HRSA
Health Resources & Services Administration

Title V MCH Block Grant Program

TENNESSEE

State Snapshot

FY2026 Application / FY2024 Annual Report

December 2025

Title V Federal-State Partnership - Tennessee

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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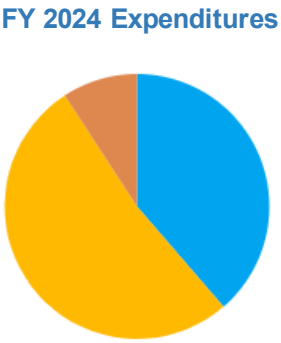
Funding by Source

Source	FY 2024 Expenditures
Federal Allocation	$8,272,326
State MCH Funds	$11,161,305
Local MCH Funds	$0
Other Funds	$0
Program Income	$1,964,649



Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	$502,621	$1,647,347
Enabling Services	$5,750,381	$6,309,177
Public Health Services and Systems	$2,019,324	$3,204,781

FY 2024 Expenditures Federal

FY 2024 Expenditures Non-Federal

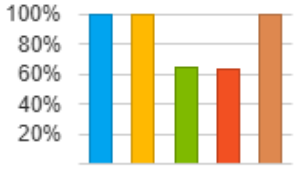
Percentage Served by Title V

Population Served	Percentage Served	FY 2024 Expenditures
Pregnant Women	100.0%	$108,505
Infants < 1 Year	99.6%	$1,031,796
Children 1 through 21 Years	63.7%	$7,089,216
CSHCN (Subset of all infants and children)	62.8%	$3,265,850
Others *	99.8%	$7,268,553

*Others– Women and men, over age 21.

FY 2024 Expenditures
Total: $18,763,920

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)
Increase Access to Contraceptive Methods NPMs • Percent of women who are using a most or moderately effective contraceptive following a recent live birth - CU ○ ESM CU.1: Number of total providers trained on long-acting reversible contraception (LARC) insertion and removal	Continued	Women/Maternal Health

Decrease Preventable Illness and Disease Among Children
 	
NPMs
• Percent of children who have completed the combined 7-vaccine series (4:3:1:3*:3:1:4) by age 24 months - VAX_Child
  ○ ESM VAX_Child.1: Percent of participating staff reporting increased confidence in addressing vaccine hesitancy post-training
• Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - MH
  ○ ESM MH.1: Number of CYSHCN who receive CHANT/CSS care coordination
  ○ ESM MH.2: Percent of providers adopting medical home approach
  ○ ESM MH.3: Percent of providers reporting increased knowledge on systems of care
  ○ ESM MH.4: Number of families provided education and resources on importance of medical home access and utilization
  ○ ESM MH.5: Number of families receiving referrals to their child's primary care provider
  ○ ESM MH.6: Percent of providers who report an increase in their knowledge of available resources
  ○ ESM MH.7: Percent of families who report an increase in access and utilization of resources
  ○ ESM MH.8: Percent of CHANT families who schedule an annual visit with their child's primary care provider
  ○ ESM MH.9: Percent of CYSHCN receiving CHANT care coordination who receive medical home education
	New	Child Health

Priority Needs and Associated Measures	Priority Need Type	Reporting Domain(s)
○ ESM MH.10: Number of teachers/school personnel trained on QPR ○ ESM MH.11: Percentage of children with and without SHCN who are applying for health insurance ○ ESM MH.12: Percentage of children with and without SHCN who schedule an exam with a primary care provider		
Improve Social and Emotional Wellbeing in Adolescents NPMs ● Percent of adolescents, ages 12 through 17, who receive needed mental health treatment or counseling - MHT ○ ESM MHT.1: Percent increase in Tennessee Child and Adolescent Psychiatry Education and Support (TCAPES) teleconsultation call line volume	Revised	Adolescent Health
Improve Nutrition Among Families NPMs ● Percent of children, ages 0 through 11, whose households were food sufficient in the past year - FS ○ ESM FS.1: Number of individuals referred to food assistance programs through FindHelp	New	Child Health, Cross-Cutting/Systems Building
Improve Maternal Mental Health and Wellbeing 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: Percent of postpartum women with positive screenings for depression (using a validated screening tool) who will receive resources/education or referrals for professional services ○ ESM PPV.2: Percent of home-visiting staff trained in recognizing and providing resources/referrals for perinatal mood disorders and substance use disorder ● Percent of women who were screened for depression or anxiety following a recent live birth - MHS ○ ESM MHS.1: Number of healthcare providers trained in using validated screening tools for depression and anxiety	New	Women/Maternal Health

