



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

PUERTO RICO

State Snapshot

FY2026 Application / FY2024 Annual Report

December 2025

Title V Federal-State Partnership - Puerto Rico

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>)

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Funding by Source

Source	FY 2024 Expenditures
<div></div> Federal Allocation	\$15,744,245
<div></div> State MCH Funds	\$18,596,533
<div></div> Local MCH Funds	\$0
<div></div> Other Funds	\$837,074
<div></div> Program Income	\$269,960

FY 2024 Expenditures



Funding by Service Level

Service Level	Federal	Non-Federal
<div></div> Direct Services	\$3,218,196	\$18,596,533
<div></div> Enabling Services	\$7,511,181	\$269,960
<div></div> Public Health Services and Systems	\$5,014,868	\$0

FY 2024 Expenditures
Federal



FY 2024 Expenditures
Non-Federal



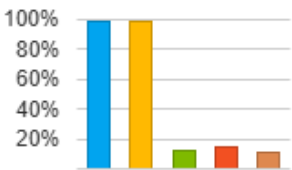
Percentage Served by Title V

Population Served	Percentage Served	FY 2024 Expenditures
<div></div> Pregnant Women	98.5%	\$6,408,190
<div></div> Infants < 1 Year	97.8%	\$3,548,678
<div></div> Children 1 through 21 Years	12.2%	\$16,893,205
<div></div> CSHCN (Subset of all infants and children)	14.1%	\$6,966,796
<div></div> Others *	10.5%	\$0

FY 2024 Expenditures
Total: \$33,816,869



FY 2024 Percentage Served



*Others– Women and men, over age 21.

The Title V legislation directs States to conduct a comprehensive, statewide maternal and child Health (MCH) needs assessment every five years. Based on the findings of the needs assessment, states select seven to ten priority needs for programmatic focus over the five-year reporting cycle. The State Priorities and Associated Measures Table below lists the national and state measures the state chose in addressing its identified priorities for the 2025 Needs Assessment reporting cycle. All states are also reporting on two Universal National Performance Measures, Postpartum Visit and Medical Home.

State Priorities and Associated Measures

Priority Needs and Associated Measures	Priority Need Type	Reporting Domain(s)
<p>Promote health and well-being in women of reproductive age (WRA)</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 women with a postpartum checkup within 12 weeks after giving birth who reported using the "Postpartum Pocket Guide" to schedule the visit in Puerto Rico by September 2030. ○ ESM PPV.2: Percent of Title V HVP participants who attended a postpartum checkup within 12 weeks after birth and received guidance on family planning, and were offered resources for managing feelings of depression or anxiety in Puerto Rico by September 2030 ● Percent of women who were screened for depression or anxiety following a recent live birth - MHS <ul style="list-style-type: none"> ○ ESM MHS.1: Number of health care providers trained to screen postpartum depression and anxiety using a standardized tool in Puerto Rico by September 2030. <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 2: Percent of women, ages 18 through 44, with a preventive medical visit in the past year <ul style="list-style-type: none"> ○ SPM ESM 2.1: Percent of women, ages 18 through 44, with a preventive medical visit in the past year who reported using the "Women of Reproductive Age Preventive Care Pocket Guide" to schedule a preventive medical visit in Puerto Rico by September 2030. ● SPM 1: Percent of pregnant women who receive prenatal care beginning in the first trimester 	Continued	Women/Maternal Health
<p>Improve birth outcomes and infant wellbeing</p> <p>NPMs</p> <ul style="list-style-type: none"> ● A) Percent of infants placed to sleep on their backs B) Percent of infants placed to sleep on a separate approved sleep surface C) Percent of infants placed to sleep without soft objects or loose bedding D) 	New	Perinatal/Infant Health

