



# HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

# OREGON

State Snapshot

FY2025 Application / FY2023 Annual Report

November 2024

### Title V Federal-State Partnership - Oregon

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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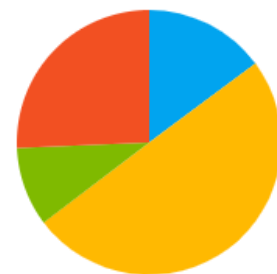
State Youth Leader
No Contact Information Provided

**State Hotline:** (800) 211-0000

### Funding by Source

Source	FY 2023 Expenditures
Federal Allocation	\$6,255,581
State MCH Funds	\$21,033,715
Local MCH Funds	\$4,076,836
Other Funds	\$10,828,438
Program Income	\$0

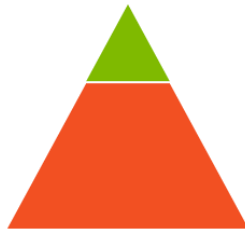
FY 2023 Expenditures



### Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$0	\$0
Enabling Services	\$2,160,552	\$30,338,310
Public Health Services and Systems	\$4,095,029	\$5,600,679

FY 2023 Expenditures Federal



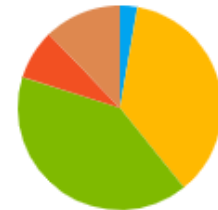
FY 2023 Expenditures Non-Federal



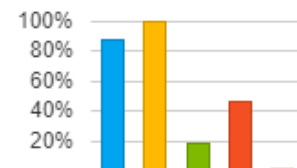
### Percentage Served by Title V

Population Served	Percentage Served	FY 2023 Expenditures
Pregnant Women	88.3%	\$1,136,055
Infants < 1 Year	100.0%	\$15,166,136
Children 1 through 21 Years	18.1%	\$16,903,035
CSHCN (Subset of all infants and children)	46.4%	\$3,284,181
Others *	0.7%	\$5,079,605

FY 2023 Expenditures Total: \$41,569,012



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>Safe and supportive environments</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● Rate of hospitalization for non-fatal injury per 100,000 children, ages 0 through 9 (Injury Hospitalization - Child, Formerly NPM 7.1) - IH-Child                             <ul style="list-style-type: none"> <li>○ ESM IH-Child.1: Injury death rate among children 0 - 9 years of age</li> <li>○ ESM IH-Child.2: Transportation injury death rate among children 0 - 9 years of age</li> <li>○ ESM IH-Child.3: Drowning death rate among children 0 - 9 years of age</li> <li>○ ESM IH-Child.4: Poisoning injury rate among children 0 - 9 years of age</li> <li>○ ESM IH-Child.5: Among local grantees who select child injury prevention, percent who report improved knowledge, skills, or policies based on provided technical assistance</li> <li>○ ESM IH-Child.6: Percent of engaged partner groups including other state agencies, local grantees, and marginalized community representatives, that report satisfaction with level of engagement in the development of a collaborative child injury report.</li> <li>○ ESM IH-Child.7: Completed assessment of injury prevention risk assessment, education, and remediation in Oregon's public health home visiting programs.</li> </ul> </li> </ul>	<p>Child Health</p>
<p>Stable and responsive relationships; resilient and connected children, youth, families and communities.</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● Percent of adolescents, with and without special health care needs, ages 12 through 17, who are bullied or who bully others (Bullying, Formerly NPM 9) - BLY                             <ul style="list-style-type: none"> <li>○ ESM BLY.1: Percent of 8th and 11th graders who have experienced bullying.</li> <li>○ ESM BLY.2: Percent of 8th and 11th graders who have experienced bullying due to their race or ethnicity.</li> <li>○ ESM BLY.3: Percent of 8th and 11th graders who have experience bullying due to their sexual orientation or gender identity.</li> <li>○ ESM BLY.4: Percent of 8th and 11th graders who have experienced bullying due to a disability.</li> <li>○ ESM BLY.5: Among local grantees who select bullying prevention, percent who report improved knowledge, skills, or policies based on provided technical assistance.</li> </ul> </li> </ul>	<p>Adolescent Health, Cross-Cutting/Systems Building</p>

