HRSA
Health Resources & Services Administration

Title V MCH Block Grant Program

MASSACHUSETTS

State Snapshot

FY2025 Application / FY2023 Annual Report

November 2024

Title V Federal-State Partnership - Massachusetts

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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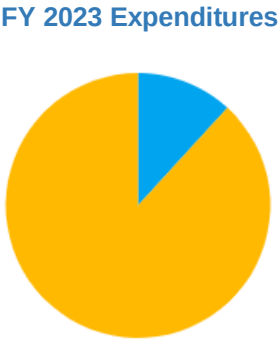
Funding by Source

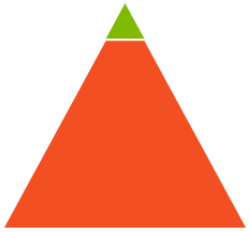
Source	FY 2023 Expenditures
Federal Allocation	$11,229,305
State MCH Funds	$83,837,861
Local MCH Funds	$0
Other Funds	$0
Program Income	$0



Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	$14,859	$45,282,425
Enabling Services	$1,760,401	$31,384,196
Public Health Services and Systems	$9,454,045	$7,171,239

FY 2023 Expenditures Federal



FY 2023 Expenditures Non-Federal

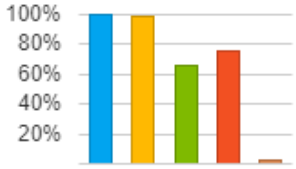
Percentage Served by Title V

Population Served	Percentage Served	FY 2023 Expenditures
Pregnant Women	100.0%	$3,233,216
Infants < 1 Year	99.0%	$1,469,374
Children 1 through 21 Years	66.0%	$19,464,588
CSHCN (Subset of all infants and children)	76.0%	$64,078,536
Others *	2.1%	$6,072,030

*Others– Women and men, over age 21.

FY 2023 Expenditures
Total: $94,317,744

FY 2023 Percentage Served



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)
Eliminate institutional and structural racism in internal Department of Public Health programs, policies, and practices to improve maternal and child health. SPMs • SPM 3: Percent of Bureau staff who have used any racial equity tool or resource in their work	Cross-Cutting/Systems Building
Eliminate health inequities caused by unjust social, economic, and environmental systems, policies and practices. SPMs • SPM 5: Percent of families who have had difficulty since their child was born covering basics, like food or housing, on their income	Cross-Cutting/Systems Building
Support equitable healing centered systems and approaches to mitigate the effects of trauma, including racial, historical, structural, community, family, and childhood trauma. SPMs • SPM 6: Percent of BFHN and BCHAP Title V staff that report a workplace culture that reflects a safe and supportive environment to mitigate primary and secondary trauma	Cross-Cutting/Systems Building
Engage families, fathers and youth with diverse life experiences through shared power and leadership to improve maternal, child, and family health services. SPMs • SPM 4: Percent of Title V programs that offer compensated family engagement and leadership opportunities	Cross-Cutting/Systems Building
Prevent the use of substances, including alcohol, tobacco, marijuana and opioids, among youth and pregnant people. NPMs • Percent of women who smoke during pregnancy (Smoking - Pregnancy, Formerly NPM 14.1) - SMK-Pregnancy	Women/Maternal Health, Adolescent Health

○ ESM SMK-Pregnancy.1: Percentage of women using the statewide smoking quitline who are pregnant	
Strengthen the capacity of the health system to promote mental health and emotional well-being. NPMs ● 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 ○ ESM DS.1: Percent of infants and children enrolled in WIC who are monitored using the Learn the Signs Act Early checklist ● Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year (Adolescent Well-Visit, Formerly NPM 10) - AWV ○ ESM AWV.1: Percent of School Based Health Center clients who are male ● 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 ● 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	Women/Maternal Health, Child Health, Adolescent Health, Children with Special Health Care Needs
Promote equitable access to sexuality education and sexual and reproductive health services. NPMs ● Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year (Adolescent Well-Visit, Formerly NPM 10) - AWV ○ ESM AWV.1: Percent of School Based Health Center clients who are male SPMs ● SPM 2: Rate of teen births per 1,000 Latinx adolescents aged 15-19	Adolescent Health
Foster healthy nutrition and physical activity through equitable system and policy improvements. NPMs ● 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 ○ ESM BF.1: Percent of WIC participants receiving services from a Breastfeeding Peer Counselor who exclusively breastfed for at least three months ● 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	Perinatal/Infant Health, Child Health

