



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

NEW YORK

State Snapshot

FY2026 Application / FY2024 Annual Report

December 2025

Title V Federal-State Partnership - New York

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
Kirsten Siegenthaler, PhD Director, Division of Family Health Kirsten.Siegenthaler@health.ny.gov (518) 474-6968	Suzanne Swan, MPH Director, Bureau of Child Health Suzanne.Swan@health.ny.gov (518) 474-1961

SSDI Project Director	State Family Leader
Solita Jones, DrPH Director, Bureau of Data Analytics, Research and Evaluation Solita.Jones@health.ny.gov (518) 956-0223	No Contact Information Provided

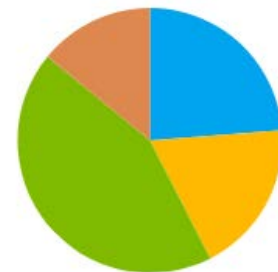
State Youth Leader
No Contact Information Provided

State Hotline: (800) 522-5006

Funding by Source

Source	FY 2024 Expenditures
 Federal Allocation	\$37,194,406
 State MCH Funds	\$29,285,355
 Local MCH Funds	\$67,986,422
 Other Funds	\$0
 Program Income	\$22,057,913

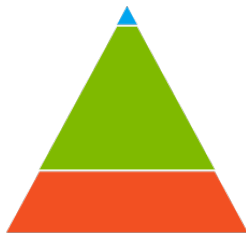
FY 2024 Expenditures



Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$3,027,629	\$33,396,613
Enabling Services	\$23,947,172	\$40,162,581
Public Health Services and Systems	\$10,219,605	\$17,699,426

FY 2024 Expenditures
Federal



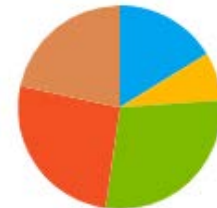
FY 2024 Expenditures
Non-Federal



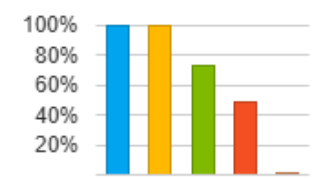
Percentage Served by Title V

Population Served	Percentage Served	FY 2024 Expenditures
Pregnant Women	100.0%	\$24,841,144
Infants < 1 Year	100.0%	\$11,813,765
Children 1 through 21 Years	73.3%	\$43,402,788
CSHCN (Subset of all infants and children)	47.9%	\$39,971,976
Others *	1.0%	\$33,161,229

FY 2024 Expenditures
Total: \$153,190,902



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>Support the health and well-being of women throughout pregnancy and postpartum periods</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: Percent of regular Big 6 Postpartum Visit peer learning meetings attended with active participation in presenting and/or responding to peer discussions. ○ ESM PPV.2: Percent of Perinatal and Infant Community Health Collaboratives (PICHC) clients who attended a postpartum visit within 12 weeks after giving birth. 	New	Women/Maternal Health
<p>Ensure risk-appropriate care for infants</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of very low birth weight (VLBW) infants born in a hospital with a Level III + Neonatal Intensive Care Unit (NICU) - RAC <ul style="list-style-type: none"> ○ ESM RAC.1: Percent of birthing hospitals re-designated with updated standards 	New	Perinatal/Infant Health
<p>Promote comprehensive patient-centered health care for children</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: Percent of students attending schools that have School Based Health Centers (SBHCs) who are enrolled in the SBHC program ○ ESM MH.2: Percent of regular Big 6 medical home for CYSHCN peer learning meetings attended with active participation in presenting and/or responding to peer discussions. 	New	Child Health
Promote healthy play and nutrition for all children	New	Child Health

<p>NPMs</p> <ul style="list-style-type: none"> Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day - PA-Child <ul style="list-style-type: none"> ESM PA-Child.1: Percent of children and youth enrolled in School Based Health Centers (SBHCs) who have documentation of anticipatory guidance that includes physical activity and nutrition during a visit to a SBHC within the past year. ESM PA-Child.2: Percent of School Based Health Centers (SBHCs) operators that have 3 or more partnerships to promote physical activity. 		
<p>Support physical and mental health and health care for adolescents</p> <p>NPMs</p> <ul style="list-style-type: none"> Percent of adolescents, ages 12 through 17, who receive needed mental health treatment or counseling - MHT <ul style="list-style-type: none"> ESM MHT.1: Percent of DFH-funded adolescent-serving programs that receive mental health-related trainings and resources. 	New	Adolescent Health
<p>Promote comprehensive patient-centered care for CYSHCN</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: Percent of students attending schools that have School Based Health Centers (SBHCs) who are enrolled in the SBHC program ESM MH.2: Percent of regular Big 6 medical home for CYSHCN peer learning meetings attended with active participation in presenting and/or responding to peer discussions. 	New	Children with Special Health Care Needs
<p>Support transition for youth with special health care needs to adult roles and care</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: Percent of individuals ages 14-21 with sickle cell disease who had transition readiness assessments completed, among those who were served through the Sickle Cell Disease 	New	Children with Special Health Care Needs

