



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

OHIO

State Snapshot

FY2025 Application / FY2023 Annual Report

November 2024

Title V Federal-State Partnership - Ohio

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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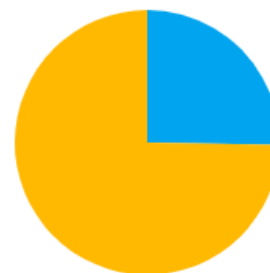
State Youth Leader
No Contact Information Provided

State Hotline: (800) 755-4769

Funding by Source

Source	FY 2023 Expenditures
■ Federal Allocation	\$20,949,155
■ State MCH Funds	\$61,887,693
■ Local MCH Funds	\$0
■ Other Funds	\$0
■ Program Income	\$0

FY 2023 Expenditures



Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$2,565,586	\$28,156,903
Enabling Services	\$8,154,888	\$9,231,456
Public Health Services and Systems	\$10,228,681	\$24,499,334

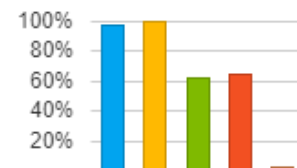
FY 2023 Expenditures
FederalFY 2023 Expenditures
Non-Federal

Percentage Served by Title V

Population Served	Percentage Served	FY 2023 Expenditures
Pregnant Women	97.4%	\$8,629,412
Infants < 1 Year	100.0%	\$8,689,003
Children 1 through 21 Years	62.8%	\$22,700,946
CSHCN (Subset of all infants and children)	65.1%	\$41,789,862
Others *	2.9%	\$479,701

FY 2023 Expenditures
Total: \$82,288,924

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>Decrease risk factors contributing to maternal morbidity</p> <p>NPMs</p> <ul style="list-style-type: none"> ● 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"> ○ ESM WWV.1: Percent of birthing hospitals implementing AIM hypertension model ○ ESM WWV.2: Percent of uninsured women ages 18 and older served in Title X Reproductive Health & Wellness clinics who were referred for enrollment or enrolled in health insurance <p>SOMs</p> <ul style="list-style-type: none"> ● SOM 1: Rate of severe maternal morbidity per 10,000 delivery hospitalizations among non-Hispanic Black women 	Women/Maternal Health
<p>Increase mental health support for women of reproductive age</p> <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 1: Percent of women ages 19-44 who had unmet mental health care or counseling needs in the past year <p>SOMs</p> <ul style="list-style-type: none"> ● SOM 2: Percent of women ages 19-44 with 14 or more mentally distressed days in past month 	Women/Maternal Health
<p>Decrease risk factors associated with preterm births</p> <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 2: Percent of women ages 18-44 who smoke 	Women/Maternal Health
<p>Support healthy pregnancies and improve birth and infant outcomes</p> <p>NPMs</p> <ul style="list-style-type: none"> ● 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"> ○ ESM BF.1: Percent of birthing hospitals receiving recognition from Ohio First Steps for Healthy Babies 	Perinatal/Infant Health

Priority Needs and Associated Measures	Reporting Domain(s)
<ul style="list-style-type: none"> ● A) Percent of infants placed to sleep on their backs (Safe Sleep, Formerly NPM 5A) B) Percent of infants placed to sleep on a separate approved sleep surface (Safe Sleep, Formerly NPM 5B) C) Percent of infants placed to sleep without soft objects or loose bedding (Safe Sleep, Formerly NPM 5C) D) Percent of infants room-sharing with an adult during sleep (Safe Sleep) - SS <ul style="list-style-type: none"> ○ ESM SS.1: Number of families provided with a crib and safe sleep education through Cribs for Kids <p>SOMs</p> <ul style="list-style-type: none"> ● SOM 7: Black Infant Mortality Rate (per 1,000 live births) 	
<p>Improve nutrition, physical activity, and overall wellness of children</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 (Developmental Screening, Formerly NPM 6) - DS <ul style="list-style-type: none"> ○ ESM DS.1: Percent of children, ages 1 through 66 months, receiving home visiting services who have received a developmental screening <p>SOMs</p> <ul style="list-style-type: none"> ● SOM 3: Percent of children ages 0-5 with confirmed elevated blood lead levels 	Child Health
<p>Increase developmental approaches and improve systems to reduce adolescent and young adult suicide rate</p> <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 3: Rate of emergency department visits and hospitalizations for nonfatal intentional self harm among adolescents ages 15-19, per 100,000 	Adolescent Health
<p>Increase protective factors and improve systems to reduce risk factors associated with the prevalence of adolescent substance use</p> <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 (Adolescent Well-Visit, Formerly NPM 10) - AWW <ul style="list-style-type: none"> ○ ESM AWW.1: Percent of adolescents (12-17) served by Medicaid with adolescent well visit ○ ESM AWW.2: Percent of middle and high schools with a school-based health center that offers health services to students <p>SOMs</p> <ul style="list-style-type: none"> ● SOM 4: Percent of high school students who have used alcohol within the past 30 days 	Adolescent Health

