HRSA

Health Resources & Services Administration

Title V MCH Block Grant Program

TENNESSEE

State Snapshot

FY2024 Application / FY2022 Annual Report

November 2023

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 FY2024 Application / FY2022 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
Tobi Adeyeye Amosun, MD, FAAP Deputy Commissioner for Population Health Tobi.Amosun@tn.gov (615) 253-4131	Jacqueline Johnson, MPA Section Chief, Children and Youth with Special Health Care Needs Jacqueline.Johnson@tn.gov (615) 741-0361

State Family Leader	State Youth Leader
Mary Kate Brown Family Leader MaryKate@centerfordisabilityintegration.com (615) 513-3609	Jasmyn Cheatham State Youth Leader jasmyncheatham@gmail.com (615) 481-1514

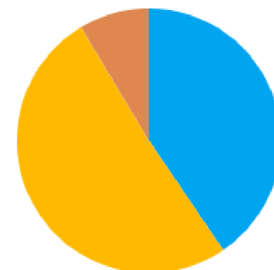
State Hotline

Name: Family Health and Wellness | Telephone: (615) 741-7353

Funding by Source

Source	FY 2022 Expenditures
Federal Allocation	$9,240,412
State MCH Funds	$11,609,659
Local MCH Funds	$0
Other Funds	$0
Program Income	$1,959,439

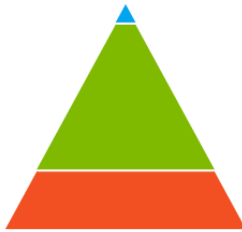
FY 2022 Expenditures



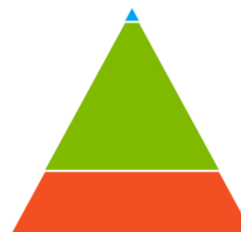
Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	$758,466	$654,035
Enabling Services	$6,072,570	$7,733,674
Public Health Services and Systems	$2,409,376	$3,221,950

FY 2022 Expenditures Federal



FY 2022 Expenditures Non-Federal



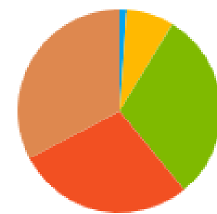
Percentage Served by Title V

Population Served	Percentage Served	FY 2022 Expenditures
Pregnant Women	100.0%	$223,076
Infants < 1 Year	99.7%	$1,513,357
Children 1 through 21 Years	62.7%	$6,124,408
CSHCN (Subset of all infants and children)	86.0%	$5,676,346
Others *	100.0%	$6,580,680

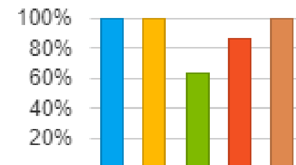
*Others– Women and men, over age 21.

FY 2022 Expenditures

Total: $20,117,867

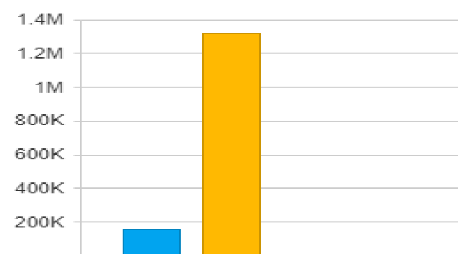


FY 2022 Percentage Served



Communication Reach

Communication Method	Amount
State Title V Website Hits:	157,948
State Title V Social Media Hits:	1,318,056
State MCH Toll-Free Calls:	9,211
Other Toll-Free Calls:	4,538



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.

State Priorities and Associated Measures

Priority Needs and Associated Measures	Reporting Domain(s)
Increase family planning SPMs • SPM 1: Percent of new mothers whose pregnancy was intended	Women/Maternal Health
Decrease pregnancy-associated mortality NPMs • NPM 1: Percent of women, ages 18 through 44, with a preventive medical visit in the past year ○ ESM 1.1: Create pre/posttests to assesses provider knowledge of and confidence using PATH (Parenthood/Pregnancy Attitude, Timing, and How important is pregnancy prevention). ○ ESM 1.2: Percent of family planning encounters that occur via telehealth ○ ESM 1.3: Number of women receiving patient navigation for women's health services ○ ESM 1.4: Percent of births covered by hospitals implementing data-driven, clinical recommendations ○ ESM 1.5: Percent of birthing hospital providers trained reporting a change in knowledge ○ ESM 1.6: Percent of non-clinical members participating in the action group ○ ESM 1.7: 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 1.8: Percent of recommendations with who/what/when components SPMs • SPM 2: Percent of facilities implementing patient safety recommendations • SPM 23: Number community level recommendations implemented SOMs • SOM 2: Rate of pregnancy-related mortality to live births • SOM 1: Rate of pregnancy-associated mortality to live birth	Women/Maternal Health
Increase breastfeeding NPMs	Perinatal/Infant Health

