



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

LOUISIANA

State Snapshot

FY2025 Application / FY2023 Annual Report

November 2024

Title V Federal-State Partnership - Louisiana

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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SSDI Project Director	State Family Leader
Rebecca Majdoch Data to Action (DAT) Team Lead Rebecca.Majdoch@la.gov (504) 568-8171	Tiffany Allemand Family Delegate teea86@yahoo.com (985) 665-9256

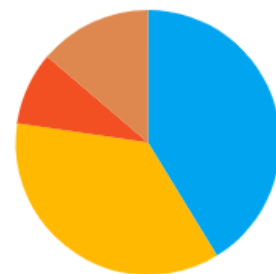
State Youth Leader
No Contact Information Provided

State Hotline: (800) 251-2229

Funding by Source

Source	FY 2023 Expenditures
Federal Allocation	\$13,320,243
State MCH Funds	\$11,636,713
Local MCH Funds	\$0
Other Funds	\$2,877,075
Program Income	\$4,439,773

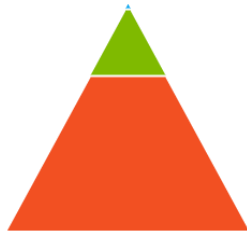
FY 2023 Expenditures



Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$230,261	\$0
Enabling Services	\$3,873,560	\$6,086,989
Public Health Services and Systems	\$9,216,422	\$12,866,572

FY 2023 Expenditures Federal



FY 2023 Expenditures Non-Federal



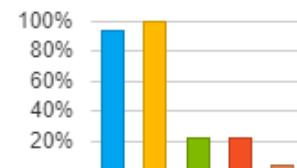
Percentage Served by Title V

Population Served	Percentage Served	FY 2023 Expenditures
Pregnant Women	94.5%	\$3,309,279
Infants < 1 Year	99.5%	\$3,623,065
Children 1 through 21 Years	22.5%	\$6,955,026
CSHCN (Subset of all infants and children)	22.5%	\$16,229,411
Others *	3.6%	\$825,000

FY 2023 Expenditures Total: \$30,941,781



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>Improve birth outcomes for individuals who give birth and infants</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of cesarean deliveries among low-risk first births (Low-Risk Cesarean Delivery, Formerly NPM 2) - LRC <ul style="list-style-type: none"> ○ ESM LRC.1: Percent of birthing hospitals actively participating in Louisiana Perinatal Quality Collaborative Initiatives ○ ESM LRC.2: Percent of birthing hospitals achieving Louisiana Birth Ready Designation ● 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: Percent of births that were delivered at Gift-designated facilities ○ ESM BF.2: Percent of births that were delivered at Baby-Friendly Designated facilities 	<p>Women/Maternal Health, Perinatal/Infant Health</p>
<p>Promote healthy development and family resilience through policies and practices rooted in core principles of development</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year (Developmental Screening, Formerly NPM 6) - DS <ul style="list-style-type: none"> ○ ESM DS.1: Number of early care/education and health providers receiving developmental, social/emotional, and environmental screening trainings ○ ESM DS.2: Percent of developmental screening providers who participated in training and/or technical assistance and demonstrate improved knowledge of recommended screening tools and screening guidelines. 	<p>Child Health</p>
<p>Reduce child injury and violence</p> <p>NPMs</p> <ul style="list-style-type: none"> ● A) Percent of infants placed to sleep on their backs (Safe Sleep, Formerly NPM 5A) B) Percent of infants placed to sleep on a separate approved sleep surface (Safe Sleep, Formerly NPM 5B) C) Percent of infants placed to sleep without soft objects or loose bedding (Safe Sleep, Formerly NPM 5C) D) Percent of infants room-sharing with an adult during sleep (Safe Sleep) - SS <ul style="list-style-type: none"> ○ ESM SS.1: Number of professionals trained to recognize, identify, and model safe sleep environments 	<p>Perinatal/Infant Health, Child Health, Adolescent Health</p>