Care Transition program and kept a routine medical appointment.		
○ ESM TAHC.2: Percent of individuals ages 14-21 with sickle cell disease who had subsequent transition readiness assessments completed, among those who were served through the Sickle Cell Disease Care Transition program and kept a routine medical appointment.		

Executive Summary

Program Overview

The Title V Maternal and Child Health (MCH) Services Block Grant is the nation's longest-standing Federal-State partnership to promote the health of mothers, children, youth, including Children and Youth with Special Health Care Needs (CYSHCN), and their families. Administered by the Health Resource and Services Administration's (HRSA) Maternal and Child Health Bureau, the Title V MCH Services Block Grant provides essential funding to states for public health activities focused on MCH.

Within the NYS Department of Health (Department), the Division of Family Health (DFH) leads Title V activities, providing department-wide leadership on MCH and collaborating across programs. In addition to managing many MCH public health programs, a key role is ensuring MCH needs are addressed through policy and cross-sector partnerships. This New York State Title V application demonstrates our ongoing commitment to protecting and promoting the health of women, infants, children, and families amid evolving public health and healthcare landscape, grounded in data-driven, evidence-based practice, and strengthened by meaningful family and community engagement.

This application marks the start of a new five-year federal funding cycle, thus including both the annual report for last year, a comprehensive statewide MCH Needs Assessment, and a new five-year action plan for 2025-30. The Needs Assessment synthesizes an array of data sources including community forums, population health surveys, provider and public surveys, and stakeholder meetings, resulting in 10 cross-cutting themes and seven updated MCH priorities. Our 2025–2030 State Action Plan details objectives, strategies, and measurable targets aligned with these priorities across the five Title V population domains. Reflecting our shared commitment to accountability, these include at least one National Performance Measure (NPM) and one state-developed Evidence-Based Strategy Measure to track our progress and impact for each domain.

Title V State MCH Priorities and Performance Measures, 2025-30

Domain	Priorities	Performance Measures (NPMs)	Evidence-Based Strategy Measures (ESMs)
Women's & Maternal Health (WMH)	Support the health and well-being of women throughout pregnancy and postpartum periods	NPM - Postpartum Visit: 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	ESM WMH-1: Percent of PICHC clients that attended a postpartum visit within 12 weeks of giving birth ESM WMH-2: Percent of regular Big 6 postpartum visit peer learning meetings attended with active participation in presenting and/or responding to peer discussions
Perinatal & Infant Health (PIH)	Ensure risk-appropriate care for infants.	NPM - Risk-Appropriate Perinatal Care: Percent of very low birth weight (VLBW) infants born in a hospital with a Level III+ NICU	ESM PIH-1: Percent of birthing facilities in NYS re-designated with updated perinatal standards
Child Health (CH)	Promote comprehensive patient-centered health care for children. Promote healthy play and nutrition for all children	NPM – Medical Home: Percent of children with and without special health care needs, ages 0 through 17, who have a medical home NPM – Physical Activity: Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day	ESM CH-1: Percent of students attending schools that have School Based Health Centers (SBHC) who are enrolled in the SBHC ESM CH-2: Percent of SBHC operators that have 3 or more partnerships to promote physical activities for SBHC students ages 6-11.
Adolescent Health (AH)	Support physical and mental health and health care for adolescents.	NPM – Mental Health Treatment: Percent of adolescents, ages 12 through 17, who receive needed mental health treatment or counseling.	ESM AH-1: Percentage of Department-funded adolescent-serving programs that receive mental health-related trainings and resources

Children and Youth with Special Health Care Needs (CYSHCN)	<p>Promote comprehensive patient-centered care for CYSHCN.</p> <p>Support transition for youth with special health care needs to adult roles and care</p>	<p>NPM – Medical Home: Percent of children with special health care needs, ages 0 through 17, who have a medical home</p> <p>NPM – Transition: Percent of adolescents with special health care needs, ages 12-17, who received services to prepare for transition to adult health care</p>	<p>ESM CYSHCN-1: Percent of regular Big 6 medical home for CYSHCN peer learning meetings attended with active participation in presenting and/or responding to peer discussions.</p> <p>ESM CYSHCN-2: Percent of individuals ages 14-21 with sickle cell disease who had transition readiness assessments completed, among those who were served through the Sickle Cell Disease Care Transition program and kept a routine medical appointment.</p>
--	---	--	--

Key products resulting from the process described above include the Title V Needs Assessment Summary and the five-year State Action Plan Table and narrative for the 2025-26 project year. Key elements of these documents are highlighted below for each population domain.