Priority Needs and Associated Measures	Reporting Domain(s)
<ul style="list-style-type: none"> <li>○ ESM BLY.6: Completion of environmental scan of youth serving agencies.</li> <li>○ ESM BLY.7: Number of activities completed that increase local access to bullying prevention resources.</li> </ul> <p>SPMs</p> <ul style="list-style-type: none"> <li>● SPM 1: Percentage of new mothers who experienced stressful life events before or during pregnancy</li> </ul>	
<p>Improved lifelong nutrition</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: Breastfeeding initiation among Non-Hispanic Black mothers.</li> <li>○ ESM BF.2: Breastfeeding initiation among Non-Hispanic American Indian/Alaska Native mothers.</li> <li>○ ESM BF.3: Exclusive breastfeeding at 6 months among Non-Hispanic Black mothers.</li> <li>○ ESM BF.4: Exclusive breastfeeding at 6 months among Non-Hispanic American Indian/Alaska Native mothers.</li> <li>○ ESM BF.5: Among local grantees who select breastfeeding, percent who report improved knowledge, skills, or policies based on provided technical assistance.</li> <li>○ ESM BF.6: Completion of environmental scan of organizations and partners to facilitate determination of Title V's role in increasing diversity in the perinatal workforce.</li> <li>○ ESM BF.7: Number of OHA Office of Equity and Inclusion certified community health workers and doulas.</li> <li>○ ESM BF.8: Number of providers engaged in anti-racism or cultural humility training.</li> </ul> </li> </ul>	Perinatal/Infant Health
<p>Enhanced equity and reduced MCAH health disparities.</p> <p>SPMs</p> <ul style="list-style-type: none"> <li>● SPM 2: Percentage of children age 0 - 17 years who have a healthcare provider who is sensitive to their family's values and customs</li> </ul>	Cross-Cutting/Systems Building
<p>Enhanced social determinants of health</p> <p>SPMs</p> <ul style="list-style-type: none"> <li>● SPM 3: Percent of children living in a household that received food or cash assistance</li> </ul>	Cross-Cutting/Systems Building

Priority Needs and Associated Measures	Reporting Domain(s)
<p>High quality, culturally responsive preconception, prenatal and inter-conception 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: Percent of new mothers who have had a postpartum checkup.</li> <li>○ ESM WWV.2: Among local grantees who select well woman care, percent who report improved knowledge, skills, or policies based on provided technical assistance.</li> <li>○ ESM WWV.3: Completion of environmental scan of organizations and partners to facilitate determination of Title V's role in increasing diversity in the perinatal workforce.</li> <li>○ ESM WWV.4: Number of OHA Office of Equity and Inclusion certified community health workers and doulas.</li> <li>○ ESM WWV.5: Completion of environmental scan to determine role of Title V in perinatal behavioral health.</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</p>
<p>High quality, family-centered, coordinated systems of care for children and youth with special health care needs</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: Primary care involvement in shared care planning</li> </ul> </li> <li>● 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"> <li>○ ESM TR.1: Young adult with medical complexity/family participation in transition preparation appointments</li> </ul> </li> </ul>	<p>Children with Special Health Care Needs</p>

## Executive Summary

### Program Overview

#### III.A.1. Program Overview

##### **Oregon's Title V framework and leadership role**

Oregon's Title V program relies on shared leadership between the Oregon Health Authority (OHA) Public Health Division (PHD) Maternal and Child Section (MCH), its Adolescent and School Health programs (ASH), and the Oregon Center for Children and Youth with Special Health Needs (OCCYSHN) at Oregon Health and Science University's Institute on Development & Disability. A leadership team makes Title V program and policy decisions and ensures alignment across the programs and agencies. Designated state priority leads oversee state level program and policy work and provide technical assistance and oversight to local public health and tribal Title V grantees. Title V Maternal, Child and Adolescent Health (MCAH) also has a tribal liaison who supports the work of the tribal Title V MCAH grantees. The state priority leads, Title V coordinator, Title V MCAH and OCCYSHN Title V staff, and Title V MCAH tribal liaison coordinate work across populations/domains. MCAH work is also integrated and coordinated across priorities through 3 cross-cutting teams: perinatal and women's health, injury prevention, and foundations of MCAH.

Findings from the Title V five-year needs assessment guide the identification of Oregon's Title V needs and priorities. These in turn inform development of the structure and work of the program, guided by Title V staff and leadership, as well as grantees, families, and community partners. Ongoing needs assessment and surveillance in the interim years supports development of evidence based/informed strategies and activities; monitoring progress, identifying emerging issues, and modifying approaches as needed.

Title V MCAH and OCCYSHN strategies, activities and measures are developed by Oregon's Title V subject matter experts, in consultation with researchers, MCHB, state and local partners, and family and youth leaders. Thirty percent of Title V funding is allocated to OCCYSHN to address the Title V CYSHCN national and state-specific cross-cutting priorities at both the state and local levels. The remaining funds are administered through the OHA PHD to implement and monitor state and local level MCAH work in the maternal/women, perinatal/infant, child, adolescent, and cross-cutting domains.

