



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

NORTH CAROLINA

State Snapshot

FY2026 Application / FY2024 Annual Report

December 2025

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 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

| MCH Director | CSHCN Director |
|---|---|
| Belinda Pettiford NC Title V Director/Women, Infant, and Community Wellness Section Chief belinda.pettiford@dhhs.nc.gov (919) 218-4698 | Anne Odusanya NC CYSHCN Director/Assistant Director, DCFW, Whole Child Health Section anne.odusanya@dhhs.nc.gov (919) 704-0456 |

| SSDI Project Director | State Family Leader |
|--|--|
| Sarah McCracken SSDI Project Coordinator sarah.mccracken@dhhs.nc.gov (919) 707-5515 | Mahala Turner Family Liaison Specialist |

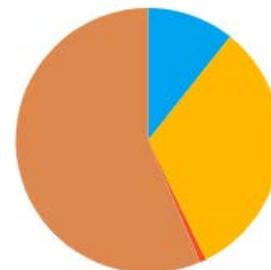
| State Youth Leader |
|---------------------------------|
| No Contact Information Provided |

State Hotline: (800) 737-3028

Funding by Source

| Source | FY 2024 Expenditures |
|--------------------|----------------------|
| Federal Allocation | \$16,501,293 |
| State MCH Funds | \$49,684,655 |
| Local MCH Funds | \$0 |
| Other Funds | \$1,128,601 |
| Program Income | \$87,292,481 |

FY 2024 Expenditures



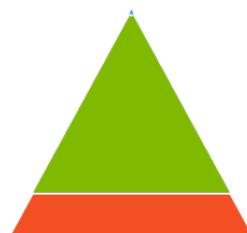
Funding by Service Level

| Service Level | Federal | Non-Federal |
|--------------------------------------|--------------|--------------|
| ■ Direct Services | \$0 | \$797,825 |
| ■ Enabling Services | \$13,513,729 | \$38,798,767 |
| ■ Public Health Services and Systems | \$2,987,564 | \$9,250,677 |

FY 2024 Expenditures
Federal



FY 2024 Expenditures
Non-Federal



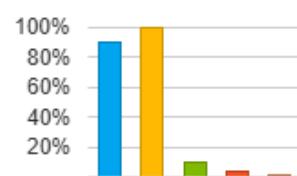
Percentage Served by Title V

| Population Served | Percentage Served | FY 2024 Expenditures |
|--|-------------------|----------------------|
| ■ Pregnant Women | 90.0% | \$11,690,909 |
| ■ Infants < 1 Year | 99.0% | \$5,090,382 |
| ■ Children 1 through 21 Years | 9.4% | \$22,125,401 |
| ■ CSHCN (Subset of all infants and children) | 3.9% | \$15,683,934 |
| ■ Others * | 0.8% | \$11,177,505 |

FY 2024 Expenditures
Total: \$65,768,131



FY 2024 Percentage Served



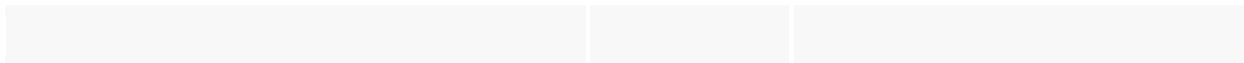
*Others— Women and men, over age 21.

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>Promote comprehensive reproductive health care including postpartum care and support</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 ○ ESM PPV.1: Comprehensive postpartum visits in local health departments | New | Women/Maternal Health |
| <p>Prevent infant/fetal deaths</p> <p>NPMs</p> <ul style="list-style-type: none"> • A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months - BF ○ ESM BF.1: First Time Breastfeeding Hotline Callers ○ ESM BF.2: Number of eligible WIC participants who receive breastfeeding peer counselor services | Revised | Perinatal/Infant Health |
| <p>Promote safe and nurturing relationships for children and adolescents</p> <p>NPMs</p> <ul style="list-style-type: none"> • Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year - DS ○ ESM DS.1: Developmental Screening in Local Health Department During Well-Child Visits ○ ESM DS.2: Medicaid-Enrolled Children Receiving Developmental Screening ○ ESM DS.3: 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 <p>SPMs</p> <ul style="list-style-type: none"> • SPM 1: Adult Mentor | Revised | Child Health, Adolescent Health |

