



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

MICHIGAN

State Snapshot

FY2026 Application / FY2024 Annual Report

December 2025

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 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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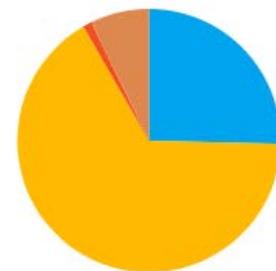
State Youth Leader
No Contact Information Provided

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Funding by Source

Source	FY 2024 Expenditures
Federal Allocation	\$18,717,629
State MCH Funds	\$48,868,108
Local MCH Funds	\$0
Other Funds	\$793,653
Program Income	\$5,323,023

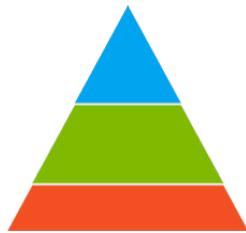
FY 2024 Expenditures



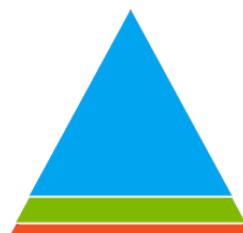
Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$8,240,174	\$40,650,544
Enabling Services	\$6,625,157	\$5,371,218
Public Health Services and Systems	\$3,852,298	\$2,255,127

FY 2024 Expenditures Federal



FY 2024 Expenditures Non-Federal



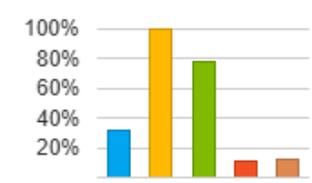
Percentage Served by Title V

Population Served	Percentage Served	FY 2024 Expenditures
Pregnant Women	31.0%	\$6,818,654
Infants < 1 Year	100.0%	\$970,548
Children 1 through 21 Years	77.0%	\$13,994,734
CSHCN (Subset of all infants and children)	11.0%	\$64,617,270
Others *	12.0%	\$1,917,678

FY 2024 Expenditures Total: \$88,318,884



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>Improve the quality and accessibility of respectful care 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: Number of obstetric clinics implementing the group prenatal care model, Centering Pregnancy ● Percent of women with a recent live birth who experienced racial/ethnic discrimination while getting healthcare during pregnancy, delivery, or at postpartum care - DSR <ul style="list-style-type: none"> ○ ESM DSR.1: Increase the number of doulas on the Michigan Doula Registry by 1,000 doulas 	New	Women/Maternal Health
<p>Expand parent and provider access to person-centered breastfeeding and infant safe sleep knowledge and support</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: Percent of Baby-Friendly designated birthing hospitals in Michigan ● 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: 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 	New	Perinatal/Infant Health

<ul style="list-style-type: none"> ○ ESM SS.4: Percent of birthing hospital staff who intend to model safe sleep during the hospital stay and educate families after taking the online safe sleep training, "Infant Safe Sleep: The Basics and Beyond" 		
<p>Expand awareness of and access to quality dental care for children and pregnant women</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of women who had a dental visit during pregnancy - 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 women on Medicaid who receive at least one dental service during the perinatal period ● 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 students who have received a preventive dental screening through the SEAL! Michigan program 	<p>New</p>	<p>Women/Maternal Health, Child Health</p>
<p>Maintain access to and information about contraceptives and reproductive health</p> <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 3: Percent of most or moderately effective contraception use among women ages 18-49 years who reported doing something to prevent unintended pregnancy during last intercourse 	<p>New</p>	<p>Women/Maternal Health</p>
<p>Expand vaccination access and address reasons for vaccine hesitancy</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of children who have completed the combined 7-vaccine series (4:3:1:3*:3:1:4) by age 24 months - VAX_Child <ul style="list-style-type: none"> ○ ESM VAX_Child.1: Number of healthcare providers who complete education and training through one of the modules offered by the Physician Peer Education Project on Immunizations (PPEPI) <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 2: Percent of adolescents 13 to 18 years of age who have received a completed series of recommended vaccines (1323213 series) 	<p>New</p>	<p>Child Health, Adolescent Health</p>