##### **Population needs, Title V priorities, strategies, and plans**

Oregon's Title V leadership identified six national and three state-specific priorities for 2021-2025 using our 2020 Needs Assessment and prioritization process results. These are: well woman care, breastfeeding, prevention of child injury and bullying, medical home and transition to adult health care for CYSHCN, toxic stress/trauma/ACEs, social determinants of health and equity, and culturally and linguistically responsive MCAH services (CLAS). An overview of Oregon's Title V MCAH priority needs, strategies, progress and plans for each domain is outlined below.

##### **Maternal/Women's Health Domain**

Oregon's Title V program provides leadership for policy and system development efforts in maternal/women's health including support for home visiting, maternal mortality review (MMRC), and ensuring that health system transformation addresses the need for comprehensive, culturally responsive women's and maternal health services.

##### **Needs/priorities**

Based on the 2020 MCAH needs assessment, high quality, culturally responsive preconception, prenatal and inter-conception services are a priority need for this maternal/women's health. This need is addressed through work on well-woman care (NPM 1 from 2021-2024 Title V Block Grant Guidance). Social determinants of health; health equity; safe and supportive environments; stable and responsive relationships; and resilient, connected families and communities are cross-cutting needs that also impact this population and are being addressed through both well-women care and Oregon's cross-cutting systems domain work. Within this domain, Oregon's 2025 Title V application also includes a plan for work under the newly implemented universal NPM of postpartum visit.

##### **Strategies**

Well woman care strategies focus on support for behavioral health needs; home visiting workforce development; access to culturally responsive preventive care for low income and undocumented women; and development/engagement of community based advisory groups. Postpartum visit strategies include information gathering and supporting advanced training, coaching and quality improvement activities.

##### **Perinatal/Infant Health Domain**

Title V provides leadership and technical assistance for linkages to prenatal care, oral health, maternal mental health, and other perinatal/infant services; infant mortality reduction; PRAMS and ECHO surveillance systems; early hearing detection and intervention (EHDI); breastfeeding support; Universally Offered Home Visiting, and integration of perinatal/infant health into programs and policies across state and local agencies.

##### **Needs/priorities**

Based on the 2020 needs assessment, improved nutrition is a priority need for perinatal/infant health, which is being addressed through work on NPM breastfeeding. Social determinants of health; health equity; safe and supportive environments; stable and responsive relationships; and resilient, connected families and communities are cross-cutting needs that also impact this population and are being addressed through both well-women care and Oregon's cross-cutting/systems building work.

##### **Strategies**

Breastfeeding strategies focus on support/implementation of workplace laws and policies; workforce development including training and enhanced diversity; culturally appropriate approaches for work with tribal communities; access to culturally responsive preventive care for low income and undocumented women; and development/engagement of community based advisory groups.



Additional food security strategies impacting this population are included in the Foundations of MCAH work within the cross-cutting domain.

#### **Child Health Domain**

Title V's work in child health focuses on increasing community and caregiver capacity to promote the foundations of health: stable responsive relationships, safe supportive environments, and nutrition and healthy behaviors. A major focus is integration of child health into programs and policies across state and local agencies, including the early learning and education systems.

##### **Needs/priorities**

Based on the 2020 needs assessment, enhancing safe and supportive environments; stable and responsive relationships; and resilient/connected families and communities are needs for Oregon's children. The need to address social determinants of health and equity also impact this population. These needs will be addressed through work on child injury (NPM 7 from 2021-2024 Title V Block Grant Guidance), as well as through Oregon's cross-cutting/systems building work on the Foundations of MCAH.

##### **Strategies**

Child injury strategies focus on improved data capacity; use of child injury data to inform policy; enhanced workforce capacity; partnerships and coalition-building including around shared risk and protective factors.

#### **Adolescent Health Domain**

Title V strengthens policies and systems that support adolescent health in school-based health centers, schools, health systems, and communities. The program engages youth to inform policies and programs that reflect their needs through youth advisory councils, focus groups, surveillance tools and youth action research.

##### **Needs/priorities**

Based on the 2020 needs assessment, enhancing safe and supportive environments; stable and responsive relationships; and resilient/connected families and communities are needs for Oregon's adolescents. The need to address social determinants of health and health equity also impacts this population. These needs will be addressed through work on NPM bullying, as well as through Oregon's cross-cutting/systems building work on the Foundations of MCAH.

##### **Strategies**

Bullying prevention strategies focus on workforce development; bullying prevention education in schools; development of partnerships and shared initiatives; and Positive Youth Development strategies, including authentic youth engagement strategies and youth participatory action research.

