



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

MAINE

State Snapshot

FY2026 Application / FY2024 Annual Report

December 2025

Title V Federal-State Partnership - Maine

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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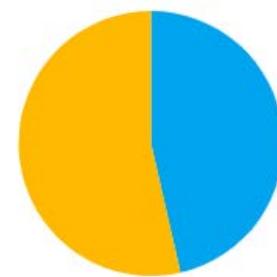
State Youth Leader
No Contact Information Provided

State Hotline: (800) 698-3624

Funding by Source

Source	FY 2024 Expenditures
Federal Allocation	\$3,378,997
State MCH Funds	\$3,903,815
Local MCH Funds	\$0
Other Funds	\$0
Program Income	\$0

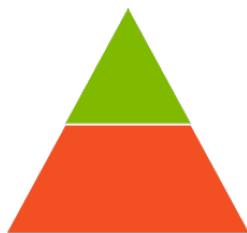
FY 2024 Expenditures



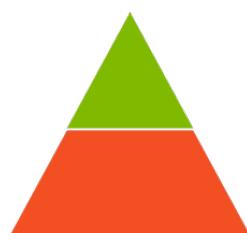
Funding by Service Level

Service Level	Federal	Non-Federal
■ Direct Services	\$0	\$0
■ Enabling Services	\$1,747,773	\$2,034,784
■ Public Health Services and Systems	\$1,631,224	\$1,869,031

FY 2024 Expenditures
Federal



FY 2024 Expenditures
Non-Federal



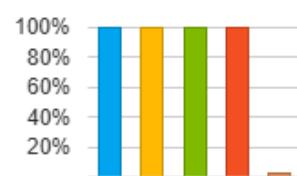
Percentage Served by Title V

Population Served	Percentage Served	FY 2024 Expenditures
■ Pregnant Women	100.0%	\$997,585
■ Infants < 1 Year	100.0%	\$1,399,775
■ Children 1 through 21 Years	99.3%	\$2,043,884
■ CSHCN (Subset of all infants and children)	99.3%	\$2,503,713
■ Others *	2.0%	\$0

FY 2024 Expenditures
Total: \$6,944,957



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)
Improve care for women's mental health NPMs <ul style="list-style-type: none">● Percent of women who were screened for depression or anxiety following a recent live birth - MHS○ ESM MHS.1: Number of pregnant and postpartum women who receive a mental health screening from home visiting services	Continued	Women/Maternal Health
Improve access to maternal and postpartum care NPMs <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○ ESM PPV.1: Percent of postpartum people enrolled in MaineCare who attended a postpartum visit	New	Women/Maternal Health
Improve access to perinatal care. NPMs <ul style="list-style-type: none">● Percent of very low birth weight (VLBW) infants born in a hospital with a Level III + Neonatal Intensive Care Unit (NICU) - RAC○ ESM RAC.1: Number of professionals participating in Basic Life Support in Obstetrics (BLSO) training and transport conferences annually SPMs <ul style="list-style-type: none">● SPM 2: Percent of women with a recent live birth who experienced any discrimination while getting healthcare during pregnancy, delivery, or at postpartum care	New	Perinatal/Infant Health
Increase children's physical activity. NPMs	Revised	Child Health

<ul style="list-style-type: none"> Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day - PA-Child <ul style="list-style-type: none"> ESM PA-Child.1: Number of SAUs, ECEs and Afterschool/Out of School Programs that meet best practices and highest standards for physical activity. ESM PA-Child.2: Percent of 5th and 6th graders who report they exercise, dance or play sports for at least an hour five days per week 		
<p>Improve children's oral health.</p> <p>NPMs</p> <ul style="list-style-type: none"> Percent of children, ages 1 through 17, who had a preventive dental visit in the past year - PDV-Child <ul style="list-style-type: none"> ESM PDV-Child.1: Number of schools receiving oral health educational resources ESM PDV-Child.2: Number of children receiving oral health services through the School Oral Health Program 	Revised	Child Health
<p>Improve access to comprehensive healthcare for children.</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 	New	Child Health
<p>Improve care coordination for children and families with special healthcare needs.</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 	Continued	Children with Special Health Care Needs
<p>Support positive youth development.</p> <p>SPMs</p> <ul style="list-style-type: none"> SPM 1: Percent of Maine high school students who report they have support from adults other than their parents always or most of the time. 	New	Adolescent Health
<p>Address adolescent mental health needs.</p> <p>NPMs</p>	Revised	Adolescent Health

- Percent of adolescents, ages 12 through 17, who receive needed mental health treatment or counseling - MHT
 - ESM MHT.1: Percent of students identified as in need of behavioral health services who receive them through a school-based health center (SBHC)

Executive Summary

Program Overview

Maine's Title V Maternal and Child Health Program, in partnership with the United States Department of Health and Human Services, Health Resources and Services Administration, is responsible for promoting the health of all mothers and children, including children and youth with special health care needs and their families.

