HRSA
Health Resources & Services Administration

Title V MCH Block Grant Program

MASSACHUSETTS

State Snapshot

FY2026 Application / FY2024 Annual Report

December 2025

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 FY2026 Application / FY2024 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (https://mchb.tvisdata.hrsa.gov)

State Contacts

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SSDI Project Director	State Family Leader
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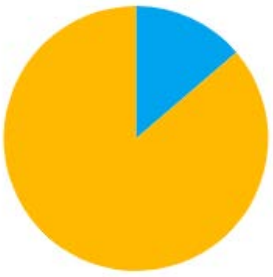
State Youth Leader
No Contact Information Provided

State Hotline: (800) 882-1435

Funding by Source

Source	FY 2024 Expenditures
Federal Allocation	$11,480,573
State MCH Funds	$72,181,767
Local MCH Funds	$0
Other Funds	$0
Program Income	$0

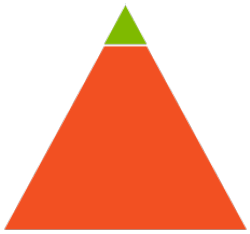
FY 2024 Expenditures



Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	$11,819	$37,382,256
Enabling Services	$1,986,190	$24,244,638
Public Health Services and Systems	$9,482,564	$10,554,873

FY 2024 Expenditures Federal



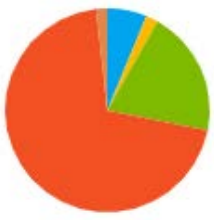
FY 2024 Expenditures Non-Federal

Percentage Served by Title V

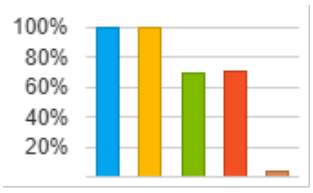
Population Served	Percentage Served	FY 2024 Expenditures
Pregnant Women	100.0%	$5,169,555
Infants < 1 Year	99.1%	$1,617,165
Children 1 through 21 Years	69.6%	$16,520,868
CSHCN (Subset of all infants and children)	69.8%	$58,130,625
Others *	3.1%	$1,467,278

*Others– Women and men, over age 21.

FY 2024 Expenditures
Total: $82,905,491



FY 2024 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 2025 Needs Assessment reporting cycle. All states are also reporting on two Universal National Performance Measures, Postpartum Visit and Medical Home.

State Priorities and Associated Measures

Priority Needs and Associated Measures	Priority Need Type	Reporting Domain(s)
1. Maternal/Parental/Reproductive Health: Ensure all MA residents who are pregnant and give birth, and their families live the healthiest life, supported by strong public health and healthcare systems NPMs • A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth B) Percent of women who attended a postpartum checkup and received recommended care components - PPV o ESM PPV.1: Post-partum visit frequency for Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program participants	New	Women/Maternal Health

2. Perinatal/ Infant Health: Ensure all infants are born healthy and thrive in their first year of life, and reduce/eliminate variation in birth outcomes based on community health factors
 	
NPMs
• A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months - BF
  o ESM BF.1: Number of women who receive Massachusetts' Paid Family and Medical Leave (PFML) bonding leave/medical leave for recovery from birth
  o ESM BF.2: Percent of WIC participants receiving services from a Breastfeeding Peer Counselor who exclusively breastfed for at least three months
	New	Perinatal/Infant Health

3. Child Health: Optimize the healthy development of all children so they can flourish and reach their full potential through safe, stable, and nurturing relationships and environments NPMs • Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - MH o ESM MH.1: Capacity building of pediatric medical home, integrated into the community system of supports, to promote safe, stable, nurturing relationships and environments for children and their families	New	Child Health

4. Adolescent Health: Enhance strengths, skills, and supports to promote positive youth development and ensure youth are healthy and thriving NPMs • Percent of adolescents, ages 12 through 17, who receive needed mental health treatment or counseling - MHT o ESM MHT.1: School-Based Health Centers (SBHC) meeting recommended number of behavioral health (BH) visits	Revised	Adolescent Health

