



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

MICHIGAN

State Snapshot

FY2025 Application / FY2023 Annual Report

November 2024

Title V Federal-State Partnership - Michigan

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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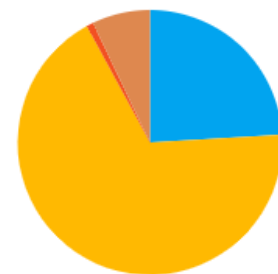
State Youth Leader
No Contact Information Provided

State Hotline: (844) 875-9211

Funding by Source

Source	FY 2023 Expenditures
Federal Allocation	\$18,395,974
State MCH Funds	\$52,049,922
Local MCH Funds	\$0
Other Funds	\$636,262
Program Income	\$5,422,929

FY 2023 Expenditures



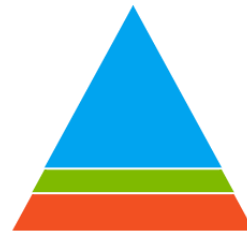
Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$8,112,978	\$42,661,203
Enabling Services	\$5,984,353	\$5,897,777
Public Health Services and Systems	\$4,298,643	\$9,550,133

FY 2023 Expenditures Federal



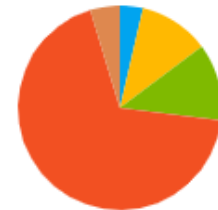
FY 2023 Expenditures Non-Federal



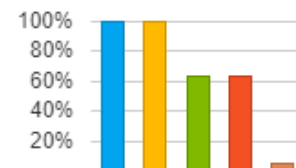
Percentage Served by Title V

Population Served	Percentage Served	FY 2023 Expenditures
Pregnant Women	100.0%	\$2,756,355
Infants < 1 Year	100.0%	\$8,465,083
Children 1 through 21 Years	63.0%	\$9,218,983
CSHCN (Subset of all infants and children)	63.0%	\$51,879,010
Others *	5.0%	\$3,582,963

FY 2023 Expenditures Total: \$75,902,394



FY 2023 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 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)
<p>Develop a proactive and responsive health system that equitably meets the needs of all populations, eliminating barriers related to race, culture, language, sexual orientation, age and gender identity</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of cesarean deliveries among low-risk first births (Low-Risk Cesarean Delivery, Formerly NPM 2) - LRC <ul style="list-style-type: none"> ○ ESM LRC.1: Number of birthing hospitals participating in Michigan AIM <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 5: Percent of people assigned female at birth who had a live birth and reported that their pregnancy was intended 	<p>Women/Maternal Health</p>
<p>Improve access to high-quality community health and prevention services in the places where women, children, and families live, learn, work, and play</p> <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 2: Percent of children 19 to 36 months of age who have received a completed series of recommended vaccines (4313314 series) ● SPM 3: Percent of adolescents 13 to 18 years of age who have received a completed series Human Papilloma Virus vaccine 	<p>Child Health, Adolescent Health</p>
<p>Ensure children with special health care needs have access to continuous health coverage, all benefits they are eligible to receive, and relevant care where they learn and live</p> <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 (Transition, Formerly NPM 12) - TR <ul style="list-style-type: none"> ○ ESM TR.1: Percent of CSHCS clients age 18 to 21 years in selected diagnosis groups that have transferred care from a pediatric to an adult provider ○ ESM TR.2: Percentage of CSHCS partner organizations whose total score increased on the Assessment of Health Care Transition Activities. 	<p>Children with Special Health Care Needs</p>