Priority Needs and Associated Measures	Reporting Domain(s)
<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 <ul style="list-style-type: none"> ○ ESM IH-Child.1: Number of households participating in evidence-based home visiting programs ○ ESM IH-Child.2: Percent of households participating in evidence-based home visiting programs who report high or very high satisfaction ● Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19 (Injury Hospitalization - Adolescent, Formerly NPM 7.2) - IH-Adolescent <ul style="list-style-type: none"> ○ ESM IH-Adolescent.1: Number of professionals trained in Adverse Childhood Experiences (ACEs) ○ ESM IH-Adolescent.2: Number of "gatekeepers" trained in adolescent suicide prevention ○ ESM IH-Adolescent.3: Percent of participants in gatekeeper trainings who report increased confidence to help someone at risk of suicide. 	
<p>Improve adolescent mental health and well-being</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19 (Injury Hospitalization - Adolescent, Formerly NPM 7.2) - IH-Adolescent <ul style="list-style-type: none"> ○ ESM IH-Adolescent.1: Number of professionals trained in Adverse Childhood Experiences (ACEs) ○ ESM IH-Adolescent.2: Number of "gatekeepers" trained in adolescent suicide prevention ○ ESM IH-Adolescent.3: Percent of participants in gatekeeper trainings who report increased confidence to help someone at risk of suicide. 	Adolescent Health
<p>Ensure all CYSHCN receive care in a well-functioning system</p> <p>NPMs</p> <ul style="list-style-type: none"> ● 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 <ul style="list-style-type: none"> ○ ESM MH.1: Number of health care providers trained on Medical Home, Care Coordination and Youth Health Transition ○ ESM MH.2: Percent of providers participating in Medical Home, Care Coordination, and Youth Health Transition trainings who demonstrate improved knowledge of training contents 	Children with Special Health Care Needs
<p>Ensure equitable access to high-quality and coordinated clinical and support services</p> <p>NPMs</p>	Women/Maternal Health, Perinatal/Infant Health, Child Health

Priority Needs and Associated Measures	Reporting Domain(s)
<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: Percent of births that were delivered at Gift-designated facilities ○ ESM BF.2: Percent of births that were delivered at Baby-Friendly Designated facilities ● 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 <ul style="list-style-type: none"> ○ ESM MH.1: Number of health care providers trained on Medical Home, Care Coordination and Youth Health Transition ○ ESM MH.2: Percent of providers participating in Medical Home, Care Coordination, and Youth Health Transition trainings who demonstrate improved knowledge of training contents ● 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>Ensure Title V strategies are outcomes-focused and rooted in essential public health services</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of cesarean deliveries among low-risk first births (Low-Risk Cesarean Delivery, Formerly NPM 2) - LRC <ul style="list-style-type: none"> ○ ESM LRC.1: Percent of birthing hospitals actively participating in Louisiana Perinatal Quality Collaborative Initiatives ○ ESM LRC.2: Percent of birthing hospitals achieving Louisiana Birth Ready Designation ● 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 <ul style="list-style-type: none"> ○ ESM MH.1: Number of health care providers trained on Medical Home, Care Coordination and Youth Health Transition ○ ESM MH.2: Percent of providers participating in Medical Home, Care Coordination, and Youth Health Transition trainings who demonstrate improved knowledge of training contents 	<p>Women/Maternal Health, Children with Special Health Care Needs, Cross-Cutting/Systems Building</p>
<p>Boldly work to undo systemic drivers of disparities and institutionalize equitable policies and practices</p> <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 1: Percent of recommended actions resulting from externally assessed equity audit that have been successfully implemented 	<p>Cross-Cutting/Systems Building</p>
<p>Partner with families, youth, and communities at all levels of systems change</p>	<p>Children with Special Health Care Needs, Cross-Cutting/Systems Building</p>

