</p>
<p>Individuals with SHCN, their families, communities, and providers have the knowledge, skills, and support to</p>	<p>New</p>	<p>Children with Special Health Care Needs</p>

<p>access to coordinated care and community supports that aid transition.</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transition to adult health care - TAHC             <ul style="list-style-type: none"> <li>○ ESM TAHC.1: Percent of youth with special health care needs, ages 12 to 21, who have one or more transition goals achieved on their action plan by the target completion date</li> <li>○ ESM TAHC.2: Percent of youth with special health care needs, ages 12 to 21, who have one or more transition goals included on their action plan. - engage with provider</li> <li>○ ESM TAHC.3: Percent of youth with special health care needs, ages 12 to 21, who have one or more transition goals included on their action plan. - SHCN care coordination</li> </ul> </li> </ul>		
<p>Strengthen workforce capacity &amp; enhance public health systems by investing in training, infrastructure, &amp; cross-sector collaboration, ensuring a skilled, adaptable workforce and resilient systems.</p> <p>SPMs</p> <ul style="list-style-type: none"> <li>● SPM 3: Workforce Development</li> </ul>	<p>New</p>	<p>Cross-Cutting/Systems Building</p>
<p>Resources and services that recognize and build upon existing family strengths and community services are accessible to support healthy relationships and family well-being.</p> <p>SPMs</p> <ul style="list-style-type: none"> <li>● SPM 4: Parenting Support</li> </ul>	<p>New</p>	<p>Cross-Cutting/Systems Building</p>

## Executive Summary

### Program Overview

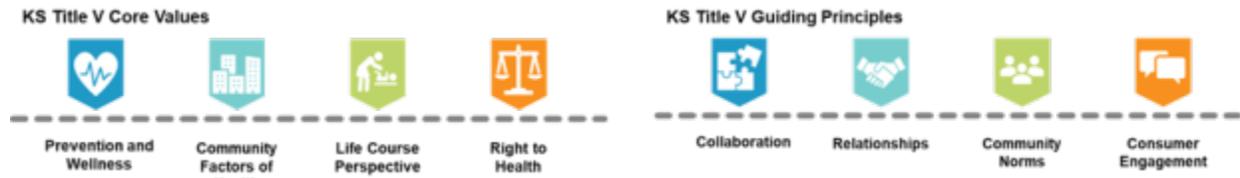


#### TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT PROGRAM

[www.kansasmch.org](http://www.kansasmch.org) • [facebook.com/kansasmch](https://facebook.com/kansasmch)

#### Title V Overview

The administration of the Kansas Title V Maternal and Child Health (MCH) Services Block Grant is carried out by the Bureau of Family Health (BFH) within the Kansas Department of Health and Environment's Division of Public Health. The mission of the Bureau is to "provide leadership to enhance the health of Kansas women and children through partnerships with families and communities." The Bureau of Family Health houses several key MCH programs, including MICHEV, WIC, and Newborn Screening, which allows the Kansas Title V allotments to be used to complement and expand ongoing work across the state. The MCH conceptual framework and public health essential services help guide the work of the Title V program. Beyond these, Kansas has developed core values and guiding principles to promote a strong culture of continuous quality improvement, innovation, and growth, as well as a sustained focus on meaningful change.



#### MCH Population

Total Individuals Served by Title V\* (2024 Annual Report)

Total Served: 26,163



More details on populations served are available on Block Grant Form 5a.

\*subset of those served in the child population

Kansas, spanning 82,278 sq. miles, is divided into 105 counties with 627 cities. The US Census Bureau estimates there were approximately 2,940,546 residents living in the state in 2023. Kansas has a unique geographic layout that ranges from urban to frontier counties based on population density. The population density of Kansas was 36.0 inhabitants per square mile in 2023. In 2023, there were an estimated 34,590 infants or 1.2% of the total population, and 832,622 children and adolescents (ages 1-21) representing 28.3%. The number of females in the reproductive/child-bearing age group (ages 15-44) was 572,741, representing 19.5%. According to the 2022-2023 National Survey of Children's Health (NSCH), 27.7% of Kansas children ages 0 to 17 years (est. 191,951) were identified as having special health care needs (SHCN), as determined based on a screener or the presence of at least one difficulty and one condition. The prevalence of SHCN in boys (29.7%) was significantly higher than among girls (25.6%).

