HRSA
Health Resources & Services Administration

Title V MCH Block Grant Program

PENNSYLVANIA

State Snapshot

FY2026 Application / FY2024 Annual Report

December 2025

Title V Federal-State Partnership - Pennsylvania

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
Tara Trego Director, Bureau of Family Health ttrego@pa.gov (717) 346-3000	Erin McCarty Director, Division of Bureau Operations erimccarty@pa.gov (717) 346-3000

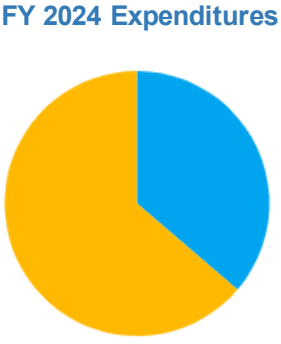
SSDI Project Director	State Family Leader
Erin McCarty Director, Division of Bureau Operations erimccarty@pa.gov (717) 346-3000	Cindy Dundas Director, Division of Community Systems Development and Outreach

State Youth Leader
No Contact Information Provided

State Hotline: (800) 986-2229

Funding by Source

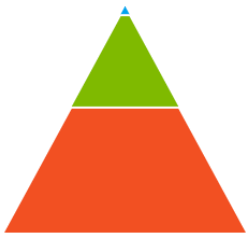
Source	FY 2024 Expenditures
Federal Allocation	$25,014,563
State MCH Funds	$43,965,989
Local MCH Funds	$0
Other Funds	$0
Program Income	$0



Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	$870,561	$6,424,532
Enabling Services	$10,167,942	$4,801,829
Public Health Services and Systems	$13,976,060	$32,739,628

FY 2024 Expenditures Federal



FY 2024 Expenditures Non-Federal

Percentage Served by Title V

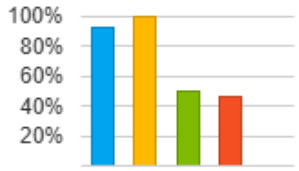
Population Served	Percentage Served	FY 2024 Expenditures
Pregnant Women	92.0%	$3,168,247
Infants < 1 Year	99.9%	$8,280,151
Children 1 through 21 Years	50.3%	$39,141,110
CSHCN (Subset of all infants and children)	46.1%	$12,843,206
Others *	0.2%	$3,055,083

*Others– Women and men, over age 21.

FY 2024 Expenditures

Total: $66,487,797

FY 2024 Percentage Served



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)

Behavioral Health During Pregnancy and Postpartum
 	
NPMs
• 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: Percentage of pregnant and postpartum women participating in home visiting who receive behavioral health services after receiving a positive screening for depression, intimate partner violence, or substance use.
  ○ ESM PPV.2: Percent of regular peer learning meetings attended with active participation in presenting and/or responding to peer discussion
	New	Women/Maternal Health

High Quality and Respectful Maternal Healthcare
 	
NPMs
• Percent of women with a recent live birth who experienced racial/ethnic discrimination while getting healthcare during pregnancy, delivery, or at postpartum care - DSR
  ○ ESM DSR.1: Percent of newly-trained community-based doulas supported with Title V funding who achieve certification as Certified Perinatal Doulas
  ○ ESM DSR.2: Percent of eligible counties with at least one Perinatal Periods of Risk (PPOR) study completed or in progress
	New	Women/Maternal Health

Optimal Health and Wellbeing for Infants SPMs • SPM 1: Percent of children ages 0-5 years old living with a parent/caregiver who is coping very well with the demands of raising children	New	Perinatal/Infant Health
Preterm Birth and Preterm-Related Mortality	New	Perinatal/Infant Health