Priority Needs and Associated Measures	Reporting Domain(s)
<p>NPMs</p> <ul style="list-style-type: none"> ● 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 <ul style="list-style-type: none"> ○ ESM MH.1: Number of health care providers trained on Medical Home, Care Coordination and Youth Health Transition ○ ESM MH.2: Percent of providers participating in Medical Home, Care Coordination, and Youth Health Transition trainings who demonstrate improved knowledge of training contents <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 2: Organizational Commitment to Family Engagement in Systems Change 	

Executive Summary

Program Overview

The Title V Maternal and Child Health (MCH) Block Grant is the cornerstone of maternal and child health policy and programming, serving as the core public health system for women, children, children and youth with special health care needs (CYSHCN), and families within the state of Louisiana. Housed within the Louisiana Department of Health (LDH), Office of Public Health (OPH), Bureau of Family Health (BFH), Title V elevates the maternal and child health needs of Louisiana to the forefront of public health action. This action, grounded in the updated Essential Public Health Services, incorporates data, policy, clinical, and educational initiatives; preventive and supportive services; and community, government, and academic partnerships to monitor and promote community health and livelihood.

In 2020, the BFH conducted a statewide Needs Assessment, examining both qualitative and quantitative data to better understand the needs and desired health outcomes of the state's MCH and CYSHCN populations. The 2020 Needs Assessment illuminated emerging Priority Needs and informed the selection of Louisiana's National Performance Measures (NPMs) and State Performance Measures (SPMs) for the 2021-2025 block grant period. Ongoing assessment of needs through routine analytics and special studies have reinforced and clarified the actions needed to address the priority needs, which are described below by Title V population domain:

Women / maternal health

From 2017-2019, maternal mortality in Louisiana increased at a higher rate than that of the United States, with significant disparities by race and ethnicity. The majority (80%) of all pregnancy-related deaths were deemed preventable. To address the Priority Need to *improve birth outcomes for individuals who give birth and infants*, Title V has been supporting advanced epidemiological surveillance and state-level action bodies to further understand and address this complex issue. During the 2021-2025 cycle, BFH also has directed Title V funds to support the Louisiana Perinatal Quality Collaborative (LaPQC) - a statewide partnership of perinatal clinicians, hospitals, policy makers, governmental entities, and community members and advocates that aims, through evidence-based practice and the use of improvement science, to improve birth outcomes throughout the state. Throughout the FFY2021-2025 strategy cycle, Title V will scale hospital quality improvement initiatives to support and incentivize system-wide implementation of evidence-based practices to reduce rates of low-risk cesarean deliveries, as well as to address other drivers of maternal outcomes. Progress will be monitored through NPM 2: Low-risk Cesarean Deliveries.

Perinatal / infant health

According to the 2018-2020 Louisiana Child Death Review (CDR) report, Louisiana has the second highest infant mortality rate in the country. A significant majority of injury-related infant deaths were classified as Sudden Unexpected Infant Deaths (SUIDs) and were related to the sleep environment. Reflecting the Priority Need to *reduce child injury and violence*, Louisiana selected NPM 5: Safe Sleep. During the 2021-2025 cycle, BFH has been providing leadership and programmatic support to the state and regional CDR panels that conduct case reviews for all unexpected infant and child deaths, including SUIDs, to assure continued focus and data-informed action related to improve safe sleep practices around the state. To prevent infant injury and mortality, BFH will also provide evidence-based training on safe sleep best practices to professionals who have influential touch points with families.

In relation to the Priority Needs to *improve birth outcomes for birthing persons and infants* and *ensure equitable access to high-quality and coordinated clinical and support services*, Louisiana Title V will continue to support The Gift, an evidence-based program designed to assist Louisiana birthing facilities in increasing breastfeeding rates and hospital success by improving the quality of their maternity services and enhancing patient-centered care. During the 2021-2025 cycle, The Gift has been working to implement new quality improvement strategies that aim to reduce the black-white gap in breastfeeding initiation that persists both in Louisiana and nationally. BFH will monitor NPM 4: Breastfeeding, but the primary goal of the related strategies is to build long-term capacity within birthing facilities and communities across the state to achieve better perinatal outcomes.

