



# **HRSA**

Health Resources & Services Administration



Title V MCH Block Grant Program

## **NORTH CAROLINA**

State Snapshot

FY2025 Application / FY2023 Annual Report

November 2024

## Title V Federal-State Partnership - North Carolina

The Title V Maternal and Child Health Block Grant Program is a federal-state partnership with 59 states and jurisdictions to improve maternal and child health throughout the nation. This Title V Snapshot presents high-level data and the executive summary contained in the FY2025 Application / FY2023 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

### State Contacts

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SSDI Project Director	State Family Leader
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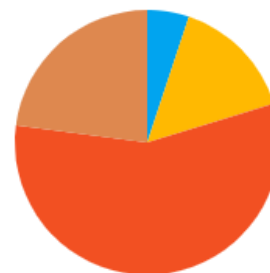
State Youth Leader
No Contact Information Provided

**State Hotline:** (800) 737-3028

### Funding by Source

Source	FY 2023 Expenditures
<span style="color: blue;">■</span> Federal Allocation	\$16,711,237
<span style="color: orange;">■</span> State MCH Funds	\$49,684,655
<span style="color: green;">■</span> Local MCH Funds	\$0
<span style="color: red;">■</span> Other Funds	\$186,253,574
<span style="color: brown;">■</span> Program Income	\$75,179,067

FY 2023 Expenditures



### Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$0	\$797,825
Enabling Services	\$13,713,014	\$52,358,641
Public Health Services and Systems	\$2,998,223	\$44,043,895

FY 2023 Expenditures  
Federal



FY 2023 Expenditures  
Non-Federal



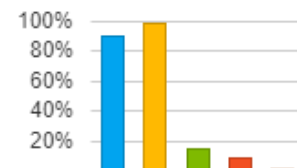
### Percentage Served by Title V

Population Served	Percentage Served	FY 2023 Expenditures
Pregnant Women	90.0%	\$16,197,919
Infants < 1 Year	99.0%	\$17,172,579
Children 1 through 21 Years	14.8%	\$46,394,241
CSHCN (Subset of all infants and children)	8.5%	\$16,006,278
Others *	0.8%	\$18,556,847

FY 2023 Expenditures  
Total: \$114,327,864



FY 2023 Percentage Served



\*Others– Women and men, over age 21.

The Title V legislation directs States to conduct a comprehensive, statewide maternal and child Health (MCH) needs assessment every five years. Based on the findings of the needs assessment, states select seven to ten priority needs for programmatic focus over the five-year reporting cycle. The State Priorities and Associated Measures Table below lists the national and state measures the state chose in addressing its identified priorities for the 2020 Needs Assessment reporting cycle. Beginning with the FY 2025 Application, all states are also reporting on two Universal National Performance Measures, Postpartum Visit and Medical Home.

### State Priorities and Associated Measures

Priority Needs and Associated Measures	Reporting Domain(s)
<p>Improve access to high quality integrated health care services</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● Percent of women, ages 18 through 44, with a preventive medical visit in the past year (Well-Woman Visit, Formerly NPM 1) - WWV <ul style="list-style-type: none"> <li>○ ESM WWV.1: Number of LHDs that offer extended hours for FP services.</li> <li>○ ESM WWV.2: Percent of WICWS programs that utilize the PCH Outreach and Education Toolkit</li> <li>○ ESM WWV.3: Percent of LHDs who had staff complete training on reproductive justice framework, contraceptive methods, and reproductive life planning (RLP).</li> <li>○ ESM WWV.4: Percent of LHDs offering same day insertion of both contraceptive implants and intrauterine devices (IUDs)</li> <li>○ ESM WWV.5: Percent of LHDs that offer extended hours for Family Planning services.</li> </ul> </li> <li>● Percent of very low birth weight (VLBW) infants born in a hospital with a Level III + Neonatal Intensive Care Unit (NICU) (Risk-Appropriate Perinatal Care, Formerly NPM 3) - RAC <ul style="list-style-type: none"> <li>○ ESM RAC.1: Percent of birth facilities with level of care documented using the CDC LOCATe tool.</li> <li>○ ESM RAC.2: Percent of LHDs who are utilizing the NC Psychiatry Access Line (NC-PAL)</li> </ul> </li> <li>● A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth (Postpartum Visit) B) Percent of women who attended a postpartum checkup and received recommended care components (Postpartum Visit) - PPV</li> </ul>	<p>Women/Maternal Health, Perinatal/Infant Health</p>
<p>Increase pregnancy intendedness within reproductive justice framework</p> <p>SPMs</p> <ul style="list-style-type: none"> <li>● SPM 1: Percent of PRAMS respondents who reported that their pregnancy was intended</li> </ul>	<p>Women/Maternal Health</p>
<p>Prevent infant/fetal deaths and premature births</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● A) Percent of infants who are ever breastfed (Breastfeeding, Formerly NPM 4A) B) Percent of infants breastfed exclusively through 6 months (Breastfeeding, Formerly NPM 4B) - BF <ul style="list-style-type: none"> <li>○ ESM BF.1: Number of eligible WIC participants who receive breastfeeding peer counselor services</li> </ul> </li> </ul>	<p>Perinatal/Infant Health</p>

