HRSA
Health Resources & Services Administration

Title V MCH Block Grant Program

MARYLAND

State Snapshot

FY2025 Application / FY2023 Annual Report

November 2024

Title V Federal-State Partnership - Maryland

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	$12,243,942
State MCH Funds	$11,181,120
Local MCH Funds	$0
Other Funds	$0
Program Income	$0

Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	$2,186,946	$3,223,740
Enabling Services	$5,893,792	$3,148,357
Public Health Services and Systems	$4,163,204	$1,985,283

FY 2023 Expenditures Federal

FY 2023 Expenditures Non-Federal

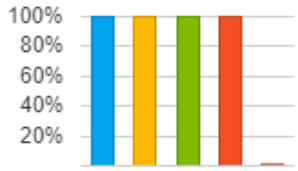
Percentage Served by Title V

Population Served	Percentage Served	FY 2023 Expenditures
Pregnant Women	100.0%	$5,926,215
Infants < 1 Year	100.0%	$2,973,698
Children 1 through 21 Years	100.0%	$5,821,162
CSHCN (Subset of all infants and children)	100.0%	$5,117,067
Others *	1.3%	$2,823,740

*Others– Women and men, over age 21.

FY 2023 Expenditures
Total: $22,661,882

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)

Ensure that all babies are born healthy and prosper in their first year
 	
NPMs
• Percent of very low birth weight (VLBW) infants born in a hospital with a Level III + Neonatal Intensive Care Unit (NICU) (Risk-Appropriate Perinatal Care, Formerly NPM 3) - RAC
  ○ ESM RAC.1: Percentage of Level III & IV Perinatal Referral Centers who received their re-designations based on the 2019 MD Perinatal System Standards
• 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: Number of birthing hospitals designated as breastfeeding friendly
• 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
  ○ ESM SS.1: Percentage of infants less than 6 months who are placed on their backs to sleep
  ○ ESM SS.2: Number of home visiting or care coordination clients, providers, and other Title V program participants that received infant safe sleep counseling and information
	Perinatal/Infant Health

Ensure that adolescents age 12-17 receive comprehensive well visits that address physical, reproductive, and behavioral health needs. 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: Number of adolescent (12-17) who receive well visits through school health services and school-based health centers.	Adolescent Health
To improve the health of children and youth with special health care needs through early identification, comprehensive, and coordinated care, and to support their successful transition to adult health NPMs • 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	Children with Special Health Care Needs

○ ESM MH.1: Number of CYSHCN who receive patient and family-centered care coordination services ● 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: Number of CYSCHN and their families who participate in health care transition planning activities	
Ensure that all birthing people are in optimal health before, during, and after pregnancy NPMs ● Percent of women who had a dental visit during pregnancy (Preventive Dental Visit - Pregnancy, Formerly NPM 13.1) - PDV-Pregnancy ○ ESM PDV-Pregnancy.1: Percentage of pregnant individuals aged 21 and older on medical assistance in Maryland who receive a preventive dental visit ● Percent of women who smoke during pregnancy (Smoking - Pregnancy, Formerly NPM 14.1) - SMK-Pregnancy ○ ESM SMK-Pregnancy.1: Number of pregnant individuals who use the statewide tobacco QuitLine ● 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 SPMs ● SPM 1: Rate of overdose mortality for women ages 15-49	Women/Maternal Health
Ensure that all children have an opportunity to develop and reach their full potential 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: Number of parents who receive information/education on the importance of developmental screenings from Home Visiting and Care Coordination Title V providers ● 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 ○ ESM MH.1: Number of CYSHCN who receive patient and family-centered care coordination services SPMs ● SPM 3: Receipt of Primary Care During Early Childhood	Child Health

Ensure children with asthma and their families have the tools and supports necessary to manage their condition so that it does not impede their daily activities SPMs • SPM 4: Number of Asthma Emergency Room Visits per 1,000 for Children age 2-17 with a primary diagnosis of asthma	Child Health
Address the racial disparities in Severe Maternal Morbidity rates among Black NH and White NH SPMs • SPM 2: Excess rate between Black Non-Hispanic Severe Maternal Morbidity (SMM) events to White Non-Hispanic SMM events per 10,000 delivery hospitalizations	Women/Maternal Health
Ensure that MCHB policies and processes are centered on equity and anti-racism principles SPMs • SPM 5: Cross-Cutting Measure: Percentage of MCHB committees/workgroups that include community members/persons with lived experience	Cross-Cutting/Systems Building

