HRSA
Health Resources & Services Administration



Title V MCH Block Grant Program

NORTHERN MARIANA ISLANDS

State Snapshot

FY2027 Application / FY2025 Annual Report

November 2026

Title V Federal-State Partnership - Northern Mariana Islands

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 FY2027 Application / FY2025 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 Hotline: (670) 287-7718

Funding by Source

Source	FY 2025 Expenditures
Federal Allocation	$473,159
State MCH Funds	$0
Local MCH Funds	$0
Other Funds	$417,381
Program Income	$0



Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	$0	$0
Enabling Services	$238,618	$396,531
Public Health Services and Systems	$234,541	$20,850

FY 2025 Expenditures Federal



FY 2025 Expenditures Non-Federal



Percentage Served by Title V

Population Served	Percentage Served	FY 2025 Expenditures
Pregnant Women	100.0%	$120,640
Infants < 1 Year	100.0%	$120,639
Children 1 through 21 Years	100.0%	$308,267
CSHCN (Subset of all infants and children)	100.0%	$265,793
Others *	25.8%	$31,292

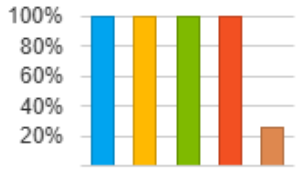
*Others– Women and men, over age 21.

FY 2025 Expenditures

Total: $846,631



FY 2025 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)
Access to preventative medical visits 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 ○ ESM PPV.1: Percentage of women (age 18+) who are accessing well woman visits, prenatal care visits, and postpartum visits via mobile clinic and other clinical outreach.	Revised	Women/Maternal Health
Access to Mental Health Services NPMs • Percent of women who were screened for depression or anxiety following a recent live birth - MHS ○ ESM MHS.1: Number of maternal health clinics that participated in the assessment survey regarding maternal depression screenings.	Revised	Women/Maternal Health
Education and services to help prevent premature births and low birthweight. SPMs • SPM 1: Percent of CNMI resident women with live births who receive prenatal care beginning in the first trimester. ○ SPM ESM 1.1: Assessment to identify groups or reasons for not accessing early prenatal care completed (Y/N).	Revised	Perinatal/Infant Health
Education and support to help with breastfeeding NPMs • A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months - BF ○ ESM BF.1: Percent of postpartum women who receive breastfeeding education, assessment, or referral during a postpartum or infant healthcare encounter within two weeks of delivery.	Continued	Perinatal/Infant Health

Priority Needs and Associated Measures	Priority Need Type	Reporting Domain(s)
○ ESM BF.2: Percent of postpartum women who receive breastfeeding education, assessment or a referral during a postpartum or infant healthcare encounter within 2 weeks of delivery. SPMs ● SPM 3: Percent of CNMI WIC infants breastfed at 6 months.		
Access to healthy physical activity NPMs ● Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day - PA-Child ○ ESM PA-Child.1: PA-Child.1 - Percentage of referrals by MCH who reported completing at least 75% of the EFNEP program curriculum. ○ ESM PA-Child.2: Percent of children ages 6-11 years who enroll in after school sports or other group activities. ○ ESM PA-Child.3: Number of collaborative physical activity initiatives or events supported by the MCH Program through the CNMI Physical Activity Council that engage children ages 6-11 and their families.	New	Child Health
Access to teen pregnancy and sexually transmitted infection prevention programs NPMs ● Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year - AWV ○ ESM AWV.1: Percentage of adolescents ages 12 through 17 years who access preventive care visit at all CHCC sites ○ ESM AWV.2: Percentage of Public School System (PSS) high school students who participate in school-based health services. ○ ESM AWV.3: Number of teens who completed the PATCH Peer-to-Peer Workshops in the past year.	New	Adolescent Health
Bullying prevention and support NPMs ● Percent of adolescents, with and without special health care needs, ages 12 through 17, who are bullied or who bully others - BLY	New	Adolescent Health

Priority Needs and Associated Measures	Priority Need Type	Reporting Domain(s)
○ ESM BLY.1: Percent of schools participating in bullying prevention needs assessment and planning activities.		
Access to care coordination and navigation of healthcare and community programs NPMs ● Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - MH ○ ESM MH.1: Number of pediatric providers who received medical home training and implemented at least one component (e.g., care coordination, family engagement, team-based care). ○ ESM MH.2: Percent of pediatric providers who received medical home training and implemented at least one component (e.g., care coordination, family engagement, team-based care).	Revised	Child Health, Children with Special Health Care Needs
Parent training to support Transition from pediatric to adult healthcare NPMs ● 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 ○ ESM TAHC.1: Percentage of high school students served by SPED who received information on transition ○ ESM TAHC.2: Percent of parents who complete transition training.	New	Children with Special Health Care Needs
Clear communication about health services and supports available for MCH populations SPMs ● SPM 2: Percent of progress milestones completed toward the development and implementation of a centralized, user-friendly digital platform. ○ SPM ESM 2.1: User research (i.e. surveys and focus groups) completed.	New	Cross-Cutting/Systems Building

Executive Summary

Program Overview

This executive summary provides a comprehensive overview of the Commonwealth of the Northern Mariana Islands (CNMI) Maternal and Child Health (MCH) Title V Block Grant, covering the accomplishments and data from the FY 2025 Annual Report and the strategic objectives for the FY 2027 Application.