Priority Needs and Associated Measures	Priority Need Type	Reporting Domain(s)
Increase Access to Quality Care for Children and Adolescents with Special Healthcare Needs NPMs • Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - MH ○ ESM MH.1: Number of CYSHCN who receive CHANT/CSS care coordination ○ ESM MH.2: Percent of providers adopting medical home approach ○ ESM MH.3: Percent of providers reporting increased knowledge on systems of care ○ ESM MH.4: Number of families provided education and resources on importance of medical home access and utilization ○ ESM MH.5: Number of families receiving referrals to their child's primary care provider ○ ESM MH.6: Percent of providers who report an increase in their knowledge of available resources ○ ESM MH.7: Percent of families who report an increase in access and utilization of resources ○ ESM MH.8: Percent of CHANT families who schedule an annual visit with their child's primary care provider ○ ESM MH.9: Percent of CYSHCN receiving CHANT care coordination who receive medical home education ○ ESM MH.10: Number of teachers/school personnel trained on QPR ○ ESM MH.11: Percentage of children with and without SHCN who are applying for health insurance ○ ESM MH.12: Percentage of children with and without SHCN who schedule an exam with a primary care provider • 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 ○ ESM TAHC.1: Number of transition resource kits disseminated ○ ESM TAHC.2: Number of youth with special health care needs trained as mentors ○ ESM TAHC.3: Number of parents and youth with special health care needs who receive leadership and self-advocacy training ○ ESM TAHC.4: Percentage of CSS-eligible YSHCN, age 14-21, who complete a transition plan	Continued	Children with Special Health Care Needs

Priority Needs and Associated Measures	Priority Need Type	Reporting Domain(s)
Improve the Perinatal Regionalization System in Tennessee NPMs ● Percent of very low birth weight (VLBW) infants born in a hospital with a Level III + Neonatal Intensive Care Unit (NICU) - RAC ○ ESM RAC.1: Percent of Tennessee birthing hospitals participating in perinatal quality collaborative projects ○ ESM RAC.2: Number of unique patients served by perinatal telehealth pilot projects in Tennessee	Revised	Perinatal/Infant Health

Executive Summary

Program Overview

Tennessee's MCH/Title V Program

In Tennessee, the Title V Maternal and Child Health (MCH) Services Block Grant to States is administered by the Department of Health's Division of Family Health and Wellness (FHW). The division, which has 220 staff members (161 state employees and 59 contract employees), is responsible for providing education, referrals, resources, and services, supporting the mission to protect, promote, and improve the health and well-being of all people in Tennessee.

The Division is led by an Assistant Commissioner who also serves as the MCH/Title V Director and is supported by four deputy directors: Deputy Director of Operations and Supplemental Nutrition, Deputy Director of Maternal and Infant Health, Deputy Director of Child and Adolescent Health, and Deputy Medical Director. Each deputy oversees 3–4 section chiefs who manage teams ranging in size from 3 to 38 and include program directors, clinicians, communication specialists, epidemiologists, and administrative assistants. The MCH Director is also supported by the Director of Strategic Initiatives, who oversees the MCH/Title V Block Grant, Strategic Priorities, and Workforce Initiatives.