Women’s and Maternal Health (WMH): Postpartum care is a new focus, recognizing this period as critical for maternal well-being. While most women attend postpartum visits, gaps remain in care quality and patient experience. The State Action Plan prioritizes evidence-based home visiting programs, expanded reproductive and family planning services, integration with perinatal regionalization, cross-sector partnerships to improve mental health, and public education. Progress will be monitored through postpartum visit attendance and staff engagement in state collaboration.

“It’s hard to just give birth not being listened to...you have to advocate for yourself. It’s a lot of work. You just want to give birth and know that you’re going to be taken care of.”

“I started going there and they were so wonderful to me. It’s a nurse run program.... They say takes a village and I had found one with these people. They were amazing.”

Perinatal and Infant Health (PIH): Risk-appropriate delivery for very low birth weight infants remains below target, with variations across regions. The State Action Plan emphasizes maintaining perinatal regionalization, referral and transport systems, quality improvement, home visiting expansion, improved family health communication, and cross-sector partnerships addressing social determinants. Facility re-designation rates will track progress.

“When my baby was in intensive care, the care was really good for him. It’s nice, even though you have to see your baby with so many wires on him, an incubator, they tried to make the experience more pleasant.”

“Looking into those great eyes was just worth all the pain...the first time my son smiled at me...it’s like that sensation that you get in your heart. It’s just amazing.”

Child Health (CH): Challenges include obesity, behavioral health, dental decay, and low school readiness, compounded by access and environmental barriers. The State Action Plan supports a statewide School Based Health Center (SBHC) network providing comprehensive care to children, promoting insurance enrollment, and partnering with mental health, Medicaid, and community initiatives to improve healthy play and nutrition. Impact is tracked through SBHC enrollment and physical activity partnerships.

“I appreciate the health services offered at my kids’ school. It’s a relief to know that they get health screenings and mental health support there.”

“[I] hope there will be changes; our children deserve a better world.”

Adolescent Health (AH): Mental health treatment is the selected NPM, reflecting persistent challenges and service gaps. Other issues include obesity, nutrition, physical activity, and social determinants such as housing and safety. The State Action Plan focuses on expanding SBHC services, enhancing provider mental health capacity via the state’s Project TEACH

(<https://projectteachny.org>), training local programs, and creating a Youth Advisory Group. Training dissemination and resource provision will be monitored.

"Mental health services were helpful in providing positive coping skills to deal with stress."

"If people understood more about how to take care of themselves, like learning about nutrition, exercise, and mental health, I believe we could live healthier lives."

Children and Youth with Special Health Care Needs (CYSHCN): Nearly 20% of NYS children have special needs, yet fewer than 40% have a medical home and few receive comprehensive, coordinated care or transition supports. Families face fragmented services, financial burdens, and provider shortages worsened by COVID-19. The State Action Plan promotes patient-centered care via programs administered by Local Health Departments, connects families to providers, supports SBHC best practices, ensures follow-up for lead poisoning, enhances Medicaid care coordination, engages families, and advances transition services using models like Got Transition®. Progress is tracked through peer collaboration and transition readiness assessments.

"We are really struggling to figure out how to access things...It has been very, very challenging, both finding things, submitting for them, getting them covered."

"I don't know what's going to happen to my son when he graduates. I'm nervous because no one's really giving me any information."

How Federal Title V Funds Complement State-Supported MCH Efforts

Federal Title V funds complement a broad array of state investments in the health of maternal and child health (MCH) populations. New York State offers comprehensive Medicaid benefits for pregnant women, infants, and children; operates a robust state health insurance exchange; and provides universal health insurance access for children through Child Health Plus, our State Child Health Insurance Program (S-CHIP), including subsidized coverage for families up to 400% of the Federal Poverty Level. The state devotes significant state budget appropriations to MCH programs and initiatives. Many of these - including family planning and reproductive health, perinatal home visiting and community-based initiatives and adolescent health - are supported through a combination of federal Title V funding, other federal grants, and state dollars.