<p>SPMs</p> <ul style="list-style-type: none"> <li>SPM 2: Percent of women who smoke during pregnancy</li> </ul>	
<p>Promote safe, stable, and nurturing relationships</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year (Developmental Screening, Formerly NPM 6) - DS             <ul style="list-style-type: none"> <li>ESM DS.1: Percent of LHDs whose child health staff receive training on appropriate use of valid and reliable developmental, psychosocial, social determinants of health, and behavioral health screening tools for children during state fiscal year</li> </ul> </li> <li>Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH             <ul style="list-style-type: none"> <li>ESM MH.1: Percent of children with special health care needs who received family-centered care</li> <li>ESM MH.2: Number of Medicaid, Managed Care Organization, or other stakeholder meetings attended by WCHS staff members with an agenda item related to medical home promotion</li> </ul> </li> </ul> <p>SPMs</p> <ul style="list-style-type: none"> <li>SPM 3: Percent of children with two or more Adverse Childhood Experiences (ACEs)</li> </ul>	<p>Child Health</p>
<p>Improve immunization rates to prevent vaccine-preventable diseases</p> <p>SPMs</p> <ul style="list-style-type: none"> <li>SPM 4: Percent of NC children, ages 19 through 35 months, who have completed the combined 7-vaccine series (4:3:1:3*:3:1:4)</li> </ul>	<p>Child Health</p>
<p>Improve access to coordinated, comprehensive, ongoing medical care for CYSHCN</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH             <ul style="list-style-type: none"> <li>ESM MH.1: Percent of children with special health care needs who received family-centered care</li> <li>ESM MH.2: Number of Medicaid, Managed Care Organization, or other stakeholder meetings attended by WCHS staff members with an agenda item related to medical home promotion</li> </ul> </li> </ul>	<p>Children with Special Health Care Needs</p>

<p>Improve access to mental/behavioral health services</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year (Adolescent Well-Visit, Formerly NPM 10) - AWV <ul style="list-style-type: none"> <li>○ ESM AWV.1: Number of adolescents receiving a preventive medical visit in the past year at a local health department or school health center</li> <li>○ ESM AWV.2: Percent of adolescents who had a behavioral health screening at time of preventive care visit at a local health department</li> </ul> </li> </ul>	<p>Adolescent Health</p>
<p>Increase health equity and eliminate disparities and address social determinants of health</p> <p>SPMs</p> <ul style="list-style-type: none"> <li>● SPM 5: Ratio of black infant deaths to white infant deaths</li> </ul>	<p>Cross-Cutting/Systems Building</p>

## Executive Summary

### Program Overview

The Title V Program in North Carolina (NC) is administered by the NC Division of Public Health (DPH) and collaborates with programs across the NC Department of Health and Human Services (NCDHHS), other state agencies, statewide partners, local health departments, community-based organizations as well as other stakeholders to improve maternal and child health in NC. The NC Title V Director serves as Senior Medical Director for Health Promotion in DPH. The NC CYSHCN Director is positioned in the newly created Division of Child and Family Well-Being (DCFW) as the Assistant Director supervising the Whole Child Health Section (DCFW/WCHS). Both the DPH and DCFW are part of the NCDHHS team to provide essential services to improve the health, safety, and well-being of all North Carolinians in collaboration with its partners, driven by equity and committed to whole-person care. In addition to the Title V Office staff members, the NC Title V Director supervises the Women, Infant, and Community Wellness Section (WICWS) which is made up of three branches – Maternal Health, Reproductive Health, and Infant and Community Health; the Chronic Disease and Injury Section (CDIS), and the Oral Health Section (OHS). Additionally, in 2023, the Office of Child Fatality Prevention was established by statute to oversee the coordination of State-level support functions for the NC Child Fatality Prevention System, and this Office will also fall under the Title V Director. The DCFW/WCHS is made up of six units – Child Behavioral Health; School, Adolescent and Health; Best Practices; Child and Family Wellness; Genetics and Newborn Screening; and Operations. Also located in the DCFW are the Early Intervention Section and Community Nutrition Services Section which also serve the maternal and child health population.