For the two required positions for this grant, the Division director serves as the MCH Director, and a public health administrator serves as the Children with Special Healthcare Needs (CSHCN) director. FHW is organized into two types of sections: administrative and programmatic. The administrative sections include contracts and fiscal administration, whereas the programmatic sections cover nutrition, maternal and child health, and chronic disease and health promotion. Specific programmatic areas include Maternal and Infant Health, Maternal Health, Newborn Screening, Perinatal and Infant Health, Child and Adolescent Health, Children and Youth with Special Health Care Needs, Early Childhood Initiatives, Adolescent Health, Community Health, Chronic Disease and Health Promotion, Injury Prevention and Detection, Comprehensive Cancer, and Supplemental Nutrition and Operations, which includes WIC and related support programs.

These sections implement programs that improve the health of women (including mothers), infants, children, adolescents, and their families, as well as those with special healthcare needs. FHW programs include topics such as family planning, maternal mortality case review, newborn screening and follow-up, WIC, breastfeeding support, infant mortality reduction initiatives, home visiting, mental health, tobacco use prevention and control, health promotion and education, physical activity and nutrition initiatives for adults and children/adolescents, injury prevention, suicide prevention, and CSHCN. These efforts closely align with the Presidential Commission to Make America Healthy Again (MAHA) priorities by focusing on prevention, supporting healthier lifestyles, reducing the burden of chronic health conditions, and improving access to essential services for families. Through these coordinated efforts, FHW continues to promote long-term health and wellness across the lifespan; therefore, it is the most appropriate place to administer the MCH Block Grant.

Program Framework Overview

Program Planning
The MCH/Title V Program is managed within the TDH's Division of FHW. This division includes sections for:

- Maternal Health
- Perinatal, Infant, and Pediatric Care (including Newborn Screening)
- Early Childhood Initiatives
- Supplemental Nutrition (including WIC)
- Injury Prevention and Detection
- Chronic Disease Prevention and Health Promotion
- Children and Youth with Special Health Care Needs
- Strategic Initiatives (including Adolescent Health)

Members of FHW sections are a part of the domains that address the selected MCH priorities. Each domain had a domain lead and an epidemiology lead, and they addressed the domain priorities. Domain teams were responsible for developing and reporting on the action plan and corresponding measures. This is done in conjunction with the MCH Partner Group. This group was formed during the 2015 needs assessment and has met twice a year since then and grown to over 200 participants. The group reviews the action plan, measurement progress, and suggests changes for the coming year. They also partner with the MCH/Title V Program to complete the activities outlined in the action plan and work towards the objective for each measure. This is all done under the guidance of the MCH/Title V Director who oversees all aspects of program planning.

The 2020 Needs Assessment used the Public Health Planning Cycle from the federal guidance for the framework of the assessment. The steps were (1) engage partners, (2) assess needs and identify desired outcomes and mandates, (3) examine strengths and capacity, (4) select priorities, (5) set performance objectives, (6) develop an action plan, (7) seek and allocate resources, (8) monitor progress for impact on outcomes, and (9) report back to partners. Additionally, TDH used stages from the Needs Assessment in Public Health: A Practical Guide for Students and Professionals book to supplement the framework from the federal guidance. These stages included (1) start-up planning, (2) operational planning, (3) data, (4) needs analysis, (5) program and policy development, and (6) resource allocation.

The framework for the Year 5 MCH/Title V Needs Assessment was 9 steps: (1) engage partners, (2) assess & identify needs, (3) examine strengths and capacity, (4) select priorities, (5) set performance measures, (6) develop an action plan, (7) seek and allocate resources, (8) monitor progress, (9) report back to partners. While using this framework, the bulk of the Needs Assessment consisted of three main parts: the quantitative portion, the qualitative portion, and the capacity assessment. Results from the quantitative and qualitative portions were presented to the MCH Partner Group at an in-person meeting and a virtual meeting. MCH Partners voted on priorities and indicated which priorities they would be interested in partnering with. These selections were then reviewed by FHW staff and leadership at the capacity assessment, which was an in-person meeting in December 2024. FHW staff and leadership determined the MCH/Title V priorities for the next five years, and domain and priority leads were selected. Additionally, lead clinical and epidemiology staff were also selected, and domain leads identified teams for their priority. These teams included both internal and external partners, and priority leads created action plans using MCH Evidence Center guidance. The MCH/Title V Block Grant Coordinator used Asana, an online project management software, to organize action plans and reports, and also to inform domains when and how to complete these plans and reports.