<p>Increase access to information, education, and testing for lead poisoning</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 	<p>New</p>	<p>Child Health</p>
<p>Expand awareness of and access to medical homes and improve care coordination through the medical home approach</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: Develop a comprehensive action plan based on the results of the medical home for children environmental scan and system gap analysis ○ ESM MH.2: Develop a training for families to learn about medical home and care coordination for children and youth with special health care needs (CYSHCN) 	<p>New</p>	<p>Child Health, Children with Special Health Care Needs</p>
<p>Partner with schools, parents, and the broader community to support students' mental health</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 - BLY <ul style="list-style-type: none"> ○ ESM BLY.1: Number of secondary schools implementing the Michigan Model for Health™ Social and Emotional Health Module with 80% fidelity ○ ESM BLY.2: Percentage of training attendees who report increased knowledge of bullying prevention resources to support children with special health care needs (CSHCN) 	<p>New</p>	<p>Adolescent Health, Children with Special Health Care Needs</p>
<p>Improve the quality, accessibility, and coordination of care and resources for children with special health care needs</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 - TAHC <ul style="list-style-type: none"> ○ ESM TAHC.1: Percentage of CSHCS partner organizations whose total score increased on the Assessment of Health Care Transition Activities. 	<p>New</p>	<p>Children with Special Health Care Needs</p>

SPMs

- SPM 4: Percent of parents/caregivers who got appointments for their child with a specialist as soon as needed

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 the Local MCH (LMCH) Program which provides 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.

Michigan's Fiscal Year (FY) 2026-2030 state priorities were determined by the five-year needs assessment completed in 2025. The assessment identified needs for preventive and primary care services for women, mothers, infants, children, and services for CSHCN. MCH partners, local grantees, and individuals representing the Title V population domains were engaged in the process. Based on the needs assessment, the new Title V state priorities are:

- Improve the quality and accessibility of respectful care before, during, and after pregnancy.
- Expand parent and provider access to person-centered breastfeeding and infant safe sleep knowledge and support.
- Expand awareness of and access to quality dental care for children and pregnant women.
- Maintain access to and information about contraceptives and reproductive health.
- Expand vaccination access and address reasons for vaccine hesitancy.
- Increase access to information, education, and testing for lead poisoning.
- Expand awareness of and access to medical homes and improve care coordination through the medical home approach.
- Partner with schools, parents, and the broader community to support students' mental health.
- Improve the quality, accessibility, and coordination of care and resources for children with special health care needs.

In response to Title V requirements, 16 total 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:

- Advance strategies so all children and families can flourish.
- Foster collaboration to strengthen coordinated systems.
- Engage and elevate family and community voices.

State action plans for NPMs and SPMs in Section III.E. include information on objectives, strategies, metrics, partnerships, family engagement, and program planning and improvement. A summary of each NPM and SPM is presented below.

Women/Maternal Health

The first goal in this domain is to increase the percent of women who attended a postpartum checkup within 12 weeks after giving birth and received recommended care components. In 2022, 90.2% of Michigan mothers reported postpartum checkups, but only 82.0% reported visits included all recommended components (MI PRAMS). Michigan's strategies to improve postpartum care include increasing the number of CenteringPregnancy sites; utilizing the Philips Pregnancy+ smart app to increase awareness of the importance of postpartum visits; implementing a postpartum module in the High Touch, High Tech Pregnancy Checkup app; and partnering with Home Visiting to support women in accessing postpartum care.

