



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

MISSOURI

State Snapshot

FY2026 Application / FY2024 Annual Report

December 2025

Title V Federal-State Partnership - Missouri

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>)

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Funding by Source

Source	FY 2024 Expenditures
 Federal Allocation	\$10,941,680
 State MCH Funds	\$9,987,230
 Local MCH Funds	\$0
 Other Funds	\$0
 Program Income	\$0

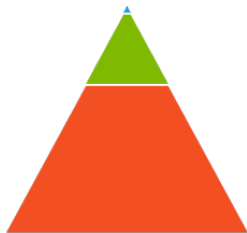
FY 2024 Expenditures



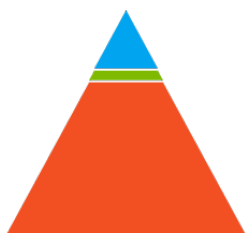
Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$299,340	\$2,615,118
Enabling Services	\$3,410,382	\$428,281
Public Health Services and Systems	\$7,231,958	\$6,943,831

FY 2024 Expenditures
Federal



FY 2024 Expenditures
Non-Federal



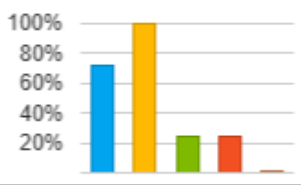
Percentage Served by Title V

Population Served	Percentage Served	FY 2024 Expenditures
Pregnant Women	71.2%	\$3,872,171
Infants < 1 Year	99.6%	\$2,203,300
Children 1 through 21 Years	24.0%	\$3,958,273
CSHCN (Subset of all infants and children)	24.4%	\$9,959,726
Others *	1.7%	\$6,899

FY 2024 Expenditures
Total: \$20,000,369



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>Access to patient-centered, coordinated, and comprehensive postpartum care.</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 postpartum care providers who participate in training through the Missouri PQC on implementing standardized and comprehensive postpartum care. 	New	Women/Maternal Health
<p>Preventive oral health care services during pregnancy.</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 oral health care providers who participate in training on providing respectful, whole-person, and person-centered care. 	New	Women/Maternal Health
<p>Safe infant sleep practices and environments to promote safe infant sleep and reduce sleep-related infant deaths.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● 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: Percent of infants enrolled in home visiting that are always placed to sleep on their backs, without bedsharing or soft bedding (aligned with MIECHV performance measure). 	New	Perinatal/Infant Health
<p>Access to holistic oral health care services for children.</p> <p>NPMs</p>	New	Child Health

<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 students referred to an oral health care provider as a result of participating in the Preventive Services Program (PSP). 		
<p>A stable and supportive relationship with a caring non-parental adult to enhance adolescent psychological well-being and empower youth with the tools and training to reach their full potential.</p> <p>NPMs</p> <ul style="list-style-type: none"> Percent of adolescents, ages 12 through 17, who have one or more adults outside the home who they can rely on for advice or guidance - ADM <ul style="list-style-type: none"> ESM ADM.1: Number of LPHAs contracted to develop adolescent youth leadership initiatives to ensure youth engagement in decision-making, program planning, service delivery, and quality improvement activities at local and state levels. 	New	Adolescent Health
<p>Smooth and successful transition from child-centered to adult-oriented healthcare, promoting continuity of care, improving health outcomes, and empowering youth to manage their own 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 received services to prepare for the transition to adult health care - TAHC <ul style="list-style-type: none"> ESM TAHC.1: Number of school health staff educated on supporting high school students' development of health self-advocacy skills. 	New	Adolescent Health
<p>Access to family-centered, coordinated, comprehensive, and community-based health care services and supports for children with and without special health care 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 <ul style="list-style-type: none"> ESM MH.1: Number of school health staff educated on the importance and benefits of a medical home for children with and without special health care needs. 	New	Child Health, Children with Special Health Care Needs
<p>Strengths-based services and supports to promote healthy family relationships and functioning, enhance resilience, foster social connections, and support children's social and emotional development.</p>	New	Cross-Cutting/Systems Building

<div>SPMs</div> <ul style="list-style-type: none">● SPM 1: Percent of children and parents participating in a family skills development and strengthening program who report improvement on program evaluation metrics.		
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Executive Summary