Priority Needs and Associated Measures	Priority Need Type	Reporting Domain(s)
<p>Percent of infants room-sharing with an adult during sleep - SS</p> <ul style="list-style-type: none"> ○ ESM SS.1: Percent of infants placed to sleep in a safe environment after receiving safe sleep counseling by a health care provider in Puerto Rico by September 2030. ○ ESM SS.2: Percent of infants of 4 months of age, in the Title V Home Visiting Program (HVP), placed to sleep in a safe environment after receiving safe sleep counseling in Puerto Rico by September 2021-2025 		
<p>Improve preventive health in children</p> <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 parents whose health care provider discussed healthy eating habits and physical activity for their child during the child's most recent preventive visit in Puerto Rico by September 2030. ● 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 families in the CSHCN Program reporting "strong agreement" that their child's wellbeing has improved after receiving care coordination services in Regional Pediatric Centers facilitating access to necessary services in Puerto Rico by Septe ○ ESM MH.2: Percent of families at the CSHCN Program who report that they "always" have a care coordinator or another professional available to help them find the services they need. 	Continued	Child Health
<p>Improve health and wellbeing of adolescents</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 - AWW <ul style="list-style-type: none"> ○ ESM AWW.1: Percent of Youth Health Promoters (YHP) reached with the PR Youth Health Literacy Toolkit (PR-YHLT) who increase their awareness regarding how to use the health care system in Puerto Rico by September 2030. ● Percent of adolescents, with and without special health care needs, ages 12 through 17, who are bullied or who bully others - BLY <ul style="list-style-type: none"> ○ ESM BLY.1: Percent of youth who complete year 3 of the Youth Health Promoters Project and 	Continued	Adolescent Health

Priority Needs and Associated Measures	Priority Need Type	Reporting Domain(s)
<p>report they would talk to an adult if they were bullied in Puerto Rico by September 2030.</p> <ul style="list-style-type: none"> ○ ESM BLY.2: Percent of Youth Health Promoters (YHP) that completed the first year who report not being bullied in Puerto Rico by September 2021-2025 		
<p>Promote the use of medical homes among children and youth with special healthcare needs</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 families in the CSHCN Program reporting "strong agreement" that their child's wellbeing has improved after receiving care coordination services in Regional Pediatric Centers facilitating access to necessary services in Puerto Rico by Septe ○ ESM MH.2: Percent of families at the CSHCN Program who report that they "always" have a care coordinator or another professional available to help them find the services they need. 	Revised	Children with Special Health Care Needs
<p>Facilitate transition from pediatric to adult healthcare for youth with special healthcare needs and their families</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 YSHCN in the CSHCN Program with a documented transition action plan after undergoing a transition readiness assessment in Puerto Rico by September 2025-2030 ○ ESM TAHC.2: Percent of YSHCN who receive care at the RPCs and has completed a transition readiness assessment in Puerto Rico by September 2021-2025 	Revised	Children with Special Health Care Needs
<p>Increase early detection and diagnosis of autism spectrum disorder before 36 months of age in the pediatric population</p> <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 3: Percent of children who are diagnosed with autism spectrum disorder (ASD) before or at 36 months of age. 	Continued	Children with Special Health Care Needs

Priority Needs and Associated Measures	Priority Need Type	Reporting Domain(s)
<div> <div></div> <div> SPM ESM 3.1: Percent of parents with children 36 months or younger who report their child's health care provider administered a questionnaire about developmental, communication, or behavioral concerns in Puerto Rico by September 2025-2030 </div> </div>		

Executive Summary

Program Overview

The Puerto Rico Department of Health (PRDOH) administers Title V Block Grant through the Family and Infant Health Division (FIHD) that houses the Maternal, Child and Adolescent Health Program or **MCAHP**, and the Children with Special Health Needs Program or **CSCHNP**. PR Title V services are provided in the seven PRDOH Health Regions.

For the **2023-2024** reporting period, PR Title V efforts focused on the priority areas of the **2020-2025 State Action Plan (SAP)**. These efforts are:

Women/Maternal: Promoting the health and wellbeing of women of reproductive age; Improving birth outcomes.