Executive Summary

Program Overview

Maternal and Child Health in Maryland

Maryland has a history of strong funding for health and social service programs including maternal and child health programs. During Fiscal Year 2023, the federal Title V award was $12,243,942 and the state met its match of $3 for every $4 of federal funds. In FY 2023, Maryland's Title V program provided direct, enabling, and public health systems services to approximately 326,300 people. This included pregnant people, infants, children, children with special health care needs and adolescents.[1] Maryland Department of Health is committed to ensure lifelong health and wellness for all Marylanders through disease prevention, access to care, quality management and community engagement. Maryland's Title V program resides in the Prevention and Health Promotion Administration's Maternal and Child Health Bureau. Maryland's Title V leadership team provides oversight and ensures programs are aligned across the Bureau. There are approximately 27 state-level staff and contractors and 58.5 local health district staff across 24 local health departments who implement Title V activities outlined in the five-year state action plan.

The role of Title V

The mission of Maryland Title V is to protect, promote, and improve the health and well-being of all women, infants, children and adolescents. Maryland Title V work strengthens the maternal and child health infrastructure in the state to ensure the availability, accessibility, and quality of primary and specialty care services for women, infants, children and adolescents, with special consideration for those children and youth with specific health care needs. As Maryland's Title V Maternal and Child Health Block Grant recipient, the Maryland Department of Health's Maternal and Child Health Bureau provides the leadership to implement strategies focused on improving the health and well-being of maternal child health populations across the state. MCHB staff partners across other bureaus and offices within the Department and collaborates with other state agencies to fulfill Title V's mission.

Central to Maryland's Title V program is its commitment to eliminating health inequities and promoting fair conditions for all children and families. The state has established the Maryland Commission on State Equity dedicated to addressing systematic disparities in advancing racial equity in healthcare (https://health.maryland.gov/mche/Pages/default.aspx). The Commission is responsible for making recommendations for data collection, needs, reporting, evaluation and visualization for the State Health Equity Dataset. Furthermore, Title V staff participates in the Prevention and Health Promotion Administration equity workgroup as well as the Bureau's equity workgroup. The Administration and the Bureau emphasize the importance of integrating the voices of individuals with lived experience, ensuring that policies and programs are informed by those directly impacted by health inequities.

Through this inclusive and equitable framework, Maryland's Title V program implements evidence-informed strategies to support the state's selected priorities, National Performance Measures and State Performance Measures that align with other health improvement initiatives in the state.

Table 1, located at the end of the section, lists key measures and their current status in Maryland.

The Title V priorities and performance measures provide a centralized framework and unifying plan for maternal child health initiatives. Maryland Title V funds support direct, enabling and public health systems services at the state health department, all twenty four of the state's local health departments, higher educational institutions, community based organizations and health care systems. Partnerships are key to the success of Title V to expand reach to the maternal child health population and address their needs. Maryland Title V also serves as the central connector amongst various maternal and child health initiatives. Finally, Title V funding supports critical public health infrastructure such as epidemiology, surveillance, program managers and other initiatives, which are not covered by state funding. This annual report and application provides an overview of Maryland Title V activities and accomplishments across the five domains, as well as continued progress towards the selected national performance measures and state performance measures.

Program Frameworks

The three guiding frameworks for Maryland Title V are the Life Course Model, Socio- Ecological Framework, and the Health Equity Framework. The Life Course Model recognizes that structurally patterned exposures during critical and sensitive periods of the life course results in shifts in health trajectories that may endure despite later interventions.[2] The Socio-Ecological Model considers the impact of and interplay between individual factors, relationships, community factors and societal factors such as policies on health and health outcomes. The Health Equity Framework brings together the Life Course and Socio-Ecological Model to look at class, race/ethnicity, gender, sexual orientation and immigration status. It recognizes how institutional and structural inequities can create unequal living conditions, which then shape the health behaviors and health outcomes.