#### **Children and Youth with Special Health Care Needs (CYSHCN) Domain**

Title V CYSHCN provides leadership and support for the development of comprehensive, coordinated, family-centered systems of care that are culturally responsive for CYSHCN and their families. It leads efforts that support equitable access to care for CYSHCN, and partners with families and communities in policy, program and strategy development.

##### **Needs/priorities**

Based on the 2020 needs assessment, assuring high quality, family-centered, coordinated systems of care for CYSHCN, increasing health care equity and culturally and linguistically responsive services (CLAS) are needs for Oregon's CYSHCN. These priorities will be addressed through work on NPMs medical home and transition to adult health care for CYSHCN, and all three state priorities.

##### **Strategies**

Medical Home (MH) strategies focus on increasing cross-systems care coordination (CSCC) for CYSHCN and their families through public health nurse home visiting; supporting local public health in convening cross-sector child health teams to implement family-centered shared care planning; supporting regional and state learning collaboratives, leading development and implementation of an online Community Health Worker curriculum to prepare the workforce to respond to the needs of the CYSHCN population; promoting regional and state level infrastructure development to support CSCC, including coordination of emergency care between families and providers; and leveraging the Oregon Family to Family Health Information Center to both support families of CYSHCN and incorporate their wisdom into the work.

Health Care Transition (HCT) strategies focus on developing the health care, public health, and other workforces' ability to prepare youth with special health care needs (YSHCN) and their families for effective transition from pediatric to adult health care. Strategies are integrated with those of MH, given their interrelationship. Quality improvement projects, begun as part of the Children with Medical Complexity CoIN work focused on transition, will continue. ORF2FHIC is leveraged to continue to educate families and YSHCN about HCT and its importance.

#### **Cross-cutting/Systems Building Domain**

Oregon's Title V program uses a life course focus and equity lens to maximize investment in policies, systems and programs that support lifelong health. Work in this domain crosses all priorities and is the primary focus of the state-specific priorities.

##### **Needs/priorities**

Based on the 2020 needs assessment, Oregon's MCAH needs in the cross-cutting/systems domain include: enhancing safe and supportive environments; assuring stable, responsive relationships and resilient, connected families and communities; improving lifelong nutrition; increasing health equity; addressing social determinants of health and equity; and assuring high quality, culturally responsive preventive systems and services. These needs span the life course and all MCAH populations. The Title V program addresses these needs through work in each of the domains and national priority areas, as well as through the work on Foundations of MCAH, which addresses state-identified priorities of toxic stress, trauma, ACEs and resilience; culturally and linguistically responsive MCAH services (CLAS), and social determinants of health and equity (SDOH-E).



### **Strategies**

The OHA MCAH Title V program addresses cross-cutting domain priorities through a set of upstream “Foundations of MCAH” strategies. This approach reflects the integrated nature of work on social determinants of health and equity, trauma/ACEs, and equity/CLAS. Strategies are grouped as follows.

- Policy and systems strategies focus on equitable, anti-racist and trauma informed workplaces, institutions, and services; systems to integrate screening and referral for SDOH-E; housing, food systems, and economic supports for families.
- Workforce strategies focus on skills and abilities of the workforce to deliver equitable, trauma informed and culturally appropriate services, and standards to address these.
- Community, individual and family capacity strategies focus on programs (e.g., home visiting) and community strategies that promote family health, safety, protective factors, resilience, and equity.
- Assessment and evaluation strategies focus on development and use of data on social determinants of health, trauma, and equity to drive MCAH policy and programs.

OCCYSHN employs similar strategies to address SDOH-E, trauma/ACEs, and CLAS with a focus on integration and coordination of programs and systems across Title V work to support CYSHCN and their families.

### **Progress on state and national performance measures**

Title V MCAH and OCCYSHN staff monitor progress on state and national performance measures (SPMs and NPMs). Oregon’s NPMs have primarily shown positive results during the past year. NPMs that have shown improvement include well woman care, breastfeeding initiation, child injury hospitalizations, and bullying. One NPM has worsened slightly; exclusive breastfeeding at 6 months. The changes in NPMs are small and should be interpreted with caution.

Thirty-nine percent of CYSHCN had a medical home in 2016-17 compared to 42% in 2021-2022 (National Survey of Children’s Health). Improvement occurred between 2016-2017 and 2021-2022 on health care transition. During the former timeframe, only 17% of youth with special health care need received services necessary to make transitions to adult health care compared to 27% during the latter timeframe. Among SPMs, 1: prenatal stress showed improvement, although the improvement was moderate and should be interpreted with caution. Two SPMs worsened; 2: children with a healthcare provider who is sensitive to their family’s values and customs, and 3: children living in a household that received food or cash assistance. These changes were small and should also be interpreted with caution.

