HRSA
Health Resources & Services Administration

Title V MCH Block Grant Program

MINNESOTA

State Snapshot

FY2026 Application / FY2024 Annual Report

December 2025

Title V Federal-State Partnership - Minnesota

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
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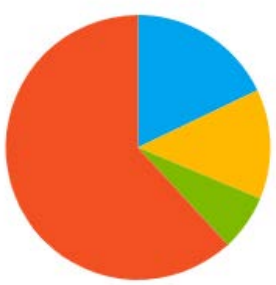
State Hotline: (800) 728-5420

Funding by Source

Source	FY 2024 Expenditures
Federal Allocation	$9,456,167
State MCH Funds	$7,092,125
Local MCH Funds	$3,604,037
Other Funds	$32,705,824
Program Income	$3,934



Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	$1,435,989	$1,731,790
Enabling Services	$3,494,922	$4,214,841
Public Health Services and Systems	$4,525,256	$5,457,414

FY 2024 Expenditures Federal

FY 2024 Expenditures Non-Federal

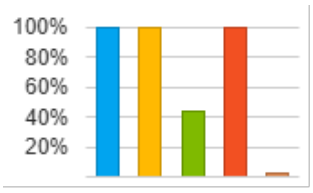
Percentage Served by Title V

Population Served	Percentage Served	FY 2024 Expenditures
Pregnant Women	100.0%	$5,066,788
Infants < 1 Year	100.0%	$2,697,917
Children 1 through 21 Years	43.9%	$6,286,364
CSHCN (Subset of all infants and children)	100.0%	$6,106,657
Others *	2.2%	$841,750

*Others– Women and men, over age 21.

FY 2024 Expenditures
Total: $20,999,476

FY 2024 Percentage Served



The Title V legislation directs States to conduct a comprehensive, statewide maternal and child Health (MCH) needs assessment every five years. Based on the findings of the needs assessment, states select seven to ten priority needs for programmatic focus over the five-year reporting cycle. The State Priorities and Associated Measures Table below lists the national and state measures the state chose in addressing its identified priorities for the 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)
Comprehensive perinatal systems of care NPMs • 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 o ESM PPV.1: Percentage of families who could benefit from family home visiting services that are currently served.	New	Women/Maternal Health

Healthy infants, families, and communities
 	
NPMs
• 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
  o ESM SS.1: Proportion of mothers who were told by a healthcare provider to place their baby on his or her back to sleep
  o ESM SS.2: Proportion of organizations that distribute cribs and/or provide safe sleep education within communities across Minnesota.
	New	Perinatal/Infant Health

Child mental health and wellbeing
 	
NPMs
• Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year - DS
  o ESM DS.1: Percent of developmental/social-emotional screens that were completed electronically through the Follow Along Program (FAP) in the past year.
  o ESM DS.2: Percent of developmental/social-emotional screens that were completed through the Follow Along Program (FAP) in the past year.
• Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - MH
	New	Child Health

○ ESM MH.1: Percent of care coordinators reporting increased knowledge in serving CSHCN and their families after participating in Community of Practice (CoP) webinars.		
Adolescent mental health and wellbeing NPMs ● Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year - AWV ○ ESM AWV.1: Percentage of Child and Teen Checkups (C&TC) where depression screenings are occurring for adolescents enrolled in Minnesota Health Care Programs (MHCP) ○ ESM AWV.2: Percent of adolescent students who report that they would have done "nothing" and/or "I'm not sure" to take care of your health problems/needs if their school did not have a School Based Health Clinic (SBHC).	New	Adolescent Health
Coordinated support and access for CSHCN NPMs ● Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - MH ○ ESM MH.1: Percent of care coordinators reporting increased knowledge in serving CSHCN and their families after participating in Community of Practice (CoP) webinars.	New	Children with Special Health Care Needs
Community health drivers SPMs ● SPM 2: Percent of Minnesotan communities that have a high Area Deprivation Index (ADI)	New	Cross-Cutting/Systems Building
Optimal systems and policies SPMs ● SPM 1: Number of resources provided to Title V grantees and state staff through the Minnesota Title V Resources and Support Hub.	New	Cross-Cutting/Systems Building

Executive Summary

Program Overview

Minnesota's Title V Program

The Title V Maternal and Child Health (MCH) Block Grant – a federal-state partnership between the State of Minnesota and the Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau – aims to promote and improve the health and well-being of women, infants, youth, and families, as well as children with special healthcare needs (CSHCN).

