



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

MARYLAND

State Snapshot

FY2026 Application / FY2024 Annual Report

December 2025

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 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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Funding by Source

Source	FY 2024 Expenditures
■ Federal Allocation	\$12,377,354
■ State MCH Funds	\$12,295,354
■ Local MCH Funds	\$0
■ Other Funds	\$0
■ Program Income	\$0

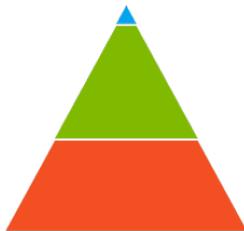
FY 2024 Expenditures



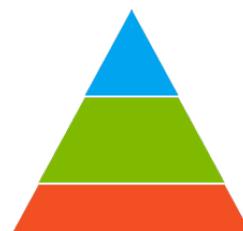
Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$1,002,800	\$3,552,885
Enabling Services	\$6,313,665	\$3,517,544
Public Health Services and Systems	\$5,060,889	\$2,072,039

FY 2024 Expenditures Federal



FY 2024 Expenditures Non-Federal



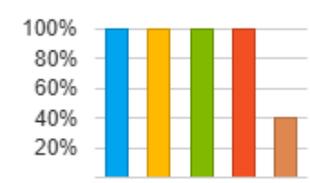
Percentage Served by Title V

Population Served	Percentage Served	FY 2024 Expenditures
Pregnant Women	100.0%	\$6,699,468
Infants < 1 Year	100.0%	\$3,350,258
Children 1 through 21 Years	100.0%	\$5,721,871
CSHCN (Subset of all infants and children)	100.0%	\$4,651,875
Others *	40.0%	\$3,152,885

FY 2024 Expenditures Total: \$23,576,357



FY 2024 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 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)
<p>Ensure that all women are in optimal health before, during, and after pregnancy.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● 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 <ul style="list-style-type: none"> ○ ESM PPV.1: Percent of mothers enrolled in home visiting prenatally or within 30 days after delivery who received a postpartum visit with a healthcare provider within 8 weeks (56 days) of delivery 	Continued	Women/Maternal Health
<p>Address drivers for Severe Maternal Morbidity (SMM), with a focus on chronic conditions and comorbidities.</p> <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 3: Percent of birthing hospitals that report implementing 3 or more AIM bundle elements by the end of year 1 of the initiative 	Revised	Women/Maternal Health
<p>Ensure that all babies have the best possible start and thrive in their first year.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months - BF <ul style="list-style-type: none"> ○ ESM BF.1: Number of birthing hospitals designated as breastfeeding friendly ○ ESM BF.2: Percent of home visiting and care coordination LDH staff that report increased knowledge of breastfeeding best practices ● A) Percent of infants placed to sleep on their backs B) Percent of infants placed to sleep on a separate approved sleep surface C) Percent of infants placed to sleep without soft objects or loose bedding D) Percent of infants room-sharing with an adult during sleep - SS <ul style="list-style-type: none"> ○ ESM SS.1: Number of home visiting or care coordination clients, providers, and other Title V program participants that received infant safe sleep counseling and information 	Continued	Perinatal/Infant Health

<ul style="list-style-type: none"> ○ ESM SS.2: Percent of birthing hospitals that give out safe sleep education per the Safe Sleep Act ○ ESM SS.3: Number of safe sleep materials disseminated by LHDs 		
<p>Ensure that culturally congruent, comprehensive physical, social, and mental health services are available to every child in Maryland when they need them.</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 - MH <ul style="list-style-type: none"> ○ ESM MH.1: Number of CYSHCN receiving care coordination services via Title V programming ○ ESM MH.2: Number of children served by MCH Programs who report having a medical home 	Revised	Child Health
<p>Ensure that adolescents age 12-17 receive developmentally appropriate, youth-centered, comprehensive health care that addresses holistic needs.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of adolescents, ages 12 through 17, who receive needed mental health treatment or counseling - MHT <ul style="list-style-type: none"> ○ ESM MHT.1: Percent of students enrolled in SBHCs with a positive depression screening who have a documented plan of care <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 1: Number of Asthma Emergency Room Visits per 1,000 for Children age 2-17 with a primary diagnosis of asthma 	Revised	Adolescent Health
<p>Maximize the health outcomes of children and youth with specific health care needs through family-centered, comprehensive and coordinated care (CYSHCN).</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 - MH <ul style="list-style-type: none"> ○ ESM MH.1: Number of CYSHCN receiving care coordination services via Title V programming ○ ESM MH.2: Number of children served by MCH Programs who report having a medical home 	Revised	Children with Special Health Care Needs
<p>Ensure a successful transition from pediatric health care to adult health care.</p>	New	Children with Special Health Care Needs