Performance Reporting
The epidemiology staff for each priority team takes the lead on tracking and reporting on each measure. The SSDI Epidemiologist facilitates the tracking and visualization of all measures among all priority teams. This enables everyone (MCH/Title V Director, MCH Block Grant coordinator, priority teams, and MCH Partner Group) to view the overall progress made among all priorities.

Summary of Needs Assessment Findings

2020 Five-Year Needs Assessment
At the beginning of each five-year grant cycle, a comprehensive needs assessment is used to identify priority needs of women, mothers, infants, children, adolescents, and youth with special health care needs, and their families; as well as determine the capacity of the health system to meet those needs. During the years between the comprehensive needs assessments, an ongoing needs assessment is conducted to identify any significant changes in needs and capacity.

FHW conducted the comprehensive needs assessment for the 2021-2025 cycle during 2019 and 2020 in conjunction with over 100 partners. Key components included: quantitative analysis of key health topics; qualitative data collection and analysis, including focus groups, key informant interviews, and open-ended surveys; structured process for choosing priorities based on the data compiled; and capacity assessment of current and potential programming for each identified priority.

FHW hosts MCH partner meetings twice each year in the spring and fall. These meetings are open to anyone, and efforts are made to extend the invitation broadly by offering both in-person and virtual meetings. During the meetings, participants are asked to consider the progress made on performance measures during the past year and make recommendations for the next year's action plan based on that evaluation.

Identified MCH Priorities and Five-Year State Action Plan

States are required to identify at least one priority in each of the population health domains, except for the Cross-cutting/Systems Building domain, which is optional. There are a total of six domains: (1) Women's and Maternal Health, (2) Perinatal and Infant Health, (3) Child Health, (4) Adolescent Health, (5) Children with Special Health Care Needs and (6) Cross-cutting/Systems Building. Each selected priority was paired with relevant National Performance Measures (NPMs) and State Performance Measures (SPMs) to guide tailored, data-driven strategies aimed at improving health outcomes and ensuring everyone achieves their full health potential across the state.

As a result of the Needs Assessment, TDH identified priority needs for the MCH population for the 2021-2025 Block Grant cycle. The identified priority areas are as follows: Increase Family Planning (SPM 1); Decrease Pregnancy-Associated Mortality (NPM 1, SPM 2, SPM 4, SPM 23); Increase Breastfeeding (SPM 4); Decrease Infant Mortality (NPM 3, NPM 5A, NPM 5B, NPM 5C, NPM 14A, SPM 5); Decrease Overweight and Obesity Among Children (NPM 8.1, SPM 6, SPM 24); Increase Prevention and Mitigation of Adverse Childhood Experiences (SPM 8, SPM 9, SPM 10); Decrease Tobacco and E-cigarette Use Among Adolescents (NPM 14.2, SPM 11-13); Increase Access to Medical Homes (NPM 11, SPMs 14–17); Improve Transition from Pediatric to Adult Care (NPM 12, SPMs 18–20); and Improve Mental Health (SPM 21-22). Each priority plan was designed to promote fair access and support the best possible health outcomes for all populations.

Role in Supporting Comprehensive Services
The MCH/Title V Program assures comprehensive and coordinated services through integrated systems of care. All 95 local health departments in every Tennessee county provide core MCH services such as WIC, family planning, breast and cervical cancer screening, preventive care for children (immunizations), health promotion, community outreach, and the care coordination services of Community Health Access and Navigation in Tennessee (CHANT) and Children's Special Services (CSS). Local health departments also provide primary care and dental care. Rural health departments report to regional offices and to the TDH Division of Community Health Services (CHS). Metro health departments are independent and accountable to local governments but operate closely via contract with TDH. This organizational structure assures that MCH/Title V and other state and federal funds are administered comprehensively to all counties and that program fidelity is maintained via direct management or contract. Regular communication occurs with the Regional Leadership Team (metro and regional directors and CHS leadership), the Medical Leadership Team (metro and regional health officers), Nursing Leadership Team (metro and regional nursing leads), and the MCH Regional and Metro directors to assure multi-directional transmission of key information and provide opportunities for sharing of ideas. Other core MCH/Title V services, such as newborn screening, provide services to the entire state but are centrally located at the state lab to ensure excellent communication between the lab and the FHW clinical follow-up team for lead, genetic disorders, hearing loss, and congenital heart disease (CCHD). Babies diagnosed with a hearing loss, metabolic condition, or CCHD are