Priority Needs and Associated Measures	Priority Need Type	Reporting Domain(s)
NPMs ● Percent of women with a recent live birth who experienced racial/ethnic discrimination while getting healthcare during pregnancy, delivery, or at postpartum care - DSR ○ ESM DSR.1: Percent of newly-trained community-based doulas supported with Title V funding who achieve certification as Certified Perinatal Doulas ○ ESM DSR.2: Percent of eligible counties with at least one Perinatal Periods of Risk (PPOR) study completed or in progress		
Early Childhood Development and Optimal Health NPMs ● 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: Percent of children, ages one to five years enrolled in Parents as Teachers, who receive age-appropriate developmental screenings ● Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - MH ○ ESM MH.1: Percent of regular peer learning meetings attended with active participation in presenting and/or responding to peer discussion ○ ESM MH.2: Percentage of counties providing diagnostic services and follow-up care coordination resources through the autism diagnostic clinic (ADC) program. ○ ESM MH.3: Percentage of CYSHCN living in rural Pennsylvania reporting they received care coordination services which support their health and wellness needs through surveys upon through Community to Home (C2H) program discharge. ○ ESM MH.4: Percentage of CSHCN receiving care coordination project services in federally qualified health centers (FQHCs). ○ ESM MH.5: Percentage of individuals with sickle cell disease (SCD) receiving care coordination through the Community Based Services and Supports (CBSS) program. ○ ESM MH.6: Number of recommendations from CDR teams that are implemented (CSHCN) ○ ESM MH.7: Number of community-based provider partnerships established by the Sickle Cell Community-Based programs ○ ESM MH.8: Number of person-centered plans developed by BrainSTEPS teams	New	Child Health

Priority Needs and Associated Measures	Priority Need Type	Reporting Domain(s)
○ ESM MH.9: Number of medical provider collaborative agreements established by the Sickle Cell Community-Based programs ○ ESM MH.10: Fifty percent of children with asthma measured as "not well-controlled" at baseline will have "well-controlled" asthma after completing four visits (i.e., one month) in the Room2Breathe program ○ ESM MH.11: Number of meetings held annually between DOH and DHS (CSHCN) ○ ESM MH.12: Number of children screened for Autism Spectrum Disorder through the Autism Diagnostic Clinic ○ ESM MH.13: Number of referrals to BrainSTEPS program ○ ESM MH.14: Number of youth with special health care needs receiving evidence-based or -informed leadership development training through the Leadership Development and Training Program ○ ESM MH.15: Number of youth age 14 and older enrolled in the Community to Home program who received a transition plan to transition to adult health care ○ ESM MH.16: Percentage of CSHCN receiving quality care in participating Federally Qualified Health Center (FQHC) health systems ○ ESM MH.17: Percent of families reporting through surveys that they were partners in decision making.		
Adolescent Mental Health and Suicide Prevention NPMs ● Percent of adolescents, ages 12 through 17, who receive needed mental health treatment or counseling - MHT ○ ESM MHT.1: Percent of youth screened or assessed and identified as having a mental health need who receive non-clinical, interim mental health services and supports from a Student Assistance Program (SAP) liaison ○ ESM MHT.2: Percent of youth who received evidence-based education on healthy teen relationships, completed the pre- and post-survey, and showed an increase in knowledge of teen dating violence following program completion	New	Adolescent Health
Provider Access, Care Coordination, and Navigation for Children and Youth with Special Health Care Needs	New	Children with Special Health Care Needs

Priority Needs and Associated Measures	Priority Need Type	Reporting Domain(s)
NPMs ● Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - MH ○ ESM MH.1: Percent of regular peer learning meetings attended with active participation in presenting and/or responding to peer discussion ○ ESM MH.2: Percentage of counties providing diagnostic services and follow-up care coordination resources through the autism diagnostic clinic (ADC) program. ○ ESM MH.3: Percentage of CYSHCN living in rural Pennsylvania reporting they received care coordination services which support their health and wellness needs through surveys upon through Community to Home (C2H) program discharge. ○ ESM MH.4: Percentage of CSHCN receiving care coordination project services in federally qualified health centers (FQHCs). ○ ESM MH.5: Percentage of individuals with sickle cell disease (SCD) receiving care coordination through the Community Based Services and Supports (CBSS) program. ○ ESM MH.6: Number of recommendations from CDR teams that are implemented (CSHCN) ○ ESM MH.7: Number of community-based provider partnerships established by the Sickle Cell Community-Based programs ○ ESM MH.8: Number of person-centered plans developed by BrainSTEPS teams ○ ESM MH.9: Number of medical provider collaborative agreements established by the Sickle Cell Community-Based programs ○ ESM MH.10: Fifty percent of children with asthma measured as "not well-controlled" at baseline will have "well-controlled" asthma after completing four visits (i.e., one month) in the Room2Breathe program ○ ESM MH.11: Number of meetings held annually between DOH and DHS (CSHCN) ○ ESM MH.12: Number of children screened for Autism Spectrum Disorder through the Autism Diagnostic Clinic ○ ESM MH.13: Number of referrals to BrainSTEPS program ○ ESM MH.14: Number of youth with special health care needs receiving evidence-based or -informed leadership development training through the Leadership Development and Training Program ○ ESM MH.15: Number of youth age 14 and older enrolled in the Community to Home program who received a transition plan to transition to adult health care		