Priority Needs and Associated Measures	Reporting Domain(s)
<ul style="list-style-type: none"> ● SOM 5: Percent of high school students who have used marijuana within the past 30 days ● SOM 6: Percent of high school students who have used cigarettes, smokeless tobacco, cigars, pipe tobacco, hookah, bidis, e-cigarettes or other vaping products during the past 30 days 	
<p>Increase prevalence of children with special health care needs receiving integrated physical, behavioral, developmental, and mental health services</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 (Transition, Formerly NPM 12) - TR <ul style="list-style-type: none"> ○ ESM TR.1: Percent of CSHCN ages 12-17 enrolled in Children with Medical Handicaps with a transition plan in place 	Children with Special Health Care Needs
<p>Prevent and mitigate the effects of adverse childhood experiences</p> <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 4: Percentage of children ages 0-17 who have experienced 2 or more adverse childhood experiences (ACEs) 	Cross-Cutting/Systems Building
<p>Improve health equity by addressing community and social conditions and reduce environmental hazards that impact infant and child health outcomes</p> <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 5: Percent of performance measures that include at least one strategy focused on social determinants of health, at-risk populations, or health disparities 	Cross-Cutting/Systems Building

Executive Summary

Program Overview

The Ohio Department of Health's (ODH) mission is to advance the health and well-being of all Ohioans by transforming the state's public health system through unique partnerships and funding streams; addressing the community conditions and inequities that lead to disparities in health outcomes; and implementing data-driven, evidence-based solutions. ODH's strategic agenda is informed by a State Health Assessment (SHA) and a State Health Improvement Plan (SHIP), which include maternal and child health priority focus areas.

The Ohio Title V Maternal and Child Health (MCH) program is an organized effort to eliminate health disparities, improve birth outcomes, and improve the health status of women of childbearing age, infants, children, youth, including children and youth with special health care needs (CYSHCN), and families in Ohio. MCH utilizes a life course approach to develop strategies for improving factors impacting social determinants of health and creating systems that are equitable for all Ohioans.

To identify Ohio's MCH priority focus areas for 2021-2025, MCH led a collaborative and comprehensive needs assessment process with internal and external MCH experts, agency partners, families, and consumers in alignment with the SHA, SHIP, and Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Needs Assessment. Since completion of the 2020 needs assessment, the COVID-19 pandemic has underscored the importance of the resulting priorities:

- Decrease risk factors contributing to maternal morbidity.
- Increase mental health support for women of reproductive age.
- Decrease risk factors associated with preterm births.
- Support healthy pregnancies and improve birth and infant outcomes.
- Improve nutrition, physical activity, and overall wellness of children.
- Increase developmental approaches and improve systems to reduce adolescent and young adult suicide rate.
- Increase protective factors and improve systems to reduce risk factors associated with the prevalence of adolescent substance use.
- Increase prevalence of children with special health care needs receiving integrated physical, behavioral, developmental, and mental health services.
- Prevent and mitigate the effects of adverse childhood experiences.
- Improve health equity by addressing community and social conditions and reduce environmental hazards that impact infant and child health outcomes.

A Five-Year Action Plan drives the development and implementation of strategies and activities aligning the National Performance Measures, National Outcome Measures, Evidence-Based Strategy Measures, and state MCH priorities within six population health domains. The Ohio MCH program uses a Population Domain Group structure to manage MCH priorities and implement strategies from the five-year plan. Population Domain Groups are comprised of staff, stakeholders, and consumers including representatives from state agencies, local health departments, health care organizations, managed care organizations, insurance, consumers, parent, and family groups representing CYSHCNs, universities, and community agencies. Also included in the collaborative efforts are families, individuals with lived experience, caregivers, youth, and consumers, whose voices lend a vital understanding of the unique needs of Ohio's MCH population. All these partnerships are critical because no single agency or system has the resources or capacity to accomplish this goal alone.

The Domain Groups update the Five-year Action Plan, assess performance measure outcomes, implement, and monitor strategies to impact the performance and outcome measures, and create or identify an evaluation plan to assess whether the interventions have been successful. In addition to the Domain Groups, MCH program administrators utilize data collection, program evaluation, and surveys to solicit feedback and monitor program outcomes.