<table>
<tr><th>Priority Needs and Associated Measures</th><th>Reporting Domain(s)</th></tr>
<tr><td>

NPM 4: A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months

ESM 4.1: Number of credentialed lactation professionals within WIC
ESM 4.2: Percent of Breastfeeding Welcomed Here (BFWH)-designated businesses with ideal workplace lactation policies
ESM 4.3: Recognition process implemented for Breastfeeding Welcomed Here (BFWH)-designated businesses

SPMs

SPM 4: Percent of Tennessee newborns who initiated breastfeeding

</td><td></td></tr>
<tr><td>
Decrease infant mortality
NPMs

NPM 3: Percent of very low birth weight (VLBW) infants born in a hospital with a Level III+ Neonatal Intensive Care Unit (NICU)

ESM 3.1: Percent of Tennessee birthing hospitals participating in perinatal quality collaborative projects

NPM 5: 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

ESM 5.1: Percent of hospitals receiving national recognition or implementing approved safe sleep policy
ESM 5.2: Number of diaper bags with safe sleep educational materials distributed

SPMs

SPM 5: Percent of safe sleep diaper bag recipients who reported making a behavioral change in their infant sleep practices because of the items included in the bag

</td><td>Perinatal/Infant Health</td></tr>
<tr><td>
Decrease overweight and obesity among children
NPMs

NPM 8.1: Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day

ESM 8.1.1: Percent of physical education teachers receiving professional development related to 50% of PE class time spent in moderate to vigorous physical activity
ESM 8.1.2: Percentage of TN counties in which trainings related to mental health and physical health have occurred
ESM 8.1.3: Number of Gold Sneaker certified childcare facilities
ESM 8.1.4: Percent of LHD primary care clinics writing HPHP prescriptions annually
ESM 8.1.5: Number of Healthy Parks Healthy Person prescriptions written

</td><td>Child Health</td></tr>
</table>

Priority Needs and Associated Measures	Reporting Domain(s)
○ ESM 8.1.6: Percentage of TN counties with completed built environment projects ○ ESM 8.1.7: Percent of eligible venues offering the Double Up Food Bucks Program ○ ESM 8.1.8: Percent of staff with an increase in ACEs and TIC knowledge as evidenced by post training evaluation ○ ESM 8.1.9: Percent of families with improved protective factors score ○ ESM 8.1.10: Percent of families enrolled in CHANT care coordination who partially or fully complete pathways identified SPMs • SPM 6: Percent of schools with at least 50% physical education class time spent in moderate to vigorous physical activity • SPM 24: Rate of Double Up Food Bucks purchases per SNAP recipient SOMs • SOM 3: Percent of public school 6th graders who are overweight or obese • SOM 4: Percent of WIC recipients aged 2-4 years who are overweight or obese	
Increase prevention and mitigation of Adverse Childhood Experiences (ACEs) SPMs • SPM 8: Percent of children with two or more ACEs • SPM 9: Percent of substantiated child maltreatment cases among families served by home visiting programs • SPM 10: Percent of caregivers who experience intimate partner violence and do not receive professional support services among families served by home visiting	Child Health
Decrease tobacco and e-cigarette use among adolescents NPMs • NPM 14.2: Percent of children, ages 0 through 17, who live in households where someone smokes ○ ESM 14.2.1: Number of tobacco-free sports teams ○ ESM 14.2.2: Number of social media posts promoting text-based cessation services ○ ESM 14.2.3: Number of anti-tobacco social media posts ○ ESM 14.2.4: Number of youth who attend the state anti-tobacco conference trainings ○ ESM 14.2.5: Number of ambassadors recruited ○ ESM 14.2.6: Percent of eligible women who enroll in Baby and Me Tobacco Free	Adolescent Health