5. Children and Youth with Special Health Needs: Strengthen systems of care for Children and Youth with Special Health Needs and their families
 	
NPMs
• Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - MH
  o ESM MH.1: Capacity building of pediatric medical home, integrated into the community system of supports, to promote safe, stable, nurturing relationships and environments for children and their families
• Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transition to adult health care - TAHC
  o ESM TAHC.1: The CCATER Center will measure the percentage of enrolled providers who participate in a number of different transition-related activities including receiving TA, receiving resources and education, joining group discussions and collaboratives
  o ESM TAHC.2: 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
	Revised	Children with Special Health Care Needs

6. Cross-Cutting: Strengthen the MCH workforce to ensure families and communities are supported by high-quality providers that reflect the communities they serve across the MCH ecosystem SPMs • SPM 4: Number of new home visitors trained	New	Cross-Cutting/Systems Building
7. Cross-Cutting: Strengthen MA state approach of including MCH needs with emergency preparedness and	New	Cross-Cutting/Systems Building

response efforts and embedding a preparedness lens within MCH programs SPMs • SPM 5: Number of MCH serving programs that integrate the MDPH Emergency Continuity of Operations Plans (COOP)		

Executive Summary

Program Overview

Maternal and Child Health in Massachusetts (MA)

Massachusetts Department of Public Health strives for a just public health system that supports optimal well-being for all people in Massachusetts. 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.

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 critical maternal and child health (MCH) investments that when woven together establishes a robust MCH infrastructure for the state aimed at improving the health and wellbeing of pregnant and postpartum mothers, infants, children and youth, including those with special health needs, and their families. These important MCH programs include nearly 50 distinct programs and initiatives such as the Special Supplemental Nutrition Program for Women, Infants, and Children (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 Children and Youth with Special Health Needs (CYSHN). 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.

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

Addressing community health factors and the life course model are guiding frameworks for Title V. 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 2024-2025, MA conducted a statewide needs assessment to understand strengths and gaps in services, prioritize MCH needs, and develop a five-year state action plan. Within the maternal and infant health domains, the needs assessment findings indicated that greater access to risk-appropriate perinatal care was needed to address longstanding concerning maternal mortality and morbidity outcomes, as well as expanded access to community-based supports, such as doulas and home visitors. Additionally, the findings illustrated the need for deeper engagement of fathers and young caregivers to improve the health of their families, improving the system of care for infants whose families are affected by parental substance use; improving healthy infant growth and development through breastfeeding; and reducing infant mortality and expanding access to supports for families experiencing loss, as well as ensuring families can access economic support and mobility opportunities.

Within the child health domain, the need to address environmental health impacts, as well as fortifying our prevention efforts around child injury emerged as key priorities. The following focus areas were also identified through the needs assessment process; improving the capacity of the pediatric medical home and the community system of supports to provide a high-quality and integrated continuum of family-centered care; reducing gaps and incidence of children and infants who experience elevated blood lead levels (BLL) or lead poisoning; expanding awareness and sustainability of the Regional Poison Control Center to assist in the prevention, diagnosis, and management of poisoning; and developing infrastructure to address gaps in children's vision outcomes.

In the adolescent health domain, focus areas include improving sexual and reproductive health and well-being for adolescents, improving youth mental health and substance use outcomes, and strengthening systems for integrating youth voice into programming and implementing youth-led programming. The needs assessment findings also led to the identification of the following priorities within the CYSHN domain. The focus areas that emerged in this domain include building a comprehensive system for pediatric respite for caregivers and families with children and youth with special health needs (CYSHN) and children with medical complexity (CMC); shaping a continuum of care for children with autism spectrum disorder and their families; supporting smooth transition from pediatric to adult health care, improving access to mental health supports and services for CYSHN, ensuring comprehensive and wrap-around services for CYSHN and their families.