referred to the Family Voices (FV) PEARS program for family support services, as well as referred to Children's Special Services and Tennessee Early Intervention Services.

The MCH/Title V CYSHCN section continues to work with families to ensure comprehensive coordinated family-centered services by providing education around the importance of receiving services in a patient-centered medical home and how to partner with providers in the decision-making process. The program provides the "Partnering with your Provider Booklet" statewide for distribution at community events, as well as medical providers for distribution in their practices. Staff has also collaborated with the Bureau of TennCare, the state Medicaid agency, in their Primary Care Transformation Strategy "Patient-Centered Medical Home." There are currently over 81 participating provider organizations in over 400 locations, covering over 37% of the TennCare population.

For the MCH/Title V CYSHCN section specifically, staff include a dedicated Family/Youth Engagement and Involvement Director whose primary responsibility is to work with FV to ensure opportunities for family and youth training on patient-centered medical homes, transition, and advancing dignity, fairness, and well-being. MCH/Title V funds have also been used to expand the division contract with FV to provide consultation and training for all programs within FHW. In addition, several programs continue to expand their own advisory and family groups to better inform programs and services. For example, the Perinatal Advisory Committee (PAC) and Genetics Advisory Committee have always been open meetings, and families are integrated as representatives. Furthermore, in the comprehensive redesign of the CSS, HUGS, and Community Outreach programs into the streamlined CHANT program, family engagement was incorporated in the design process to ensure that the needs of children and families are being met appropriately.

Assuring MCH Populations Achieve Their Full Health Potential

FHW is committed to ensuring that all MCH populations have the opportunity to achieve their full health potential. This commitment is rooted in a system of care that prioritizes access, quality, and responsiveness for all communities. Tennessee's approach is anchored in multisector partnerships, robust public health infrastructure, and continuous engagement with families, communities, and individuals.

Further, the state integrates family and community perspectives throughout all stages of program design, implementation, and evaluation. This includes dedicated advisory groups across population domains, the integration of parent and youth voices in strategic planning, and collaboration with family-led organizations such as Family Voices of Tennessee. Whether through statewide advisory councils, parent focus groups, or youth advisory boards, these efforts ensure that those most impacted by health policies and programs are guiding them. Programs like the Maternal Health Innovation initiative, Breastfeeding Peer Counseling, and CHANT provide community-embedded services that uplift identified priorities as a central component of care.

By centering its MCH/Title V efforts on high-quality services, shared decision-making, and community-driven strategies, Tennessee continues to enhance its capacity to meet the evolving needs of MCH populations and improve health outcomes for families statewide.

How Federal Title V Funds Complement State-Supported MCH Efforts

Tennessee's Maternal and Child Health (MCH)/Title V program has long demonstrated the critical role of federal funds in supporting the state's overall MCH efforts, fostering a strong federal-state partnership aimed at improving the health and well-being of the MCH population. Federal MCH/Title V Block Grant funds, approximately $12 million annually, are essential to meeting Tennessee's MCH priorities. These funds are complemented by an additional $13 million in state funds, which meet the maintenance of effort and match requirements. This funding is allocated across central, regional, and local health department staff and programs, supporting a comprehensive approach to MCH issues throughout the state.