Reduce rates of and eliminate inequities in maternal morbidity and mortality. SPMs • SPM 1: Percent of cases identified for review by the Massachusetts Maternal Mortality and Morbidity Review Committee that were reviewed within two years of the date of death	Women/Maternal Health
Support effective health-related transition to adulthood for adolescents with special health needs. NPMs • 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 ○ ESM TR.1: Percent of youth ages 14 and older receiving services from the DPH Care Coordination Program who receive health transition information and support from their Care Coordinator	Children with Special Health Care Needs

Executive Summary

Program Overview

Executive Summary

Maternal and Child Health in Massachusetts
Massachusetts Department of Public Health strives for an equitable and just public health system that supports optimal well-being for all people in Massachusetts, centering those with systemically and culturally oppressed identities and circumstances. This vision is supported by a strong public health infrastructure and health care delivery system, led by the MA Department of Public Health (MDPH), which provides outcome-driven, evidence-based programming to prevent illness, injury, and premature death, ensures access to high quality health services, and promotes wellness and health equity.
MA has a history of strong funding for health and social service programs, of which maternal and child health (MCH) is an important investment. MA is a national leader in MCH programs and policy, being the first state, for example, to link disparate data together to study the opioid epidemic. MA reports state match that is much higher than the required $3 for every $4 federal. Based on FY23 total federal MCH expenditures (from the FFY22 award) of **$11,229,305**, this breaks out as FY23 State Match expenditures of **$8,421,979** and State over-match expenditures of **$75,415,882**. In FY23, state partnership funds represented **88.2%** of total Partnership expenditures. The Title V Partnership reached all pregnant women and virtually all infants born in Massachusetts in FY23. Approximately 70% of all children and youth (including children with special health care needs) were reached.

Role of Title V
MA Title V supports a statewide system of services that is comprehensive, community-based, and family-centered. Title V sits in the Bureau of Family Health and Nutrition (BFHN), which houses other important MCH programs such as WIC, Early Intervention (EI) and Maternal, Infant, and Early Childhood Home Visiting (MIECHV). The Bureau of Community Health and Prevention (BCHAP) is a key partner. BFHN and BCHAP maintain staff in regional offices who work directly with families and support systems-building activities. The statewide reach of staff and integration of Title V across Bureaus are key to addressing MCH needs. Coordinated and integrated systems of care are a priority across all MCH programs, and especially for CYSHN, a population uniquely served by Title V. BFHN manages a continuum of linked services to ensure that CYSHN are connected to and supported by health, education, and social services in their communities. An Office of Family Initiatives supports this effort.
Title V plays an important policy and systems-building role, and most funding is dedicated to population-based and enabling services, such as maternal mortality and morbidity review and injury surveillance. Title V is a convener and collaborator in addressing MCH issues and enhances initiatives funded through other sources, such as MIECHV. Federal Title V funding is critical to support program managers, epidemiologists, and other staff who are not covered by state funding. Within MDPH the Title V priorities and performance measure framework provide a unifying vision and strategic plan for MCH programs resulting in improved communication and greater collective impact.

Partnerships are critical in serving the MCH population and expanding Title V's reach. MDPH collaborates with families, community-based agencies, federal, state, and local government, hospitals and clinical providers, academia, and public health organizations, which allow Title V to have an impact beyond individuals served through direct and enabling services.
Program Framework & State Action Plan
Racial equity and the life course model are guiding frameworks for Title V. Health inequities exist due to structural racism – the ways in which institutions and social norms systematically advantage White people and oppress Black, Indigenous, and People of Color – leading to differential access to opportunities and resources that negatively affect MCH outcomes. The life course model posits that there are critical periods in life that shape our health, and that exposure to risk and protective factors impact both an individual's lifespan and future generations.
In 2019-2020, MA conducted a statewide needs assessment to understand strengths and gaps in services, prioritize MCH needs, and develop a five-year state action plan. The table below lists Title V priorities for 2020-2025 and the corresponding National and State Performance Measures. Key accomplishments, challenges, and plans for each priority are described below.

Domain	Priority	Performance Measure
Maternal/Women	**Maternal morbidity and mortality:** Reduce rates of and eliminate inequities in maternal morbidity and mortality.	SPM 1: % of cases reviewed by the Maternal Mortality and Morbidity Review Committee within 2 years of maternal death
	Substance use prevention: Prevent the use of substances, including alcohol, tobacco, marijuana, and opioids, among youth and pregnant people.	NPM 14: % of women who smoke during pregnancy
	Mental health and emotional well-being: Strengthen the capacity of the health system to promote mental health and emotional well-being.	See Child domain
Perinatal/Infant	**Nutrition and physical activity:** Foster health nutrition and physical activity through equitable systems and policy improvements.	NPM 4: % of infants who are ever breastfed and % of infants breastfed exclusively through 6 months
Child	**Mental health and emotional well-being:** Strengthen the capacity of the health system to promote mental health and emotional well-being.	NPM 5: % of children, ages 9-35 months, who received a developmental screening using a parent-completed tool in the past year

