



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

KENTUCKY

State Snapshot

FY2025 Application / FY2023 Annual Report

November 2024

Title V Federal-State Partnership - Kentucky

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

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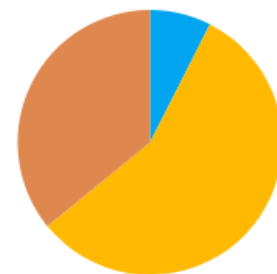
State Youth Leader
No Contact Information Provided

State Hotline: (800) 462-6100

Funding by Source

Source	FY 2023 Expenditures
Federal Allocation	\$11,408,935
State MCH Funds	\$86,370,528
Local MCH Funds	\$0
Other Funds	\$0
Program Income	\$54,743,243

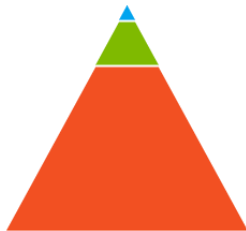
FY 2023 Expenditures



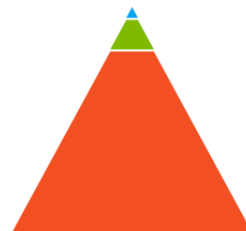
Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$751,806	\$4,061,556
Enabling Services	\$2,210,942	\$11,430,810
Public Health Services and Systems	\$8,446,187	\$70,878,162

FY 2023 Expenditures
Federal



FY 2023 Expenditures
Non-Federal



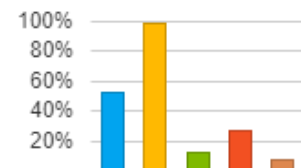
Percentage Served by Title V

Population Served	Percentage Served	FY 2023 Expenditures
Pregnant Women	52.2%	\$3,085,070
Infants < 1 Year	98.3%	\$13,178,264
Children 1 through 21 Years	11.8%	\$63,133,181
CSHCN (Subset of all infants and children)	27.2%	\$18,284,558
Others *	6.9%	\$8,268

FY 2023 Expenditures
Total: \$97,689,341



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>Reduce maternal morbidity and mortality rates in Kentucky</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: Number of women receiving assistance, education, or guidance for getting a well woman visit, immunizations, or referral to tobacco cessation programs, substance use programs or other referrals. ● A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth (Postpartum Visit) B) Percent of women who attended a postpartum checkup and received recommended care components (Postpartum Visit) - PPV <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 2: Number of maternal deaths of Kentucky residents associated with substance use disorder by 2025. 	<p>Women/Maternal Health</p>
<p>Reduce Infant Mortality Rate</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 hospitals receiving technical assistance, educational offerings. Policy review from public health (LHD or state program) about the 10 steps to successful breastfeeding ● 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: PRAMS mothers who report placing their infants in a back-to-sleep positioning by September 30, 2025. 	<p>Perinatal/Infant Health</p>
<p>Reduction of child injury rates with focus on preventable child injuries from child abuse and neglect, motor vehicle collisions, and other child injuries</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Rate of hospitalization for non-fatal injury per 100,000 children, ages 0 through 9 (Injury Hospitalization - Child, Formerly NPM 7.1) - IH-Child 	<p>Child Health</p>