Program Overview

Missouri's Title V MCH Services Block Grant is managed by the Department of Health and Senior Services (DHSS) and is organizationally situated in the Division of Community and Public Health (DCPH). Martha Smith, MSN, RN, is the State Director for Maternal and Child Health (MCH), and Andrea Tray, MPH, is the Children and Youth with Special Health Care Needs (CYSHCN) Director. The Title V MCH Services Block Grant application is submitted by DHSS as the designated state agency for the allocation and administration of these block grant funds and oversight of all Title V funded programming. State MCH Leadership and Title V MCH programming are positioned throughout multiple DHSS divisions and organizational units. DCPH serves as the umbrella entity to facilitate access to numerous MCH-targeted programs, and DCPH programs provide a majority of DHSS services for the MCH population. The capacity of Missouri's Title V MCH programming is broad, encompassing programs and staff within DHSS, the Office of Childhood at DESE, LPHAs, and numerous private and community partners. Through these programs, initiatives, and partnerships, a statewide system is supported to assure comprehensive, coordinated, and family-centered MCH services, including services for cyshcn.

DHSS used the conceptual framework provided by HRSA/MCHB and the MCH Evidence Center to guide the needs assessment process and inform understanding of MCH population needs across the state. The Office of Epidemiology (OOE) initiated the statewide Missouri Five-Year Needs Assessment in the fall of 2023. The needs assessment timeline included development and execution of a contract for conducting the listening sessions, qualitative and quantitative data collection and analysis (Spring 2024 – Fall 2024), and stakeholder input (Winter 2024 – Spring 2025). The final state priorities were determined after review of all needs assessment components and coordination with DHSS leadership.

Summary of MCH Needs Assessment Findings

Missouri's 2025 MCH Needs Assessment identified ongoing and emerging challenges impacting the state's MCH population. The findings were informed by listening sessions, quantitative data analysis, a public survey, and stakeholder input. Together, these components provided a comprehensive picture of MCH population needs and priorities to guide statewide MCH strategic planning for the next five years. Some specific issues identified include:

- **Access to Care:** Barriers such as cost, provider shortages, lack of transportation, and insurance gaps were highlighted across the state. Many residents struggle to access primary, dental, behavioral, and specialty care.
- **Mental Health:** Limited mental health services are available, especially in rural areas. Stigma, lack of providers, and affordability remain major barriers.
- **CYSHCN Needs:** Families face fragmented systems, high costs, limited rural access, and insufficient funding for needed therapies and services.
- **Community and Population-Level Factors Influencing MCH Outcomes:** Issues beyond public health and health care, including transportation and housing, were highlighted as contributing to poor health.

MCH Priorities and Five-Year State Action Plan

Based on the Five-Year Needs Assessment completed in the spring of 2025, MCH Leadership and OOE identified the following FY 2026-2030 state priorities and developed strategies and action plans to address these needs:

1. Access to patient-centered, coordinated, and comprehensive postpartum care.
2. Preventive oral health care services during pregnancy.
3. Safe infant sleep practices and environments to promote safe infant sleep and reduce sleep-related infant deaths.
4. Access to holistic oral health care services for children.
5. A stable and supportive relationship with a caring non-parental adult to enhance adolescent psychological well-being and empower youth with the tools and training to reach their full potential.
6. Smooth and successful transition from child-centered to adult-oriented health care, promoting continuity of care, improving health outcomes, and empowering youth to manage their own health.
7. Access to family-centered, coordinated, comprehensive, and community-based health care services and supports for children with and without special health care needs.
8. Strengths-based services and supports to promote healthy family relationships and functioning, enhance resilience, foster social connections, develop knowledge of parenting and child development, and support children's social and emotional development.

Core values to be applied across all priorities, performance measures, and strategies were identified: person-centered, strengths-based approach; family and youth partnership and engagement; success through enhanced skills, knowledge, and capabilities; excellence; collaboration; access; integrity; and accountability.

Seven National Performance Measures (NPMs) and one State Performance Measure (SPM) were chosen to align with the priority needs and are discussed below by population domain. The two new Universal NPMs, postpartum visit and medical home, are included in the Women/Maternal and CYSHCN and Child Health domains, respectively. Evidence-based or -informed strategies will be implemented to address each priority, and the effectiveness of those strategies in making progress toward targeted objectives will be monitored by tracking the identified performance measures.