### **Title V partnerships and community engagement**

Partnerships and community engagement are core to Oregon’s Title V work. Our extensive array of partners, spanning family and community, local governments, tribes, and state and national agencies, is described in detail in Section III.A.2. of the grant narrative.

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

### **III.A.2. How Title V Funds Support State MCH Efforts**

Title V funds complement and support overall state MCAH efforts. The 30% of funding that goes to OCCYSHN provides capacity for work with state, health system, and community partners and local grantees on medical home and transition initiatives impacting CYSHCN; ongoing assessment, surveillance, and evaluation; and expertise, advocacy, and partnership to strengthen systems and services, and improve and the health of children and youth with special health needs and their families.

The remaining 70% of Title V funding, administered through the OHA PHD, is used to support maternal, child, and adolescent health specialists, nurses, epidemiologists, and policy analysts working in: local health departments, tribes, and at the state level. The MCAH capacity provided through Title V supports work on the identified Title V priorities; ongoing MCAH assessment and surveillance, policy and partnership work; and multiple planning and system development efforts to which Title V staff contribute at the state and local level. The flexibility of the Title V program and funds were critical to supporting Oregon’s response to the COVID-19 pandemic at both the state and local levels, allowing for shifting capacity to where it was most needed. The flexibility of Title V funding has also enabled Oregon to support the MCH population’s wildfire and other emergency response, as well as to invest in upstream work with partner agencies such as Medicaid on implementation of social determinants and equity work.

Community engagement and partnerships are central to all phases of Oregon’s Title V work, enabling Title V to leverage work across the state on behalf of the MCAH and CYSHCN populations. They enhance the scope and ability of Title V funding to impact the health of Oregon’s women, children, youth, and families, including children and youth with special health needs. The Title V Director, CYSHCN Director, Adolescent Health Director, and Title V staff all work with external and internal stakeholders to provide MCAH leadership and ensure that Title V work is represented and integrated statewide. These partnerships – including with Coordinated Care Organizations, the Division of Early Learning and Care, local health authorities, and tribes - provide critical opportunities to leverage Title V’s work and develop collaborations which benefit the MCAH population and maximize use of funds. This work - especially with families and communities - also informs ongoing needs assessment, strategy implementation, evaluation, and modification of strategies/activities throughout the 5-year cycle.

## MCH Success Story

### III.A.3. MCH Success Story

**OHA Youth Advisory Council:** The Public Health Division of OHA Youth Advisory Council was convened in 2022. Twenty youth leaders were selected from across the state to decide how to use \$1,000,000 of CDC Funds to help youth and schools' recovery from COVID 19. This council is facilitated by an outside organization, REAP, Inc. that has a long history of engaging youth in change work. OHA staff supported REAP, Inc. with program development, administration, and logistics.

While youth engagement is happening in different capacities at OHA, this is a unique model that invests in creating a supportive infrastructure for youth to have their voices heard in decision making. This model elevates youth voice by centering their vision in a youth majority space. It connects youth to both statewide policy work as well as local CBOs and gives youth power to make tangible change by providing a substantial budget. The YAC creates a youth led space for young people to gain leadership skills and allows for larger representation of youth voice because of the size.

The YAC went on to work on a number of projects across the Public Health division and with outside organizations. Including, but not limited to:

- Offered youth input and perspective to Oregon Department of Education for the newly mandated Overdose and Opioid Use prevention curriculum,
- Participated in a conversation with federal administrators on nutrition and food security/access at Beaverton International School,
- Created a video on the importance of youth engagement in decision making and to advise how adults can best support and incorporate youth into their processes',
- Participated in a panel on youth/adolescent friendly access to reproductive health,
- Participated in a youth panel at Oregon Department of Education's annual Students with a Purpose conference on mental health

**Partnerships to Increase Capacity for Autism Evaluations:** OCCYSHN was a founding partner of a collaboration that included Health Share and Care Oregon CCOs and the major child health systems in the Portland Metro area to develop and implement training for a cohort of 24 Primary Care Pediatricians (PCPs) to evaluate young children for autism, with the goal of reducing excessive wait times. Participants will continue to develop their expertise through participation in an ECHO-based learning community and will pilot an innovative alternative payment mechanism (APM) designed to ensure fiscal parity with primary care billing expectations. This is phase one of a larger collaborative project aimed at increasing capacity for autism evaluations for young children in the region through systems improvement.

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

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.