The COVID-19 pandemic highlighted health inequities across the country and we took this as a call to action for NCDHHS to better support North Carolinians. As part of the realignment to bolster whole person health, encourage transparency and accountability, and promote health equity work across the department to create a healthier NC, the DCFW was established to promote cross-program initiatives to support NC's children growing up safe, healthy, developing to their full potential, and thriving in nurturing and resilient families and communities. In addition, the Immunization Branch moved to the NC DPH Epidemiology Section to allow better coordination with other branches in that Section. The Immunization, Communicable Disease, and Public Health Preparedness and Response Branches already work closely together on a range of issues like COVID-19, hepatitis, measles, and other vaccine-preventable illnesses. Bringing them together allowed greater coordination and collaboration.

The NC Title V Program works across the NCDHHS to advance the Title V priorities and improve health, health equity and wellbeing of individuals of reproductive age, mothers, fathers, infants, children, and adolescents in the context of NCDHHS priority goals:

1. Advance **health** by increasing opportunity and improving outcomes for people who face greater health and situational challenges within NCDHHS and across the state.
2. Promote **child and family well-being** by making it easier for children and families to access the healthcare, programs, and supports they need to thrive.
3. Support **behavioral health and resilience** by prioritizing investments in coordinated systems of care that make services easy to access when and where they are needed and reduce the stigma around accessing these services.
4. Build a **strong and inclusive workforce** that supports early learning, health, and wellness across NC.
5. Achieve **operational excellence** by enabling efficient, effective, and innovative processes and services.

NCDHHS is focusing particularly on priorities 2, 3, and 4 through 2024 as these are grounded in whole-person health and equity which are cross-cutting principles of the [NCDHHS 2024-26 Strategic Plan](#).

One overarching goal of the 2020 NC Title V Needs Assessment was to ensure that the process worked in alignment with Section, Division, and Department strategic planning efforts so that Title V resources could be leveraged as much as possible. These plans include, but are not limited to, the NC Perinatal Health Strategic Plan (PHSP), the CYSCHN Strategic Plan, the NC Early Childhood Action Plan, the NCDHHS Strategic Plan and Priorities, and the NC DPH Strategic Plan. The framework for the 2020 NC Title V Needs Assessment focused on a life-course approach driven by whole person integrated approach, health equity, social determinants of health inclusive of racism, family and consumer voice, and ensuring data-driven and evidence-based approach, as shown below:



## 2020 NC Title V Needs Assessment Framework



The following table lists the eight selected priority needs that emerged from the 2020 Needs Assessment with the accompanying National and State Performance Measures (NPMs & SPMs) by population domain. The data and participant feedback supported continued use of most of the previous NPMs, but the Title V Office has chosen new SPMs which align more directly with the objectives and strategies in the State Action Plan as well as the other current strategic plans. While there has been incremental progress in most of the previously used indicators, there is still much room for improvement, particularly in decreasing racial/ethnic disparities and inequities.

MCH Priority Needs Linked to Performance Measures	
NC Priority Needs	NPM/SPM
<b>Women/Maternal Health</b>	
1. Improve access to high quality integrated health care services	NPM1 % of women, ages 18 through 44, with a preventive medical visit in the past year
2. Increase pregnancy intendedness within reproductive justice framework	SPM1 % of PRAMS respondents who reported that their pregnancy was intended (wanted to be pregnant then or sooner)
<b>Perinatal/Infant Health</b>	
1. Improve access to high quality integrated health care services	NPM3 % of very low birth weight (VLBW) infants born in a hospital with a Level III+ Neonatal Intensive Care Unit (NICU)
3. Prevent infant/fetal deaths and premature births	NPM4A) % of infants who are ever breastfed and 4B) % of infants breastfed exclusively through 6 months
	SPM2 % of women who smoke during pregnancy
<b>Child Health</b>	
4. Promote safe, stable, and nurturing relationships	NPM6 % of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year
	SPM3 % of children with two or more Adverse Childhood Experiences (ACEs) (NCHS)
5. Improve immunization rates to prevent vaccine-preventable diseases	SPM4 % of children, ages 19 through 35 months, who have completed the combined 7-vaccine series (4:3:1:3*:3:1:4)
<b>Adolescent Health</b>	