I. Program Overview and Mission

The mission of the CNMI MCH Title V Program is to promote and improve the health and wellness of women, infants, children (including those with special healthcare needs), adolescents, and their families through quality prevention programs and effective partnerships. Situated within the Division of Public Health Services of the Commonwealth Healthcare Corporation (CHCC), the program leverages its position within an integrated health system to adapt to community needs across Saipan, Tinian, and Rota.

Federal Title V funds are primarily used to support Enabling Services and Public Health Services and Systems. Key efforts include care coordination for pregnant women and CSHCN, newborn screening supplies, health education, and workforce development. Notably, the program does not utilize these funds for direct clinical services, focusing instead on infrastructure and access.

II. Women/Maternal Health

FY 2025 Progress:

- **Preventive Access:** The program prioritized increasing access to timely preventive care for women of reproductive age.
- **Mobile Clinic Outreach:** A key success was the use of the CHCC Mobile Clinic, which conducted **46 outreach events** serving 206 adult women before a mechanical issue halted operations in May 2025. Additionally, MCH supported **monthly women's health outreach clinics to the islands of Tinian and Rota** enabling access to well woman visits, prenatal care, family planning and other women's preventive health services. Outreach providers saw 174 patients in Rota and 188 in Tinian in FY2025.
- **Data Trends:** In FY 2025, 31.1% of women reported accessing preventive health services at CHCC, an increase from 21.5% in 2024.
- **Postpartum Care:** CNMI data showed that **68% of mothers** received a checkup 12 weeks after giving birth.

FY 2027 Plans:

- **Expanded Outreach:** The program will scale up mobile clinic services and clinical outreach to reduce transportation barriers for women, particularly in outer islands.
- **Maternal Depression Screening:** A major new focus is strengthening universal maternal depression screening and referral systems across all prenatal and postpartum settings.
- **Standardization:** Plans include standardizing screening tools and improving coordination between maternal health providers and behavioral health services.

III. Perinatal and Infant Health

FY 2025 Progress:

- **Breastfeeding Initiation:** Breastfeeding initiation remains consistently high, with **90.0% of infants** ever breastfed in 2025.
- **Exclusive Breastfeeding:** The exclusive breastfeeding rate at six months (for WIC-enrolled infants) reached **10.1%**, which, while slightly lower than the 2024 peak, is nearly double the long-term baseline of 4.9%.
- **Early Prenatal Care:** Utilization of first-trimester prenatal care reached **75.0%**, its highest level in the reporting period and for the first time, comparable to US national rates.

FY 2027 Plans:

- **Standardized Referral Pathways:** To improve early prenatal care entry, the program will establish a multidisciplinary workgroup to create standardized referral protocols and designate "prenatal care navigators".
- **Enhancing breastfeeding support:** Strengthen coordinated breastfeeding education, referral, and early postpartum support through existing maternal and child health programs.
- **Community Support:** The program will continue to procure breastfeeding supplies and promote breastfeeding-friendly workplaces.

IV. Child Health

FY 2025 Progress:

- **Physical Activity:** 59.6% of children aged 6–11 were reported to be physically active for at least 60 minutes daily, exceeding the 51.3% reported in 2023.
- **Nutrition and Obesity:** The program partnered with community organization Run Saipan to promote physical activity among CNMI and supported community nutrition workshops, healthy recipes demonstrations, and information sharing in partnership with the Public Health Registered Dietician.
- **Clinical Access:** 12 well-child outreach clinics were conducted via the mobile clinic, and **22 school-based vaccination clinics** were held in partnership with the Public School System (PSS).

FY 2027 Plans:

- **Physical Activity Council:** The MCH program will take an active leadership role in the CNMI Physical Activity Council to coordinate community events and advocate for active lifestyles.
- **Medical Home Training:** A primary objective is strengthening the "Medical Home" model. The program will provide training and technical assistance to pediatric clinics to improve care coordination and family engagement.
- **Vaccination and well child visits:** Efforts will continue to ensure that children have timely access to recommended well-child visits and routine immunizations in accordance with evidence-based guidelines.

V. Adolescent Health

FY 2025 Progress:

- **Well-Visit Decline:** A concerning trend was noted as annual adolescent well-visit rates declined to **28.9%** from a previous baseline of nearly 41%.
- **PATCH Success:** The "Providers and Teens Communicating for Health" (PATCH) program conducted **four peer workshops**, reaching 83 adolescents with health education and navigation skills.
- **School Outreach: A total of 910 CNMI high school youth** participated in preventive health workshops and 257 received Health screenings (BMI, blood pressure, etc.) and referral services.

FY 2027 Plans:

- **Teen Pregnancy and STI Prevention:** The program will prioritize decreasing STI rates and teen births by expanding access to confidential services and family planning via school partnerships.
- **Expansion of PATCH:** The program aims to recruit more Teen Educators and expand workshops to all public high schools to reach 40% of the student population.
- **Bullying Prevention:** A new priority for FY 2027 is collaborating with schools to assess bullying needs and implement evidence-based prevention programs to improve student safety.