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[1] This includes services provided through core public health funding, family planning, perinatal care coordination, Early Hearing, and Detection Intervention, Newborn Screening Follow-up, grants through the CYSHCN.

[2] Jones NL, Gilman SE, Cheng TL, Drury SS, Hill CV, Geronimus AT. Life Course Approaches to the Causes of Health Disparities. Am J Public Health. 2019;109(S1):S48-S55. doi:10.2105/AJPH.2018.304738

In Maryland, 1.2 million women are of childbearing age (ages 15-44),[3] of which 12.3% are Hispanic, 44.1% are non-Hispanic white, 32.9% are non-Hispanic Black, 7.5% are Asian or Pacific Islander, 3.0% are non-Hispanic multi-race, and 0.2% are American Indian. Access to reproductive health services is challenging for women who live in rural areas where there are primary, reproductive and maternal care deserts. It is estimated that 294,200 women aged 13-44 in Maryland are in need of publicly funded contraceptive services and supplies.[4] Similar to national data, 42% of pregnancies are unintended in Maryland,[5] further emphasizing the lack of accessibility and availability for contraceptive access as well as broader family planning services that include: pregnancy testing and counseling, preconception testing and counseling, vaccines and immunizations, sexually transmitted infection testing and treatment, HIV testing and cancer screening.

Protecting bodily autonomy and access to reproductive health has become even more urgent since the Supreme Court ruling in *Dobbs v. Jackson Women's Health Organization,* which overturned *Roe v. Wade.* Fortunately, Maryland has taken steps to protect reproductive health in Maryland including protecting abortion data.[6] Maryland also looks to expand on-demand contraceptive access by partnering with Upstream USA, a nonprofit organization.

Needs Assessment

Maryland is in the fifth year of the current five-year cycle running from 2020 to 2025. This year Maryland will be conducting its required needs assessment using an external vendor. Maryland will incorporate a strategic process to ensure a comprehensive assessment of the state's public health priorities and stakeholder needs. Conducted every five years, this process serves as a critical foundation for identifying the health service needs of women, children and their families across the state.

The process for conducting this type of needs assessment begins with establishing a clear leadership structure and involving both an internal group (composed of Bureau staff) and an external advisory group in the form of a steering committee. This leadership structure is responsible for working with the selected vendor to gather and analyze data from a wide range of sources, including public and private entities and inputs from family organizations. By ensuring the data collection covers a comprehensive array of health indicators and community perspectives, leadership sets the stage for a data-driven needs assessment.

Furthermore, the process emphasizes the engagement of stakeholders representing diverse communities and people who have experienced barriers to accessing care and/or experienced health inequities. This engagement is critical for gathering meaningful programmatic input and ensures that the assessment reflects the real and varied needs of Marylanders. A structured and inclusive priority-setting process is another hallmark of Maryland's approach. This involves the diverse communities and families previously identified and enables a participatory approach to determining health priorities. Such inclusivity ensures that the needs assessment is not only comprehensive but also reflective of the community's most pressing health concerns.

Finally, the needs assessment is followed by collaborative program planning, implementation, evaluation and continuous quality improvement. This iterative cycle allows the state of Maryland to adapt and refine its health programs based on outcomes and evolving community needs, thereby enhancing the overall effectiveness of the health services provided under Maryland's Title V program.

[3] Maryland Vital Statistics Administration. Maryland Vital Statistics Annual Report 2021

[4] Power to Decide. Contraceptive Deserts.

[5] Maryland Department of Health. Maryland PRAMS Report 2020 Births.