<p>NPMs</p> <ul style="list-style-type: none"> ● Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transition to adult health care - TAHC <ul style="list-style-type: none"> ○ ESM TAHC.1: Number of CYSCHN and their families who participate in health care transition planning activities ○ ESM TAHC.2: Number of strategies developed to address issues for adolescents transitioning from pediatric to adult health care 		
<p>Ensure that MCHB policies and processes are centered on data and experiences of Maryland's population to address differing health needs.</p> <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 2: Percentage of MCHB committees/workgroups that include community members/persons with contextual experience and community expertise 	Revised	Cross-Cutting/Systems Building
<p>Support the integration of mental health and emotional well-being approaches for the MCH population across the life course.</p> <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 4: Increase the integration of mental health and emotional well-being approaches across Title V and MCHB programs throughout the life course. 	New	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 2024, the federal Title V award was \$12,377,354 and the state met its match of \$3 for every \$4 of federal funds. In FY24, Maryland's Title V program provided direct, enabling, and public health services to approximately 326,300 people. This included pregnant women, infants, children, children with special health care needs and adolescents.¹ Maryland Department of Health is committed to ensuring 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 28 state-level staff and contractors and 58 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 and child health populations across the state. MCHB staff partners across other bureaus and offices within the Department and collaborate with other state agencies to fulfill Title V's mission.

Central to Maryland's Title V program is its commitment to eliminating health differences and promoting fair conditions for all children and families. The state has established a Commission,² which focuses on addressing longstanding differences in health outcomes across populations. The Commission is responsible for making recommendations for data collection, needs, reporting, evaluation and visualization for the different datasets within the state. Furthermore, Title V staff participate in both the Prevention and Health Promotion Administration and Bureau's internal workgroup to address differing health needs. The Administration and the Bureau emphasize the importance of integrating the voices of individuals with contextual experience, ensuring that policies and programs are informed by those directly impacted by health outcomes.

Through this 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, below, lists key measures and their current status in Maryland.

Table 1. Title V Key Metrics Status Table.

Measure	Status* (Stable, Worsening, or Improving)
Perinatal/Infant Health	
The Infant Mortality rate in Maryland was 5.7 per 1,000 live births <ul style="list-style-type: none"> ●The Black NH rate was highest at 9.0 per 1,000 live births ●The White NH Hispanic rate was 3.7 per 1,000 live births ●The Hispanic rate was 4.8 per 1,000 live births (2023) 	STABLE
The Sudden Unexpected Infant Death (SUID) Mortality rate was 109.8 per live births. This is an increase of 7% from the previous rate of 102.5 (2023).	WORSENING
Prenatal care was initiated in the first trimester for 74.3% of live births (2023).	STABLE
10.2% of live births were preterm (under 37 weeks) (2023). The preterm birth percent was for Black NH, for Hispanic, and for White NH births.	STABLE
29.3% of live births were early term (37-38 weeks) (2023).	WORSENING

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 <https://health.maryland.gov/mche/Pages/default.aspx>