Priority Needs and Associated Measures	Priority Need Type	Reporting Domain(s)
○ ESM MH.16: Percentage of CSHCN receiving quality care in participating Federally Qualified Health Center (FQHC) health systems ○ ESM MH.17: Percent of families reporting through surveys that they were partners in decision making.		

Executive Summary

Program Overview

The Title V Maternal and Child Health (MCH) Services Block Grant to States Program is authorized by Sections 501-509 of Title V of the Social Security Act (42 U.S.C. §§ 701-709), and is a formula grant under which funds are awarded to states and jurisdictions upon submission of an acceptable plan that addresses the health services needs within a state for the target population of mothers, infants and children, which includes infants and children with special health care needs (CSHCN), and their families. Through the MCH Block Grant, each state and jurisdiction support and promotes the development and coordination of systems of care which are family-centered, community-based, and meet the needs of the MCH population. The Bureau of Family Health (BFH) as the Pennsylvania (Pa.) Title V administrator serves an estimated 2.6 million individuals of the MCH population annually, using over $76 million of Title V, state match, and other federal funding to support programming, state-level program management, and public health systems. State and federal funds are administered and allocated in accordance with all applicable guidelines and laws and do not duplicate each other, but rather, are used collectively whenever possible to maximize the impact to health outcomes. In partnership with over 45 grantee and partner groups, the BFH applies a life course approach across the Title V population domains. An intentional effort to improve the health and well-being of all and expand the scope of work of Title V in Pa. to include an examination of a range of community health factors is foundational.

The BFH was committed to performing a comprehensive and transparent five-year needs and capacity assessment that engaged partners at each phase and identified the most pressing MCH health needs. Areas of need among the MCH health populations became evident following analysis of state and national data and through conversation with families and providers across the state. Factors influencing maternal health in Pa. include challenges with access and receipt of timely prenatal care, rising rates of maternal morbidity and high rates of maternal mortality, and obtaining healthcare before, during, and after pregnancy with providers trained in serving all populations, mental health services and supports, and behavioral health services and supports, especially for those with substance use disorder. Perinatal health in Pa. is continually impacted by infant mortality and preterm births. Other needs among infants include the support and education of parents and caregivers to strengthen families and promote wellbeing. Among children, education, resources, and support for parents and caregivers on early childhood development, coping skills, and parenting practices is critical. For the adolescent population, the availability and training of youth-serving mental health specialists and care providers and education around bullying, violence, and sexual and reproductive health decision-making was highlighted. The health of CSHCN could be improved through increased access to a well-functioning system of care, including transition services, support for families with care coordination and navigation, and further integration of families in decision-making around care choices.

Based on these data and the input of service recipients, providers, and partners, the BFH adopted the following seven priorities to guide the 2026-2030 state action plan: 1) Behavioral Health During Pregnancy and Postpartum 2) High Quality and Respectful Maternal Healthcare; 3) Optimal Health and Wellbeing for Infants; 4) Preterm Birth and Preterm-Related Mortality; 5) Early Childhood Development and Optimal Health; 6) Adolescent Mental Health and Suicide Prevention; 7) Provider Access, Care Coordination, and Navigation for Children and Youth with Special Health Care Needs.