| | | |
|---|---------|--|
| | | |
| Improve access to quality whole child and adolescent health care | New | Child Health, Adolescent Health, Children with Special Health Care Needs |
| <p>NPMs</p> <ul style="list-style-type: none"> Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year - AWV <ul style="list-style-type: none"> ESM AWV.1: Number of adolescents receiving a preventive medical visit in the past year at a local health department or school health center ESM AWV.2: Percent of adolescents who had a behavioral health screening at time of preventive care visit at a local health department 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: Parents who Report That They Understand the Available Tools and Resources Necessary to Access and Maintain Having a Health Care Provider/Team That Uses a Medical Home Approach to Care ESM MH.2: Percent of children with special health care needs who received family-centered care ESM MH.3: Number of Medicaid, Managed Care Organization, or other stakeholder meetings attended by WCHS staff members with an agenda item related to medical home promotion | | |
| Ensure all CYSHCN and families receive care in a well-functioning system | New | Children with Special Health Care Needs |
| <p>SPMs</p> <ul style="list-style-type: none"> SPM 2: CYSHCN Receiving Care in Well-Functioning System | | |
| <p>Engage individuals and families with lived experience, as well as community-based organizations, as partners in the development and implementation of people-centered programs and policies that reduce</p> <p>SPMs</p> <ul style="list-style-type: none"> SPM 3: Compensated Family Engagement and Leadership Opportunities | New | Cross-Cutting/Systems Building |
| Improve access to mental and behavioral health services for maternal and child health populations | Revised | Cross-Cutting/Systems Building |
| <p>SPMs</p> <ul style="list-style-type: none"> SPM 4: Counties who Have Utilized NC-PAL or NC MATTERS | | |



Executive Summary

Program Overview

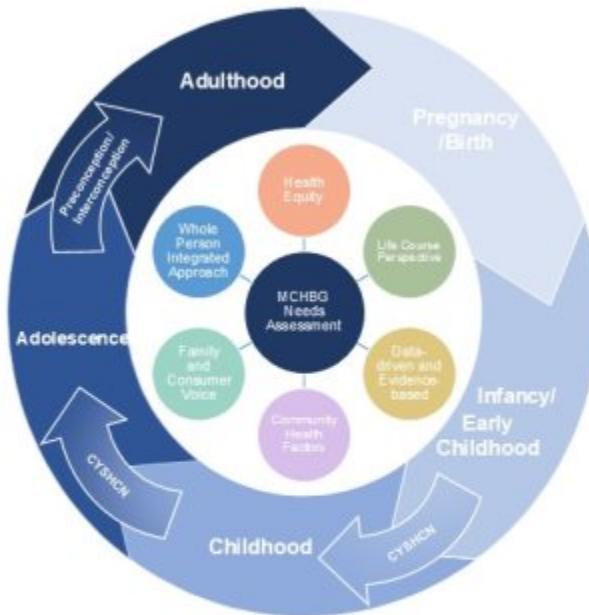
The Title V Program in North Carolina (NC) is administered by the NC Division of Public Health (DPH) and collaborates with programs across the NC Department of Health and Human Services (NCDHHS), other state agencies, statewide partners, local health departments (LHDs), community-based organizations as well as other stakeholders to improve maternal and child health in NC. The NC Title V Director serves as Section Chief for the Women, Infant, and Community Wellness Section (WICWS), which is made up of three branches – Maternal Health, Reproductive Health, and Infant and Community Health, in DPH. The NC CYSHCN Director is positioned in the Division of Child and Family Well-Being (DCFW) as the Assistant Director supervising the Whole Child Health Section (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 and committed to whole-person care. The WCHS is made up of six units – Child Behavioral Health; School, Adolescent, and Child Health; Best Practices; Child and Family Wellness; Genetics and Newborn Screening; and Operations.

The NC Title V Program works across the NCDHHS to advance the Title V priorities and improve health 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.