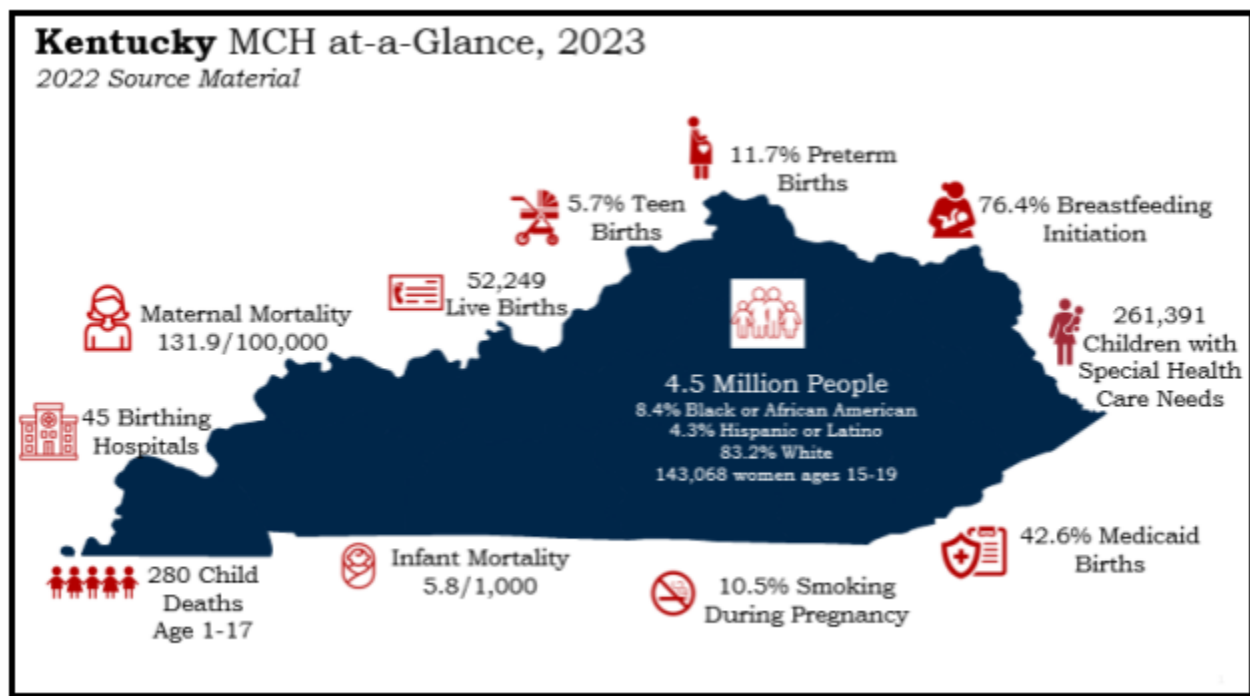
Priority Needs and Associated Measures	Reporting Domain(s)
<ul style="list-style-type: none"> ○ ESM IH-Child.1: Number of community members receiving training or technical assistance about preventable child injuries or death and promoting injury prevention activities including child maltreatment, child passenger, gun, water, fire, pedestrian, ATV, or more. ● Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH 	
<p>Reduce overweight and obesity among children, and adolescents</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 early care and education professionals or providers completing training modules on nutrition, physical activity, or other obesity related opportunities. ● Percent of adolescents, ages 12 through 17 who are physically active at least 60 minutes per day (Physical Activity - Adolescent, Formerly NPM 8.2) - PA-Adolescent <ul style="list-style-type: none"> ○ ESM PA-Adolescent.1: Number of districts receiving training or technical assistance for strategies to create a healthy school nutrition environment, or evaluation of recess and multi-component education policies. 	<p>Child Health, Adolescent Health</p>
<p>Improve mental health and behavioral health outcomes among adolescents.</p> <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 6: Percentage of child and adolescent deaths categorized as suicide by 2025. ● SPM 8: Adverse Childhood Experiences: Percentage of KY respondents who report five or more ACEs. 	<p>Adolescent Health, Cross-Cutting/Systems Building</p>
<p>Reduce outcomes related to substance use disorder for adolescents/pregnant women to reduce the number of Neonatal Abstinence Syndrome Cases or adolescents/children exposed to substances .</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of children, ages 0 through 17, who live in households where someone smokes (Smoking - Household, Formerly NPM 14.2) - SMK-Household <ul style="list-style-type: none"> ○ ESM SMK-Household.1: Percentage of Kentuckians covered by comprehensive smoke-free policies by 2026. Baseline: 32.7% (2017) Data Source: DPH and Kentucky Center for Smoke-Free Policy <p>SPMs</p>	<p>Perinatal/Infant Health, Adolescent Health</p>