MCH Priority Needs Linked to Performance Measures	
NC Priority Needs	NPM/SPM
6. Improve access to mental/behavioral health services	NPM10 % of adolescents, ages 12 through 17, with a preventive medical visit in the past year
CYSHCN	
7. Improve access to coordinated, comprehensive, ongoing medical care for CYSHCN	NPM11 % of children with and without special health care needs, ages 0 through 17, who have a medical home
Cross-Cutting/Systems Building	
8. Increase health equity, eliminate disparities, and address social determinants of health	SPM5 Ratio of black infant deaths to white infant deaths

The mission of the NC Title V Program, to support and promote the health and well-being of NC individuals including mothers, infants, children, youth, and their families to reduce inequities and improve outcomes, aligns well with the goals of Title V. The NC Title V Program works closely with local, state, and national partners and serves as a critical collaborator and convener. From reproductive life planning and preconception health to perinatal and infant health to child/adolescent health including those with special health care needs, the NC Title V Program emphasizes a life course approach to achieving health and health equity in all populations. The NC Title V Program values evidence-based and evidence-informed strategies in promoting health, while following guidelines around best practice. Given the importance of cross-sector work, the NC Title V Program leverages the expertise and experience of our many partners and leaders in the state.

In January 2022, the NCDHHS established the DCFW, bringing together staff and programs serving the behavioral health physical health, and social needs of children and families. This reorganization was designed to bring together programs and staff that were operating across DPH, Division of Social Services (DSS), and Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS) with the focus on whole person care. These programs include:

- Community Nutrition Services Section (originating from DPH)
- Early Intervention Section (originating from DPH)
- Food and Nutrition Services Section (originating from DSS)
- Children and Youth (originating from DPH)
- Child Behavioral Health (originating from DMH/DD/SAS)

This reorganization has transitioned in several phases with the final phase being the FY24 budget passed by the General Assembly. Once complete, NCDHHS will be working through an Interagency Memorandum of Agreement between DPH and DCFW to ensure compliance of Title V requirements, ensure alignment of Title V goals, and promote sustainability of the new structure.

The NC State MCH Block Grant Plan is approved on a state fiscal year basis through the Budget Act passed by the NC General Assembly. Funding from the MCHBG supports local programs in women's, infant and children's health administered by both DPH and DCFW, as well as DHHS infrastructure.

The NC Title V Program's broad scope promotes collaborative efforts while discouraging categorical approaches to the complex challenge of improving maternal and child health. The Program is committed to ensuring that services provided to families are easily accessible, user-friendly, culturally appropriate, and free from systemic barriers that impede utilization. While many staff members work in the central office in Raleigh or on a hybrid schedule, there are a number of regional consultants who work from home and regional offices and a growing number of home-based central office staff members.

The Title V Block Grant funds 26 NC Title V Program state-level employees, with others funded in part per the cost allocation plan. These positions are primarily nurse consultants, public health genetic counselors, and public health program consultants within the Title V Office, WICWS, and DCFW/WCHS, but also include staff members in the NC State Center for Health Statistics (SCHS), CDIS, and the Oral Health Section to fund collaborative efforts.

The NC Title V Program supports services and programs for underserved and vulnerable populations using state appropriations, grant funding, Title V, Medicaid Federal Financial Participation, and other receipts. The NC Title V Program provides Title V funding to local health department (LHDs) through the Consolidated Agreement, which is a contract between the LHD, DPH, and DCFW that outlines requirements of each agency including funding stipulations, personnel policies, disbursement of funds, etc. Program specific requirements for each state funded activity are provided in Agreement Addenda. The funding that goes directly to LHDs is used to provide services for individuals without another payer source, as well as enabling services and population health education. The NC Title V Program also collaborates on a number of activities with several professional organizations in the state including but not limited to: NC Medical Society; NC Pediatric Society (NCPS); NC Obstetrical and Gynecological Society; Midwives of North Carolina; NC Friends of Midwives; and the NC Academy of Family Physicians. The NC Title V Program partners with the NC Institute of Medicine, the NC Hospital Association, and the NC Area Health Education Centers and works closely with the NC Partnership for Children (NCPC), Positive Childhood Alliance NC, the NC Chapter of the March of Dimes (MOD), NC Child, and other organizations. There are many accredited schools of public health and medicine in NC, and the NC Title V Program maintains close working relationships with many of them.