Child health

According to the 2020-2021 National Survey of Children's Health (NSCH), less than 25% of Louisiana children ages 9-35 months received a developmental screening using a parent-completed screening tool in the past year. Compared to the national averages, children in Louisiana are also less likely to receive early intervention through IDEA Part C Services or access Early Head Start. In alignment with the Priority Need to *promote healthy development and family resilience through policies and practices rooted in core principles of development*, Title V will support efforts to build capacity and coordinate across existing programs to address gaps and barriers within the state's Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) system. To increase timely identification of developmental needs, Louisiana Title V has been implementing training, resource, and provider outreach strategies to increase the number of primary health care and early childhood education providers who utilize recommended developmental screening tools and practices. Title V will monitor progress through NPM 6: Developmental Screening. BFH will also provide family coaching and support through evidence-based home visiting, a strategy that has been linked to improvements in a variety of indicators of child and family health, including promoting healthy development and preventing child injury and violence. While childhood is a time of tremendous development, it can also be a time of vulnerability. Between 2018-2020, more than half (51%) of childhood deaths ages 1-14 in Louisiana were due to injuries. Most of these deaths are considered preventable. In alignment with the Priority Need to *reduce child injury and violence*, BFH will provide safety-focused education to all families participating in evidence-based home visiting programs. BFH will also continue to investigate and analyze trends in child injury and violence through continuous mortality surveillance, comprehensive infant and child mortality case reviews, and specialized epidemiological studies. Title V will monitor progress through NPM 7.1: Injury Hospitalizations (children ages 0-9).

Adolescent health

Louisiana has seen a steady increase in suicide, self-harm thoughts and behaviors, and mental health disorders among adolescents. Suicide attempts among high school students in Louisiana remain significantly higher than the average for the US, and self-harm is the second leading cause of injury hospitalizations for adolescents in Louisiana. The 2020 Needs Assessment demonstrated a need to address the toxic stressors and adverse childhood experiences (ACEs) of Louisiana's adolescents that can precipitate mental health issues, including those that are linked to various forms of violence and injury. To address the Priority Needs to *improve adolescent mental health* and *reduce child injury and violence*, Louisiana has been implementing strategies in relation to NPM 7: Injury Hospitalizations (adolescents ages 10-19). Title V will continue to build community awareness around ACEs, trauma, and resilience science across Louisiana via a robust network of trained ACE Educators. Furthermore, Title V is supporting state- and local-level efforts to integrate trauma-informed strategies into child- and family-serving systems, including through the development of a state plan to strengthen the ability of systems to prevent, recognize and respond to trauma and to promote resilience. In partnership with the BFH injury prevention program, Title V has supported several collaborative initiatives targeting adolescent mental health outcomes with an emphasis on shared risk and protective factors related to injury and violence prevention, especially self-harm. Louisiana Title V will also continue to employ strategies to advance the quality, relevance, and uptake of available services at school-based health centers, with an emphasis on behavioral health supports and screening for risk behaviors impacting health, well-being, and academic success in youth.

Children and youth with special health care needs

One of the most significant areas of transformation within Louisiana's Title V program during the 2021-2025 cycle has been within the CYSHCN domain. The historical Louisiana CYSHCN services focused on provision of gap-filling services, but the Needs Assessment encouraged Louisiana Title V to look "down the MCH pyramid" towards more population-level strategies to meet the Priority Need to *ensure all CYSHCN receive care in a well-functioning system*. The National Standards for Systems of Care for Children and Youth with Special Health Care Needs highlights quality medical home and care coordination as central components of a well-functioning system, so Louisiana Title V has been maintaining a focus on improving access to quality coordinated care and building medical home capacity around the state. Through expanded provider trainings, widespread resource dissemination led by regional non-profit, family-driven resource centers, and ongoing systems-level collaboration with Louisiana Medicaid, Louisiana Title V has been developing tools and trainings and other strategies to increase the number of providers who offer care coordination and to ensure providers and families are aware of available community resources. Progress will be monitored through NPM 11: Medical Home.