Priority Needs and Associated Measures	Reporting Domain(s)
<ul style="list-style-type: none"> ● SPM 1: Rate of neonatal abstinence syndrome among Kentucky resident live births. 	
<p>Transition services for CYSHCN and transition education for all children</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 <ul style="list-style-type: none"> ○ ESM TR.1: Percentage of improvement as guided by the Health Care Transitions (HCT) Process Measurement tool assessing progress on the implementation of Six Core Elements of Health Care Transitions statewide 	Children with Special Health Care Needs
<p>Access to Care and Services for CSHCN</p> <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 10: Percent of OCSHCN 2022-25 Access to Care Plan Components Completed. 	Children with Special Health Care Needs
<p>Adequate Insurance for CSHCN</p> <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 5: Percent of children ages 0 through 17 who are adequately insured. 	Children with Special Health Care Needs
<p>Data Capacity for CSHCN</p> <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 9: Percent of OCSHCN 2022-25 Data Action Plan Components Completed. 	Children with Special Health Care Needs

Executive Summary

Program Overview

The KY Department for Public Health, the Maternal and Child Health (MCH) and the Office for Children with Special Health Care Needs (OCSHCN) are the state agencies designated as the administrator for the KY Title V program(s). Both MCH and OCSHCN are committed to ensuring the health and well-being of KY's MCH populations. The KY Title V Program develops and supports the public health infrastructure and enabling services to meet these objectives. In addition to meeting the legislative intent of the funding, the Title V programmatic priorities are revised every five years based on a federally required comprehensive needs assessment. The annual report and application sections to follow reflect the final interim year update of the 2020-2025 needs assessment cycle. The following graphic representation gives a snapshot of the MCH conditions in KY for FY23.



Women/Maternal Health Domain

The 2020-2025 needs assessment indicated this domain's priority is to reduce morbidity in pregnancy by focusing on improving the health of women across the life course. In 2023, MCH continued to focus on building a best practice package (evidence-informed strategies) for use by Local Health Departments (LHDs). The Well Woman package was developed to promote preventive screenings, review morbidities in pregnancy, data dissemination to raise awareness, and support the utilization of social media platforms to promote well woman visits.

Work continued around health equity with greater clarity and focus in FY23, expanding the Office of Health Equity's workforce and building out teams into local communities to address disparities across the state.

MCH continued the work of the Health Access Nurturing Development Services (HANDS) home visitation program to: improve maternal and child health outcomes through screenings and referrals; meet the needs of pregnant women and/or new parents; provide guidance regarding growth, development, and the needs of the new baby; and address the safety of the home environment for the child, mother, and families.

With an alarming rise in maternal deaths, half of which have substance use as a risk factor, the KY Maternal Mortality Review Committee (MMRC) recommended that DPH focus on prevention efforts for this population. In the prior needs assessment, KY added a State Performance Measure (SPM) around addressing maternal deaths associated with substance use disorder (SUD). Much work has been done through the KY Perinatal Quality Collaborative (KyPQC) to reduce the number of women who are addicted or who have a SUD. The KyPQC, a statewide collaboration of leaders from birthing hospitals and other stakeholders, works to address the different maternal morbidities to reduce the state's maternal mortality rate. In addition, KY has been designated as a member of the Alliance for Innovation on Maternal Health (AIM), which supports best practices to make birth safer and improve maternal health outcomes.

In KY, smoking during pregnancy has been decreasing in recent years. However, smoking among pregnant women in KY remains almost double the national rate. MCH promotes activities aimed at smoking cessation among pregnant women, the adherence of, *and* the development of additional smoke-free policies where needed. The MCH packages focusing on prenatal care and well woman visits have specific criteria which include resources and referrals to assist women with tobacco cessation programs.

Perinatal/Infant Health Domain

Infant mortality is considered the single leading indicator of the overall health and well-being of a population. The 2023 infant mortality rate was 5.8 per 1,000 live births, slightly higher than the national rate of 5.5 per 1,000 live births according to the CDC. In the 2020-2025 needs assessment, stakeholders identified neonatal abstinence syndrome, prematurity, and unsafe sleep practices as significant high-risk factors for infant mortality. Therefore, the chosen state priority need continues to be infant mortality. Evidence-based strategies recommended nationally for addressing infant mortality are regionalized perinatal care, safe sleep initiatives, and breastfeeding. KY targets both the breastfeeding and safe sleep NPMs for this domain.