Perinatal/Infant: Decreasing infant mortality

Children: Improving preventive health in children

Adolescent: Improving adolescent health and wellbeing.

CSHCN: Promoting the use of medical homes among CYSCHN; Facilitating transition from pediatric to adult health care for youth with special health care needs (YSHCN); Increasing early identification of autism spectrum disorders (ASD); Reducing the prevalence of neural tube defects (NTD) at birth.

A summary of key efforts and progress in each domain for FY **2023-2024** is presented below.

Women/Maternal Health: This domain addresses women and maternal health through individual and group interventions. At the individual level, the Home Visiting Program (HVP) – staffed by the Home Visiting Nurses (HVN) - offers case management and care coordination services, education, and support to women with medical and life conditions risk factors linked to poor pregnancy outcomes. Participants are admitted during pregnancy and followed until the child is 2 years old. During 2023-2024, the HVNs served 5,715 participants including infants and children in 3,272 families. The HVNs also provided education and support to 3,186 persons (pregnant women, mothers, men, children, and infants) that did not participate in the HVP.

At the community level, the Community Health Workers (CHWs) and the Health Educators (HEs) reached 31,693 persons aged 10 and older (pregnant, non-pregnant women, men) through group educational activities, courses, and individual orientations. A major educational intervention is the Prenatal Course that includes healthy lifestyles, prenatal care, risk behaviors, stages and changes in pregnancy, delivery planning and process, signs and prevention of premature birth, caesarean birth, postpartum care, baby care, breastfeeding, birth spacing and family planning. During 2023-2024, the in-person 3-hour session prenatal course was offered to 565 participants (pregnant women and companions) that increased knowledge from 5.4 pretest to 6.9 posttest.

The Virtual Prenatal Course (VPC) in video format, which includes sign language, addresses the issues covered in the in-person prenatal course in an abbreviated manner. In the reporting period, the VPC webpage was visited 2,966 times, a significant increase from the previous year (690 visits). Similarly, educational leaflets that people access after watching the video increased greatly compared to FY 22-23. For example, infant and childcare leaflets increased from 358 to 23,052 while pregnancy and perinatal health increased from 7,716 to 36,913 views.

The women's health pocket guide ("My Health Planner"), a health promotion tool to encourage an annual preventive visit among women aged 10-49, continued to be disseminated. In 2023-2024, there were 13,966 visits to the Mi Agenda de Salud webpage (www.salud.pr.gov/agenda). There is also a video aimed at adult women aged 20 to 49 that highlights key health (physical and mental) recommendations and annual preventive visits. The video, which is an option within the courses on ethics for all government employees, was completed 2,515 times during 2023-2024.

The Perinatal Mental Health Taskforce (PMHTF) developed and distributed survey questionnaires to healthcare providers and the perinatal population aimed at identifying barriers and facilitators in perinatal mental health (PMH) services to inform public health policy and to improve care systems. Overall, there were areas of congruence among both groups of respondents. A common identified barrier to accessing PMH services is not knowing where to find them, whereas a common facilitator is knowing where to find them. The results of these surveys were used to design a message to commemorate perinatal mental health awareness day (May 1, 2024). Also, a webinar on PMH was offered to 53 participants as part of the PRDOH's continuing education series for employees.

Perinatal/Infant Health: A major intervention under this domain is the Perinatal Services, staffed by the perinatal nurses (PNs) that offer education and support on maternal and infant health to pregnant and postpartum women and their companions in birthing hospitals. Topics include healthy pregnancy, newborn care, labor and childbirth, postpartum care, safe sleep, breastfeeding, pediatric preventive care, care of premature babies, safety, and family planning. The PNs also promote the HVP and the prenatal and parenting courses and make referrals as needed. During this reporting year, the PNs reached 4,968 pregnant and postpartum women and 2,209 male and female companions.

The HVP delivered services to 1,133 infants (<12 months) that included developmental screenings, Early Childhood Caries Risk Screening at 6 and 12 months, education to mothers about infant care, breastfeeding, and importance of pediatric visits. Services also include referrals to appropriate services and follow-up.