Maine Title V Program

The Maine Title V program supports a statewide system of comprehensive and family-centered services. The Title V Program along with programs such as Women, Infants and Children Nutrition, Maine Families Home Visiting, Adolescent Health and Injury Prevention and Public Health Nursing work collaboratively to address the needs of the maternal and child health population across the state.

Title V Program Framework

To identify our maternal and child health priorities for 2026-2030, we engaged and solicited feedback from key groups and individuals about the priority needs affecting Maine's maternal and child health population. This included engaging with Maine's leadership and professionals serving the maternal and child health population throughout Maine, as well as families and individual members of the community. We used both quantitative and qualitative methods to gather feedback, including key informant interviews with Maine's leadership and other professionals serving a variety of special populations in Maine, domain listening sessions with subject matter experts, community forums, focus groups with special populations, a survey about maternal and child health across the state, and a youth listening session. Additionally, we analyzed epidemiological data to assess current statistics and trends over time and to inform selection of the priorities.

A Five-Year Action Plan drives the development and implementation of strategies and activities aligning the National Performance Measures, National Outcome Measures, Evidence-Based Strategy Measures, and state maternal and child health priorities within five population health domains. The maternal and child health program uses a National Performance Measure Leads structure to manage maternal and child health priorities and implement strategies from the Five-Year Action Plan. The Leads work with program staff, partners, and consumers including representatives from state agencies, health care organizations, consumers, and family groups representing children and youth with special healthcare needs, universities, and community agencies. Also included in the collaborative efforts are families, individuals with personal perspective, youth, and consumers, whose voices lend a vital understanding of the unique needs of Maine's maternal and child health population. These partnerships are critical as no single agency or system has the resources or capacity to accomplish this work alone.

The National Performance Measure Leads and their partners update the Five-year Action Plan, assess performance measure outcomes, implement, and monitor strategies to impact the performance measures. In addition to the National Performance Measure Leads, Maternal and Child Health program administrators utilize data collection, and surveys to solicit feedback and monitor program outcomes.

Needs Assessment Findings

Women/Maternal

Women of reproductive age (15-44) represent 35% of all Maine women and 18% of the entire population. Needs assessment discussions revealed that access to prenatal and postpartum care as well as mental health counseling, maternal mortality, and non-medical drivers of health such as childcare and housing were of concern for women. The need for mobile and telehealth services in rural areas, as well as training for emergency providers in providing obstetric services, was frequently discussed by providers.

Perinatal/Infant

Maine has experienced a loss of birthing units over the past decade. Participants voiced concerns about access to and continuity of care. Maine has had an increase in the percentage of infants being delivered as a planned out of hospital (homebirth or free-standing birth center) delivery. Maine's two largest hospitals have Level III Neonatal Intensive Care Units. Annually about 80% of Maine's very low birth weight babies are born in a Level III facility. The number of birthing unit closures will impact access to care, particularly for women living in rural areas of Maine. In addition, in rural areas, transportation to medical care can pose challenges, thus participants discussed the need for telehealth options.

Child Health

We consistently heard throughout the needs assessment process that community health factors such as housing, transportation, and meeting children's basic needs were of concern. Physical health was also identified including physical activity, obesity, access to healthy foods and access to quality health care. Professionals described oral health as a priority, including access to preventive care, and addressing provider capacity. Needs assessment participants expressed that physical activity and oral health have an impact across the lifespan and evidence-based interventions are well established.

Children and Youth with and Without Special Health Care Needs

Care coordination was viewed as a top priority for families navigating multiple providers. They also noted a need for more care coordinators and for systems-level coordination (e.g., between physicians and schools). A lack of care coordination between providers leaves families having to navigate systems of services on their own. Access to care was also identified, including the need for specialists (particularly in rural Maine) and access to oral and mental health services, early childhood education, and in-home nursing. Many also noted the importance of transition to adult care.

Adolescent Health

Professionals identified mental health needs as a priority for adolescent health, including addressing access to care, stigma, depression and anxiety, coping skills and resilience, feeling of belonging, disordered eating and body image, and the impact of vaping. They also identified sexual and reproductive health and violence needs, including harassment, sexually transmitted infections and sexually transmitted diseases, and the impacts of sexual violence. Professionals noted the importance of addressing community health factors, such as homelessness and a lack of support for basic needs. Technology and social media usage, including high screen use and comparison culture leading to low self-esteem and depression were discussed as issues facing adolescents.

Adolescents themselves described challenges to their well-being, including access to healthy food choices, pressure to do well, mental health issues and lack of education on how to address those issues, bullying, and stress related to social media and social pressures. Adolescents described challenges to staying physically and mentally healthy, such as lack of sleep, lack of reproductive and sexual health education, and lack of healthy food options. When asked how adults could better support them, adolescents said parents could use more education on teen emotions and mental health issues and navigating social media and bullying. They described the importance of having a trusted adult in the school and being heard by adults.