Priority Needs and Associated Measures	Reporting Domain(s)
SPMs • SPM 11: Percent of high school students currently using cigarettes • SPM 12: Percent of high school students currently using e-cigarettes • SPM 13: Number of adolescents enrolled in cessation program SOMs • SOM 5: Percent of adults reporting Chronic obstructive pulmonary disease (COPD) • SOM 6: Percent of adults reporting cardiovascular disease • SOM 7: Age-adjusted mortality rate from tobacco-attributable cancers among Tennesseans aged 35+	

Increase medical homes among children with special healthcare needs
 	
NPMs
• NPM 11: Percent of children with and without special health care needs, ages 0 through 17, who have a medical home
  ○ ESM 11.1: Number of CYSHCN who receive CHANT/CSS care coordination
  ○ ESM 11.2: Percent of providers adopting medical home approach
  ○ ESM 11.3: Percent of providers reporting increased knowledge on systems of care
  ○ ESM 11.4: Number of families provided education and resources on importance of medical home access and utilization
  ○ ESM 11.5: Number of families receiving referrals to their child's primary care provider
  ○ ESM 11.6: Percent of providers who report an increase in their knowledge of available resources
  ○ ESM 11.7: Percent of families who report an increase in access and utilization of resources
  ○ ESM 11.8: Percent of CHANT families who schedule an annual visit with their child's primary care provider
  ○ ESM 11.9: Percent of CYSHCN receiving CHANT care coordination who receive medical home education
 	
SPMs
• SPM 14: Number of CYSHCN receiving care in a medical home
• SPM 15: Percent of providers with increased knowledge on medical home and care coordination
• SPM 16: Percent of providers reporting improved system of care for CYSCHN
• SPM 17: Percent of families who complete an annual visit with their primary care provider
	Children with Special Health Care Needs

Improve transition from pediatric to adult care among children with special health care needs	Children with Special Health Care Needs

<table>
<tr><th>Priority Needs and Associated Measures</th><th>Reporting Domain(s)</th></tr>
<tr><td>NPMs
• NPM 12: 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
○ ESM 12.1: Number of transition resource kits disseminated
○ ESM 12.2: Number of youth with special health care needs trained as mentors
○ ESM 12.3: Number of parents and youth with special health care needs who receive leadership and self-advocacy training

SPMs
• SPM 18: Percent of youth reporting with increased knowledge on transition resources and services
• SPM 19: Percent of YSHCN served by CHANT who complete an annual transition plan
• SPM 20: Percent of youth leaders participating in advisory councils providing resources to other youth</td><td></td></tr>
<tr><td>Improve mental health

SPMs
• SPM 21: Percent of women who reported 14+ days of poor mental health in the past month
• SPM 22: Percent of children who had difficulties obtaining mental health care among those who received or needed care during the past 12 months, age 3-17 years

SOMs
• SOM 8: Percent of pregnancy-associated deaths in which mental health conditions was a contributing factor</td><td>Cross-Cutting/Systems Building</td></tr>
</table>

Executive Summary

Program Overview

Tennessee's MCH/Title V Program

In the state of Tennessee, the Title V Maternal and Child Health (MCH) Services Block Grant to States is administered by the Tennessee Department of Health's Division of Family Health and Wellness (FHW). The division of roughly 150 staff members is led by a director with three deputy directors reporting to them. Each of the deputies have between two and four administrators reporting to them. The administrators have between two and five staff reporting to them. These staff include program directors, epidemiologists, and administrative assistants. For the two required positions for this grant the division director serves as one – MCH Director, and an administrator serves as the other – Children with Special Healthcare Needs (CSHCN) director.

FHW is organized into sections which focus on reproductive and women's health, perinatal/infant/pediatric care, early childhood, injury prevention and detection, chronic disease and tobacco prevention, and supplemental nutrition (including WIC). These sections implement programs that improve the health of women (including mothers), infants, children, adolescents, and their families, as well as those with special health care needs. FHW programs include topics such as family planning, maternal mortality case review, newborn screening, breastfeeding support, infant mortality reduction initiatives, home visiting, pediatric mental health, Adverse Childhood Experience (ACE) reduction, tobacco use reduction, injury prevention, suicide prevention, and CSHCN. Therefore, it is the most appropriate place to administer the MCH Block Grant.