Promoting safe sleep to decrease infant mortality is critical as Sudden Unexpected Deaths (SUIDS) was the second cause of infant deaths between the ages of 1 to 12 months in 2023. In this regard, by 4 months of age, 65.9 % of HVP infant participants met all safe sleep criteria. This percentage is significantly higher than those reported by PR-PRAMS (59.2%), possibly because of HVNs face-to-face education and follow-up with families.

During 2023-2024, the educational webpage “Encounter of my life” continued to disseminate information crucial to decrease infant prematurity, morbidity, and mortality. The encounter of my life can be accessed through the PRDOH website at www.salud.pr.gov/encuentromivida. The information is organized into five sections: Prenatal Care, Labor, and Delivery, Postpartum, Breastfeeding, and Infant Care. Each section features fact sheets that can be viewed online, downloaded, or printed. The Virtual Prenatal Course is also available through this webpage.

In 2023-2024, the Puerto Rico Fetal Infant Mortality Review (PR-FIMR) enhanced data collection and interviewing processes as the seven PNs were trained on data extraction while 12 HVNs received training on how to conduct parental interviews tactfully.

Child Health: Improving child health encompasses the promotion of preventive visits, immunizations, oral health, emotional health, nutrition, physical activity, and safety.

The two in-person Responsible Parenting Courses (a four-sessions 0-5 y/o and one-session 6/11 y/o) are important sources of information for parents on child health topics. In this reporting year, pre- and post-test results showed increased knowledge among participants. In each of the four sessions of the **0 to 5 y/o parenting course** there was an improvement in knowledge (1- pre 7.0 vs 7.8 post; 2- pre 6.3 vs 7/4 post; 3- 6.7 pre 7.6 post; 4- 5.8 pre vs 7.2 post). In the **6-11 y/o parenting course**, completed by 513 participants, the mean post test score was 6.6 compared to 5.6 pre-test.

Promoting preventive health visits is key for a child’s health and wellbeing. In 2024, 50.8% of children aged 0 to 9 years old enrolled in the Government Health Plan (GHP) had at least one preventive screening which is an improvement over 2023 (44.5%) and 2022 (40.2%). Similarly, the rate for children up to age 2 enrolled in the HVP increased to 84.8% from 80%. These numbers reflect the efforts of PR Title V in promoting children’s preventive visits in all PRDOH Health Regions through parenting courses, individual orientations, group activities and the PRDOH website.

During 2023-2024, PR Title V initiated two projects aimed at promoting physical activity and healthy eating in children. One project is a partnership with United Way Puerto Rico to implement the Programa BienEstar® in day care centers. This program developed by United Way in 2014 promotes healthy eating and physical activity in early childhood. This partnership has been successful in impacting day care centers. As of March 2024, a total of 68 centers completed the program, reaching 1,584 children and 191 teachers, assistants, and other staff members. The other project is a partnership with “Fundación El Angel de Miguel Cotto” (The Angel of Miguel Cotto Foundation), a local nonprofit organization created by PR former boxing champion to promote physical activity, good nutrition, and weight control. The program Forma +Salud (Shape+Health) is designed to promote healthy eating habits and physical activity to reduce the risk of overweight and chronic conditions. This project, implemented in four PRDOH Health Regions, targets children in grades 4 to 6. In the reporting year, 2,366 children in 29 schools, 253 caregivers, and 351 teachers participated in the program.

Adolescent Health: The Comprehensive Adolescent Health Program (CAHP) addresses adolescent health through the Positive Youth Development (PYD) framework that enables youth to give input and engage in health-related actions. The CAHP has two distinct PR Title V sponsored PYD groups that are its closest youth partners:

1) Youth Health Promoters Project (YHPP) composed of voluntary students from 6th to 8th grades that promote healthy lifestyles among their peers. During the reporting year, 752 students participated as Youth Health Promoters (YHPs) in 56 public schools. Overall, they reached 12,362 students in activities about healthy eating, bullying and cyberbullying prevention, developmental changes, physical activity, vape prevention, substance use and abuse, self-esteem and annual health care visit, among others.