The second goal in this domain is to support women during the perinatal period which includes decreasing the percent of women with a recent live birth who experienced racial/ethnic discrimination while getting healthcare during pregnancy, delivery, or at postpartum care. Nearly 10% of Michigan mothers reported perinatal care discrimination in 2021, with 23.2% of non-Hispanic Black mothers reporting racial discrimination during care (MI PRAMS). A key objective is to increase the number of doulas on the Michigan Doula Registry and provide training and technical assistance to the doula workforce. MDHHS will also work to increase the number of birthing hospitals participating in the Michigan Alliance for Innovation on Maternal Health and partner with Regional Perinatal Quality Collaboratives on quality improvement and community engagement initiatives.

The third goal is to increase the percent of women who had a dental visit during pregnancy. Michigan has seen a rebound in women receiving preventive dental care during pregnancy from a low of 40.7% in 2020 to 48.7% in 2022 (MI PRAMS). Objectives to increase dental visits include increasing the number of medical and dental providers trained to treat and refer pregnant women and increasing the number of pregnant women who receive oral health education and services.

The fourth goal in this domain is to increase the percent of women 18-49 years of age who used most or moderately effective contraception during the last time they had sexual intercourse. In 2022, 65.1% of Michigan women who reported using any contraception at last intercourse used moderately or most effective forms (Michigan Behavioral Risk Factor Surveillance System, 2022). Strategies to support women's health will include expanding access to free and low-cost contraceptive services for uninsured and underinsured individuals and maintaining a high level of client satisfaction with the experience of care.

Perinatal/Infant Health

The first perinatal/infant health goal is to increase A) the percent of infants who are ever breastfed and B) percent of children, ages 6 months through 2 years, who were breastfed exclusively for 6 months. While breastfeeding rates have increased in Michigan, exclusivity rates still fall short of state goals. In Michigan, 86.7% of infants are ever breastfed (2022) and 26.4% are exclusively breastfed through six months (National Immunization Survey; NSCH 2022-2023). To increase breastfeeding rates, MDHHS will offer an online breastfeeding course for health care providers, support access to breastfeeding support professionals and peer counseling, promote training that addresses common challenges and complications with breastfeeding, and work to normalize and support breastfeeding.

The second goal is to increase infant safe sleep practices, including the four aspects of safe sleep: 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, and D) Percent of infants room-sharing with an adult during sleep. In 2022, 150 sleep-related infant deaths occurred in Michigan (Centers for Disease Control and Prevention Sudden Unexpected Infant Death Case Registry, 2010 to 2022, Michigan Public Health Institute, 2025). Sleep-related infant deaths are a leading type of death for infants aged 1-12 months old (2020-2023 Michigan Resident Infant Death File, Division for Vital Records & Health Statistics, MDHHS). MDHHS strategies include supporting local safe sleep activities; engaging family and community voices; providing training and resources for providers, including an online course for birthing hospital staff; promoting the infant safe sleep guidelines to families; and promoting protective factors, such as smoking cessation and breastfeeding, as well as evidence-based programs, such as home visiting and doulas.

Child Health

Michigan continues to focus on increasing the percentage of children who have a preventive dental visit. The percentage of Michigan children ages 1-17 who receive preventive dental care in the previous year has been stable over the period 2016-2017 (78.5%) to 2021-2022 (78.3%). In 2021-2022, the gap between non-Hispanic White (78.9%) and non-Hispanic Black (75.7%) shrank to its lowest level since 2016-2017 (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 focus on improving access to care. MDHHS will also work with Detroit Public Schools Community District to increase dental screenings and sealants.

A second goal is to increase the percentage of children less than 72 months of age who receive a venous lead confirmation testing within 30 days of an initial elevated capillary test. Between 2010 and 2024, the percentage of children aged 6 and under in Michigan with blood lead levels >3.5 µg/dL decreased from 10.9% to 4.1% (MDHHS). Confirming elevated capillary results with a venous test is key to facilitating follow up especially as some communities still experience higher rates of lead poisoning. 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 42.3% in 2023 (MDHHS). To continue to make progress, Michigan will increase blood lead testing for children at 1, 2, and 4 years of age through provider education activities, especially in high-risk communities; improve notification to health care providers of patients' blood lead levels and follow-up testing needs; partner with agencies to provide audience-specific lead exposure education; and conduct family engagement to improve educational strategies and nursing case management.