VI. Children with Special Health Care Needs (CSHCN)

FY 2025 Progress:

- **System Navigation:** The Family-to-Family Health Information Center (F2F HIC) hosted **seven virtual learning sessions**, reaching 289 participants on topics such as Down Syndrome and early literacy.
- **Parent Leadership:** The program supports a network of **11 trained parent leaders** who serve as trusted peer mentors and community advocates, providing outreach, education, and support to families across the Commonwealth. During FY2025, these efforts reached **610 community members** through education, outreach, and peer support activities.
- **Specialty Outreach:** Partnerships with providers like **Shriners Children's** continued to facilitate access to subspecialty care providing **232** clinic visits in FY2025.
- **Transition Planning:** Collaborative efforts with the Disability Network Partners (DNP) focused on preparing youth for the shift to adult healthcare.

FY 2027 Plans:

- **Medical Home Implementation:** Similar to the child health domain, the program will emphasize the Medical Home model for CSHCN, focusing on comprehensive care planning and mental health integration.
- **IEP Collaboration:** Title V staff will strengthen collaboration with the school system to participate directly in **Individualized Education Program (IEP) meetings** for children with complex medical conditions.
- **Parent Transition Training:** A new five-year objective aims to increase the percentage of parents of CSHCN receiving formal training on transitioning to adult care.

VII. Cross-Cutting and Systems Building

FY 2025 Progress:

- **Workforce Development:** The CNMI participated in the Public Health Workforce Interests and Needs Survey (PH WINS) for the first time, marking its inclusion in this national workforce assessment. The survey established baseline data on workforce capacity, training needs, and organizational strengths to inform future workforce development and planning.
- **Data Capacity Building:** Increased data capacity with the publishing of the first CNMI Pregnancy Risk Assessment Monitoring System (PRAMS) Report and the planning for implementation of the CNMI Behavioral Risk Factor Surveillance System (BRFSS).

FY 2027 Plans:

- **Centralized Digital Platform:** A new priority is the development of a user-friendly digital platform (website) to serve as a resource hub for all MCH domains.
- **Digital Integration:** FY 2027 activities include expanding multilingual content, ensuring ADA accessibility, and exploring integration with clinical health information systems (e.g., Meditech Expanse) to improve referral tracking.

How Federal Title V Funds Complement State-Supported MCH Efforts

MCH Block Grant funds are used to support the overall MCH efforts in the Commonwealth of the Northern Mariana Islands (CNMI). Primarily, the Block Grant funds support Enabling Services to improve and increase access to health care and improve health outcomes of the CNMI MCH population. The types of enabling services supported include Care/Service Coordination for pregnant women and Children with Special Healthcare Needs, Laboratory Supplies for Newborn Screening, Eligibility Assistance, Contraceptive Supplies, Health Education and Counseling for Individuals, Children, and Families, Outreach, and Referrals.

Public Health Services and Systems are also supported through MCH Block Grant dollars. Supporting activities and infrastructure to carry out core public health functions in the CNMI is critical for the efforts being made towards improving population health. Specifically, the MCH Block Grant funds are used to support policy development, annual and five-year needs assessment activities, education and awareness campaigns, program development, implementation and evaluation. Additionally, funds are utilized to support workforce development towards building capacity among MCH staff, nurses, and partners who impact CNMI Title V priorities.

MCH Success Story

Title V Success Story: Once Supported, Now Supporting Others



Through the CNMI Maternal and Child Health (MCH) Title V Program, families have access to evidence-based home visiting services that strengthen parenting skills, promote healthy child development, and improve maternal and child health outcomes. One such initiative, the H.O.M.E. Visiting Program, demonstrates the lasting impact of these investments by empowering parents with the knowledge, skills, and confidence to help their children thrive.

Pressel Indalecio enrolled in the H.O.M.E. Visiting Program during her first pregnancy as a first-time mother. When her son, Elijah, was born prematurely, she faced uncertainty about his health and development. Through regular home visits, parenting education, developmental guidance, and ongoing encouragement, Pressel gained the confidence and practical skills to care for her son and create a safe, nurturing home environment. Over the next five years, she watched Elijah reach important developmental milestones and successfully graduate from the program.

When Pressel's second son was also born prematurely, she approached the experience with greater confidence and resilience. The knowledge and parenting skills she gained through the program enabled her to advocate for her child's needs and navigate the challenges of caring for a premature infant.

Inspired by the support she received, Pressel was determined to give back. After applying five times, she was hired as a home visitor with the very program that had supported her family. Today, she combines her lived experience with professional training to help expectant parents and families across the Commonwealth build strong foundations for their children's health and development.

Pressel's journey is a powerful example of the long-term impact of Title V and MIECHV-supported home visiting services. Her story demonstrates that investing in families not only improves child and family outcomes but also cultivates future community leaders who are committed to supporting the next generation.

Maternal and Child Health Bureau (MCHB) Discretionary Investments - Northern Mariana Islands

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 2025.

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.