The overall percentage of Low Birth Weight infants was 8.6%. The percentage was highest among Black NH infants at 12.9% followed by Hispanic infants at 7.1%, and White NH at 6.3% (2023).	STABLE
The percentage of Very Low Birth Weight infants was 1.5% (2023).	STABLE
The Neonatal (infants aged 0-27 days) Mortality rate was 3.8 per 1,000 live births (2023).	STABLE
The Post neonatal Mortality rate (infants aged 28 days-11 months) was 1.9 per 1,000 live births (2023)	STABLE
The Neonatal Abstinence Syndrome rate was 6.5 per 1,000 live births (2024).	IMPROVING
Adolescent Health	
There were 10.8 teen births per 1,000 live births in 2023. <ul style="list-style-type: none"> ●The rate was highest for Hispanic individuals at 27.9 per 1,000 live births. ●The rate was 10.9 per 1,000 live births for Black NH individuals and 4.8 per 1,000 live births for White NH individuals (2023). 	STABLE
The adolescent (age 10-19) suicide rate decreased from 5.3 per 100,000 population to 4.8 per 100,000 population (2023).	STABLE
Approximately 74.1% of adolescents aged 12-17 had a preventative medical visit in the last year (2022-2023).	WORSENING
Child Health	
Annually, there are 19.4 deaths per 100,000 children, ages 1-17 (2023).	WORSENING
<ul style="list-style-type: none"> ●4.7% of children in Maryland do not have health insurance (2023). ●The rate of uninsured children is highest among Hispanic (11.2%) and Other/Multiracial (8.4%) children (2023). 	WORSENING WORSENING
78.6% of children have completed the combined 7-month vaccine series by age 24 months (2022-2023).	STABLE
37.2% of children, ages 9 to 35 months, received a developmental screening using a parent-completed screening tool in the past year (2022-2023).	STABLE
There are 7.2 emergency room visits with a primary diagnosis of asthma per 1,000 children aged 2-17 (2024).	STABLE
CYSHCN	
43.6% of children ages 0 to 17 with special health care needs had a medical home (2022-2023).	STABLE
20.5% of adolescents ages 12-17 with special health care needs received services necessary to make transitions to adult health care (2022-2023).	STABLE
Women/Maternal Health	
The Maternal Mortality Rate was 21.4 per 100,000 live births (2019-2023)	STABLE
<ul style="list-style-type: none"> ●White NH MMR (21.7 between 2019-2023) 	**
<ul style="list-style-type: none"> ●Black NH MMR (30.3 between 2019-2023) 	**

The Severe Maternal Morbidity Rate, excluding Blood-Transfusion-Only events, was 109.4 per 10,000 delivery hospitalizations (2024)	STABLE
●White NH SMM Rate (90.2 in 2024)	WORSENING
●Black NH SMM Rate (157.1 in 2024)	STABLE
SMM rates in Maryland from 2023 to 2024 increased among White NH individuals and decreased among Black NH individuals. Therefore, the disparity ratio between the two rates narrowed from 2.0 to 1.7 in this period.	
48.8% of pregnant individuals had a preventative dental visit during pregnancy (2023).	STABLE
2.3% of pregnant individuals smoked during pregnancy (2023)	IMPROVING
77.7% of women, ages 18 to 44, received a routine checkup in the past year (2023).	IMPROVING
Nearly 93% of women who delivered a baby in 2023 had a postpartum checkup attendance within 12 weeks of giving birth (2023).	STABLE
Cross-Cutting/Systems Building	
42% of MCHB committees/workgroups include community members/persons with lived experience (2024).	STABLE
<p>*Status was determined with a 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</p> <p>**MMR stratified by race/ethnicity cannot be compared to the previous time period due to changes from bridged-race methodology to single-race methodology.</p>	

The Title V priorities and performance measures provide a centralized framework and unifying plan for maternal and child health initiatives. Maryland Title V funds support direct, enabling, and system-level 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 and child health population and address their needs. Maryland Title V also serves as the central connector among various maternal and child health initiatives by holding collaboratives and convening state partners. Finally, Title V funding supports critical public health infrastructure such as epidemiology activities, surveillance initiatives, program staffing, and other initiatives which are not covered by state funding. This annual report and application provide 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 guiding frameworks for Maryland Title V are the Life Course Model and the Socio-Ecological Framework. The Life Course Model shows that early life experiences and environments can permanently change someone's health, even if they get help later.³ 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.