<p>SPMs</p> <ul style="list-style-type: none"> ● SPM 4: Percent of children with special health care needs enrolled in CSHCS that receive timely medical care and treatment without difficulty 	
<p>Expand access to developmental, behavioral, and mental health services through routine screening, strong referral networks, well-informed providers, and integrated service delivery systems</p> <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 1: Percent of children less than 72 months of age who receive a venous lead confirmation testing within 30 days of an initial elevated capillary test ● SPM 6: Support access to developmental, behavioral, and mental health services through Title V activities and funding 	<p>Child Health, Cross-Cutting/Systems Building</p>
<p>Improve oral health awareness and create an oral health delivery system that provides access through multiple systems</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of women who had a dental visit during pregnancy (Preventive Dental Visit - Pregnancy, Formerly NPM 13.1) - PDV-Pregnancy <ul style="list-style-type: none"> ○ ESM PDV-Pregnancy.1: Number of medical and dental professionals who receive perinatal oral health education through MDHHS ○ ESM PDV-Pregnancy.2: Percent of pregnant people who receive at least one oral health service through Medicaid during the perinatal period ● Percent of children, ages 1 through 17, who had a preventive dental visit in the past year (Preventive Dental Visit - Child, Formerly NPM 13.2) - PDV-Child <ul style="list-style-type: none"> ○ ESM PDV-Child.1: Number of students who have received a preventive dental screening through the SEAL! Michigan program 	<p>Women/Maternal Health, Child Health</p>
<p>Create and enhance support systems that empower families, protect and strengthen family relationships, promote care for self and children, and connect families to their communities</p> <p>NPMs</p> <ul style="list-style-type: none"> ● 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 <ul style="list-style-type: none"> ○ ESM BF.1: Percent of Baby-Friendly designated birthing hospitals in Michigan ● 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 	<p>Perinata/Infant Health</p>

<ul style="list-style-type: none"> ○ ESM SS.1: Increase the number of Maternal Infant Health Program agencies that have staff trained to use the concepts of motivational interviewing with safe sleep ○ ESM SS.2: Increase the number of agencies that receive technical assistance and support with implementing or revising/updating a safe sleep policy/protocol ○ ESM SS.3: Increase the number of hospitals that receive technical assistance and support with implementing or revising/updating a safe sleep policy/protocol 	
<p>Create safe and healthy schools and communities that promote human thriving, including physical and mental health supports that address the needs of the whole person</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of adolescents, with and without special health care needs, ages 12 through 17, who are bullied or who bully others (Bullying, Formerly NPM 9) - BLY ○ ESM BLY.1: Number of secondary schools implementing the Michigan Model for Health™ Social and Emotional Health Module with 80% fidelity 	<p>Adolescent Health</p>

Executive Summary

Program Overview

Michigan's Title V Maternal and Child Health (MCH) program supports critical MCH programming and services across the state. Its overarching goal is to improve the health and well-being of mothers, infants, children, and adolescents including children with special health care needs (CSHCN). The Michigan Department of Health and Human Services (MDHHS) administers the Title V block grant through the Division of Maternal and Infant Health (DMIH). The Children's Special Health Care Services (CSHCS) Division serves as the Title V CSHCN program. The Division of Child and Adolescent Health (DCAH) oversees Title V funding to local health departments (LHDs). Collectively, the DMIH, DCAH, and CSHCS Division provide leadership on MCH programs and policies, including oversight of program-specific work and statewide multisystem collaboratives, as discussed throughout this application. Since March 2020, Michigan's MCH programs have responded to the impact of the COVID-19 pandemic on the MCH population, as discussed in detail in prior Title V applications.

Michigan's Fiscal Year (FY) 2021-2025 state priorities were determined by the five-year needs assessment completed in early 2020, prior to the COVID-19 pandemic. The assessment identified needs for preventive and primary care services for women, mothers, infants, children, and services for CSHCN. Stakeholders and community members representing the Title V population domains were engaged in the process. The goals of the assessment were to:

- Use multiple types of data to understand health outcomes, health behaviors, and health disparities, as well as underlying causes that drive inequity.
- Strengthen partnerships and strategies for achieving health equity.
- Engage diverse populations and system partners in describing and understanding the needs and strengths of the MCH population.
- Identify state priority needs and performance measures for Title V.
- Identify opportunities to address needs beyond the scope of Title V.