A summary of each domain and strategies from the 2021-2025 Action Plan are included below. The descriptions represent key initiatives but do not reflect the entirety of work being implemented across the state and in collaboration with stakeholders.

Women/Maternal Health

The priorities reflect an ongoing need to address maternal morbidity, mental health for women of reproductive age, and risk factors associated with pre-term births. To address all three priorities, the Domain Group will continue to work with multiple partners to improve the outcomes for women before, during, and after pregnancy.

While the rate of severe maternal morbidity in Ohio is lower than the U.S. rate, the rate for Hispanic, non-Hispanic Asian/Pacific Islander, and non-Hispanic Black women is higher than the rate for non-Hispanic white women. Preconception care continues to be prioritized as a prevention strategy for maternal morbidity, and an opportunity to improve overall women's health. Title X clinics implement Reproductive Life Plans for clients of child-bearing age and offer contraception as requested to assist clients in achieving their reproductive goals. Preconception health efforts also include community assessments to identify pre- and interconception issues and barriers to inform strategies to implement culturally relevant community, clinical, or community-based services. The Oral Health Program is increasing the integration of oral health education, assessment, and referral into prenatal care. The Pregnancy Associated Mortality Review (PAMR) program leads multiple initiatives to address maternal morbidity, including AIM safety bundles, urgent maternal warning signs education, telehealth and obstetric emergency training, and the Ohio Council to Advance Maternal Health (OH-CAMH). OH-CAMH will focus the efforts of over 80 stakeholder organizations to improve maternal health outcomes, address gaps, and implement strategies that translate knowledge and recommendations into action.

Women in Ohio face higher unmet mental health needs and postpartum depression rates than the national average. The COVID-19 pandemic has exacerbated these issues, increasing mental health needs while reducing screening and service access opportunities. The Domain Group is focused on addressing mental health for all women, including through screening and referral of women of child-bearing age through Title X, increasing trauma-informed care in community-based health and mental health settings, providing culturally relevant peer supported behavioral health services for high risk pregnant and postpartum women, and postpartum depression/anxiety screening during pediatric well visits. The Fetal Alcohol Spectrum Disorders (FASD) Steering Committee updates a strategic plan annually and conducts trainings on FASD prevention, screening for FASD, and treatment.

Pre-term birth continues to be one of the leading causes of infant mortality in Ohio. Ohio's rate of women who smoked cigarettes during pregnancy has decreased but remains two times higher than the rate for the overall U.S. Over 20% of infants who died in Ohio in 2019 were born to a mother who reported smoking in 3 months before pregnancy or during the first 3 months of pregnancy. Ohio aims to reduce smoking and substance use among pregnant women, including through the Moms Quit for Two program and Practice and Policy Academy participation to inform plans of safe care.

Perinatal/Infant Health

The highest priority is to support healthy pregnancies and improve birth and infant outcomes. The Domain Group will continue to focus on breastfeeding and safe sleep as key methods for improving infant health outcomes, as well as advancing initiatives to address Black infant mortality.

While the number of infants who died before their first birthday has decreased in the last ten years, the disparity continues with Black infants dying at nearly three times the rate of white infants. In December 2020, Governor Mike DeWine announced the formation of the Eliminating Racial Disparities in Infant Mortality Task Force, with members charged to work with local, state, and national leaders to identify needed changes to reduce infant mortality and eliminate racial disparities by 2030. To address the complex issues and systems, Ohio implements several large, data-driven initiatives employing evidence-based strategies. These include implementing the Ohio Equity Institute: Working to Achieve Equity in Birth Outcomes program in ten targeted high-risk metro areas; increasing evidence-based home visiting; increasing screening and referral via the integrated Pregnancy Risk Assessment Form in partnership with the Ohio Department of Medicaid; and enhancements in newborn screenings focusing on system linkages to increase and improve identification and referrals. Ohio ensures newborns receive appropriate screening, diagnostic testing, referral, and intervention through programs including newborn screening for Critical Congenital Heart Disease, Comprehensive Genetic Services Program, Sickle Cell Services, Infant Hearing, and Ohio Connection for Children with Special Needs Birth Defects Surveillance program.