Cross-cutting / systems building

Many of the issues affecting the health of women and children - such as high rates of poverty, violence, trauma, substance misuse, lack of behavioral health supports, incarceration, and persistent racial disparities in health outcomes - are not specific to a particular age group or population. Through investments in core infrastructure building strategies, Louisiana Title V provides critical contribution towards strengthening BFH as the public health system for women, children, and families and an organization committed to improving the lives and communities of the people of Louisiana.

In alignment with the Priority Need to *boldly work to undo systemic drivers of disparities and institutionalize equitable policies and practices*, Title V will continue to advance the mission of the BFH Health Equity Action Team (BFH-HEAT) to develop impactful partnerships and a capable workforce to address structural inequities, particularly racism, that lead to health disparities. Title V will also work to establish or amend existing policies and practices to ensure BFH operates with equity, consistently working to incorporate a social justice and anti-racism lens in the work and initiatives carried out through the Bureau.

In relation to the Priority Need to *partner with families, youth, and communities at all levels of systems change*, Title V aspires to institutionalize family partnership as a foundational component of all MCH and CYSHCN systems change initiatives. By supporting implementation of an early childhood systems-focused family partnership strategy, Title V will help develop and test approaches to family partnership that can eventually be replicated and adapted for other programs and initiatives across BFH. Additionally, strengthening family and community representation in initiatives and advisory bodies under the Bureau's purview will continue to be a focus.

In the 2021-2025 cycle, Title V has been expanding the scope of BFH's Health System Strategy in response to the Priority Need to *ensure equitable access to high-quality and coordinated clinical and support services*. In addition to coordinating and advancing BFH Medicaid engagement around healthcare delivery and financing policy, Title V has been working to create a stronger integration between public health practices and research and health systems policy and research. BFH will work to clearly define Louisiana Title V's current and future role in strengthening the overall health care delivery system and will continue to sustain a robust partnership with Louisiana Medicaid in the development of policy and strategies to support quality implementation of practices incentivized through policy.

BFH will also continue to implement improvement strategies in relation to the Priority Need to *ensure Title V strategies are outcomes-focused and rooted in essential public health services*. In alignment with the updated Essential Public Health Service to "communicate effectively to inform and educate," Title V will redevelop the overall BFH communications strategy using an evidence-based approach to develop coherent, audience-tested narratives about priority health outcomes and establish messaging consistency across all BFH programs.

Louisiana Title V developed two Cross-cutting/Systems Building SPMs for the 2021-2025 cycle. These SPMs will measure BFH's progress towards institutionalizing equity within BFH policies and practices and demonstrating organizational commitment to family partnership.

Louisiana Title V will actively monitor the health and well-being of Louisiana's women, children, and families to identify emerging issues and address MCH needs in this rapidly changing environment. Throughout the 2021-2025 cycle, Title V will support the

Priority Needs through strategic investments, innovative approaches, collaborative efforts, and evidence-based strategies to promote healthy and thriving children and families.

How Federal Title V Funds Complement State-Supported MCH Efforts

The Title V Maternal and Child Health Block Grant federal-state partnership award provides critical investment into the strengthening and expansion of Louisiana's systems of care for mothers, infants, children, and youth. The block grant is particularly important for strengthening the state's system of care for children and youth with special healthcare needs.

Title V block grant funding ensures that MCH policies and systems of care in Louisiana are rooted in evidence. Title V funding builds on the state's investment in the MCH epidemiology workforce necessary to collect and analyze data, identify public health needs within MCH populations, explore underlying causes of public health needs including existing disparities between Louisiana's population groups (i.e., rural / urban sub-populations, racial and ethnic sub-populations, etc.), generate findings reports and key policy and programmatic recommendations, and measure the short, medium, and long-term effects and impacts of changes in policies and programs within the state's MCH systems of care.