	Nutrition and physical activity: Foster health nutrition and physical activity through equitable systems and policy improvements.	See Perinatal/Infant domain
Adolescent	**Sexual and reproductive health:** Promote equitable access to sexuality education and sexual and reproductive health services.	SPM 2: Rate of teen births among Latinx adolescents NPM 10: % of adolescents ages 12-17 with a preventive medical visit in the past year
	Substance use prevention: Prevent the use of substances, including alcohol, tobacco, marijuana, and opioids, among youth and pregnant people.	See Maternal/Women domain
	Mental health and emotional well-being: Strengthen the capacity of the health system to promote mental health and emotional well-being.	See Child domain
Children and Youth with Special Health Needs	**Health transition**: Support effective health-related transition to adulthood for adolescents with special health needs.	NPM 12: % of adolescents ages 12-17 who received services necessary to transition to adult health care.
	Mental health and emotional well-being: Strengthen the capacity of the health system to promote mental health and emotional well-being.	See Child domain
Crosscutting	**Racial equity:** Eliminate institutional and structural racism in MDPH programs, policies, and practices to improve maternal & child health.	SPM 3: % of Bureau staff who have used any racial equity tool or resource in their work
	Family, father, and youth engagement: Engage families, fathers and youth with diverse life experiences through shared power and leadership to improve MCH services.	SPM 4: % of Title V programs that offer compensated family engagement and leadership opportunities.
	Social determinants of health: Eliminate health inequities caused by unjust social, economic, and environmental systems, policies, and practices.	SPM 5: % of families who have had difficulty since their child was born covering basics, like food or housing, on their income.
	Healing and trauma: Support equitable healing centered systems and approaches to mitigate the effects of trauma, including racial, historical, structural, community, family, and childhood trauma.	SPM 6: % of staff that report a workplace culture that reflects a safe and supportive environment to mitigate primary and secondary trauma

Maternal morbidity and mortality

Pregnancy-associated mortality rates increased 33% between 2012 and 2017 in MA, with stark racial inequities. MDPH convenes the Maternal Mortality and Morbidity Review Committee (MMMRC) to review maternal deaths and make recommendations to improve outcomes. The five-year action plan aims to improve the timeliness of the review process, engage community members, and leverage collaborative partnerships to disseminate MMMRC recommendations. In FY23, the MMMRC published its first report since 2021, and is making great strides in improving the timeliness of reviews. MDPH recently hired staff to support this effort and participated in a Lean Six Sigma quality improvement training to identify activities that would improve the timeliness of the review and community contributions to the process.

Substance use prevention

Title V plays an important role in preventing substance use during pregnancy and among youth, critical periods of development in the life course. The percentage of women who report smoking during pregnancy decreased from 4.3% in 2018 to 3.5% in 2020. However, Covid Community Impact Survey findings indicate substance use has increased during the pandemic, including among people with a cognitive disability, youth in rural areas, and parents of children with special needs. Title V focuses on preventing use of substances including tobacco, alcohol, marijuana, and opioids. Central to the state action plan is revising the PRAMS survey to improve the measurement of tobacco, marijuana, and alcohol use during pregnancy and partnering with school districts and school-based health centers to promote screening, brief intervention, and referral to treatment.

Mental health and emotional well-being

Barriers to promoting mental health and emotional well-being in MA include a shortage of culturally and linguistically diverse providers and a focus on intervention rather than prevention. Mental health concerns have been exacerbated by the COVID-19 pandemic and economic downturn. Key strategies to address this priority among women and children include providing training and technical assistance on perinatal mental health to providers and state agencies and promoting understanding of and screening for infant and early childhood mental health. Among adolescents and CYSHN, Title V is integrating positive youth development principles in MDPH-funded programs to foster protective factors, providing mental health support in schools, raising awareness of mental health concerns and resources for treatment among CYSHN and their families, and partnering with racially diverse communities to understand cultural differences for families with CYSHN and develop strategies to reduce stigma.