Over the past five years, Ohio made significant improvements in performance measures for breastfeeding and safe sleep. Title V Breastfeeding and Ohio First Steps for Healthy Babies support breastfeeding in hospitals, worksites, and childcare facilities, improve breastfeeding continuity of care, and provide women direct support through a 24/7 breastfeeding hotline and virtual lactation consultants. Focus groups conducted with African American and Appalachian mothers will guide efforts to improve strategies aimed at increasing breastfeeding initiation and duration. MCH coordinates safe sleep education and crib distribution to remove barriers and assist families with safe sleep environments for their babies. Each year, nearly 99% of families receive safe sleep education during their maternity stay in Ohio's hospitals, over 6,400 families receive a crib and safe sleep education through a Cribs for Kids partner, and safe sleep campaigns deliver over 57 million impressions to parents and grandparents in areas of Ohio with high infant mortality.

Child Health

The MCH priority for children represents a comprehensive approach to children's health: improve nutrition, physical activity, and overall wellness of children. To address the priority of improving overall child health, efforts address a broad range of issues impacting children. Pediatric primary care visits represent a key opportunity for monitoring and addressing the comprehensive needs of children's health, including the critical role of developmental screening. The Domain Group continues to implement strategies to ensure all components of the well-child visit, including important screenings (Bright Futures, developmental, lead, hearing, vision, oral health, immunizations, BMI, social determinants of health, and ACEs), are included for every child. Ohio has rates comparable to the U.S. for developmental screening but has not seen an improvement in this outcome overall; however, the Home Visiting program has improved the rates of developmental screening among children served. The Early Childhood Health and Ohio Healthy programs continue to improve obesity efforts in childcare settings. Compared to the U.S., Ohio has a lower rate of obesity among 2-4-year-olds, but a higher rate among ages 10-17 with lower income children experiencing disparities. Ohio performs similarly to the U.S. on several metrics related to nutrition and physical activity: fruit and vegetable consumption, access to exercise opportunities, and physical activity among children.

Adolescent Health

The MCH priorities: Increase developmental approaches and improve systems to reduce adolescent and young adult suicide rate; increase protective factors and improve systems to reduce risk factors associated with the prevalence of adolescent substance use. The Domain Group is coordinating initiatives across both priorities with partners to support adolescent health.

Adolescent and young adult suicide has increased by more than half since 2009. The rate of adolescents with a major depressive episode in the past year has increased since 2011 and the percent of adolescents who bully others and who report being bullied is higher in Ohio than in the U.S. MCH is working with partners to support implementation of the Ohio Suicide Prevention Plan among the youth population. Multiple MCH programs support adolescent resiliency through grant-funded community specific projects, coordination on prevention workgroups and coalitions including Anti-Harassment Intimidation and Bullying and supporting professionals and communities in preventing violence and identifying/responding to victims of violence. The Domain Group continues to focus on adolescent preventive medical visits, which provide key opportunities for screening, education, and referral on numerous topics including mental health and substance use. Ohio's rates of adolescent well-visits compare with the national rates, and improvements have been observed with nearly 80% of adolescents obtaining a well-visit, although data shows that well child

visits/immunizations, and particularly adolescent well child visits/immunizations declined during the COVID pandemic. BCFH worked collaboratively with the Immunization Program at ODH on social media campaigns to increase well child visits where providers could also promote immunizations with parents. Other efforts include training for pediatricians and school nurses, School Based Health Center initiatives, and cross-program prevention opportunities.

Children and Youth with Special Health Care Needs (CYSHCN)

The MCH priority to increase the prevalence of children with special health care needs receiving integrated physical, behavioral, developmental, and mental health services, is being implemented using a transition focus to ensure CYSHCN are prepared to actively participate in their care as adults.

Ohio's Title V efforts to address CYSHCN include Ohio Revised Code 3701.023 requiring ODH to review eligibility for medically handicapped children (CMH) that are submitted to the department by city and general health districts and physician providers approved in accordance with the code. The eligibility will be extended from age 21 to age 22 in SFY 22, age 23 in SFY 23, and age 24 in SFY 24, and in SFY25 the age will increase to age 25. MCH convenes a state-wide workgroup comprised of representatives from ODH, the Ohio Department of Medicaid, clinicians specializing in the treatment of CYSHCN, parents of CYSHCN, hospitals, condition-specific advocacy groups, and members of the ODH CMH Parent Advisory Committee. The CMH program works directly with more than 40,000 families of CYSHCN annually. In Ohio, CYSHCN has a similar rate of receiving care in a well-functioning system and a higher rate of receiving care in a medical home compared to the U.S. The Domain Group continues to focus on coordinating with partners to improve clinical and non-clinical service delivery systems, including hospital-based service coordination, parent-to-parent mentoring, and emergency preparedness for CYSHCN.