Based on the needs assessment, the current Title V state priorities are:

- Develop a proactive and responsive health system that equitably meets the needs of all populations, eliminating barriers related to race, culture, language, sexual orientation, age, and gender identity.
- Improve access to high-quality community health and prevention services in the places where women, children, and families live, learn, work, and play.
- Ensure children with special health care needs have access to continuous health coverage, all benefits they are eligible to receive, and relevant care where they learn and live.
- Expand access to developmental, behavioral, and mental health services through routine screening, strong referral networks, well-informed providers, and integrated service delivery systems.
- Improve oral health awareness and create an oral health delivery system that provides access through multiple systems.
- Create and enhance support systems that empower families, protect and strengthen family relationships, promote care for self and children, and connect families to their communities.
- Create safe and healthy schools and communities that promote human thriving, including physical and mental health supports that address the needs of the whole person.

In response to Title V requirements, National Performance Measures (NPMs) and State Performance Measures (SPMs) were chosen to align with the priority needs and are discussed below by population domain. The needs assessment also identified three key "pillars" across population domains: achieving equitable health outcomes; engaging families and communities; and delivering culturally and linguistically appropriate health education.

State action plans for NPMs and SPMs (as identified through the 2020 needs assessment) in Section III.E. include information on objectives and strategies, metrics, program planning and improvement, and family and consumer engagement. A summary of each NPM and SPM is presented below. In addition to these measures, all states are required to include state action plans in FY 2025 to address the new "universal" NPMs for Postpartum Visit, Medical Home for Children, and Medical Home for CSHCN. Those plans are discussed within the relevant population domains.

Women/Maternal Health

The first goal in this domain is to decrease the percent of cesarean deliveries among low-risk first births. Michigan's percentage of low-risk cesarean deliveries has consistently been higher than the US and has been slower to decrease over time. Michigan has seen increases in low-risk cesarean deliveries to Black birthing individuals (from 29.1% in 2013 to 31.5% in 2022), while the percentage of low-risk cesarean deliveries to White birthing individuals has decreased (from 29.5% in 2013 to 27.9% in 2022) (MDHHS, Division for Vital Records & Statistics). However, both Black and White individuals saw small decreases in low-risk cesarean deliveries from 2021 to 2022 (from 32.2% to 31.5% for Black; from 28.2% to 27.9% for White). The Title V plan focuses on reducing the overall rate of low-risk cesarean deliveries with focus on disparities among women of color. Strategies include working

with Regional Perinatal Quality Collaboratives (RPQCs) to implement the Michigan Alliance for Innovation on Maternal Health (MI AIM) bundle, providing bias and equity training for providers, and increasing the number of birthing hospitals participating in MI-AIM.

The second goal in this domain is to increase the percent of individuals with a preventive dental visit during pregnancy. In 2021, 53.6% of Michigan women had their teeth cleaned during their most recent pregnancy, an increase over the 40.8% who reported doing so in 2020 (MI PRAMS). However, Non-Hispanic Black individuals saw a decrease in preventive dental care during pregnancy during the COVID-19 pandemic, dropping from 41.3% in 2019 to 35.2% in 2020, although these numbers increased to 41.6% in 2021 (MI PRAMS). Strategies to increase dental visits include training for medical and dental providers who treat and refer pregnant people; increasing the number of socioeconomically disadvantaged pregnant people receiving oral health care services; and exploring alternative models of care for service delivery.

The third goal is to increase the percent of individuals who have an intended pregnancy. While Michigan has seen a modest increase in the rates of pregnancy intention from 2012 (52.2%) to 2021 (59.0%), White mothers (68.5%) were 1.7 times as likely as Black mothers (40.2%) to report their most recent pregnancy was intended (2021) (MI PRAMS). The state action plan focuses on increasing access to contraception by making most or moderately effective contraceptive methods readily available and by improving the quality of contraceptive care by assessing client-centeredness and offering equity trainings for reproductive health care providers.