[6] House Bill 0812

Table 1. Title V Key Metrics Table Measure	Status* (Stable, Worsening, or Improving)
Perinatal/Infant Health	
The infant mortality rate was 6.2 per 1,000 live births. ● The Black non-Hispanic rate was highest at 10.3 per 1,000 live births. ● The white non-Hispanic rate was 3.1 per 1,000 live births and the Hispanic rate was 5.6 per 1,000 live births. (2022)	STABLE
Sudden Unexpected Infant Death mortality rate was 102.5 per live births. This is an increase of 28% from the previous rate of 80.2 (2021).	WORSENING
Prenatal care was initiated in the first trimester for 76.6% of live births (2021).	STABLE
10.7% of live births were preterm (under 37 weeks) (2021). ● The preterm birth percent was 13.3 for Black non-Hispanic, 10.2 for Hispanic, and 9.2 for white non-Hispanic births.	WORSENING
28.6% of live births were early term (37-38 weeks) (2021).	WORSENING
The overall percentage of low birth weight infants was 8.9% (2021). ● The percent was highest among Black non-Hispanic infants at 12.8% followed by Hispanic infants at 7.6%, and White non-Hispanic at 6.7%.	WORSENING
The percent of very low bIrth weight infants was 1.6% (2021).	STABLE
The neonatal (infants aged 0-27 days) mortality rate was 4.2 per 1,000 live births (2022).	STABLE
The postneonatal mortality rate (infants aged 28 days-11 months) was 1.9 per 1,000 live births (2022).	STABLE
The rate of neonatal abstinence syndrome was 7.9 per 1,000 live births (2023).	IMPROVING
Adolescent Health	
There were 11.3 teen births per 1,000 live births (2021). ● The rate was highest for Hispanic at 30.1 per 1,000 live births. ● The rate was 13.4 per 1,000 live births for Black non-Hispanic and 5.0 per 1,000 live births for white non-Hispanic.	IMPROVING
The adolescent suicide rate increased from 7.4 per 100,000 population to 8.7 per 100,000 population (2021).	WORSENING
Approximately 72.1% of adolescents aged 12-17 had a preventative medical visit in the last year (2022).	WORSENING
Child Health	
Annually there are 16.0 deaths per 100,000 children aged 1-9; data from 2021.	STABLE
4.2% of children in Maryland do not have health insurance (2022). ● The rate of uninsured children is highest among Hispanic (11%) and other/multiracial (8.7%) children (2022).	WORSENING WORSENING
76.5% of children have completed the combined 7-month vaccine series by age 24 months in 2022.	STABLE
34.1% of children, ages 9 to 35 months, received a developmental screening using a parent-completed screening tool in the past year; data from 2022.	STABLE
There are 7.5 emergency room visits with a primary diagnosis of asthma per 1,000 children age 2-17; data from 2023.	STABLE
Children and Youth with Specific Health Care Needs	
45.6% of children ages 0 to 17 with special health care needs had a medical home in 2022.	STABLE
19.5% of adolescents ages 12-17 with special health care needs received services necessary to make transitions to adult health care in 2022.	STABLE

Women/Maternal Health	
The maternal mortality rate was 21.3 per 100,000 live births (2018-2022).	**STABLE**
white non-Hispanic MMR (19.0 between 2018-2022)	**
Black non-Hispanic MMR (31.4 between 2018-2022)	**
The severe maternal morbidity rate, excluding blood-transfusion-only events was 103.9 per 10,000 delivery hospitalizations (2023).	**WORSENING**
white non-Hispanic SMM Rate (83.8 in 2023)	**WORSENING**
Black non-Hispanic SMM Rate (168.7 in 2023)	**WORSENING**
SMM rates increased in Maryland from 2022 to 2023 among both Black non-Hispanic and white non-Hispanic individuals. Because the white non-Hispanic rate increased more than the Black non-Hispanic rate, the disparity ratio between the two rates narrowed from 2.2 to 2.0 in this period.	
49.0% of pregnant individuals had a preventative dental visit during pregnancy (2022).	**STABLE**
2.7% of pregnant individuals smoked during pregnancy (2022).	**IMPROVING**
Cross Cutting/Systems Building	
42% of MCHB committees/workgroups include persons with lived experience from the community (2024).	**STABLE**
18.4% of MCHB staff participated in at least one diversity, equity, or inclusion training in 2023.	**WORSENING**
*Status was determined with review of the most recent 5-year trend data, when available. At least two MCHB epidemiologists collaborated to make preliminary determinations on the status of each measure; discussions amongst MCHB epidemiologists occurred until consensus was reached. Determinations were shared with MCHB program staff and MCHB Leadership for review and feedback; updates and clarifications were made, as needed **MMR disaggregated by race/ethnicity cannot be compared to the previous time period due to changes from bridged-race methodology to single-race methodology.	