As the Title V program's role in the delivery of direct services is limited by program capacity and funding, the BFH sees an opportunity to enhance existing strategies and develop system-level strategies to address maternal health. Ongoing work to ensure that women and mothers in Pa. have the support and services they need before, during, and after pregnancy, especially for behavioral health, includes home visiting and community-based maternal care models such as a doula program. These efforts aim to drive improvement in the Postpartum Visit and Perinatal Care Discrimination National Performance Measures (NPM)s.

Among infants, the BFH seeks to enhance existing strategies to serve families with gap-filling direct and enabling services and to expand systems-level work. The preterm birth and preterm-related mortality priority is aligned with the NPM on perinatal care discrimination. Strategies that mitigate factors associated with preterm birth such as addressing community health factors and promoting high quality and respectful care throughout pregnancy may have impact on both the priority and the associated NPM. The optimal health and well-being for infants priority represents a shift toward primary prevention of factors which may be contributing to adverse infant health outcomes and strategies will aim to increase the percent of parents/caregivers of children ages zero to five who are able to cope very well with the day-to-day demands of raising children with the provision of services, supports, and education to improve child safety. This work is directly aligned with a state performance measure (SPM) developed to measure the percent of children ages 0-5 years old living with a parent/caregiver who is coping very well with the demands of raising children.

Among children, the BFH aims to promote optimal health and positively impact early childhood development with a new strategy around improving developmental screening rates. These efforts aim to drive improvement in the Developmental Screening NPM. Additionally, the BFH aims to address the medical home NPM by participating in a learning collaboration with other large states to identify and improve strategies that promote access to medical homes for children.

Among adolescents, the BFH sees an opportunity to enhance existing gap-filling direct and enabling services and to develop a system-level strategy addressing mental and behavioral health by improving access to care for youth who need mental health services by providing interim mental health services and supports. The BFH will aim to address factors influencing mental and behavioral health by increasing youth knowledge of healthy relationships to decrease teen dating violence. A youth advisory committee will also provide a mechanism to gather youth input on relevant issues and better ensure strategies developed are reflective and respectful of the communities being served. These efforts aim to drive improvement in the mental health treatment NPM.

For the CSHCN domain, the BFH will continue to administer direct and enabling programming aimed at providing children with well-coordinated, family-centered care. Gap-filling services for CSHCN will continue as will strategies supporting care coordination and the provision of screening and specialty care to children with conditions such as sickle cell anemia and autism spectrum disorder.

These efforts aim to drive improvement in the NPM around increasing the percent of CSHCN who have medical home with care that is accessible, family-centered, continuous, comprehensive, and coordinated.

The BFH intends to achieve its objectives, maintain infrastructure, and support public health services and systems through partnerships. BFH works with county and municipal health departments and selects partners throughout the state to provide public health, enabling, or direct services for the MCH population. BFH uses population and public health data to identify interventions and then selects qualified grantees to implement the services. For all grant agreements, BFH staff develop objectives, work statements, and budgets, and provide oversight and monitoring of grantee progress toward the stated goals. The BFH also coordinates efforts and collaborates with other Bureaus within the Department of Health (DOH) as well as with agencies at the local, state, and federal level. Given that many other organizations share the mission of advancing the health of MCH populations in Pa., remaining abreast of the work of these other entities remains essential. Convening of regular cross-agency meetings has been incorporated into the action plan and these intra- and interagency relationships, and the corresponding work, have been and will continue to be formalized through the creation of memoranda of understanding. Additionally, the BFH continues to work with partners at the state and local level to increase awareness, guidance, and assistance on developing and implementing strategies that collect meaningful input from the populations being served to inform the design, conduct, and evaluation of MCH programs, policies, and systems.

Given the breadth of the BFH's work to support the MCH system of care in Pa. and the ebb and flow of other funding sources, the BFH continually evaluates how Title V funds can be leveraged and combined with other state and federal funds to make the most positive impact on population health outcomes. As programming, other activities, and agencies receive Title V funds, the BFH will continually ensure dollars are spent as intended to advance priority MCH outcomes, while also adapting to emergent needs when possible.