A 2025 NC Title V Needs Assessment Leadership Team was created in January 2024 which consisted of the former Title V Director; the CYSHCN Director; the WICWS Chief; and the State Systems Development Initiative (SSDI) Project Coordinator. The Title V Initiatives and Operations Manager joined the Team after she was hired in June. This group met monthly to create and implement a work plan of needs assessment activities, engaging WICWS and WCHS staff throughout the process as necessary for input and ideas. One of its first activities was to determine the 2025 NC Title V Needs Assessment Framework shown below which focuses on a life-course perspective driven by whole person integrated approach, community health factors, family and consumer voice, and ensuring data-driven and evidence-based approach. The intent from the start was to leverage other efforts and to align with strategic plans, programs, and projects that are already in place in NC to serve the maternal and child health (MCH) population across the life course. The methodology used in the 2025 NC Title V Needs Assessment was a mix of qualitative and quantitative data collection from stakeholders, families, and other partners. An MCHBG Priority Setting Meeting was held in December 2024 to discuss the results of the partner survey and previous data collection efforts, and seven final priority needs were determined through a voting process using prioritization criteria established by the Needs Assessment Leadership Team.

2025 NC Title V Needs Assessment Framework



Mission

Support and promote the health and well-being of NC individuals including mothers, infants, children, youth, and their families to reduce disparities and improve outcomes for all

NCDHHS Values

❖ Belonging ❖ Joy ❖ People-Focused ❖ Teamwork ❖ Proactive Communication ❖ Transparency ❖ Stewardship

The major findings from the 2025 Needs Assessment process indicated that, in large part, the priority needs from the 2020 Needs Assessment process are still the major priorities for NC. Quantitative data from birth certificates, hospital discharge data, and the National Survey of Children's Health that are routinely monitored, not just during the needs assessment process, support these priority needs. Infant mortality rates have stagnated overall, and the Black, Non-Hispanic (NH) infants are now dying at three times the rate of white, NH infants. One in three infant deaths are attributable to prematurity or low birth weight. Severe maternal morbidity rates are rising and disparities by racial/ethnic population groups persist. Child death rates are also rising after stagnating for several years. The percent of infants breastfeeding exclusively for 6 months has increased slightly over the past five years. Developmental screening among children ages 9-35 months has not returned to pre-pandemic levels, and only about half of parents report that their child has a medical home, with this percentage being lower for CYSHCN. Most adolescents appear to be receiving well-visits, but not many, even those with special health care needs, are receiving services to prepare for transition to an adult provider. Qualitative data from an online Partner Survey and virtual focus groups supported the need to improve access to quality health care services across the MCH population domains, inclusive of not only physical health, but behavioral and mental health as well.

The following table lists the seven selected priority needs that emerged from the 2025 Needs Assessment with the accompanying National and State Performance Measures (NPMs & SPMs) by population domain.

| MCH Priority Needs Linked to Performance Measures | |
|--|---|
| NC Priority Needs by Population Domain | National/State Performance Measures |
| Women/Maternal Health | |
| 1. Promote comprehensive reproductive health care including postpartum care and support | Postpartum Visit NPM |
| Perinatal/Infant Health | |
| 2. Prevent infant/fetal deaths | Breastfeeding NPM |
| Child Health Domain | |
| 3. Promote safe and nurturing relationships for children and adolescents | Developmental Screening NPM |
| 4. Improve access to quality whole child and adolescent health care | Medical Home for Non-CSHCN NPM |
| Adolescent Health | |
| 3. Promote safe and nurturing relationships for children and adolescents | SPM 1: 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 |
| 4. Improve access to quality whole child and adolescent health care | Adolescent Well-Visit NPM |
| CYSHCN | |
| 4. Improve access to quality whole child and adolescent health care | Medical Home CSHCN NPM |
| 5. Ensure all CYSHCN and families receive care in a well-functioning system | SPM 2: Percent of children with special health care needs who receive care in a well-functioning system |
| Cross-Cutting/Systems Building | |
| 6. Engage individuals and families with lived experience, as well as community-based organizations, as partners in the development and implementation of people-centered programs and policies that reduce health disparities and address community health factors | SPM 3: Percent of Title V programs that offer compensated family engagement and leadership opportunities |
| 7. Improve access to mental and behavioral health services for maternal and child health populations | SPM 4: Percent of counties who have providers who have utilized the NC-PAL or NC MATTERS psychiatry access lines |

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 disparities and improve outcomes for all, 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 improved health outcomes for 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.