**Title V MCH Priorities and Performance Measures (FFY 2026 - 2030)**

 <p><b>Women/Maternal Health</b> Women have access to and utilize integrated, holistic, and patient-centered care throughout the preconception, pregnancy, and postpartum periods.</p>	 <p><b>Perinatal/Infant Health</b> All infants and families are supported by robust community systems that promote optimal infant health and well-being.</p>
 <p><b>Child Health</b> Children and families access and benefit from developmentally appropriate services and supports within collaborative, integrated community and health care systems.</p>	 <p><b>Adolescent Health</b> Ensure that adolescents and young adults have consistent access to and actively engage with comprehensive, patient-centered care that supports their physical, social, and emotional well-being.</p>
 <p><b>Children with Special Health Care Needs</b> Individuals with SHCN, their families, communities, and providers have the knowledge, skills, and comfort to offer coordinated care and support transition.</p>	 <p><b>Cross-Cutting: MCH Workforce</b> Strengthen workforce capacity and enhance public health systems by investing in training, infrastructure, and cross-sector collaboration, ensuring a skilled, adaptable workforce and resilient systems capable of addressing current and emerging maternal and child health needs.</p>
 <p><b>Cross-Cutting: Families</b> Resources and services that recognize and build upon existing family strengths are accessible to support healthy relationships and family well-being.</p>	

Five national and three state performance measures have been selected to address the priorities outlined above. The national performance measures (NPMs) utilize national data sources to track state-level prevalence rates to determine the impact of activities on the populations served. States must select at least one NPM for each of the MCH population domains (women/maternal, perinatal/infant, child, adolescent, children with special health care needs). The state performance measures (SPMs) were selected where an NPM was not available or appropriate for the state's identified priorities or objectives. The selected measures are outlined below.

National Performance Measures (NPMs)	State Performance Measures (SPMs)
<ul style="list-style-type: none"> <li>• Postpartum Visit (Women/Maternal)</li> <li>• Breastfeeding Exclusivity (Perinatal/Infant)</li> <li>• Medical Home (Child)</li> <li>• Preventive Medical Visit (Adolescent)</li> <li>• Transition To Adulthood (CSHCN)</li> <li>• Medical Home-Care Coordination (CSHCN)</li> </ul>	<ul style="list-style-type: none"> <li>• Safe Sleep (Perinatal/Infant)</li> <li>• Workforce Development (Cross-Cutting)</li> <li>• Parenting Supports (Cross-Cutting)</li> </ul>

In addition to the above NPMs, changes in the Health Resource and Services Administration (HRSA) guidance for the yearly Title V Block Grant application require all states to report on two universal NPMs: post-partum visit (women/maternal) and medical home (child and children and youth with special health care needs). Both universal measures will be discussed in their respective domain plan narrative.

**Assessing State Needs**

Kansas continuously assesses the needs of MCH populations through an ongoing Needs Assessment, and the State Action Plan is reviewed during interim years. With a goal to maximize the input of internal and external partners, the Title V Five-Year Needs Assessment process utilizes a mixed methods approach relying on input from a wide-ranging network of key informants, partners, and community members including families and consumers. The State Systems Development Initiative (SSDI) staff provides data

capacity for informed decision-making using a variety of data sources. This comprehensive process and broad approach assist with identifying key priorities used to develop an action plan that addresses and improves MCH in Kansas while leveraging resources and partnerships across the state. Strategies developed to address the NPMs and SPMs are comprehensive, coordinated, and family-centered for all MCH population domains. Continuous data monitoring, evaluation, and staff review occur regularly to help identify new and emerging issues for the Title V population allowing the team to adapt and adjust as needed to improve services and supports.

### **Title V Activities & Program Highlights by Population Domain**

The Title V plan reflects coordination of MCH activities across funding sources, agencies, and local providers. It relies on partnerships, high-quality shared measurement, and data to track the impact and effectiveness of services, activities, and strategies. Review each of the associated population domain narratives for additional details about these and other activities, including applicable data and impacts on health outcomes for women, children, and families.

#### **Women/Maternal & Perinatal/Infant Health**

*Count the Kicks® (CTK)*: Title V has a partnership with Healthy Birth Day to implement [Count the Kicks®](#), an evidence-based stillbirth prevention campaign that educates providers and patients about monitoring fetal movements during the 3<sup>rd</sup> trimester of pregnancy.

*Maternal Mortality*: The [Kansas Maternal Mortality Review Committee](#) (KMMRC) is a collaboration among Title V and key partners to review pregnancy-related deaths, identify causes, and develop recommendations for implementable interventions to prevent future occurrences. The [Kansas Maternal Mortality and Morbidity Report](#) contains information and data collected from cases. As a result of this report, formal recommendations led to the Kansas Perinatal Quality Collaborative's Fourth Trimester Initiative.