The NC Title V Program is committed to building the capacity of women, children, and youth, including those with special health care needs, and families to partner in decision-making about state Title V activities and programs. There are several NCDHHS advisory councils and commissions that are in place and involve family members including, but not limited to: the Commission on Children with Special Health Care Needs (CSHCN), Newborn Metabolic Committee, Newborn Hearing Advisory Committee, Office on Disability and Health Advisory Group, Association for School Health, MIECHV, Triple P, NC Baby Love Plus Community Advisory

Network, and the Governor's Council on Sickle Cell Syndrome. The NC Title V Program continues to support a full-time Family Liaison Specialist (FLS) position in the DCFW/WCHS who is a parent of a CSHCN to train and support family engagement in DCFW/WCHS programs and maintains an active group of Family Partners. The WICWS has created Village 2 Village, a community and consumer engagement work group whose members provide feedback on the PHSP strategies, publications, and services. Participants are compensated for time, travel, meals, and lodging according to NC state government reimbursement guidelines.

The NC Title V Program focuses on ensuring access while also facilitating a strategic approach utilizing needs assessments, data, and convening partners and leaders in the development of strategic plans. Despite substantial successes, the NC Title V Program remains challenged by a variety of systemic barriers and recognizes that there is still much work to be done to fully integrate a systems approach in NC. While there is a strong commitment to addressing social determinants of health and systemic racism to achieve health and health equity, this work will take time. The NC Title V Program continues to advocate for NC residents and is central to the three NCDHHS priority areas of focus: Behavioral Health & Resilience, Child & Family Wellbeing, and Strong & Inclusive Workforce. The NC Title V Program continues to work with the many partners to help achieve our goals and create a more strategic vision for NC, while maintaining the safety net, public health infrastructure at our LHDs, and a focus on evidence-based programs for MCH. Promoting health and wellbeing and supporting North Carolinians, including our children and families, is especially critical to improve overall health.

### How Federal Title V Funds Complement State-Supported MCH Efforts

Maternal and Child Health (MCH) Block Grant funds provide critical infrastructure, support, and resources to the state's overall MCH efforts. NC Title V Program uses the funds to leverage partnerships and blend with other federal and state funding sources on initiatives to improve national and state performance measures associated with MCH priorities. MCH Block Grant funding is also allocated to all North Carolina local health departments to support MCH efforts in local communities. An example of where Title V was able to complement the system is the NC care management services for young children and pregnant women. While Medicaid funding supports these care management programs for the Medicaid population, Title V also leverages the Medicaid system and provides funding to local health departments to offer local care management services to infants and young children and pregnant women who are uninsured and do not qualify for Medicaid.

The Title V infrastructure positioned NC to receive multiple additional competitive grants over recent years, including Essentials for Childhood, Pediatric Mental Health Care Access Program, NC Maternal Mental Health MATTERS (Making Access to Treatment, Evaluation, Resources, and Screening Better), Enhancing Reviews and Surveillance to Eliminate Maternal Mortality (ERASE MM), and the Maternal Health Innovations grant. In addition to Title V, the Title V Director is responsible for the administration of programs such as Title X and other grants which require a coordinated, strategic approach, utilizing other federal or state funding while also leveraging the many partnerships with other state agencies, universities, federally qualified health centers, non-profit organizations, and LHDs. The NC Title V Program is a leader in efforts related to addressing social determinants and health equity within the DPH. The work across the life course is also strengthened in partnership with the Chronic Disease and Injury Section to enhance collaboration around preconception health, adverse childhood experiences, breastfeeding, injury and suicide prevention, tobacco prevention and cessation, substance use, breast and cervical cancer, and others, as well as with the Oral Health Section. The Title V Program will continue to work across NCDHHS and with other partners to improve the health and well-being of North Carolinians.