MDHHS is working to increase the percent of children who have completed the combined 7-vaccine series by age 24 months. The estimated percentage of children in this age group who received all age-appropriate recommended vaccines was 63.7% in December 2024, a decline from pre-COVID coverage of 69.8% (Michigan Care Improvement Registry). Strategies to increase vaccination rates include provider training, updating pediatric vaccine materials, partnering with I Vaccinate to promote timely vaccination through media campaigns, increasing vaccine confidence statewide, and providing local health departments with county-specific vaccination data.

Michigan will work on activities to increase the percent of children who have a medical home, which is a new universal Title V measure. Over the period 2016-2017 (49.2%) to 2022-2023 (48.4%), there has been no significant trend in Michigan for children ages 0-17 receiving care in a medical home setting. However, as of 2022-2023 there is a significant difference between non-Hispanic White (53.7%) and non-Hispanic Black children (31.0%) receiving care in a medical home (NSCH). MDHHS is convening a Medical Home for Children advisory group that includes parents, providers, payors such as Medicaid, and other systems partners. An environmental scan and system gap analysis will be completed to inform targeted strategies to improve medical home access.

Adolescent Health

The first goal in this domain is to decrease the percentage of adolescents who are bullied or who bully others. After dropping to 24.4% in 2021, the percentage of Michigan adolescents reporting being bullied rose to 29.9% in 2023, the first observed increase

since 2015 (Youth Risk Behavior Survey). Key objectives for MDHHS are to work with secondary schools to implement bullying prevention initiatives; implement the Michigan Model for Health social emotional health module; provide training and professional development for schools on laws, policies, and best practices to prevent bullying; and support students' mental health through the Handle with Care initiative.

A second goal is to increase the percent of adolescents 13 to 18 years of age who have received a completed series of recommended vaccines. As of September 2024, 73.1% of adolescents ages 13 through 17 years were current with immunizations, but that percentage dropped to 43.3% when HPV series completion was included (MCIR). However, Michigan has improved the percentage of adolescents receiving at least one dose of the HPV vaccine. To support adolescent health, MDHHS will provide adolescent vaccine-focused materials for providers and communities, partner with Michigan's Immunization Coalition to better engage families and communities, build relationships with School Wellness Programs, and work with internal and external partners including Oral Health to increase timely HPV vaccinations.

Children with Special Health Care Needs (CSHCN)

A goal is to increase the percentage of adolescents with special health care needs who receive services necessary to make transitions to adult health care. In Michigan, 21.8% of CSHCN reported they received services necessary to transition to adult health care, which is slightly better than the US at 17.8% (NSCH, 2021-2022). To improve transitions to adult care, efforts will include implementing the Youth with Epilepsy requiring Support (YES) Demonstration Project grant; implementing a Michigan Health Care Transition framework to support clinics, youth, and families; utilizing the Medicaid Health Plan contract and compliance review to improve transition for youth; and implementing the annual Assessment of Health Care Transition Activities.

Another goal is to increase the percentage of parents/caregivers who are able to get appointments for their child with a specialist as soon as needed. In 2023, 84.0% of parents/caregivers indicated getting an appointment as soon as needed (Consumer Assessment of Healthcare Providers and Systems). Improving access to healthcare is a goal of CSHCS, which helps to cover the costs of specialist medical care and treatment. Strategies to increase access to high-quality services include offering program benefits to reduce financial burdens for CSHCS-eligible families, improving access to respite, assessing the pediatric subspecialty workforce, and using the local health department accreditation process to ensure CSHCS families receive high-quality, accessible care.