*Perinatal Quality & Systems of Care*: The [Kansas Perinatal Quality Collaborative](#) (KPQC) is a partnership with a panel of experts working to improve the quality of care for mothers and infants, resulting in measurable improvements in statewide health care and health outcomes. Past work includes developing a comprehensive approach to Neonatal Abstinence Syndrome (NAS) through a lifespan approach crossing several critical periods, involved establishing several levels of prevention, education, and intervention (surveillance to clinical practice improvements) as well as points of education to prevent exposure and reduce the impact when exposure occurs. The KPQC has just wrapped up implementation of the [Fourth Trimester Initiative](#) (FTI) aimed at decreasing maternal morbidity and mortality in Kansas which focuses on quality care and provider communication related to the transition from pregnancy through the postpartum period. At the beginning of 2025, the KPQC launched enrollment for a new patient safety bundle focused on severe hypertensive disorders of pregnancy.

*Perinatal Community Collaboratives*: Title V is committed to supporting expansion and sustainability of the [Kansas Perinatal Community Collaborative](#) (KPCC) model with local communities and the broader network of local health care and community service providers, as a consistent and proven delivery system for coordinated prenatal care. The model brings prenatal education, clinical care, and wraparound services together.

*Breastfeeding*: Title V strives to provide consistent messaging around breastfeeding and leverage resources at the state and local levels. Title V has a partnership with the [Kansas Breastfeeding Coalition](#) (KBC) to align and support breastfeeding across programs including MCH, WIC, Child Care Licensing, Home Visiting, and others. KBC increases the capacity and strengthens the support of local breastfeeding coalitions, provides technical assistance and support for several initiatives, participates in planning for Community Baby Showers, and assists with updating breastfeeding education for providers and parents.

*Safe Sleep*: Title V has a partnership with the [Kansas Infant Death and SIDS \(KIDS\) Network](#) to reduce infant mortality through state and local safe sleep targeted efforts. Title V supports the KIDS Network to facilitate a safe sleep culture within Kansas by training a network of Safe Sleep Instructors; developing and providing training for parents, physicians, home visitors, and child care providers; and promoting consistent safe sleep messages across the lifespan. KIDS Network also provides technical assistance on the Community Baby Shower model and the Hospital Safe Sleep Certification and Outpatient Provider Safe Sleep Star programs.

#### **Child & Adolescent Health**

*Early Childhood Systems Building*: The [Help Me Grow Kansas](#) (HMG) framework promotes integrated, cross-sector collaboration to build efficient and effective systems. This was the foundation of the [All in for Kansas Kids Strategic Plan](#), supported by Title V partnership and aligned with key MCH activities such as: expanding care coordination to primary care provider settings, streamlining enrollment into early childhood services, and expanding early identification efforts.

*Preventive Medical Visits (Annual Well Visits)*: Title V is actively engaged in outreach, promotion, and support to increase access to annual preventive medical visits for children and adolescents. Visits are important for access to comprehensive services including screening and immunizations, referral, and diagnosis and treatment when indicated. Title V promotes [Bright Futures™](#) as a standard of care in line with the [Medicaid EPSDT program](#) and is also focusing on expanding into school-based health centers to increase access to care, especially for adolescents. Title V provided funding for a statewide license to access the online Bright Futures Tool and Resource Kit, 2nd Edition.

*Behavioral Health*: Kansas Title V is working to increase focus on behavioral health interventions, healthy social-emotional development, and cross-systems collaboration within the State Action Plan objectives. To expand programming and increase effectiveness, the MCH Behavioral Health Director position oversees two federally funded projects focused on behavioral health – [Kansas Connecting Communities](#) (launched October 2018) and [KSKidsMAP to Mental Wellness](#) (launched July 2019).

*Youth Health Initiatives*: The [Youth Health Guide](#) and [WHY \(Whole Healthy You\) Campaign](#), bring attention to health awareness events and supports youth in living healthy – physically, mentally, and emotionally. Additionally, Title V used the Adolescent Health Institute's [youth-friendly care tools](#) to support quality improvement strategies and is devoted to providing technical assistance to local agencies to improve adolescent health measures and identify enhancements or improvements to policy. With this support,

local MCH agencies will be prepared to clearly state their goals and identify MCH funding needs to meet milestones in future grant applications.

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

Care Coordination: The [Kansas Special Health Care Needs](#) program (KS-SHCN) provides care coordination and helps families find, understand, and access services and resources within medical, school, and community systems to achieve optimal child/family health outcomes and empower and prepare parents to support their children.