Needs Assessment

At the beginning of each five-year grant cycle, a comprehensive needs assessment is used to identify priority needs of women, infants, children, adolescents, 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 on-going 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 indicators
- Qualitative data collection and analysis; including focus groups, key informant interviews, and open-ended surveys
- Structured process for choosing priorities based on the data complied
- Capacity assessment of current and potential programming for each identified priority

As a part of the ongoing needs assessment, FHW hosts MCH partner meetings twice each year. These meetings are open to anyone, and effort is made to extend the invitation broadly. During the meetings, participants are asked to consider the progress made on performance measures during the past year, and then based on that evaluation make recommendations for the next year's action plan.

Needs and Priorities

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.

As a result of the Needs Assessment, TDH identified priority needs for the MCH population for the 2021-2025 Block Grant cycle. These priorities include: (1) Increase family planning, (2) Decrease pregnancy-associated mortality, (3) Increase breastfeeding, (4) Decrease infant mortality, (5) Decrease overweight and obesity (among children), (6) Increase prevention and mitigation of Adverse Childhood Experiences (ACEs), (7) Decrease tobacco and e-cigarette use (among adolescents), (8) Increase medical homes and (9) Improve transition from pediatric to adult care.

Program Planning

The MCH/Title V Program is managed within the Tennessee Department of Health's Division of Family Health and Wellness. This division includes sections for:

- Reproductive and Women's Health
- Perinatal, Infant, and Pediatric Care
- 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

The variety of content areas in FHW pairs well with the identified priorities. Therefore, each FHW section (including both program and epidemiology staff) leads a priority. Teams are responsible for developing and reporting on the action plan and corresponding measures. This is done in conjunction with the MCH Partner Group, formerly referred to as the MCH Stakeholder Group. This group

was formed during the 2015 needs assessment and has met twice a year since then. 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.

Performance Reporting

The epidemiology staff for each priority team takes the lead on tracking and reporting on each measure. The MCH Block Grant coordinator 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.

Assuring Comprehensive, Coordinated, Family-Centered Services

The MCH/Title V Program assures comprehensive and coordinated services in a number of ways. Core services such as WIC, family planning, breast and cervical cancer screening, preventive care for children (EPSDT and 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) are offered in all county health departments. Rural health departments report to regional office and to the Community Health Services (CHS) division of the state health department. 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 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 assure excellent communication between the lab and the FHW clinical follow up team for lead, genetic disorders, hearing loss, and congenital heart disease.

The MCH/Title V Program continues to work with families to assure 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 program specifically, staff include a dedicated Family/Youth Engagement and Involvement Director whose primary responsibility is to work with Family Voices to ensure opportunities for family and youth training on patient centered medical homes, transition and policy/advocacy. Title V funds have also been used to expand the division contract with Family Voices 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 recently family representatives have been sought out to attend those meetings. Likewise, the family planning program has 13 required community and client advisory boards in each rural and metro region. Additional input from reproductive justice groups has also been sought to review program guidelines and messaging around contraception and neonatal abstinence syndrome. Furthermore, in the comprehensive redesign of the CSS, HUGS, and Community Outreach programs into the streamlined Community Health Access and Navigation in Tennessee (CHANT) program has incorporated family engagement in the design process to assure that the needs of children and families are being met appropriately.

Partnerships

The strength of MCH/Title V lies in its partnerships. In addition to the intentional engagement of families and customers listed above, TDH has pursued partnerships of all types using the collective impact framework. The descriptions below are not exhaustive and serve as examples of the myriad of partners valued by the agency and the division.