A third goal is to decrease the percentage of adolescents with special health care needs who are bullied or who bully others. Since 2019-2020, Michigan children with special healthcare needs have consistently been twice as likely to report having been bullied than children without special health care needs. In 2022-23, 55.7% of CSHCN reported having been bullied, compared to 26.8% of non-CSHCN (NSCH). MDHHS will implement the CSHCS Bullying Prevention Initiative and collaborate with parents and other systems partners on bullying prevention to support students' mental health.

The last goal aligns with the national work on medical home to increase the percentage of children with special health care needs who have a medical home. Since 2019-2020 children with special health care needs have consistently been less likely than children without special health care needs to receive care in a medical home, with 39.8% of CSHCN and 51.3% of non-CSHCN reporting receiving care in a medical home in 2022-2023. This is driven in part by differences in receiving needed referrals (86.4% of non-CSHCN vs. 70.3% of CSHCN) and effective care coordination (78.5% of non-CSHCN vs. 49.6% of CSHCN) (NSCH, 2022-23). Michigan's plan includes expanding the Children's Multi-Disciplinary Specialty (CMDS) Clinic model, implementing the Children with Medical Complexity (CMC) Targeted Case Management (TCM) clinic model, and creating and implementing a coordinated approach to family engagement to increase knowledge of medical home.

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 (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, and staff support.

Title V funding supports the MCH work of all 45 Local Health Departments (LHDs). Collectively, LHDs are allocated approximately 35% 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 infant safe sleep training for parents and providers. Public health services and systems are supported through health promotion campaigns, needs assessments, and collaborative program planning and implementation with local partners.

MCH Success Story

Michigan has a rich history of parent leadership and family engagement. When former U.S. Surgeon General C. Everett Koop first called for family-centered, community-based care for children with special health care needs in 1987, Michigan was the first state in the country to hire a parent full time. Founded in 1988 and originally called the Parent Participation Program, the Michigan model has continued to grow and flourish. The program was renamed The Family Center for Children and Youth with Special Health Care Needs (Family Center) in 2006. Under the leadership of the Title V program and the support of CYSHCN directors in Michigan, the Family Center has remained an integral part of Children's Special Health Care Services (CSHCS) programming in Michigan.

Staff members at the Family Center are a parent or caregiver of a child or young adult with special health care needs. Their experience makes them uniquely qualified to support families that are navigating a journey that can be difficult. Recently, Michigan transitioned Family Center staff from consultants to permanent civil service positions, which is significant for several reasons. First, it legitimizes the role of families in this work. While it has long been recognized that parents have important experiences and perspectives that can strengthen programs and improve outcomes for families, they may be undervalued or not seen as equal partners. Creating civil service positions for parent professionals recognizes the value of personal experience as a job qualification, just as work experience is a requirement for other professional positions.

Transitioning parent consultant positions to civil service also means that the positions have the same civil service protections as other state employees, which provides job stability for employees and continuity for Family Center programs and services. Establishing varied levels of civil service classifications for these positions provides the opportunity for employees to grow professionally and advance to higher levels of responsibility and pay within the Family Center and state government. The Family Center is led by a manager who sits on the CSHCS management team and actively participates in planning and decision-making for the program. The manager is also included as part of Bureau and Administration management teams at the Michigan Department of Health and Human Services (MDHHS) which allows for increased collaboration opportunities across programs. This access also provides beneficial insight and experience at multiple levels of program and policy development and implementation, helping to ensure that families have a voice at the tables where decisions that affect their lives and well-being are being made.

Michigan's model for family-centered, community-based care for children with special health care needs helps to embed the family perspective in state government, compelling a shift in the mindsets of decision-makers, changing how agencies engage families and driving a true investment in parents and families. Ultimately, having a strong team of parent professionals ensures that the Family Center will continue to successfully carry out its mission of "supporting and connecting Michigan families of children and youth with special health care needs, providing family-centered leadership throughout Michigan's health care settings, and partnering in decision-making within systems of care for children and youth with special health care needs."

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 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.