Perinatal/Infant Health

The first perinatal/infant health goal is to increase the percent of infants who are ever breastfed, and the percent of infants breastfed exclusively through six months of age. While breastfeeding rates have increased in Michigan, exclusivity rates still fall short of state goals. In Michigan, 82.8% of infants are ever breastfed (2020) and 23.9% are exclusively breastfed through six months (National Immunization Survey 2020 Breastfeeding Report Card; NSCH). According to PRAMS, initiation rates among Black mothers continue to be 12% lower than White mothers (2020). To increase breastfeeding rates, MDHHS will support and promote access to breastfeeding professionals and peer counseling and increase the number of Baby-Friendly[®] hospitals. To address disparities, Michigan will support non-Hispanic Black individuals who initiate breastfeeding through promotion of culturally responsive messages, diverse breastfeeding professionals, and community-based breastfeeding organizations.

The second goal is to increase the percent of infants placed to sleep in safe sleep environments (i.e., infants placed to sleep on their backs in cribs without objects) (NPM 5). In 2021, 158 sleep-related infant deaths occurred in Michigan (Centers for Disease Control and Prevention Sudden Unexpected Infant Death Case Registry, 2010 to 2021, Michigan Public Health Institute, 2023). Sleep-related infant deaths are a leading type of death for infants aged 1-12 months old (2020-2022 Michigan Resident Infant Death File, Division for Vital Records & Health Statistics, MDHHS). Data between 2016 and 2021 reveal state level improvements in infants reported as sleeping with no soft objects and in a separate approved sleep surface, although there has been a decline in back sleep position among Hispanic respondents (90.3% in 2016 to 72.9% in 2021, MI PRAMS). MDHHS strategies focus on increasing safe sleep behaviors by all families, while addressing the disparity for non-Hispanic Black infants. Strategies include supporting local safe sleep activities; working with providers on education and resources for families; developing tools for client/patient centered safe sleep conversations; promoting protective factors; and working with hospitals in areas with high rates of sleep-related infant deaths.

Child Health

Michigan continues to focus on increasing the percent of children who have a preventive dental visit (NPM 13.2). The percentage of Michigan children ages 1-17 who receive preventive dental care in the previous year dropped slightly from 77.9% in 2016-2017 to 76.2% in 2020-2021 (National Survey of Children's Health). A key objective in Michigan's Title V plan is to increase the number of students who receive preventive dental screenings in a school-based dental sealant program. MDHHS will administer the SEAL! Michigan program and promote the program through school health professionals. To address disparities in access to care, MDHHS will also work with and support Detroit Public Schools Community District to increase dental screenings and sealants.

A second goal is to increase the percent of children less than 72 months of age who receive a venous lead confirmation testing within 30 days of an initial elevated capillary test (SPM 1). Between 1998 and 2022, the percentage of birth to six-year-old children in Michigan with blood lead levels >5 ug/dL decreased from 44.1% to 2.1%. Yet some communities still experience higher rates of lead poisoning. Confirming elevated capillary results with a venous test is key to facilitating follow up. Progress has been made, with a rise in venous confirmation testing within 30 days of an initial elevated capillary test from 16.1% in 2013 to 49.2% in 2022 (MDHHS). The COVID-19 pandemic and recalls in blood lead testing kits led to a significant drop in blood lead testing for children under 6 years old. To continue to make progress, Michigan will screen for lead exposure risk factors in children; conduct provider education; and work to increase blood lead testing for all children, especially those who are Medicaid-enrolled.

MDHHS is working to increase the percentage of children ages 19-35 months who are up to date with all recommended vaccines (SPM 2). The estimated percentage of children in this age group who received all age-appropriate recommended vaccines was 66.4% in 2022 (Michigan Care Improvement Registry). The COVID-19 pandemic negatively impacted childhood vaccination rates in Michigan. Strategies to increase vaccination rates include targeted outreach to parents of children who are overdue for a vaccine; vaccine outreach to areas with a high social vulnerability index; working with local health departments to reach under-vaccinated populations; and working with stakeholders to promote vaccine confidence among parents of this age group.