Transition to Adulthood: Transition planning for youth and adolescents ages 12 and older focuses on transitioning to adulthood in all aspects of life (e.g., pediatric to adult health care systems, self-advocacy, health and wellness, social and recreation, independent living skills, education). Title V works with youth with special health care needs to develop goals that meet their needs and help support self-determination.

**Family & Consumer Partnerships**

Peer-to-Peer Support Network: During FFY24, Title V began partnering with Families Together, Inc., the state Family-2-Family (F2F) organization on their existing peer-to-peer support network. Families Together, Inc. has been operating a peer-to-peer support network for parents and caregivers of CSHCN. With the additional support from Title V, they will be looking to expand their services to all parents and caregivers looking for support.

Family & Consumer Partnership (FCP) Program: Established in 2021, this program provides technical assistance, support, and capacity to engage in initiatives around peer supports, family leadership, and advisory opportunities. This serves as the framework for local and state Title V programs to assure families are engaged at the level they desire. In partnership with families, a resource toolkit has been developed to support partners in engaging families in planning, implementation, and evaluation of services and programs.

**Title V Block Grant Budget**

The Federal-State Title V partnership estimated budget for FFY2026 totals \$12,248,855 (federal funds \$4,929,553; state funds \$3,404,364; local funds \$3,325,000). Federal and State MCH funds totaling over \$4M are allocated for FY2026 to support local agencies in providing community-based, family-centered MCH services, including services for individuals with special health care needs.

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

Activities and services funded by the Block Grant are essential for maintaining a strong infrastructure, developing and coordinating systems, and filling identified gaps. Federal funds complement state and local funds to support a comprehensive service delivery model that advances the State Action Plan and improves outcomes across the life course. Most federal funds are utilized to support the MCH and SHCN state staff and operations along with local services through aid to local grants. Nonfederal funds are utilized to meet the required federal match through state and local investments across the population domains. Local grantees are required to provide at least a 40% match for grant funds which results in additional MCH system supports. The charts below display federal vs. state and local expenditures by service level and population.



The availability of federal funds coupled with state flexibility assures the health of individuals during critical time periods such as preconception, pregnancy and postpartum, childhood, and adolescence/young adulthood can be prioritized. Critical contributions to the state's public health infrastructure are evident through the development, implementation, and ongoing sustainability of efforts aimed at:

- addressing maternal mortality, morbidity, and behavioral health;
- expanding community coordination, clinical care, and supports like home visiting during the prenatal and postnatal periods to include access to group prenatal education birth outcomes model and risk assessment, brief intervention, and referral to services;

- establishing a precedence for family and consumer partnership across all MCH population domains, among both internal and external partners;
- enhancing local communities and the statewide MCH workforce capacity to address the right to health and community health factors through targeted technical assistance;
- enhancing local communities' capacity to expand access to care for children and adolescents, particularly the well visit; and
- demonstrating value for a holistic approach to care coordination for the children with special health care needs population to drive change among all populations.

### MCH Success Story

#### Partnering to Promote Maternal Mental Health Across Kansas

Kansas Title V consistently seeks opportunities to support partners in expanding their work and reach across the maternal and child health (MCH) spectrum. Through letters of support, funding, and technical assistance, Kansas Title V aims to enhance the efforts of agencies serving MCH populations in innovative and meaningful ways.

One such partnership involves the University of Kansas School of Medicine–Wichita's Center for Research for Infant Birth and Survival (CRIBS) and their *Baby Talk* program, a local MCH/Becoming a Mom initiative. With support from Kansas Title V, CRIBS expanded their efforts to address perinatal mental health by providing additional resources to pregnant participants.

CRIBS received a mini grant to implement the [Growing Hope Mental Health Kits](#) program, offering kits to pregnant individuals who screened positive for perinatal depression, anxiety, or substance use, or who disclosed a pre-existing diagnosis of depression or anxiety. The Kits were developed through collaboration between CRIBS and Wichita State University's Health Outreach Prevention and Education (HOPE) Services, which has successfully distributed similar mental health kits since 2015. CRIBS tailored the Kits for the perinatal population with guidance from Kansas Title V and perinatal mental health experts across the state.

Each *Growing Hope Mental Health Kit* includes:

- A HOPE Box
- A personalized letter explaining the box and its contents
- Gun and medication locks
- An activities flashcard deck
- An adult coloring book
- The book *Good Moms Have Scary Thoughts* by Karen Kleiman
- National Maternal Mental Health Hotline materials
- Additional state and local resource information

Grant funding will support the distribution of up to 250 kits, with distribution beginning in Fall 2024.

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

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.