Needs Assessment

In Maryland, 1.2 million women are of childbearing age (ages 15-44),⁴ 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 need publicly funded contraceptive services and supplies.⁵ Similar to national data, 42% of pregnancies are unintended in Maryland,⁶ further emphasizing

³ 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

⁴ [Maryland Vital Statistics Administration. Maryland Vital Statistics Annual Report 2021](#)

⁵ [Power to Decide. Contraceptive Deserts.](#)

⁶ [Maryland Department of Health. Maryland PRAMS Report 2020 Births.](#)

the lack of accessibility and availability for contraceptive access as well as 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.

Maryland conducted its required Title V Needs Assessment through an external vendor and incorporated a strategic process to ensure a comprehensive assessment of the state's public health priorities and stakeholder needs. The process began 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 was 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 covered a comprehensive array of health indicators and community perspectives, leadership set the stage for a data-driven needs assessment.

Furthermore, the process emphasized the engagement of stakeholders representing communities and people who have experienced barriers to accessing care. This engagement was critical for gathering meaningful programmatic input and ensuring that the assessment reflects the real and varied needs of Marylanders. A structured and inclusive priority-setting process was another hallmark of Maryland's approach. This involved the communities and families previously identified and enables a participatory approach to determining health priorities. Such engagement ensured that the needs assessment reflected the community's most pressing health concerns.

Finally, the needs assessment was 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.

2026-2030 Priorities

Through the Needs Assessment, Maryland has selected the following nine priorities to focus on for the next five-year cycle:

- Ensure that all women are in optimal health before, during, and after pregnancy
- Address drivers for Severe Maternal Morbidity (SMM), with a focus on chronic conditions and comorbidities
- Ensure that all babies have the best possible start and thrive in their first year
- Ensure that culturally congruent, comprehensive physical, social, and mental health services are available to every child in Maryland when they need them.
- Ensure that adolescents, age 12-17, receive developmentally appropriate, youth-centered, comprehensive health care that addresses holistic needs
- Maximize the health outcomes of children and youth with specific healthcare needs through family-centered, comprehensive and coordinated care
- Ensure a successful transition from pediatric health care to adult health care
- Ensure that MCHB policies and processes are centered on data and the experiences of Maryland's population to address differing health needs
- Support the integration of mental health and emotional well-being approaches for the MCH population across the life course

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 58 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, school-based health centers and asthma home visits;
- Child health system improvement and infant mortality reduction in Baltimore City, through the 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 \$12,350,000 in federal Title V funding for maternal and child health services. The FY24 State fiscal year 1989 required "maintenance of effort (MOE)" amount is \$9,283,016. 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 FY24, the state match totaled \$12,295,354 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

Title V provides essential funding to the Frederick County Health Department, enabling them to offer care coordination services to pregnant or recently postpartum women.

Through their care coordination program, the FCHD successfully supported a client who was pregnant and had learned her baby was going to be born with a cleft palate. Her healthcare provider referred her to care coordination services, which allowed FCHD to connect her with crucial resources preemptively. Before delivery, the client received one-on-one educational sessions with an FCHD nurse. After her infant was born, the FCHD facilitated an early appointment with the WIC office to ensure she could enroll and receive lactation support.

FCHD continued to follow up with the client throughout her postpartum period, coordinating care to help both the mom and the infant navigate the initial challenges posed by the cleft palate. The ongoing support enabled them not only to overcome obstacles, but also to grow and thrive together as a breastfeeding pair. This client's success story underscores the vital importance of early intervention, comprehensive education, and continuous support in achieving positive outcomes for mothers and babies. It also highlights the critical role of Title V in fostering healthy beginnings.

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 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.