Child and Family Well-being is a NCDHHS priority with an emphasis on whole-person health and health equity, with Title V being central to these efforts. For example, the NC Title V Program brings resources, expertise, and training to fight the opioid epidemic to make sure women and their infants and children stay central to the conversation in a non-punitive public health approach and that the lifelong effects of toxic stress and ACEs are considered. The Title V Office, WICWS, and DCFW work collaboratively to ensure that mental health services are easy to access for all MCH populations and support the healthy development of families and children. Strengthening the public health workforce that supports early learning, health, and wellness along with equity is vital to the NC Title V Program. As NC continues to address challenges, such as infant mortality and its disparities, the MCH Block Grant funds are the foundation on which NC can form a strategy to promote the health of individuals, infants, children/adolescents, and their families.

### MCH Success Story

NC has enjoyed recent successes through community and family partner collaborations.

#### Perinatal Health Equity Collective Town Hall Meetings

The NC Perinatal Health Equity Collective (PHEC) provides leadership and guidance in implementing the NC Perinatal Health Strategic Plan (PHSP). In 2023, the PHEC's Village to Village (V2V) Work Group took the lead in planning six Community Town Hall meetings throughout the state, one in each Perinatal Care Region. Overall, there were an estimated 248 people who attended the town halls, 150 in person and 98 virtually through Zoom. This estimate excludes facilitators and staff. V2V is comprised primarily of NC residents of reproductive age who give feedback on the Collective's activities and work based on their lived experiences. Of the 369 people who registered for the town halls, 45% of registrants stated that they were not aware of the PHSP prior to learning about the town halls. Registrants were also asked the population(s) served by their organizations and to state their self-identified role(s). Registrants could choose multiple populations served and roles. The top two populations served by registrants were Pregnant/Birthing People and Families with Young Children. Additionally, 40% of registrants were parents, and 33% of registrants

were of reproductive age. Participants who completed the evaluation survey reported feeling heard and that they walked away more knowledgeable about the work of the PHEC and the PHSP. Since the Town Halls, the PHEC listserv has grown by over 200 people, with additional organizations, partners, and people with lived experience engaging in the work of the PHSP.

### NC CYSHCN Blueprint Learning Collaborative Team

NC is one the five states selected to participate in the CYSHCN Blueprint Learning Collaborative led by the National Center for a System of Services for CYSHCN (Consortium). The DCFW/WCHS assembled the state learning collaborative team co-led by the Title V CYSHCN Director and the Family Liaison Specialist and including Unit managers and a family partner (rotating schedule) which meets monthly to receive technical assistance from two national coaches. The team agreed that CYSHCN are part of the populations served by all WCHS Units, but not all CYSHCN are children with complex needs. To increase a shared understanding of the Blueprint, the team requested and received training from the national coaches. Additionally, they completed the *Aligning your work with the Blueprint for Change for CYSHCN Worksheet* which included a review of NSCH data for medical home and transition to identify unmet needs as well as a review of the NC CYSHCN Help Line data. This work led the team to choose its first two areas of focus: developing a medical home training (access to services) and informing partners about Medicaid expansion (accessing services, financing, and health equity). A workgroup of family partners from minoritized communities who are part of the DCFW/WCHS Family Partner Engagement and Leadership Committee is reviewing medical home trainings that other states have shared. The Senior Medical Director developed a required training for DCFW staff to explain the importance of Medicaid expansion to child and family well-being. The team is also revising an RFA to improve community systems to better meet the emerging needs of families of CYSHCN while still developing and maintaining system changes.

## Maternal and Child Health Bureau (MCHB) Discretionary Investments - North Carolina

The largest funding component (approximately 85%) of the MCH Block Grant is awarded to state health agencies based on a legislative formula. The remaining two funding components support discretionary and competitive project grants, which complement state efforts to improve the health of mothers, infants, children, including children with special needs, and their families. In addition, MCHB supports a range of other discretionary grants to help ensure that quality health care is available to the MCH population nationwide.

Provided below is a link to a web page that lists the MCHB discretionary grant programs that are located in this state/jurisdiction for Fiscal Year 2023.

### [List of MCHB Discretionary Grants](#)

Please note: If you would like to view a list of more recently awarded MCHB discretionary investments, please refer to the [Find Grants](#) page that displays all HRSA awarded grants where you may filter by Maternal and Child Health.