Ohio adolescents ages 12-17, with and without special health care needs, are less likely than U.S. peers to receive the services necessary to transition to the adult healthcare system. The Domain Group is working to increase adult and pediatric provider capacity, family and teen knowledge and support, and planning that identifies and addresses social determinant barriers to medical transition. The group is also committed to identifying opportunities to support transitions to adulthood outside of health care for CYSHCN.

Cross-Cutting

Ohio continues to experience significant disparities in health outcomes. The priorities established to support all Ohioans in achieving their full health potential focus on adverse childhood experiences (ACEs) and health equity. These priorities are incorporated into each population domain and addressed from a systems level. MCH is coordinating with partners to advance ACEs prevention and mitigation through the lens of shared risk and protective factors. The Health Equity Team (HEAT) is advancing health equity in internal MCH organization/staff and in policy, program, grant, and contract administration.

How Federal Title V Funds Complement State-Supported MCH Efforts

Title V funding provides critical support for the implementation of evidence-based strategies aimed to improve population health outcomes through a life course approach and by addressing social determinants of health. Title V supports state-level public health infrastructure and population-based services, and the Ohio Department of Health, Bureau of Child and Family Health administers Title V in conjunction with other federal and state funds in alignment with our state's priorities. Ohio Governor Michael DeWine created the Office of Children's Initiatives to elevate the importance of children's programming and drive improvements within the many state programs that serve children. The Initiative is charged to improve communication and coordination across state agencies; engage local, federal, and private sector partners to align efforts and investments; advance policy related to home visiting, early intervention services, early childhood education, foster care, and child physical and mental health; and initiate and guide enhancements to the early childhood, home visiting, foster care, education, and pediatric health systems. Title V funding complements the implementation of this initiative as well as other strategic plans to improve health outcomes, such as the State Health Improvement Plan (SHIP). The SHIP's three priority topics are maternal and infant health, mental health and addiction, and chronic disease with priority factors of community conditions, health behaviors, and access to care. Title V supports implementation by state agencies, local health departments, hospitals, and other community partners engaged in community health improvement planning, education, housing, employers, transportation, and criminal justice.

MCH Success Story

Women/Maternal Health

The Reproductive Health and Wellness Program developed a provider manual and training "Preconception Health 101", an evidence-based curriculum aimed at improving the health of individuals before pregnancy or their partner's pregnancy. After training, providers saw an increase in STI tests (chlamydia, gonorrhea, HIV, HPV, and syphilis), 198 preconception screening tools, 29 primary care referrals, 18 nutrition referrals, and 9 mental health referrals. Subrecipients saw 842 preconception health clients, which included 1,128 STI tests, 433 preconception screening tools, 76 primary care referrals, 112 nutrition referrals, and 22 mental health referrals. Visits increased by 92%, STI testing increased by 109%, and referrals increased by 144% to 522%.

Perinatal/Infant Health

One mom relied on the Ohio Statewide Breastfeeding Hotline's texting option multiple times with her first baby and is already reaching out for information for her next baby due in April. Her first text was sent in November 2021 and additional texts were sent

throughout September 2022. In February 2024, she reached out for information on breast pumps for the new baby! In FY24, the Hotline reached 40,000 contacts since the service was launched in March 2020.

Child Health

The Oral Health Program conducted an open-mouth oral health screening survey at 94 schools across the state during the 2023-24 school year. Data on untreated cavities, the need for dental care, the presence of dental sealants, and indicators of access to care were collected on more than 4,000 students.

Adolescent Health

In FFY24 ODH established the Teen Wellness Team (TWT), offering teens a chance to learn about public health and provide feedback on existing programs. Over 600 students applied, with 21 students from 16 different counties selected. The TWT attended virtual sessions, earning \$14 an hour, and learned about various health topics while providing valuable feedback. In May 2024, they also participated in a panel discussion at the Ohio Adolescent Partnership meeting.

Children and Youth with Special Health Care Needs (CYSHCN)

The highlight of the CYSHCN work in FY 24 has been the hiring of new parent consultants. Since their hiring in December 2023, there has been positive feedback from both internal and external partners on the value of their input and perspective and the impact they bring to supporting CYSHCN in Ohio. Additionally, a new parent consultant position was created and filled in the Infant Hearing Program.

Cross-Cutting

To better address and prevent adverse childhood experiences and their impact on health, work continues to implement a plan that promotes organizational shifts in culture to support a trauma-responsive approach to clinical and public health services. Implementation of this plan in 2024/2025 will include building a community of practice for interested health and public health agencies in Ohio.

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

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.