2) Youth Advisory Council (YAC), composed of 20 youths aged 14 to 21 that advise on initiatives and public policies, conduct public education, and represent de PRDOH in conferences within and outside PR. In this reporting year, the YAC continued to increase youth perspectives through their participation as advisors, reviewers and facilitators in committees and conferences sponsored by CAHP, state agencies and non-government organizations. For example, YAC members created and offered the “Mental Health and Emotional Balance” workshop to 100 youths aged 14-20 that were under the custody of the PR Department of Family. In the evaluation, 70% of participants stated they are better equipped to identify and manage their emotions. Very importantly, the YAC participated in Title V domains goals and objectives review and gave input to the initiatives, strategies, and activities of the PR TV State Action Plan.

During 2023-2024, “My Health Planner” that only addressed women of reproductive age, was adapted to create the “Health Planner for Youth Aged 10-21” targeted at all youths (females and males). Workshops on the youth health planner were undertaken by the HEs and the CHWs reaching a total of 5,087 middle/high school students. The workshops were highly successful as 73% of participants increased their knowledge while 76.5% stated they will use the agenda to take care of their health.

CSCHN Health: The CSHCN Program addresses the health and wellbeing of CYSHCN through a coordinated, family-centered system of services with emphasis on provider-family communication and care coordination mechanisms.

In 2024, 54% of CSHCN aged 0-17 had established medical homes in PR, a significant progress from previous benchmarks of 30.8% in 2014 and 53.1% in 2023. Data from 2024 MCH-JS showed 75% of families expressing high satisfaction with provider communication. This positive outcome reflects the program’s sustained emphasis on family-centered communication practices.

The Technology Dependent Children and Youth (TDCY) Registry is a vital coordination resource for families with technology-dependent children and youth, especially during emergency situations and natural disasters. During 2023-2024, 209 families received direct coordination services and condition-specific educational information tailored to their children’s needs. Through the registry-facilitated donations and partnerships, 176 essential items (electric generators, solar panel systems, wheelchairs, crib mosquito nets, bathroom chairs, gastronomy and tracheostomy supplies) were distributed among families.

During FY 23-24, 97 YSHCN participated in health care transition (HCT) activities at the Regional Pediatric Centers (RCPs) of which 66% completed a transition readiness assessment (ESM TR1). Additionally, 64.1% of YSHCN at RCPs had transition action plans in place after completing transition readiness assessments. These percentages highlight the continued importance of improving care for this population.

In this reporting period, the Adult Health Care Transition Interventions Checklist for RPCs participants was implemented. The tool enables providers to maintain comprehensive records of transition interventions for each participant, improving data collection capabilities and service accountability compared to previous documentation methods. Also, transition tools for families and providers and a directory of family medicine physicians published by the Association of Family Medicine Physicians were disseminated among staff to support families with youth in transition.

In terms of early identification of ASD, the MCH-JS showed that the percentage of children who received ASD diagnosis before three years of age increased to 15.6% in 2023 from 11.2% in 2019. Comprehensive awareness activities about services and the Autism Registry were conducted during the reporting period. One activity was a workshop on ASD diagnosis and related clinical topics offered at the Annual Convention of the Association of Psychology of PR. Another activity was mass training for 1,400 education professionals. These activities not only educated professionals but also strengthened partnerships within and outside the health field.

The program continued working on the prevention of NTD and the promotion of folic acid use through health education to WRA, families and communities. Examples of activities are a health fair at a Federally Qualified Health Center and group orientations in the RPCs.

Closing Remark

The commitment of the PR Title V workforce and partners made possible the promotion of health and wellbeing of all population domain groups, families and communities amid the challenges posed by the PR economic and health care crises and the short- and long-term effects of natural disasters.