Title V is the only federal program focused solely on improving the health of all mothers and children – authorized in the 1935 Social Security Act to give states flexibility in meeting the unique needs of their children and families.

Minnesota's Title V program is committed to delivering systems of care and support that are:

- Within a public health service model.
- Data-driven and evidence-informed.
- Community- and family-led.
- Helping all MCH populations to achieve their full health potential.

Figure 1. Systems of care and support

The Child and Family Health (CFH) Division – within the Minnesota Department of Health (MDH) – serves as the state-level administrator of the Title V MCH Block Grant, carrying out the required activities set forth by federal legislation.

Minnesota's Title V program partners with the state's 52 Community Health Boards (CHBs) – 53 beginning January 1, 2026 – comprised of 87 local public health (LPH) agencies – who receive two-thirds of Minnesota's Title V funding – to carry out the core public health functions of assessment, assurance, and policy development with a local-state impact. Examples of some of the activities carried out by CHBs through the Title V program include:

- Providing education and outreach on breastfeeding and lactation.
- Implementing Family Home Visiting services.
- Completing developmental screening and connecting families to needed services.

Most of Minnesota's Title V efforts focus on either (1) enabling people to access care or improve health outcomes, or (2) focus on developing the infrastructure to ensure people can access care and live healthy lives – **less than 10% of Title V funding goes toward direct services.**

Due to the intersectional nature of public health work to meet the needs of Minnesota's mothers, children, and families, including CSHCN, the Minnesota Title V program partners with:

- Divisions and programs across the Minnesota Department of Health
- Governor's Children's Cabinet
- Minnesota Department of Children, Youth, and Families
- Minnesota Department of Education
- Minnesota Department of Human Services – including Minnesota's Title XIX Medicaid Program
- Minnesota Housing Finance Agency
- Minnesota Management and Budget

2025 Needs Assessment and State Action Plan

Every five years, Minnesota's Title V Program is federally required to conduct a comprehensive, statewide needs assessment to gather information on the health and well-being of the state's MCH populations. The needs assessment keeps Minnesota's Title V program and partners apprised of emerging and ongoing issues, as well as provides direction on its' priorities, strategies, and activities over a five-year period. Additionally, the needs assessment is completed in partnership with families, community organizations, public health professionals, and others across the state to more thoroughly understand the needs of mothers, children, and families living in Minnesota through their stories and experiences.

The goal of Minnesota's 2025 statewide Title V MCH Block Grant needs assessment and action planning was to better understand strengths, gaps in services, and needs of MCH populations; and to strengthen partnerships for effective implementation of strategies addressing the needs of Minnesota's mothers, children, and families to improve maternal and child health outcomes, including those of CSHCN.

The information collected through the needs assessment is used to identify statewide priorities, drive strategic action planning, and set criteria for how best to allocate resources. Seven priorities were identified for 2026-2030 Minnesota State Action Plan. Figure 2 shares an overview of these priorities, as well as the strategies developed to address each priority through Title V as outlined from HRSA and federal and state legislation.

MINNESOTA TITLE V

2026-30 Action Plan

Priority: Healthy infants, families, and communities

Improve the wellbeing of families with pregnant women and infants through supports and services that are community-based and responsive to individual needs and experiences.

Strategies:

- Amplify resources, services, and supports that are responsive to community needs and foster the health and wellbeing of families with pregnant women and infants.
- Collaborate with trusted community organizations and partners to maximize resources that promote the health and wellbeing of pregnant women and infants.
- Promote and strengthen development and broad representation in the workforce supporting infant and perinatal health.
- Enhance and integrate knowledge of the impact of parental mental health and intergenerational experiences on perinatal/infant health.