Maternal and Child Health Priorities

The table below outlines Maine's Title V 2026-2030 priorities and the corresponding National and State Performance Measures.

Domain	Priority	Performance Measure
Women/Maternal	Improve Care for Women's Mental Health	Postpartum Mental Health Screening: Percent of women screened for depression or anxiety following a recent live birth
	Improve Access to Maternal and Postpartum Care	Postpartum Visit: 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
Perinatal/Infant	Improve Access to Perinatal Care	Risk-Appropriate Perinatal Care: Percent of very low birthweight infants born in a hospital with a level III+ Neonatal Intensive Care Unit
		SPM 1: Percent of women with a recent live birth who experienced any discrimination while getting healthcare during pregnancy, delivery, or at postpartum care
Child	Increase Children's Physical Activity	Physical Activity: Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day
	Improve Children's Oral Health	Preventive Dental Visit – Child: Percent of children, ages 1 through 17, who had a preventive dental visit in the past year
	Improve Access to Comprehensive Healthcare for Children	Medical Home – Overall: Percent of children, with and without special healthcare needs, ages 0 through 17, who have a medical home
CYSHCN	Improve care coordination for children and families with special health care needs	Medical Home - Care Coordination: Percent of children with and without special healthcare needs, ages 0 through 17, who receive needed care coordination
Adolescent	Support Positive Youth Development	SPM 2: Percent of Maine high school students who report they have support from adults other than their parents always or most of the time
	Address Adolescent Mental Health Needs	Mental Health Treatment: Percent of adolescents, ages 12 through 17, who receive needed mental health treatment or counseling

Title V Program Capacity

The Title V program attempts to maintain sufficient staffing to implement and monitor the strategies laid out in the Five-Year State Action Plan and address any emerging issues. We also contract with external agencies to ensure that needed services are available to the maternal and child health population.

Internal/External Partnerships

Maine Title V does not operate in isolation. Partnerships with other organizations are essential in our ability to expand capacity and extend our reach across the state. The Title V Program collaborates with hospitals, Maine Department of Health and Human Services Offices, Department of Education's Child Development Services, the Developmental Disabilities Council, Universities and other interested parties. Family involvement is encouraged in the areas of needs assessments and program planning and evaluation.

Title V role in supporting and assuring comprehensive, coordinated and family-centered services.

The Title V Program supports coordinated and family centered services by including consumer voices (parents, families, and direct consumers of services) in program initiatives. A parent survey is administered in eight languages to gauge participant satisfaction with the home visiting services they receive. Parents and consumers sit on advisory boards; committee representation includes parents of children with metabolic disorders and individuals who are hard of hearing. A family liaison works to ensure families are engaged to help inform our work.

The Maine Parent Federation assists families as they navigate the system of services providing information, referral, one-on-one support, training to parents of children with disabilities/special health care needs and the professionals that work with children and youth with special healthcare needs. Family Support Navigators connect families to a network of supports, services and information at the local, state, and national levels. The navigators assist families with locating medical care and understanding results. The Children and Youth with Special Healthcare Needs Partners in Care Coordination Program supports families in navigating the system of care.

Maine Title V Approach to Eliminating Health Service Gaps

Reducing health service gaps is a focus of the Maternal and Child Health Team. Examples include expanding repeat bloodspot tests to laboratories connected to primary care office's so families do not have to make a separate trip for a repeat test. A consultant is working with the Maternal and Child Health Team on how to include family voices in workgroups and committees. We also participate in a Lifestyle Perspectives work group to gain an enriched perception of our states' populations so we can better serve their needs.

The State Maternal Health Innovation Grant is exploring ways to include family voices, particularly those with personal perspective. We contracted with Maternal Mortality and Morbidity Advocates Voices to train organizations on working with families and train families on how to tell their stories effectively. We are also working on creating pathways for doulas to join the workforce as well as partnering with other groups to improve maternal mental health.

Program Evaluation Efforts

The Maternal and Child Health Epidemiology Team completed several analyses and/or reports to support Title V, including a descriptive analysis of adverse childhood events among Maine high school students; an in-depth descriptive analysis of infant safe sleep data from Maine Pregnancy Risk Assessment Monitoring System; a mixed methods report on perinatal mental health; and descriptive and geospatial analyses of the impact of obstetric unit closures on Maine resident births.