The flexibility of MCH/Title V funding allows Tennessee to align resources and strategies to address the unique needs of the MCH population. The Tennessee MCH program utilizes both federal and state funds to support a wide range of initiatives aimed at improving MCH outcomes. One example is the use of MCH/Title V funding to support the School Health Nurse Consultant position within the Department of Education. This role is responsible for coordinating, supporting, and evaluating school health services in Tennessee, ensuring compliance with state and federal laws while promoting high-quality care for school-age children. In addition, the School Health Nurse Consultant is partnering on multiple MCH priorities to improve school-based outbreak readiness, increase education on preventable diseases through vaccinations and provide peer-to-peer mental health promotion trainings to youth within schools and community and faith-based settings. This position also provides technical assistance and consultation to school administrators, school nurses, health care providers, and others regarding delivering quality health care in Tennessee schools.

Tennessee's MCH/Title V program exemplifies the power of the federal-state partnership, with MCH/Title V funds playing a pivotal role in supporting the state's MCH priorities, enhancing local health infrastructure, and fostering collaboration across a broad array of partners. Through thoughtful planning, flexible funding, and strategic partnerships, the MCH/Title V program continues to contribute to the overall health and well-being of Tennessee's MCH population. For example, reducing and mitigating the effects of Adverse Childhood Experiences (ACEs) is currently a priority area for the Tennessee MCH/ Program, and activity around this topic has increased over the last 5 years. MCH/Title V state and federal funds have been used to support data collection and dissemination, workforce training of the majority of health department staff, and facilitation of multiple partnership meetings across the state. In addition, federal MIECHV (Maternal, Infant, and Early Childhood Home Visiting) and TANF (Temporary Assistance for

Needy Families) funds support workforce development and support for the evidence-based home visiting (EBHV) workforce in Tennessee.

MCH Success Story

Enhancing Care Coordination Through the FindHelp Closed-Loop Referral System (CLRS)

Context & Need for Innovation: Several Maternal and Child Health (MCH) programs in Tennessee, including Community Health Access and Navigation in Tennessee (CHANT), Evidence-Based Home Visting (EBHV), and others, serve as critical navigation systems, helping families connect to essential medical and social services. However, traditional referral methods relied on paper-based processes and standalone databases, limiting efficiency, follow-up, and coordination across agencies. Recognizing the need for innovation, FHW sought to improve care coordination through a digital Closed-Loop Referral System (CLRS). TennCare, Tennessee's Medicaid agency, supported this initiative and encouraged FHW to pilot FindHelp, a CLRS referral platform designed to track service delivery, improve access, and integrate community-based resources.

The FindHelp Pilot: From July to September 2024, TDH piloted FindHelp within the CHANT program, focusing on enhancing care coordination and streamlining referrals. The pilot took place in seven counties (one urban, six rural) and involved 16 Care Coordinators (CCs), who integrated FindHelp into their daily workflows to locate services and track referral outcomes.

Key Results:

- 825 searches & 190 referrals were made, ensuring families were connected to needed services.
- 30% of referrals were successfully closed-loop, meaning providers confirmed service delivery.
- 49% of CCs discovered new community resources they had not previously used, expanding access to services such as housing, food, and mental health support.
- Ease of use: 4.4/5 rating. A CC noted: *"FindHelp makes tracking my patients and referrals much easier without needing to switch between platforms."*

Statewide Expansion & Long-Term Vision: The pilot's success demonstrated FindHelp's potential to transform care coordination, leading TDH's Executive Leadership to formally partner with TennCare. Recognizing the value of this innovation, TennCare agreed to absorb the platform's cost, ensuring its integration into statewide public health programs. As of this year, FindHelp is being implemented in CHANT, EBHV, and the Viral Hepatitis Program, with 40,000 weekly searches from 11,000 users statewide. This expansion will enhance care coordination across MCH programs, improving access for families facing health-related social needs, including food insecurity and housing instability.

The long-term vision is to establish a coordinated, statewide care system with a "no wrong door" policy, ensuring families can seamlessly access services regardless of where they enter the system. This approach will integrate key partners—including community-based organizations, government agencies, healthcare providers, and schools—into a unified network that efficiently identifies, refers, and supports individuals in need. By ensuring access to critical services, this system will streamline navigation and enhance support for families. Ultimately, FHW aims to integrate all programs into FindHelp, creating a centralized, technology-driven infrastructure to serve communities across Tennessee.

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

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.