Additionally, our findings indicated that families and providers are in need of improved access to mental health resources, which requires deeper investment in the mental health workforce across the life course. The needs assessment findings also indicated that there were two key crosscutting issues: first, strengthening the maternal and child health workforce to ensure families and communities are supported by high quality providers who reflect the communities they serve across the entire MCH ecosystem, and second, integrating MCH needs into state emergency preparedness and response efforts and embedding a preparedness perspective within MCH programs. Addressing these crosscutting challenges will ensure a robust public health system that can withstand any ongoing or future public health emergencies in MA.

The table below lists Title V priorities for 2025-2030 and the corresponding National and State Performance Measures.

Domain	Priority	Focus Areas	Performance Measure
Maternal/Parental/Reproductive Health	Ensure all Massachusetts residents who are pregnant and give birth and their families live the healthiest life possible, supported by a strong public health infrastructure and healthcare delivery system.	Promote the implementation of risk-appropriate care for people who give birth Expand home visiting to serve all towns and cities in MA Promote health care provider assessment of need for contraceptive, preconception, and or infertility care Improve access to maternal mental health services and supports Expand knowledge of, access to, and uptake of economic supports and mobility opportunities for families in MA Ensure Title V programs have strategies to improve Fatherhood Engagement Expand engagement of parents under 26 to improve community health factor-related outcomes for families led by young caregivers	• Percent of women who attended a postpartum checkup within 12 weeks after giving birth (A); Percent of women who attended a postpartum checkup and received recommended care components (B) • Percent of women with a recent live birth who experienced housing instability in the 12 months before a recent live birth
Perinatal & Infant Health	Ensure all infants are born healthy and thrive in their first year of life and reduce / eliminate variation in birth outcomes based on community health factors.	Improve system of care for infants whose families are affected by parental substance use Improve healthy infant growth and development through breastfeeding Reduce Infant Mortality and Expand Access to Supports for Families Experiencing Loss	• Percent of Infants who ever breastfed (A); Percent of children, ages 6 month through 2 years, who were breastfed exclusively for 6 months (B)
Child Health	Optimize the healthy development of all children so they can flourish and reach their full potential through safe, stable, and nurturing relationships and environments.	Improve the capacity of the pediatric medical home and the community system of supports to provide a high-quality and integrated continuum of family centered care. Reduce gaps in incidence of children and infants who experience elevated blood lead levels or lead poisoning Expand awareness and sustainability of the Regional Poison Control Center to assist in the prevention, diagnosis, and management of poisoning	• Percent of children with and without special health care needs, ages 0 through 17, who have a medical home • Percentage of increased financial resources for de-leading projects in high-risk communities. • Percentage of children screened for blood lead levels in all rural clusters.

		Develop infrastructure to address gaps in children's vision outcomes	
Adolescent Health	Enhance strengths, skills, and supports to promote positive youth development and ensure youth are healthy and thriving.	Improve sexual and reproductive health and well-being for adolescents Improve youth mental health and substance use outcomes Strengthen systems for integrating youth voice into programming and implementing youth-led programming	• Percent of adolescents ages 12 through 17, who receive needed mental health treatment or counseling
Children and Youth with Special Health Needs	Strengthen systems of care for Children and Youth with Special Health Needs and their families	Support smooth transition from pediatric to adult health care. Build a comprehensive system for pediatric respite for caregivers and families with CYSHN and children with medical complexity (CMC). Shape a continuum of care (from evaluation to services to transition to adult services) for children with autism spectrum disorder and their families. Improve access to mental health supports and services for CYSHN. Ensure comprehensive and wrap-around services for CYSHN and their families through a suite of interventions, including policy, technical assistance, referrals and enhanced care coordination.	• 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 • Percent of children approved for short-term respite who received respite care in a facility-based setting.
Crosscutting	Strengthen the MCH workforce to ensure families and communities are supported by high-quality providers that reflect the communities they serve across the maternal and child health ecosystem	Community Birth Workforce Child Care Workforce Behavioral Health Workforce Home Visiting Workforce Primary Care Workforce CYSHN and caregiver Workforce Support increased training and capacity building for the local public health clinical workforce	• Number of new home visiting staff trained
	Strengthen MA state approach of including MCH needs with emergency	Establish a MA Title V Emergency Planning and Preparedness workgroup	• Number of MCH serving programs that integrate the MDPH Continuity of Operations Plan

	preparedness and response efforts and embedding a preparedness lens within MCH programs	Enhance an integrated approach in response to the housing crisis for special MCH populations	