Adolescent Health

The first goal in this domain is to decrease the percent of adolescents who are bullied or who bully others (NPM 9). From 2011 to 2019, just under one-third of Michigan adolescents reported being bullied at school or online, but this dropped to 24.2% in 2021 (Youth Risk Behavior Survey). Among CSHCN, the percentage rises to 52.6% (2021 NSCH). Key objectives for MDHHS are to work with secondary schools to implement bullying prevention initiatives; provide schools with guidance on state laws and model policies with protections for LGBTQ+ youth; and support bullying prevention activities for CSHCN.

A second goal is to increase the percent of adolescents who have received a completed HPV vaccine series (SPM 3). As of June 2023, 72.9% of adolescents ages 13 through 17 years were current with immunizations, but that percentage dropped to 42.6% when HPV series completion was included (MCIR). However, Michigan has improved the percentage of adolescents receiving at least one dose of the HPV vaccine, and in 2021 64.7% of Michigan adolescents were up to date with the HPV series (NIS-Teen). To boost HPV completion rates and increase protection from HPV-related diseases, MDHHS will update HPV materials to support an equitable approach to vaccine hesitancy; increase vaccine confidence among parents and adolescents; and work with local health departments, providers, and health systems to implement quality improvement strategies and measures.

Children with Special Health Care Needs (CSHCN)

A goal is to increase the percent of adolescents with special health care needs who receive services necessary to make transitions to adult health care (NPM 12). In Michigan, 20.0% of CYSHCN reported they received services necessary to transition to adult health care, which is comparable to the US at 20.5% (NSCH, 2020-21). To improve transitions to adult care, efforts will include expanding Health Care Transition (HCT) activities to students through school-based clinics; marketing the revised CSHCS website and the Got Transition health professional course; revising MHP contract language to incorporate additional HCT activities; and expanding the assessment of health care transition activities to include additional partner organizations.

Another goal is to increase the percent of CSHCN enrolled in CSHCS who receive timely medical care and treatment without difficulty (SPM 4). CSHCN often require and use more health care services than other children. Health care costs can pose significant burdens for families, even with private insurance. CSHCS helps to cover the costs of specialist medical care and treatment. Strategies to increase access to high-quality services include covering specialty care and treatment costs for qualifying conditions; expanding access to specialty clinics; improving outreach and advocacy services; and enhancing the CYSHCN system of care.

Cross-Cutting

The needs assessment identified unmet mental health needs in the women/maternal health, adolescent health, and CSHCN domains. A goal across these domains is to support access to developmental, behavioral, and mental health services (SPM 6). In 2022, 25.5% of Michigan women ages 18-44 years reported more than two weeks of poor mental health during the prior 30 days (Behavioral Risk Factor Surveillance System). Postpartum depression symptoms were reported by 16.5% of mothers in 2021 (MI PRAMS). In 2021, 40.3% of adolescents reported two or more weeks of sad or hopeless feelings and 19.0% considered suicide (YRBS). Among CSHCN with a mental or behavioral health diagnosis, 68.1% received appropriate treatment in 2019-2020 (NSCH). The Title V program will support the work of local health departments in addressing behavioral health needs; support perinatal screenings among RPQCs; increase collaboration between Title V CSHCS and behavioral health partners; and support the Handle with Care initiative for school-aged children and adolescents.

How Federal Title V Funds Complement State-Supported MCH Efforts

The Title V MCH block grant provides critical funding for Michigan's MCH priorities, in conjunction with state funds and other federal funds. Title V funding addresses needs across the MCH pyramid of services (e.g., direct services, enabling services, and public health services and systems) and supports the delivery of core MCH services, as well as new or expanded programs. In accordance with federal requirements, a minimum of 30% of Title V funding supports services for Children with Special Health Care Needs (CSHCN) and a minimum of 30% of Title V funding supports preventive and primary care services for children ages 1 through 21 years. To meet these requirements, Title V funding in Michigan is used to support comprehensive medical care and treatment for CSHCN and a variety of services for children, adolescents, and young adults including immunizations, oral health initiatives that include a school-based dental sealant program, childhood lead poisoning prevention, fetal alcohol spectrum disorder services, bullying prevention, Handle with Care, and reproductive health and prevention services. Services for women and infants are also supported by Title V funding, including infant safe sleep, breastfeeding, Regional Perinatal Quality Collaboratives (RPQCs), Pregnancy Risk Assessment Monitoring System (PRAMS), and fetal infant mortality review. Additionally, Title V supports public health services and systems through needs assessment, parent leadership, staff support, and health equity initiatives.