Two on-going evaluations have helped inform the work of Title V in the past year. Maine has been conducting an evaluation of its Maternal, Infant and Early Childhood Home Visiting-funded Program in coordination with two other Maternal, Infant and Early Childhood Home Visiting-funded states. This evaluation is focused on maternal mental health and aims to a) assist the Maine Center for Disease Control and Prevention in understanding how well home visiting identifies depression among caregivers and helps caregivers receive needed treatment, and b) to identify factors, such as resource availability and community characteristics, that influence caregivers' ability to access needed services. Maine has also been conducting an evaluation of its work funded by the Health Resources and Services Administration's Early Childhood Comprehensive Systems Health Integration grant. This evaluation is focused on assessing collaboration among system stakeholders, successful integration of family perspectives, and changes in early childhood health program utilization.

How Federal Title V Funds Complement State-Supported MCH Efforts

Maternal and Child Health (MCH) Block Grant funds are a critical component of Maine's MCH efforts. MCH Block Grant funds support staff who play an essential role in implementing the Title V work plan. For example, public health nurses (PHN) care for pregnant and post-partum women as part of their standard of care and provide education on infant safe sleep, substance use disorders, breastfeeding and consult with families on cleft lip and or/ palate diagnoses. The Adolescent Health and Injury Prevention Program (AHIP) oversees unintentional injury, bullying prevention, youth engagement and the child and adolescent behavioral health initiative.

Title V supports programming through contracts for epidemiological services, perinatal outreach training, education and technical assistance for all MCH service providers and cleft lip and or/ palate clinics. Maintenance of Effort (MOE) funds include contracted services to provide community health nursing, school-based health centers, epidemiological services, birth defects medical record abstraction, bloodspot data collection and safe sleep programming.

The following table demonstrates how Federal and State funds complement each other by funds dedicated to each of the service types and population groups. A more detailed description of funding is included in the Budget Narrative (Section III.D.2.)

Type of Service	Federal % of Budget	State % of Budget
Direct	0%	0%
Enabling	57%	29%
Public Health Services and Systems	43%	71%
Population Groups		
Primary Care and Preventive Services for Children	30.08%	29%
Children and Youth with Special Health Care Needs	30.63%	38%
Pregnant Women	9.91%	12%
Infants <1	19.37%	21%
Title V Administration	10%	0%

MCH staff are a key component of the public health infrastructure. Their expertise varies from program planning and implementation, providing clinical services to prenatal and post-partum women and infants, immunization and coordinating children with special health needs services. MCH staff also work with other programs to ensure collaboration with staff working on similar projects. The MCH program ensures family perspective is included providing navigator services through the Maine CDC care coordinator and Maine Parent Federation to families in need of assistance.

The State of Maine has received a number of federal grants over the past three years that have enabled the expansion of MCH services.

MCH Success Story

In 2024, Public Health Nursing (PHN) collaborated with Maine's Perinatal Quality Collaborative (PQC4ME) to assess perinatal patient education tools through patient interviews and focus groups. Based on recommendations from this research, PHN partnered with Maine Medical Association Center for Quality Improvement (MMA-CQI) to provide Association of Women's Health, Obstetric and Neonatal Nurses Post Birth Warning Signs Education to all PHNs who provide maternal child health care. Following this education, PHN identified an opportunity to improve policies and care practices for the identification and response to maternal hypertension. This initiative was also inspired by the AIM Severe Hypertension in Pregnancy Patient Safety Bundle, which emphasizes readiness in every care setting and encourages developing a standard protocol for maternal early warning signs, diagnostic criteria, monitoring, and treatment of severe preeclampsia/eclampsia. Following a national review of existing maternal hypertension algorithms in partnership with PQC4ME, PHN was unable to identify an existing algorithm for nurse use in community-based or home health settings and therefore worked to develop the PHN Maternal Hypertension Algorithm. This tool is used to assist nurses in rapid identification, assessment, and response to maternal hypertension. It was approved for use in the field in June of 2024.

In February of 2025, during a routine postpartum admission visit, a PHN assessed a mother and her newborn. Initially, the mother's only complaint was a persistent headache, which she attributed to a lack of sleep, however, the nursing assessment provided a blood pressure of 160/100. Following the PHN Hypertension Algorithm, a second blood pressure reading was completed and confirmed elevated pressures. Upon further assessment, the mother reported additional symptoms of swelling, dizziness, and headaches unrelieved by medication.

Per the PHN Hypertension Algorithm, the PHN contacted the patient's obstetric provider to report vital signs and assessment findings. Despite the obstetric office's recommendation of Tylenol and caffeine, the PHN activated Emergency Medical Services (EMS) based on the algorithm criteria. The patient was a single mother without transportation or another care provider for her newborn. EMS was able to utilize the KangooFix funded by the State Maternal Health Innovation grant (purchase of the KangooFix was coordinated by Title V) starting in March 2024 to allow the mother and her exclusively breastfed infant to remain together during transport. The patient was admitted, diagnosed with postpartum eclampsia, and remained inpatient for more than a week before returning home with her newborn and continuing PHN care at home.

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

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.