How Federal Title V Funds Complement State-Supported MCH Efforts

The Bureau of Family Health (BFH) expends federal and state Title V funds to support maternal and child health (MCH) populations in accordance with Title V and other federal and state guidelines with the goal of protecting and promoting the health and well-being of women, children, and families and assuring the delivery of core MCH services. As described on the financial forms, in Pennsylvania (Pa)., non-federal Title V state match funds primarily support a variety of direct, enabling, and public health services for women and maternal health, infants, children, and children with special health care needs (CSHCN). As such, federal Title V funds are used to augment the systems of care for those populations while also providing support for public health systems and services. Pa. expends a similar percentage of federal and non-federal Title V funding on the infant population, while it spends a greater percentage of federal Title V funding on the maternal and CSHCN populations when compared to non-federal Title V funding for those populations to fill system gaps. Pa. expends a smaller percentage of federal Title V funding on children compared to non-federal Title V funding for children as a significant amount of non-federal Title V funds are expended on this population and less gap-filling services are required. Additionally, Pa. expends a greater percentage of non-federal Title V funding on direct services when compared to federal Title V funding while expending a greater percentage of federal Title V funding on enabling services when compared to the non-federal Title V funding. Over time, Pa. has increased its capacity to expand state and local initiatives to serve a greater proportion of the MCH population by shifting reimbursable direct service expenditures to the appropriate payors and utilizing the majority of federal and non-federal Title V funds for public health systems and services, including population health programs such as school health services and newborn screening. Core support for the state's MCH program capacity and public health infrastructure to enhance the Title V program management structure, secure an adequate and well-trained MCH workforce, invest in family partnerships and navigator services, improve MCH data analytics, and facilitate other systems-building efforts is largely funded with federal Title V dollars.

MCH Success Story

Through Title V needs assessment activities, in 2019, the Bureau of Family Health (BFH) identified a critical need to improve the care system for children and youth with special health care needs (CSHCN), with only 16.4% of CSHCN receiving care in a well-functioning system in Pennsylvania (Pa.), according to the 2019-2020 National Survey for Children's Health. To address this critical need, BFH decided to replicate North Carolina's Innovative Approaches (IA) program, which had proven successful in improving systems of care. In 2021, BFH was awarded a replication grant from the Association of Maternal & Child Health Programs (AMCHP) to build the necessary capacity to implement IA in Pa.

Pa.'s model of the IA program, the Family Impact Initiative (FII), takes a family-driven systems change approach, aiming to improve community services for CSHCN. FII conducts a comprehensive analysis of policies—both formal and informal—that impact service delivery, with a focus on revising those that create barriers. The initiative promotes collaboration between families, service providers, and decision-makers to identify gaps, overlap, and areas for improvement in service systems, while fostering interagency communication and coordination.

In partnership with the Philadelphia Department of Public Health (PDPH), supported by technical assistance from AMCHP, and mentoring assistance from IA program experts, BFH's Title V program spent a year building capacity via the replication grant. Parent advisory and steering committees were formed, which include 19 parents and caregivers, and 33 healthcare providers and community stakeholders. Committee members received training in advocacy, provided by Pennsylvania's F2F, the Parent Education and Advocacy Leadership Center, and two in-depth systems change trainings provided by AMCHP. These committees helped determine activities to address identified needs. Additionally, a part-time parent advocate who has a CSHCN was hired by PDPH to help facilitate activities for the committees and foster community connections to support FII goals.

The FII has led to significant outcomes. A video of CSHCN resources and organizations in Philadelphia to support families was created and disseminated; annual resource fairs focusing on transition supports, early childhood, and parent/caregiver wellbeing and respite were held; support groups in schools were established for parents of children who have a learning disability or special need; IEP and 504 plan trainings with an educational expert were held; partnership with the Children's Hospital of Philadelphia to develop and provide training for doctor's office reception staff and medical professionals to create a more friendly and quality office visit for children with disabilities; and, partnered with Philadelphia Parks and Rec Department to identify outdoor parks and spaces that accommodate and are safe for individuals with disabilities and have included this information on their webpage.

The goal in replicating this system change initiative is to empower parents as advocates for changes that will, hopefully, ease the stress parents feel when they interact with the health care system and improve the care their children receive.

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

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.