Women/Maternal Health

Priority: Access to patient-centered, coordinated, and comprehensive postpartum 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

Recognizing postpartum care is critical to identification and treatment of any pregnancy-related complications, including postpartum depression and anxiety, yet significant gaps in access to postpartum care were highlighted through the needs assessment process, access to postpartum care will be prioritized. The postpartum visit provides an opportunity to monitor recovery from delivery, manage chronic conditions such as hypertension or diabetes, and address issues like pain, breastfeeding challenges, or signs of postpartum depression. This visit also provides an opportunity for maternal care providers to connect new mothers with local support resources and assure appropriate referrals to address comprehensive health care needs, ensuring physical, emotional, and mental well-being after childbirth and beyond. In Missouri, where access to maternal health care varies by region, especially in rural areas, timely postpartum care is essential to prevent complications and support a healthy transition into motherhood.

Priority: Preventive oral health care services during pregnancy

NPM: Percent of pregnant women who receive preventive dental care during pregnancy

Oral health, ranked as a top priority through the needs assessment process, is a critical component of a person's overall health and well-being, and poor oral health during pregnancy has been linked to an increased risk of preterm birth and low birth weight.

Perinatal/Infant Health

Priority: Safe infant sleep practices and environments to promote safe infant sleep and reduce sleep-related infant deaths

NPM: 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

Sleep-related infant death due to suffocation continues to be a leading cause of infant mortality in Missouri, with persistent racial disparities. Title V funding is the sole source of funding support for the Safe Cribs for Missouri Program, which provides safe sleep education and free portable cribs to eligible families. DHSS works closely with home visiting programs, LPHAs, and community partners to provide cribs, safe sleep education, trainings, and resources to reduce the risk of infant injury or death due to unsafe sleep environments. Quality improvement initiatives to promote safe infant sleep practices and environments will be prioritized.

Child Health

Priority: Access to holistic oral health care services for children

NPM: Percent of children ages 1 through 17 who had a preventive dental visit in the past year

To address the identified priority need for access to oral health care, holistic oral health care for children, focused on the overall well-being of the child, not just their teeth, will be prioritized. By addressing nutrition, hygiene habits, safety, emotional health, and early prevention, holistic care encourages positive behaviors, reduces the risk of chronic issues, supports healthy growth and development, and helps build a strong foundation for lifelong oral and general health.

Adolescent Health

Priority: A stable and supportive relationship with a caring non-parental adult to enhance adolescent psychological well-being and empower youth with the tools and training to reach their full potential

NPM: Percent of Adolescents, ages 12 through 17, who have one or more adults outside the home whom they can rely on for advice or guidance

Adolescent health plays a critical role in shaping a young person's future, influencing their physical, emotional, and social development, and having even one caring non-parental adult can make a significant difference. These trusted adults provide guidance, support, and a safe space for adolescents to express themselves, which can boost their sense of self and belonging. Their presence is especially valuable when teens face challenges or lack consistent support at home. Needs assessment findings showed adolescents in Missouri continue to be at risk of poor mental health and injury-related deaths, including suicide. Supportive adult relationships will be prioritized to promote adolescent self-esteem, resilience, mental well-being, and healthy decision-making.

Priority: Smooth and successful transition from child-centered to adult-oriented health care, promoting continuity of care, improving health outcomes, and empowering youth to manage their own health

NPM: 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.

As young people age, their physical, emotional, and social needs evolve, and the transition from child-centered to adult-oriented healthcare is a critical step in promoting adolescent and adult health. To lay the foundation for improved health outcomes, DHSS will collaborate with partners to prioritize coordinated transition, foster health literacy, and empower youth to take responsibility for their own well-being.

CYSHCN

Priority: Access to family-centered, coordinated, comprehensive, and community-based health care services and supports for children with and without special health care needs

NPM: Percent of children with and without special health care needs, ages 0 through 17, who receive family-centered, coordinated, comprehensive, and community-based health care services and supports (reported in Child Health and CYSHCN domains)

A medical home provides continuous, comprehensive, and coordinated care that supports a child's physical, emotional, and developmental needs and ensures timely preventive services, effective management of chronic conditions, and seamless access to specialty care and support services, as needed. Access to health care, including primary, behavioral health, and specialty care providers, was a top priority identified through the needs assessment process. DHSS programs promote health insurance coverage and educate on the medical home approach to improve the likelihood all children will have a medical home and services to address their needs. The Bureau of SHCN provides targeted education to enrolling families on the importance of a medical home.