A central use of federal Title V funds is to sustain core public health infrastructure, including critical staffing within the Division of Family Health and other key areas of the Department of Health. This staffing ensures robust fiscal and programmatic oversight of both state and federally funded MCH programs as well as policy and guidance development and implementation. It also builds the foundation for successfully pursuing MCH grant applications and implementation of additional federal awards, both directly and through the Department's bona fide agent, Health Research, Inc. (HRI). Notable HRI-administered grants include HRSA and CDC support for the Perinatal Quality Collaborative, Maternal Mortality Review Board, Early Hearing Detection and Intervention system, Pediatric Mental Health Care Access, Rape Prevention Education, and the State Maternal Health Innovation program. These resources complement Title V by supporting special initiatives, such as a pilot for universal virtual home visiting in remote rural areas and expanded capacity for on-site mental health services in School-Based Health Centers. HRI-funded staff work within the NYS Department of Health and in close coordination with state-funded staff across the Division of Family Health and the broader Department of Health.

The Division of Family Health also directly administers several major federal programs that align closely with Title V goals, including the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program, the Personal Responsibility Education Program (PREP), Sexual Risk Avoidance Education, Part C of the Individuals with Disabilities Education Act, and Title X Family Planning. Title V supports leadership capacity to align these initiatives and ensure coordination with Title V priorities. Further examples are detailed in the State Action Plan.

Title V also reinforces and extends state-funded efforts. Key examples include support for New York's perinatal regionalization system, School-Based Health Centers, adolescent pregnancy prevention initiatives, and community health workers focused on maternal, perinatal, and infant health. Title V staff work in close partnership with the state's Medicaid program, housed within the Office of Health Insurance Programs at the NYS Department of Health. Title V and Medicaid staff collaborate frequently to align Medicaid policies and initiatives with MCH public health goals - supporting efforts such as Health Homes for children, expanded access to doula care, and school-based health care. Planned collaborations are described in the State Action Plan.

New York's MCH systems are complex and multifaceted. Title V funding and guidance provide a strong backbone for this work, supporting integration, innovation, and sustained capacity to improve the health and wellness of New Yorkers from birth through reproductive age.

MCH Success Story

Centering the Communities' Voices:

The New York State Department of Health values community input, especially for the comprehensive needs assessment. One of our great successes in the past year was the broad engagement of community members – expanding and improving upon our work in the last comprehensive needs assessment completed in 2019-2020.

One of our key efforts focused on community-based organizations. A total of 71 in-person or virtual listening sessions were held across the state, hosted by 26 distinct community-based organizations, engaging a total of 883 community participants. We leveraged trusted relationships with existing community partner organizations that have experience and expertise serving the Maternal and Child Health (MCH) populations to host the sessions, with emphasis on engaging MCH populations across the life course including expectant families, parents/caregivers, children, and adolescents including children and youth with disabilities and/or special health care needs and their families. State Title V staff provided training to each organization along with standardized questions to guide the conversations including people's vision for their own community, what they need to be healthy, the availability of services in their community, and their healthcare and service experiences. Childcare, transportation, refreshments, and gift cards were provided to facilitate participation. Listening sessions were held in 30 counties of the state's 62 counties and engaged residents of 33 counties. Participants came from urban, rural, suburban settings and represented the breadth of the state's population.

We also conducted, through a contractor with expertise in community engagement, a series of eight listening sessions across the state. The focus was more specific to recently giving birth. We heard from a total of 62 people who had given birth within the prior two years to learn more about their experience of care to improve health care services and patient experiences during prenatal, childbirth, and postpartum periods. Using a standardized facilitation guide, participants shared their perspectives on their pregnancy, birthing, and postpartum experiences. Participants in this engagement also came from urban, rural, suburban settings and were all different ages, educational levels, employment statuses, and insurance statuses.

Title V-funded Regional Support Centers (RSCs) conducted surveys and interviews with families of children and youth with special Health care needs (CYSHCN) to explore service access and experiences with local health departments CYSHCN programs. A link to an online survey was sent to families. The survey included multiple-choice and open-ended questions. Following survey completion, RSC staff scheduled semi-structured virtual interviews to gather deeper insights, including recommendations for local programs, desired supports and services, and effective outreach methods. A total of 195 participants completed the survey, with 121 (62%) participating in follow-up interviews. These individuals lived in 47 counties.

The staff within the NYS Department of Health worked diligently on the comprehensive needs assessment and are proud of the final product. More information about the needs assessment and the findings are detailed further within this year's application.

Maternal and Child Health Bureau (MCHB) Discretionary Investments - New York

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.