Nutrition and physical activity

Among 2018 births, 84.8% of MA infants were ever breastfed compared to 83.9% nationally and the Healthy People 2020 goal of 81.9%. However, there remain inequities in breastfeeding outcomes by race/ethnicity and socioeconomic status. According to the 2019-2020 National Survey of Children's Health, 84.3% of families with children ages 0-5 could always afford to eat good nutritious meals. The pandemic has made it more difficult for families to purchase enough food or healthy food. Key strategies to address this priority are to support hospital policies that promote breastfeeding for all people giving birth; partner with MassHealth and other

agencies to maximize families' access to affordable, nutritious food; and promote safe physical activity through injury prevention initiatives such as management of sports-related concussions.

Sexual and reproductive health
Although the MA teen birth rate decreased 64% between 2008 and 2018, rates for Black and Hispanic youth are three and eight times higher than for Whites, respectively. Improvements can be made in the availability of inclusive, age-appropriate, and evidence based sexual health education and resources. Key strategies to address this priority focus on ensuring sexual and reproductive health clinical services are accessible to Latinx and Black youth, integrating reproductive justice principles into the delivery of sexuality education and sexual and reproductive health services, and promoting access to preventive care at school-based health centers and with clinical sexual and reproductive health providers.

Health transition
NSCH 2019-2020 data indicate that 26.3% of MA youth with special health needs aged 12-17 received the services necessary to make transitions to adult health care. Although this is a decrease from 37.2% in 2018-2019, previous data had to be interpreted with caution due to small sample size and large confidence intervals. NSCH 2019-2020 data still exceeds the 2016-2017 baseline of 17.9%. To support continued improvement, Title V will increase the availability of youth health transition information and resources, provide culturally and linguistically appropriate services and supports to youth and their families based on individual needs prior to and throughout the transition process, include youth voice in efforts to determine systems improvement work around health transition, and engage internal and external partners to strengthen the system and align services around health transition for young adults.

Racial equity
Although MA is a healthy state overall, racial inequities persist in many MCH outcomes, such as infant mortality and teen births. Title V aims to address root causes of these inequities by working to eliminate institutional and structural racism in its programs, policies, and practices by engaging with the MDPH Racial Equity Movement. Key strategies include developing tools and resources to address institutional racism within core elements of public health work, such as procurement and data collection and analysis; fostering a workplace culture that acknowledges and addresses the impact of systems of oppression on MDPH staff; and changing hiring practices to increase employment of staff with intersectional identities.

Family, father, and youth engagement
Effective engagement acknowledges that the families with lived experience bring valuable expertise to a partnership and should be compensated in meaningful ways. In FY23, 47% of programs funded by Title V offered compensated opportunities for families, fathers, and youth, a major increase from 37.6% in FY21. MA DPH is on track to reach our goal of 50% by 2025. Title V is addressing institutional barriers to ensuring families and youth receive financial compensation for their partnership and leadership roles; building and sustaining relationships with families to share power in the design and delivery of services; implementing a statewide Family Engagement Framework; and developing best practices for virtual engagement of families, fathers, and youth beyond the COVID-19 pandemic that maintain quality of engagement and equity of opportunity.

Social determinants of health
Access to affordable, accessible, and safe housing, transportation, and employment are pressing needs in MA, and many families and youth are experiencing negative social and economic consequences due to COVID-19. To address this priority, Title V will support and advise external coalitions and agencies to promote equitable access to childcare and educational opportunities for all children, support families in accessing concrete supports such as housing, job training, and public benefits, and promote best practices for access to virtual health and social services to help bridge the digital and economic divide.

Healing and trauma
Trauma affects individuals, communities, and systems. The performance measure for this priority tracks Title V efforts to improve policies, practices, and conditions to increase MDPH's capacity to operate as a healing-centered organization to mitigate the effects of trauma. The data source for this measure is in development. Title V will implement changes in policies, practices, and workplace culture; develop a data dashboard to measure community, family and child factors that reflect healing-centered systems of care; and ensure principles of healing centered engagement are embedded within MDPH-funded programs.

COVID-19 continues to change both the lives of families and children and the public health system in innumerable ways. The Title V program is well positioned to contribute to the response and recovery from the COVID-19 pandemic and to improve the health and well-being of parents, children, and families across the life course.

How Federal Title V Funds Complement State-Supported MCH Efforts

Title V funds are an essential component of the Commonwealth's MCH efforts. Without federal MCH Block Grant funding support, many of the Title V program efforts and outcomes discussed in the Massachusetts State Action Plan and elsewhere in the Application could not be achieved.

State accounts for MCH programs are dedicated primarily to direct or enabling services and allow few, if any, staff positions. Federal funds support the leadership, program management, clinical expertise, and data access resources that direct, oversee, develop, and monitor those state-funded MCH programs. The areas of child injury, violence prevention, childhood lead poisoning prevention, and sexual and reproductive health are examples of this relationship.