How Federal Title V Funds Complement State-Supported MCH Efforts

Title V funds are essential to provide core maternal and child public health services funding to all 24 jurisdictions in the state. Title V funds also support state and local partners for regional and local MCH systems-building, clinical services, and education. Funding is used for direct, enabling and public health system services for children, children and youth with special health care needs, and maternal health. Funds are used for population-based services through community education on public health issues and through the continued development and advancement of public health infrastructure to ensure the health and well-being of Title V populations. These services highlight the mission and vision of the Department of Health's Prevention and Health Promotion Administration where Maryland's Title V resides.

Title V funding supports:

- Maryland Maternal and Child Health Workforce, including epidemiologists and more than 55 staff at local health departments;
- The Office of Children and Youth with Specific Health Care Needs care coordination program and the payer of last resort program for children with specific health care needs;
- All 24 local health departments in core MCH work such as immunizations, home birth certification, perinatal care coordination and lead case management
- Child health by funding school health services and asthma home visits;
- Child health system improvement and infant mortality reduction in Baltimore City, B'more for Healthy Babies Initiative;
- State child, fetal and infant, and maternal mortality review teams;
- Home visiting in certain jurisdictions with braided funding from HRSA's MIECHV and Healthy Start initiatives.

Without critical Title V funding, the State would be unable to maintain the level of support necessary to successfully improve the health outcomes of the State's women, infants, children and adolescents, including those children/youth with special health care

needs. Title V funds State staff who serve essential roles for the MCH population such as epidemiology and surveillance, program management and coordination, policy development and analysis, partnership coordination and outreach. Title V funding supports local health departments to advance priorities at the community level through the implementation of evidence-based and informed programs, activities and initiatives.

Each fiscal year, Maryland receives approximately $11,800,000 in federal Title V funding for maternal and child health services. The State's fiscal year 1989 required "maintenance of effort" amount is $8,262,484. Historically, Maryland has matched federal Title V funds above the required MOE to ensure that services are adequately funded across all population and service domains. In FY 2023, the state match totaled $11,181,120 and supported services such as reproductive health clinics, care coordination services for pregnant women (Babies Born Healthy), Child Fatality Review, various perinatal infrastructure projects and medical day care for children and youth with special health care needs.

MCH Success Story

Success Story #1

The Garrett County Health Department uses Title V funds to provide home birth certification services. During this process, they are able to connect the families to multiple resources.

Garrett County Health Department reached out to the home birth family to begin the home birth certification process. During the visit, the family was provided a variety of education regarding breastfeeding, safe sleep, sudden infant death syndrome prevention, shaken baby syndrome prevention, car seat safety, infant CPR and choking, lead poisoning prevention, postpartum depression, phenylketonuria or PKU testing, risks and symptoms of jaundice and thrush, hearing screening, immunizations, birth control and medical check-ups and care for both mom and baby.

The nurse also provided lactation support and provided anticipatory guidance on expected weight gain for the baby. The nurse also updated the baby's Maryland Medicaid account. The family was also able to connect with WIC staff and could further discuss what documentation would be needed in order to continue the WIC program since the birth of the baby.

As neither the mother nor the baby were established with a primary care physician, the nurse was able to provide a list of providers in both Garrett and Allegany County. The family was also enrolled in the healthy families home visiting program. This allowed the family to then be connected with a community health outreach worker, who visited them subsequently on a weekly basis. The community health outreach worker provided ongoing education and support to the family regarding their goals, healthy family relationships, child development, and well-child and immunization information.

Success Story #2

From Fiscal Years 2021 to 2023, the Office of Children and Youth with Specific Health Care Needs funded the National Alliance to Advance Adolescent Health's Got Transition Program to develop a school-based mental health transition toolkit. The toolkit was initially utilized and created for Prince George's County schools, and was so successful that it was then implemented in six Baltimore City schools. Following the success in the two pilot districts, Got Transition published a customizable toolkit on its website, which is available for the entire state and is being utilized as a national model.

The toolkit includes sa readiness assessment for the student, a parent/caregiver readiness tool, a glossary of behavioral health terms, a post-graduation wellness plan, information on finding both medical and mental health services in the community and a registry template for the school. The toolkit is customizable with resources varying based on what is available within the applicable school district. The toolkit was launched on a national webinar on June 7, 2023.

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

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.