Cross-Cutting/Systems Building

Priority: Strengths-based services and supports to promote healthy family relationships and functioning, enhance resilience, foster social connections, and support children's social and emotional development.

SPM: Percent of children and parents participating in a family skills development and strengthening program who report improvement on program evaluation metrics.

Family skills development and strengthening programs focus on identifying and building upon existing strengths, capacities, and resources within a family, empowering them to overcome challenges. To address the broader priority to support the overall health and well-being of families and children across the life course, strengths-based approaches will be leveraged to foster healthy family relationships and functioning.

DHSS celebrates successes in system development and partnership and is committed to ongoing support of systems to deliver comprehensive, coordinated, and family-centered services and ensure MCH populations, including cyshcn, attain their full health potential. Title V resources are allocated and program activities are implemented to specifically address the identified priorities, along with planning for and responding to ongoing MCH needs and emerging issues and hazards. Budgeted dollars and expenditures are categorized and tracked by population served and across the three service levels in the MCH Pyramid: direct health care services, enabling services, and public health services and systems. State and Federal MCH funding helps sustain a broad spectrum of programming to address priority needs and community and population-level factors influencing MCH outcomes, and efforts are grounded in collaboration with a range of state and local partners. Service coordination through the CYSHCN and HCY programs help families develop and obtain high-quality supports and services to meet their needs. Early childhood programs are offered to ensure children have the opportunity to grow up healthy, safe, and ready to learn and able to become productive members of society. Family- and community-centered partnerships, feedback, and collaboration are valued and centered in MCH efforts. SHCN Family Partners, who are parents of individuals with special health care needs and have firsthand experience, provide peer-to-peer support for families to navigate options and solutions focused on the unique needs of individuals with complex medical conditions, from birth to age 21. The Bureau of SHCN utilizes input and guidance from the Family Partners and the families served to enhance the quality of services and support for cyshcn. Title V funded FTEs are leveraged to develop meaningful partnerships with schools, child care providers, state departments and associations, local organizations, and community groups to promote systems of care that benefit the MCH population and overcome issues preventing access to care.

How Federal Title V Funds Complement State-Supported MCH Efforts

Federal Title V funds provide backbone funding for approximately 118 key staff positions across DHSS and the Office of Childhood at DESE (not including senior leadership and budget/financial, procurement and information technology support staff). This includes the Chief Medical Officer and staff who serve children and youth with special health care needs (cyshcn), including four SHCN Family Partners; epidemiological staff who analyze data to identify priority health needs of the maternal/child population; staff who focus on women's, infant's, children's, and/or adolescent's health; and staff working on special MCH initiatives. Staff also provide technical assistance to community partners and the 115 LPHAs. Contract funding to LPHAs to help build community-based systems and expand the resources those systems can use to respond to priority MCH issues comprises almost thirty percent of Title V funds. The bulk of remaining contract funds are allocated for home visiting, service coordination for cyshcn, early childhood, oral health promotion, community health and wellness initiatives, and MCH navigator and support services. The majority of state match supports newborn screening testing by the State Public Health Lab, newborn screening follow-up, direct care for cyshcn, and maternal mortality prevention. State funds also support women's health services for incarcerated women and the Sexual Assault Forensic Examination – Child Abuse Resource and Education program. Title V funds allow Missouri to coordinate public health services provided to the MCH population by working across multiple state programs, engaging community partners and families, and collaborating with stakeholders throughout the state to address ongoing and emerging issues impacting MCH.