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 WCHS, but also include staff members in the NC State Center for Health Statistics (SCHS), Chronic Disease and Injury Section (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 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 Healthcare 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 Consortium, 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 WCHS, who is a parent of a CSHCN, to train and support family engagement in 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 Perinatal Health Strategic Plan strategies, publications, and services. Participants are compensated for time, travel, meals, and lodging according to NC state government reimbursement guidelines. One of the state priorities for the next five years will focus on gathering data and implementing best practices around engaging with families and communities.

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. Continuing evaluation of Title V funded activities and programs is a priority for the upcoming five-year cycle. The WICWS has contracted with NC Central University to evaluate the Healthy Beginnings program which has demonstrated promising results around infant mortality reduction. Both federal Healthy Start programs also include an evaluation process. DCFW is also evaluating the Child Tiered Care Coordination University Support/NC High Fidelity Wraparound Training Program as part of child behavioral health efforts.

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. There remains a strong commitment to addressing community health factors in the MCH populations to achieve their full health potential. 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 mothers, 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 and supplement 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 numerous 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 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), Southeastern NC Healthy Start Program, NC Healthy Start Baby Love Plus, 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 Title V work across the life course is strengthened in the 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. Both the WICWS and the WCHS fund positions that support Title V activities and programs using state appropriations and other federal dollars. This helps to achieve success in these programs without expending additional MCH Block Grant funds on staff. 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 assuring that MCH populations achieve their full health potential, 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. DPH 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 is vital to the NC Title V Program. As NC continues to address challenges, such as high infant mortality rates, 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 partnerships with nonprofit organizations and statewide conferences.

Fact Forward

The MCHBG has supported adolescents and specifically teen pregnancy prevention (TPP) efforts in NC for over a decade. When SHIFT NC (formerly Adolescent Pregnancy Prevention Coalition of NC) dissolved in 2022, there was concern about who would take on a statewide effort to support adolescent-serving agencies and professionals in the state. The NC DPH released a Request for Applications process in 2023 to find the next agency to support this field. Fact Forward, a South Carolina based nonprofit agency who was looking to move their well-known adolescent reproductive health work into NC was awarded the block grant funds to continue this work. During FY24 (their first year of funding), they worked to establish themselves in NC by reaching out to local agencies, creating listening sessions, and organizing trainings. Based on information gleaned from the listening sessions, Fact Forward hosted an Adolescent Health Spring Summit in April 2024 with 98 attendees. The conference, held over one and a half days, consisted of a variety of breakout sessions as well as an overview of the state of adolescent health in NC. Attendees reported the conference was a valuable resource for their professional work and appreciated the quality of the breakout sessions and speakers. Over the course of the year, Fact Forward also connected with adolescents interested in serving on a Youth Leadership Council (YLC). They recruited seventeen youth candidates who were interviewed and fourteen were confirmed as members of the new NC YLC. The goal of this group is to serve as a youth voice in leading TPP in NC while also providing opportunities for youth-serving professionals to directly hear from them. The YLC also worked to produce their own annual project, a media campaign, to lift up youth voices in adolescent reproductive health efforts in FY25. Fact Forward has quickly created a name for themselves and ensured that they are included in shaping adolescent reproductive health in NC.

39th Annual North Carolina School Nurse Conference

The 39th Annual NC School Nurse Conference, held December 12-13, 2024, brought together school nurses, vendors and experts to explore the essential role of school nursing in advancing student health and well-being. With the theme *School Nursing: Building Blocks of Knowledge*, the conference provided a dynamic platform for professional development, offering attendees valuable insights into best practices, innovative health strategies, and the latest in student care. The event's success was demonstrated by the 495 attendees and forty vendors who contributed to a rich, collaborative atmosphere. Participants also had the chance to connect with peers and experts in the field, exchanging ideas and resources. Comments such as the following cited in conference evaluations help demonstrate the success of the conference:

- It's a joy to learn new things, meet new people, and sometimes to just solidify your current practice. Collaboration is great.
- I will use all the information from conference to better serve the students at my elementary school.

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 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.