How Federal Title V Funds Complement State-Supported MCH Efforts

Health care services for the MCA population are mainly provided through the Government Health Plan (GHP) but do not cover service coordination, health promotion and disease prevention. Title V funds are used to support these activities carried out by the MCAHP staff: Home Visiting Nurses (HVN), Perinatal Nurses (PNs), Health Educators (HEs), Community Health Workers (CHWs), and Comprehensive Adolescent Health Program Coordinators (CAHPCs). At the community level, staff offered education, outreach, prenatal and parenting courses, referrals, and youth peer-to-peer training and support. The PNs provide education and support on maternal and infant health to women in birthing hospitals. At the individual level, the HVNs of the Home Visiting Program identify participant's needs, develop plans, educate, and make referrals as needed.

Title V funds are also used to strengthen the PR system of care for CYSHCN and their families by increasing access to enabling and direct services and providing coordinated and family centered care through the CSHCN Program Regional Pediatric Centers (RPCs) and Autism Centers at the regional and community level. Title V funding enhances public health infrastructure through registries and data systems, enables critical care coordination, healthcare transition services, support for technology-dependent children, family navigation services, and fills gaps in direct specialty care services through partnerships with government and non-government agencies.

In addition, the MCAH and the CSHCN programs play a critical role in emergency planning and preparedness to respond to emerging public health threats and disasters that could potentially impact MCA populations including CYSHCN and their families.

MCH Success Story

Story One. The Youth Health Promoters Project (YHPP) that began in 1995 is now celebrating its 30th anniversary! The YHPP is a peer-to-peer initiative in collaboration with the PR Department of Education (PRDOE) that is implemented in 8 schools per PRDOH health region. In this project, 15 to 25 voluntary students called Youth Health Promoters (YHPs) participate for three consecutive years (from 6th to 8th grade) in each school, receiving support and training on different aspects of youth health and wellbeing. The support and training are provided by the Regional Coordinators of Title V Comprehensive Health Adolescent Program (SISA, Spanish acronym) who have successfully guided youth in this endeavor. While there have been changes in the project, its main aim has remained the same across time, namely, the development of young people who promote healthy lifestyles among their school peers through educational activities including plays. Over a 30-year period about 21,000 students have participated as YHPs reaching out to thousands of their peers in their respective schools. Promoting health among their fellow students has brought about strong identification and pride in helping others. As one YHP stated about their role as health promoters: *"To help and teach other persons to keep walking the right path in regard to making decisions"* (YHP 2010). That is precisely what the project has done for 30 years, helping youth walk the right path in health and wellbeing. (For further details on the YHPP see the Adolescent Health Annual Report).

Story Two. Families with children with genetic conditions in PR face difficulties in accessing services and information due to a scarcity of genetic professionals. In May 2024, the New York Mid-Atlantic Regional Genetic Network carried out activities that opened up opportunities for families with children with genetic conditions to share experiences, concerns and ask questions. These activities included two listening sessions in which the CSCHN Family Representative (CSCHN-FR) participated alongside a geneticist, genetic counselors and other professionals to listen to and provide information to families about genetic conditions and existing medical and support services in PR. Another activity was a forum with physicians of the Psychiatric Residency Program of the University of Puerto Rico School of Medicine that focused on emotional health upon receiving a genetic condition diagnosis in children. In this session, the CSCHN-FR raised awareness about the importance of communicating more effectively with families by using simple language and being understanding of the feelings that families go through. Families also attended clinics that offered support to cope with children's genetic conditions. In all the activities, the CSCHN-FR not only promoted professional empathy but also gave support to families from

the perspective of a mother that went through a similar experience. As she said: *"I spoke to them about my experience, doubts, and guilt feelings to make them feel supported and accompanied in this process. Families were grateful asking for more activities like these ones."* What this shows is the value of family engagement at any level. (For further details see CSHCN Health Annual Report section).

Maternal and Child Health Bureau (MCHB) Discretionary Investments - Puerto Rico

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.