Over the past few years, Title V funds have been leveraged to expand the MCH Coordinator position to 1.0 FTE and establish the CYSHCN Director position as 1.0 FTE, increasing capacity to provide statewide leadership for priorities related to cyshcn, medical home, and family partnership. Title V funds support the MCH Learning Community, launched in 2023 to promote cross-collaboration, relationship building, knowledge-sharing, and problem-solving, and quarterly publication of the MCH Newsletter. DHSS leveraged Title V funding to secure state funding to support the Maternal Mortality Prevention Plan (MMPP), launched in state FY 2024, and the Statewide Fetal and Infant Mortality (FIMR) Network, launched in state FY 2025. Title V funds support two FTE for the FIMR Coordinator and FIMR Epidemiologist positions, necessary to implement the statewide FIMR Network, and support FTEs to lead and implement the MMPP. To help build a strong public health workforce, inclusive of the MCH workforce, the MCH Director also serves as the State Lead for Public Health Nursing, providing leadership, expertise, and advocacy related to public health nursing practice, standards, and issues, along with specialized MCH nursing leadership and expertise. Title V funds support the MCH Director's and other programs' participation in Department strategic planning and service on state-level MCH and public health boards. The MCH Director is supported to serve as the Region VII Director on the Board of Directors for the Association of Maternal and Child Health Programs. With the support of organizational leadership, the MCH Director leverages Title V funding to serve as a thought leader and architect for the future of Missouri's MCH system and outcomes.

Note: Reporting of federal and state Title V expenditures by individual MCH populations and service level of the MCH Pyramid to demonstrate how federal Title V funds support gap-filling services and complement state funds in providing a range of MCH services is included in Forms 3a and 3b.

MCH Success Story

Collaboration is the key to effectively supporting families of children and youth with special health care needs (cyshcn). The SHCN Family Partnership Program is dedicated to enhancing the lives of cyshcn and their families by providing resources, information, and connections that empower families to live a good life, experiencing improved health, economic security, and meaningful social connections.

Through the MCH Services Program, SHCN Family Partnership collaborated with the Tri-County Health Department to support completion of "Your Child's Care Notebook". The Care Notebook is a comprehensive resource designed to help families organize and share important health information with their care teams. It equips caregivers with essential tools to ensure anyone providing care to cyshcn can respond effectively. Drawing from their lived experiences as parents of cyshcn, the SHCN Family Partners helped shape the content of the notebook to address the specific needs of cyshcn and their families. While tailored to support cyshcn, the notebook is a versatile resource that can help coordinate care for and benefit children of all ages, both with and without special health care needs. This collaboration led to joint presentations on medical home approach and the Care Notebook at the Disability Awareness Convention, hosted by the Arya Foundation, the Family Partnership Parent and Caregiver Retreat, and the Missouri Coordinated School Health conference. Additional presentations are scheduled at several future convenings. Printed copies of the Care Notebook were distributed to attendees, providing them with a practical resource they could use immediately. During the Retreat, a family member stated, "It was important for me to learn that I have a medical home, as I thought I had a hospice home.," highlighting the value of accessible, accurate information for families navigating complex care needs. The Care Notebook is available electronically, as both a [fillable form](#) and [non-fillable form](#), expanding its reach to anyone seeking to organize health information and share it with their care team.

Building on this collaborative foundation, SHCN worked with LifeCourse Nexus Training and Technical Assistance Center at the University of Missouri Kansas City to develop the "[Resource Guide For Missouri Families of Children From Birth to Age 12.](#)" The guide was designed to strengthen support networks by providing families with detailed descriptions, links, and phone numbers of various statewide resources. The SHCN Family Partnership Manager presented a "spotlight session" on the Resource Guide at the Charting the LifeCourse Showcase. Organized by the "[Three Buckets of Support](#)" - Discovery and Navigation, Connecting and Networking, and Goods and Services - this guide is a valuable tool for all families, especially those of cyshcn. It highlights the supports available through SHCN Family Partnership and Missouri Family to Family, both of which provide free statewide services led by parents or family members of individuals with special health care needs or disabilities.

The success of this initiative underscores the tangible impact and pivotal role of the Title V MCH Block Grant in addressing critical needs and promoting the well-being of children. These efforts, funded by Title V at state and local levels, exemplify the transformative impact of collaborative synergy and strategic resource allocation in advancing MCH. Through these collaborative efforts, Family Partners helped create valuable resources, gained valuable insight into the power of building connections and networking with other organizations and agencies, and provided resources to families that offer support and reassurance they are not alone on their journey.

Note: Additional information is included in the CSHCN domain narratives.

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

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.