In this reporting period, the Sudden Unexpected Infant Death (SUID) registry identified 64 SUID cases, which was a welcomed decline. SUID is the one of the leading causes of death for KY's infants, with 85% having at least one unsafe sleep risk factor. The number of SUID cases have been trending downward in KY for the past several years. However, in there was a spike in cases in 2020 & 2021, where over 80 cases were reported. MCH has developed and promoted educational campaigns and rigorous trainings on safe sleep best practices, which include social and traditional media as well as other types of promotion, such as regional conferences; and community promotion through the evidence-informed strategies carried out at the Local Health Departments.

Rates of neonatal abstinence syndrome (NAS) have increased more than 20-fold in the last decade in KY. NAS surveillance continues to be a top priority in KY since legislative mandates over a decade ago. KY's NAS rate remains far above the national average. Therefore, KY established an NAS State Performance Measure (SPM) that attempts to address this persistent and oftentimes a significant risk for infant deaths in our state. There are also additional consequences related to NAS. Infant death related to unsafe sleep and deaths from abusive head trauma are reported in homes and families affected by drug use. The KyPQC neonatal workgroup is also focusing on hospital and provider outreach to determine efforts for NAS identification, diagnosis, reporting, and plan of safe care.

Child Health Domain

The School Health Program within MCH provided ongoing support to local school health nurses, teachers as well as other K-12 educators and professionals. The MCH school health program continues to develop and support health education, expand partnerships and resources, *and* coordinate dissemination of accurate information related to public health. A mental health component was also incorporated into the school health program to address students who continue to struggle with mental health exacerbated by the pandemic.

Injury is the leading cause of death among KY children over the age of one year and is a priority need as identified in the 2020-2025 needs assessment. Child passenger and teen driving safety were raised as high priorities. For this domain, MCH developed web-based trainings on child maltreatment/referral and injury prevention. This work continued throughout 2023.

The Child Fatality Review and Injury Prevention program (CFR) now has 104 review teams. In FY23, the Child Fatality and Near Fatality External Review Panel collaboration increased with subcommittee evaluation to address prevention recommendations based on findings by the panel. Their work also included mapping of child protective services cases, policy review, and potential legislative recommendations for toxicology screening, and active membership in the plan of safe care sub-committee. Kentucky MCH is an active member of The Child Safety Learning Collaborative (CSLC). They continued their work addressing education and evaluation of child suicide and fully implemented the 988 mental health crisis line in FY23.

Adolescent Health Domain

The Adolescent Health program is focused on reducing risky behaviors including use of tobacco products and other substances. Much work has been done by the Chronic Disease Prevention Branch of DPH to educate and inform adolescent populations about the dangers of tobacco and vaping products.

In addition, KY included a National Performance Measure (NPM) to determine the percentage of households where someone smokes. Addressing environmental factors are vital to women's health, as well as *both* the child and adolescent health populations who are vulnerable and susceptible to ongoing negative health effects of smoking.

Suicide and behavioral health support were a priority of the 2020-2025 needs assessment. The number of KY child/teen deaths from suicide continues to rise with some dying as young as 10 years of age. A concerted effort to address child suicide is ongoing and is the primary focus for the KY CSLC.

Additionally, in FY23, MCH continued the scope of work as it relates to the Pediatric Mental Health Care Access Grant (PMHCA). Utilizing existing and well-established infrastructure of childhood mental health within MCH, the community mental health centers in the Department for Behavioral Health, Developmental and Intellectual Disabilities, as well as programs currently being administered by OCSHCN, will expand access to mental health services for children statewide. The administration of this program is made possible with the collaborative effort of the universities, and a private sector evaluation team, and other agencies. The program also has the endorsement of the Kentucky Primary Care Association. The need to expand access to mental healthcare services can have dramatically positive outcomes on child and adolescent behavior because of adverse childhood experiences.

In addition to safety, smoking, mental health, and other external factors MCH also continues to work with leadership, education officials, providers, and policymakers to curb child and adolescent obesity rates, which have many long-term health impacts across the life course.