Title V funding also contributes to the state's efforts to maintain and continuously strengthen the capacities of our MCH workforce. In addition to providing direct financial coverage to some essential MCH workforce positions, Title V funded programs support direct training, coaching and technical assistance, and initiatives supporting continuous quality improvement within individual systems of care. Partners and participants in these programs include physicians, nurses, social workers, educators, staff of state agencies and offices from various levels of the government of Louisiana, staff of community based organizations and private sector organizations, members of our state's academic community, family members, policymakers, and other key constituents in the state.

Title V funding compliments state investment by supporting coordination between key state agencies, partners, collaborators, families, and other community groups. Aligned with the cross-cutting goal that all mothers, children, and youth should have access to a quality medical home within well-functioning systems of care, Title V programs facilitate connections and synergies across state agencies as well as between state agencies and non-state organizations (i.e., community-based organizations, academic institutions, and private sector organizations). Title V funding supports convening of state-mandated Boards, Councils, and Commissions as well as various advisory committees. At key moments, Title V funding supports implementation of community consultation processes to identify priority needs and define strategies and plans of action to improve the MCH systems of care in the state.

Lastly, Title V funding plays a critical role in ensuring that the state's mothers, children, and youth are able to participate meaningfully in the state's assessment of priority needs, planning of policy and programmatic response strategies, monitoring and evaluation of programmatic efficiency and effectiveness, and definition of state policy and legislation.

MCH Success Story

Louisiana ranks 49th in overall child well-being in the United States, with one of the highest rates of children per capita experiencing two or more adverse childhood experiences¹. In response to this public health priority, the Louisiana Bureau of Family Health launched the Whole Health Louisiana Initiative to coordinate development of the state's first-ever multi-sector plan to integrate trauma-informed and healing-centered approaches in our state's systems of care and support for children and families. Aligned with the national Title V program's commitment to family and community engagement, over 600 people and 100 organizations from across Louisiana participated in at least one of the three phases of the development of Whole Health Louisiana's (WHL) State Plan.

<p>Discovery Process (September 2021 - August 2022)</p>	<p>Implemented in partnership with the Louisiana First Foundation, the first phase of the initiative was an 11-month, statewide process of evidence collection to learn about the current state of childhood adversity in Louisiana, how it is being addressed, and what barriers exist to implementing change.</p>
<p>High Level Convening (November 2022)</p>	<p>The second phase of the initiative was a convening of state leaders, experts, and advocates to review the findings from the discovery process and launch the development of a State Plan.</p>
<p>A Community Engagement Process (January 2023 - November 2023)</p>	<p>The third phase of the initiative was a yearlong collaborative process to draft the WHL State Plan. The process included community conversations across all nine public health regions of the state, was guided by a Steering Committee and supported by cross-sector working groups, and informed by multiple advisory bodies focused on centering youth and family voices alongside the voices of subject matter experts.</p>

The Whole Health Louisiana State Plan was released on November 30, 2023. The state plan will guide multi-sectoral systems change efforts to address childhood adversity and trauma. The State Plan includes an overview of trauma-informed and adversity-related concepts to promote standardization of language around the challenge, presents an implementation approach that has buy-in from youth and family serving systems across the state, and defines key objectives and measurable indicators to support progress monitoring. Implementation of the plan will be led by a public-private partnership between the Bureau of Family Health and the University of Louisiana at Lafayette’s Kathleen Babineaux Blanco Public Policy Center. A dedicated Steering Committee, as well as the broader Whole Health Louisiana Coalition, will provide guidance and oversight to ensure the successful implementation of the plan, which will require continued coordination of partners including community members, government agencies, non-profits, community organizations, and youth and parent-led advisory bodies. This unified, trauma-informed, State Plan will invest in the full potential of our young people, those who care for them, and the workforce that serves them to improve health and safety outcomes for all Louisianans.

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

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.