Title V-funded staff implement and monitor compliance with state mandates and regulations in the areas of perinatal health (e.g., maternal mortality review and postpartum depression screening), birth defects surveillance (e.g., critical congenital heart defect screening), and universal newborn hearing screening. They contribute oversight and support for state-funded pediatric palliative care and catastrophic illness relief programs and, along with other Title V resources, are used in coordination with departmental and statewide initiatives in areas such as NAS, adolescent health, and racial equity. Title V supports epidemiologists who are essential resources for data access and performance monitoring activities. Title V-funded care coordination staff and specialized services are a critical link between many children and youth with special health care needs and the healthcare and other benefits offered by the state.

The two tables below summarize the percentage of Title V federal and state match funds devoted to each of the three types of services and to each of the MCH population groups. The tables demonstrate how the two funding streams complement each other and are used to maximize efforts to offer a well-balanced and effective Partnership.

Type of Service	% of MCHBG budget	% of State Match Budget
Public Health Systems	84.2	8.6
Enabling Services	15.7	37.4
Direct Services	0.001	54

Population Group	% of MCHBG budget	% of State Match Budget
Pregnant Women	16	2
Infants	8	1
Children & Youth	30.2	19
CYSHCN	38	71
Others	2	7
Admin.	6	0

Additional details about how blended Title V Federal-State Partnership funds are used in support of the National Performance and State Performance Measures that address all MCH population groups are provided in Section III.B – Budget Narrative. A table lists all measures and which federal and state funded programs support each one.

MCH Success Story

BFHN is dedicated to advancing and sustaining equity for both its staff and the communities and families they serve by dismantling structural racism and co-creating healing-centered policies, practices, and social norms. Using HRSA's Health Equity CoIIN key driver diagram as a foundation, BFHN created its Racial Equity and Family Engagement Framework in support of this commitment. The framework is structured around four primary drivers: racial equity as a strategic priority, antiracist infrastructure that centers families' lived experience and community context, family-centered antiracist service delivery, and relationships and collaborations within and beyond BFHN center families' needs. In Spring 2023, BFHN launched its inaugural Learning Community as a platform for strengthening initiatives that address these primary drivers and enhancing cross-collaboration among the bureau's six divisions. The Learning Community includes five projects aimed at advancing one or more of the primary drivers:

Expansion of the Neonatal Abstinence Syndrome (NAS) Dashboard: The Divisions for Surveillance, Research, & Promotion of Perinatal Health (DSRPPH) and Maternal and Child Health Research & Analysis (DMCHRA) is expanding the NAS Dashboard by incorporating DSRPPH's statewide NAS surveillance data and identifying strategies to integrate data sources and key variables that highlight racial and ethnic disparities in care management for the birth person-infant dyad affected by NAS.

Strengthening Collaboration Among WIC and Home Visiting Programs: The Massachusetts Maternal, Infant, and Early Childhood Home Visiting (MIECHV) and WIC programs are collaborating to test and implement opportunities for building partnerships and using data to improve local-level coordination between the two programs to improve family-centered service delivery.

Enhancing Community Outreach to Cambodian Families with Children with Special Health Needs
The Catastrophic Illness in Children Relief Fund (CICRF) program offers financial relief for families with children and youth with special health needs for their medically related expenses. The CICRF program is partnering with the Cambodian Mutual Assistance Association to enhance outreach and increase the number of applications among Cambodian families, helping to close gaps in access to services and reduce health disparities within these communities.

Designing Systematic Improvements for Accurate Early Intervention Data Collection: The Early Intervention Division is implementing a new system for collecting missing data from contracted vendors regarding federal indicators. This system reinforces accurate data collection, helping to drive data-informed decisions and ensure equitable service delivery to families within the EI system. Before this system was in place, there were 2,118 pieces of missing data; however, after implementing this new system, the count dramatically decreased to 48 missing entries.

Centering Racial Equity Across Program and Service Delivery: The Pediatric Palliative Care Network (PPCN), the Massachusetts Assistive Technology Resource Team (MASSTART), and the Growth and Nutrition Program is creating and implementing training opportunities for contract vendors to learn about and align with BFHN's racial equity and family engagement goals and priorities.

Through the Learning Community, BFHN has reached significant milestones across its primary drivers, including implementing training initiatives, advancing data integration, enhancing community outreach, and strengthening partnerships. These efforts are making a tangible difference in dismantling structural racism and promoting equitable, family-centered service delivery. Moving forward, BFHN will continue to leverage the Learning Community as a dynamic platform for innovation and shared learning, dedicated to fostering an inclusive and equitable environment for families and communities across the state.

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

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.