Priority: Child mental health and wellbeing

Increase the number of children who are screened for and connected with mental, behavior, and wellbeing resources and services that are responsive to individual needs and experiences.

Strategies:

- Amplify resources, screening, training, services, and supports that are responsive to and address the needs of children and their communities.
- Ensure children from all populations and geographic areas have access to mental health and wellbeing promotion, screening, and resources.
- Provide resources and support for school-based health centers and school nurses to address mental health and wellbeing for children in schools.
- Increase capacity of the child health workforce to provide wellbeing and mental health support across the state.

Priority: Coordinated support and access for children and youth with special health needs

Expand awareness of available services and improve access to high-quality, family-centered supports that help children, youth, families, and care teams address health and development in ways that reflect their needs and preferences across settings.

Strategies:

- Strengthen family-centered, evidence-informed supports, services, and resources.
- Involve families and caregivers in shaping, implementing, and improving programs and services.
- Collaborate across systems to remove and reduce barriers to simplify family navigation and improve access to resources and supports.
- Support local efforts to provide services and resources in ways that meet family needs and preferences.

Priority: Adolescent mental health and wellbeing

Increase adolescent-centered mental health and wellbeing resources and upstream-focused, universal supports.

Strategies:

- Amplify resources, services, and supports for adolescents who are medically underserved and at greater risk for poor health outcomes.
- Build community capacity to support and increase access to adolescent-centered physical and mental health resources and supports.
- Nourish transformation of systems, environments, and norms that support adolescents in self and community care.
- Promote change in societal attitudes by challenging stigma and harmful beliefs toward adolescent mental health and illness.

MINNESOTA TITLE V 2026-30 ACTION PLAN

Priority: **Comprehensive perinatal systems of care**

Ensure perinatal women have access to systems of care and care navigation that are comprehensive, high quality, and responsive to individual needs and experiences.

Strategies:

- Enhance resources, services, and supports that are responsive to community and individual needs and experiences to improve birth experiences for populations who are medically underserved and at greater risk for poor health outcomes.
- Broaden virtual and in-person services for perinatal women.
- Strengthen health literacy and system navigation by providing community-responsive resources, services, and supports.
- Improve quality and availability of family-centered mental health and substance use disorder services and resources for perinatal women.

Priority: **Community health drivers**

Address the key drivers and underlying conditions that influence the health of Minnesota's families and communities.

Strategies:

- Amplify resources, services, and supports that are responsive to community needs and support the health and wellbeing for all.
- Strengthen the capacity of public health professionals and community leaders to effectively address community health drivers, such as housing and early childhood systems of care, using a public health lens.
- Vitalize Title V activities to address community health factors to improve MCH outcomes and access to care across the life course.
- Ensure data produced and reported through Title V highlight meaningful differences in maternal and child health outcomes, explore root causes, discuss their impact, and provide recommendations for improving health across MCH populations.

Priority: **Optimal systems and policies**

Support transformation of systems and policies that drive priorities for improving health outcomes, reducing differences, and optimally serving MCH populations in Minnesota.

Strategies:

- Amplify community responsive resources, services, and supports to address systems and policies to support the health and wellbeing of MCH populations who are medically underserved and at greater risk for poor health outcomes.
- Develop and mobilize strong interagency, multisector, and community partnerships to respond to uneven trends in maternal and infant deaths through targeted interventions.
- Build workforce and partner capacity to promote systems and policies that optimally serve all MCH populations in Minnesota.
- Engage partners and interest holders to promote family engagement and partnership across all sectors.

Minnesota Department of Health | Child and Family Health Division
health.cfhcommunications@state.mn.us | 651-201-3589
www.health.state.mn.us/communities/titlev/index.html

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To obtain this information in a different format, call 651-201-3589.