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, and childhood lead poisoning prevention 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 neonatal abstinence syndrome (NAS), and adolescent health. 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.

MCH Success Story

The Massachusetts Title V program works to improve the health and well-being for maternal and child (MCH) populations through community-driven, evidence-based, and data-informed services and programs. Based on findings from the 2020 Title V Needs Assessment, MA selected Maternal Mortality and Morbidity as a Title V priority, focusing on conducting timely maternal mortality reviews and translating recommendations into relevant and actionable strategies to improve maternal health outcomes. The work of the Title V Maternal Mortality and Morbidity Implementation Team is an exemplary example of the success that programs can achieve with Title V support.

Since 1997, MDPH has convened the MA Maternal Mortality and Morbidity Review Committee (MMMRC) to review pregnancy-associated deaths (deaths during pregnancy or up to one year postpartum), study pregnancy complications, and make recommendations to eliminate preventable maternal death. However, prior to selecting Maternal Mortality and Morbidity as a Title V priority, this work was supported by in-kind staff who had multiple other responsibilities and were unable to devote sufficient time to effectively support the MMMRC in conducting timely reviews. With Title V funding, MDPH was able to dedicate additional staff and contract with medical record abstractors to improve timeliness of case abstractions and preparation of cases for MMMRC reviews. Throughout 2020-2025, the Maternal Mortality and Morbidity Implementation Team accomplished the following, which could not have been achieved without Title V funding:

- Successfully competed for CDC funding through the Enhancing Reviews and Surveillance to Eliminate Maternal Mortality grant ($495,000/year beginning in 2022)
- Underwent legislative changes that strengthened the legal authority of the MMMRC:
    - In FY24, language was added to the state budget that amended MA General Law (M.G.L. 111 § 24O) to formally establish the MMMRC, identify committee representatives, and provide $350,000 per year in state funding to the MMMRC.
    - In August 2024, Governor Healey signed legislation that expanded MMMRC authority to require state agencies, health care facilities, and providers to produce information or records requested by the Committee.
- Facilitated MDPH Commissioner approval and appointment of 26 legislatively specified members to the MMMRC, including enhanced community representation.
- Demonstrated substantial improvement in the Title V state performance measure for this priority: In FY24, 87% of pregnancy-associated deaths were reviewed within two years of the death (a significant increase from 22% in FY23 and 14% in FY22).
- Used MMMRC data to inform clinical recommendations that are in various stages of implementation including promoting remote blood pressure monitoring; standardizing levels of maternal care through a regulatory process; increasing the number of birth centers through a regulatory process, and implementing AIM bundles including a Mental Health Bundle.
- Leveraged MMMRC data to shape non-clinical recommendations, including expanding doula utilization, establishing a Medicaid-supported pathway for doula certification and reimbursement, refining 51A reporting guidelines to exclude mothers

receiving medication for SUD when no other concerns exist, and integrating remote blood pressure monitoring patients with Welcome Family's nurse home visiting program for enhanced follow-up in a pilot initiative.
- Hired a full-time MMMRC Coordinator to oversee all aspects of the MMMRC work.
- Completed two comprehensive reports summarizing data from MMMRC reviews and shared findings with clinical and community-based partners.

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 2024.

List of MCHB Discretionary Grants

Please note: If you would like to view a list of more recently awarded MCHB discretionary investments, please refer to the Find Grants page that displays all HRSA awarded grants where you may filter by Maternal and Child Health.