Title V funding also supports the MCH work of all 45 Local Health Departments (LHDs). Collectively, LHDs are allocated approximately 36% of Michigan's Title V dollars through the Local MCH (LMCH) program which awards annual, noncompetitive grants to each LHD. LHDs serve as Michigan's local public health "arm" through community-based services and systems. Title V funding administered through the LMCH program helps to ensure the delivery of core MCH services while addressing state identified priorities and locally identified needs. These local activities complement the state's public health infrastructure and state-led work in supporting the health of the MCH population. For example, Title V funding at the local level provides the MCH population

with increased access to and provision of gap-filling services such as immunizations and childhood lead screening. Title V funding is also used for enabling services such as breastfeeding support and safe sleep training for parents and providers. Public health services and systems are supported through health promotion campaigns, health equity practices, needs assessments, and collaborative program planning and implementation with local partners.

MCH Success Story

Michigan's 45 local health departments (LHDs) each receive a portion of the state's Title V funding through the Local Maternal Child Health (LMCH) program to support the health of women, children, adolescents, and families across Michigan. In total, approximately \$6.9 million of Michigan's Title V funding (~36% of the total grant award) supports the LMCH program. LMCH funds are used to address local and state MCH priorities through a performance measure framework. The Financial Narrative in this application provides details related to LHD expenditures by performance measures and by the MCH pyramid of services. Additionally, a synopsis of LMCH activities is included in the State Action Plan introductions for each population domain. Three examples are shared here to demonstrate the impact of Title V at the local level.

Detroit Health Department launched SisterFriends Detroit (SFD) in 2017 with support from LMCH funds. The goals of SFD are to reduce preterm births, low birth weight babies and infant mortality in Detroit. Pregnant and postpartum people are connected to a volunteer mentor creating a circle of caring around Detroit families. Enrollees in the program receive services from Community Health Workers, Social Workers, a Nurse Care Coordinator and a Lactation Specialist. In FY 2023, 319 people were enrolled in the program. Of the 173 participants who gave birth, 85% were full term. Of participants who initiated breastfeeding, 53% were still breastfeeding at six months. To date, there have been no infant deaths for any mother enrolled in SFD.

Seven LHDs in the Northern Michigan Public Health Alliance (NMPHA) collaborated on NPM 4 (Breastfeeding) through a Continuous Quality Improvement (CQI) project to increase the percentage of infants who are breastfeeding at six months. The NMPHA is a team of health care agencies and providers in northern lower Michigan who have joined together to strengthen public health across the region. Each of the seven LHDs in the NMPHA used a portion of their LMCH funding for breastfeeding support during the project. The CQI project interventions included training for home visiting and hospital staff; home visits targeting critical times when breastfeeding rates drop; and advocacy and education for employers and employees about workplace laws and best practices. During the timeframe of the CQI project, all seven LHDs saw increases in their six-month breastfeeding rates.

Kent County Health Department (KCHD) utilized LMCH funding for health equity systems work. KCHD's goal is to strengthen and standardize health equity and inclusion practices within the health department while continuing to foster strong relationships with community. KCHD created a summary report for an internal health equity team, developed a community newsletter describing current health equity initiatives, engaged with new partners to enable equitable knowledge sharing of health information in the community, and met with non-traditional partners to discuss countywide efforts to address health equity.

These examples provide a snapshot of the important role of the LMCH program in local public health and the delivery of MCH programs and services. More information about the role of LHDs and the LMCH program is included throughout this application.

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

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.