Children and Youth with Special Health Care Needs (CYSHCN) Domain

In response to the 2020-2025 needs assessment, OCSHCN created the Access to Care Plan and Data Action Plan scorecards. CYSHCN priorities, identified through the 2020-2025 needs assessment process, were used to create the scorecards which are linked to State Performance Measures (access to care, improved data capacity, and adequate insurance coverage) and National Performance Measures (transition to adult health care). The Access to Care Plan and Data Action Plan scorecards provided an opportunity for OCSHCN clinics and staff to examine opportunities to expand services and support programs to patients and families.

The expansion of transition services to adulthood continues to be a priority for OCSHCN. The OCSHCN Transition team evaluates best practices to educate patients transitioning into adulthood by providing information and resources including navigating healthcare, independent living, career preparation, educational opportunities, and life skills.

OCSHCN has incorporated the Six Core Elements of Health Care Transitions into a clinical survey to collect information on the preparation of young adults who are now navigating adult health care. The increased use of data collection to serve families and patients increased the need to examine data collection practices. According to the 2022 National Survey of Children's Health (NSCH), KY's rate of CYSHCN is the fifth highest in the country at 25.8% compared to 20.8% nationwide. While the National Survey of Children's Health (NSCH) provides a wealth of information, OCSHCN conducts in-state data collection for the purposes of obtaining more KY specific data. In addition to national data sources such as NSCH, US Census, and others, OCSHCN collects information on its patients and their families via Qualtrics survey software.

The Data Action Plan outlines goals to reach the CYSHCN population outside of OCSHCN clinics. This is achieved through a data sharing agreements with other Cabinet for Health and Family Services agencies; working with KIDS Count data, integrating new data into the KY Health Information Exchange, and increasing survey measures with external stakeholders such as, physicians, schools, and medical facilities. Further developing the expertise to properly collect, measure, and evaluate data will ensure that meaningful progress is made.

Collaboration and partnerships with patients, families, staff, and community partners increase engagement for CYSHCN families to access care close to home. KY's Access to Care Plan SPM outlines the opportunities for OCSHCN to bridge the gap of services and supports to families. The Access to Care Plan guides OCSHCN staff to expand services outside of the clinic and into the larger community, connecting families with first responders in order to best understand how to assist CYSHCN in the event of an emergency, expanding partnerships with local hospitals and university medical centers to provide resources and staffing to clinics in Eastern Kentucky, and posting accessible information on the OCSHCN website and Facebook page with tools, educational materials, and links to outside agencies that serve the CYSHCN population. The Extension for Community Healthcare Outcomes (ECHO) Autism program educates medical providers through the sharing of knowledge and expertise so they can increase their capacity to serve children in their local community.

Access to Care for CYSHCN families, including access to adequate insurance coverage, continues to be a top priority for KY and OCSHCN. Staff assist in referring uninsured families to the KY Health Benefits Exchange (KHBE) kynect portal in cases where they may be eligible for Medicaid/MCO coverage. OCSHCN staff also assist with the Medicaid application process, offering advice on types of earned and unearned income that may determine Medicaid eligibility. OCSHCN's Intake and Eligibility Branch's social worker is trained as a 'kynector' and assists families during open enrollment to navigate the kynect portal. In addition, social workers in OCSHCN regional locations and parent consultants serve as kynectors for families.

Cross-Cutting/Systems Building Domain

KY needs span across multiple domains. KY recognizes that substance use disorder, tobacco use/exposure, oral health, teen pregnancy, and insurance in adequacy affect multiple domains. These topics are addressed in subsequent various population domain narratives.

How Federal Title V Funds Complement State-Supported MCH Efforts

Title V funds are divided with 65.1% used to address all MCH populations and 34.9% for children with special health care needs as priorities. MCH allocates the bulk of funding allowing for discretionary use by the LHD for provision of enabling population health services and system building activities.

KY's CYSHCN population are served by KY's Office for Children with Special Health Care Needs (OCSHCN). OCSHCN uses Data Action Plan and Access to Care Plan scorecards (SPM 9 & 10) that address critical problems and needs identified in the 2020-2025 Needs Assessment. All OCSHCN funding goes toward providing, facilitating, and supporting KY's children and youth with special health care needs through service, advocacy, education, coordination, and collaborations.

The factors that contribute to KY's overall health challenges are influenced by various conditions; where we live, learn, work and play; being the social determinants of health (SDoH). These include education, physical environment, neighborhood, socioeconomic status, social support, and access to health care.