How Federal Title V Funds Complement State-Supported MCH Efforts

How federal Title V funds support state maternal and child health (MCH) efforts

Title V MCH Block Grant and match funds, provide core funding for local and statewide MCH efforts. Two-thirds of Minnesota's Title V funds are distributed to the state's 52 Community Health Boards (CHBs) (53 beginning January 1, 2026), comprised of 74 local public health (LPH) departments representing 87 counties. This is governed by Minnesota Statute § 145.88-145.883 (https://www.revisor.mn.gov/statutes/cite/145.88), which also directs the use of these funds to programs that address needs of MCH populations, including children with special health care needs (CSHCN). CHBs conduct regular community health assessments to determine needs, priorities, and programming within their geographic area. Each year, CHBs submit:

- A work plan of activities funded through Title V and match funds for the upcoming FFY.
- A budget that allocates Title V and match funds for their upcoming FFY planned activities.
- Annual reporting of Title V and match fund activities, including previous FFY expenditures and populations data.

One-third of Minnesota's Title V funds support Minnesota Department of Health (MDH) staff who provide leadership to state MCH programs and policies and provide technical assistance to CHBs. Specifically, 20.40 FTEs within the Child and Family Health Division (CFH) are supported with Title V dollars. The CFH Division leads Title V MCH Block Grant activities and is where Minnesota's Title V Director, MCH Director, CSHCN Director, and Coordinator are housed. The MCH and CSHCN Sections within the CFH Division lead Title V efforts – collaborating with the Family Home Visiting (FHV), and Women, Infants, and Children (WIC) Sections, as well as with other MDH programs.

This distribution of Title V funds helps create more consistent and fair access to support at the program, community, and state/policy levels. Title V funds support the general MCH and CSHCN populations and the funds given to CHBs are flexible for use in addressing unmet needs in communities in the following areas:

- Improved Pregnancy Outcomes
- Family Planning
- Children with Special Health Care Needs – Ages birth to 22
- Child and Adolescent Health – Ages 1 to 22
- Infant Health – Ages 0 to 1

Locally identified priorities focus on supporting populations that experience barriers to services and resources, particularly individuals and families who are considered high risk and/or low income. At the state/policy level, staff in positions supported by Title V dollars engage with community, with a focus on understanding the unique challenges faced by different populations. The level of engagement, including how much input or decision-making communities have in shaping work, varies by staff and program with compensation provided for their expertise and time when possible. Some staff are also engaged in policy work informed by community priorities and seek to expand funding and support for efforts that strengthen the ability of communities to share their experiences and inform decisions across sectors and systems.

MCH Success Story

Success story

Community input and family engagement are integral to community health boards (CHBs) in the process of identifying the use of federal Title V funds and, in FFY 2024, were critical for one CHB working with local school districts to develop and deliver student- and classroom-specific sexual health curriculum. Input from health teachers was gathered about the content covered in their human development unit, which provided a foundation for the CHB's Public Health Specialist's lessons. They also gathered input to understand student and caregiver concerns and sensitivities, students' preferred learning styles, appropriate preparation for the delivery settings, accessible presentation mediums, and demographics of the learner groups. Presentation materials featured a balanced mix of visuals and text to cater to different learning styles, while interactive elements engaged participants and reinforced key messages. Additionally, knowledge of other community organizations' sexual health content delivery was leveraged to avoid redundancy and ensure a cohesive approach.

During education sessions, the Public Health Specialist engaged directly with students to assess their baseline knowledge by asking about the language and terms they typically use to describe sexual health concepts. This allowed the Public Health Specialist to align the language and explanations with the students' understanding while introducing and emphasizing the importance of anatomically correct terminology. The Public Health Specialist also inquired about the sources of students' current sexual health knowledge to tailor future presentations effectively, addressing gaps or misconceptions. These steps ensured that the program was not only evidence-based but also contextually appropriate and responsive to the needs of the community. This included using neutral language and imagery that featured a variety of identities which fostered a sense of belonging. Comprehensive language was emphasized to make the content relevant to individuals regardless of anatomy, ensuring topics like sexually transmitted infections, contraception, consent, healthy relationships, and pregnancy prevention were applicable to all. The materials were also tailored to be age-appropriate, with time allocated for questions to address varying levels of background knowledge. Additionally, ground rules were established to set a respectful tone, creating a safe space to explore a range of feelings and experiences. This multifaceted strategy ensured all participants could meaningfully engage with and benefit from the education provided.

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

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.