To address the many factors that influence healthcare outcomes, KY MCH strives to promote the health and wellness of women and children. MCH has developed and recommended evidence-informed strategies or "Packages," for the LHD to adapt to address challenges in their area; this has become a model program that establishes a multi-disciplinary funding strategy for LHDs. For FY23, the Packages are directed to address the following: Safe Sleep for Community Partners; Child Fatality Review Team and Injury Prevention; Prevention of Pediatric Abusive Head Trauma; Cribs for Kids for Community Partners; Prenatal Referrals; Well Woman, Youth Thrive, Nurturing the Thriving Mind; Whole School, Whole Community, Whole Child; Floride Varnish for Children, *and* Health People Active Communities

These MCH Packages, or evidence informed strategies, are designed to address specific priorities identified in the 2020-25 Needs Assessment. MCH Packages serve as the principal budgeting guide for LHDs and assist them in the planning of projects that address MCH priority population needs at the local level. Specific activities, SMART goals, objectives with measurable outcomes, and timelines are tied to Package implementation. The Packages are built around KY's priority domains—women of childbearing age and maternal health, perinatal and infant health/infant mortality, as well as child and adolescent health. LHDs have some discretion in the Packages they choose. They are required to participate in at least one Infant Mortality Package, the Child Fatality Review (CFR)/Injury Prevention Package and may also choose an additional package from Child and Adolescent Health for a minimum of three packages in order to receive funding. LHDs may choose to participate in up to five Packages. An additional package is generally developed and designated for special projects and emerging needs as directed by the MCH program. LHDs collaborate with community stakeholders for matching funds for projects related to the MCH population in addition to outreach and support for the community.

MCH Success Story

Staff training and workforce development continued to be key priorities for MCH in 2023. Data analytics and surveillance continued to inform the various program measures *and* inform both MCH and OCSHCN leadership as well as policymakers. MCH and OCSHCN have continued defining and building strong community support through collaboration across departments, cabinets, other state agencies, *and* with local community LHDs. Mental health access for both child and adolescent populations continues to be a top priority, and there was a great deal of work to further this effort in 2023. In addition, MCH and OCSHCN continued their collaboration around health equity and inclusion.

Employee recruitment, training, and retention continue to be a critical need within MCH and across state government. The MCH School Health Program continues to support three full-time staff, a program manager, registered nurse, and a mental health professional. Additional hiring occurred in the Program Support, Child & Family Health Improvement Branches as well in the MCH Division Office, which have been needed for some time and added to the capacity of the MCH workforce.

Pay classification and compensation continue to be a barrier to hiring new staff. There remains a great deal of work to be accomplished in this regard. Fortunately, MCH has been very successful maintaining its current core staff, with very little turnover in 2023. In addition to the 6% salary increase for state workers in 2021, a first in DPH in fifteen years. Staff received an additional 3% cost of living adjustment (COLA) in 2022. Compensation increases pay reclassifications continued throughout 2023 as well. A great deal of effort was made to ensure supervisors were being compensated adequately relative to their staff and that pay grade levels reflected job descriptions. Salary increases and other forms of compensation have been a positive tool for employee recruitment and retention.

In 2023, OCSHCN continued the use of the full-time telehealth clinics. OCSHCN patients and providers have been satisfied with the opportunities to use expanded telehealth services in occasions that would require a cancelation of an in-person appointment. OCSHCN continued to utilize this opportunity for ongoing care and service delivery to children with special health care needs. These strategies have proven successful in the past, however, both MCH and OCSHCN are always looking for ways to improve upon its efforts and reach as many families as possible.

Other collaborative work that occurred during this program year included:

- CFR documented many local review teams, improved in their quality of review information and reporting to the state program.
- OCSHCN clinical and support staff collaborate to implement critical areas of the Blueprint for Change
- MCH Nutrition Services staff have implemented additional vendor monitoring and more collaboration with local vendors.
- OCSHCN continued development of the CYSHCN data dashboard.
- Additional work and collaboration among MCH's Family Partnerships section and expanded role of the Family Advisory Council.

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

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.