For example, a multitude of local, state, and national partnerships have emerged statewide regarding the opioid crisis and prevention of neonatal abstinence syndrome. In 2019, this resulted in the second consecutive year to year decline (26% from 2017) in cases reported to the NAS surveillance system since 2013. The NAS subcabinet met regularly from 2013-19 with representatives from TDH, Department of Mental Health and Substance Abuse (TDMHSA), Department of Education (DOE), Department of Children's Services (DCS), TennCare, Department of Human Services (DHS) and several others to review NAS surveillance data and research and to plan interventions together. TDH has partnered with the PAC, regional perinatal centers, rural hospitals, Tennessee Hospital Association and the Tennessee Initiative for Perinatal Quality Care (TIPQC) to share best practice and information regarding treatment of drug exposed mothers and infants. In addition, TDH has partnered with local drug coalitions, law enforcement, multiple state agencies and insurance companies to fund and promote medication take back sites in all 95 counties. The response to the opioid epidemic has been complex and growing, involving legislative action, law enforcement, regulation education, prevention messaging, and treatment.

Infant mortality reduction efforts have likewise relied extensively on partnerships. For example, DOE, DCS, EMS entities, the medical community, and the judicial system have been critical to maintaining the Child Fatality Review. Local review teams in all judicial districts serve on a volunteer basis and are essential to determining cause of death for infants and children. This data guides the priorities for the upcoming years, and the local review teams serve as bodies to dissemination information to local communities

as well. Given the lack of improvement in the infant mortality rate in the state, the infant mortality strategic plan was revised during 2019 with the assistance of numerous partners including Tennessee Chapter of the American Academy of Pediatrics (TNAAP), TIPQC, the PAC, academic partners such as Vanderbilt University and Children's Hospital, the Children's Hospital Alliance of Tennessee, the Tennessee Breastfeeding Coalition, federally qualified health centers, MCH directors statewide, and community advocacy groups.

Obesity is likewise a complex problem requiring a multi-dimensional approach and many partnerships. DOE and the Office of Coordinated School health partner in both data collection and programming for schools across the state. Obesity has also been a priority for the Governor's Children's Cabinet and the state agencies represented. Recognizing the importance of the built environment and culture change for obesity prevention, TDH has partnered with the Department of Environment and Conservation to promote state parks via the Park Rx and rewards program, the promotion of youth activity clubs, and training state park restaurants to become Responsible Epicurean Agricultural Leadership (REAL) food certified. TDH also coordinates with Governor's Foundation for Health and Wellness to promote Healthier Community designation and Healthier Tennessee business initiatives. Academic partners such as Middle Tennessee State University, East Tennessee State University, and Vanderbilt have also been critical for data analysis and program implementation across the state for efforts in both obesity reduction and tobacco prevention. The Department of Human Services has been instrumental in training childcare facilities and assuring the inclusion of the seven Gold Sneaker policies regarding physical activity, nutrition, and tobacco were included in the star rating system for centers.

Leveraging of Federal and Non-Federal Funds

Aligning Title V funds within the Division of Family Health and Wellness allows for planning across programs to address population health priorities by leveraging both federal and state funds. This occurs for all priority areas. For example, reducing and mitigating the effect of ACEs is a priority area for Tennessee Title V since the most recent needs assessment, and activity around this topic has escalated dramatically over the last 5 years in all areas of the state. Title V state and federal funds have been used to support data collection and dissemination, workforce training of thousands of health department staff, and facilitation of multiple partnership meetings across the state. Assuring supportive infrastructure for families is essential to preventing ACEs, and FHW has an active role in this via WIC food security (federal), family planning (federal Title X, reimbursement, and state and federal MCH), investment in the built environment (state Project Diabetes and additional dedicated built environment funds). Positive youth development is promoted via federal rape prevention education funding, state and federal adolescent pregnancy prevention funding, and state funding for youth tobacco prevention councils in 64 counties. Specific programs in FHW also address social determinants of health, enhance parenting skills, and improve community linkages. These include state Healthy Start and federal MIECHV evidence-based home visiting programs and the care coordination program, Community Health Access and Navigation in Tennessee (CHANT). TDH also participates in several inter-agency and community partnerships targeting ACEs including the Children's Cabinet's "no wrong door" Single Team Single Plan approach to service coordination, the Three Branches Institute, the Young Child Wellness Council, and the Early Success Coalition via federally funded Project LAUNCH.

How Federal Title V Funds Complement State-Supported MCH Efforts

MCH/Title V federal funds are essential to meet state and local needs in a manner that is intentional, flexible, and accountable. States are held accountable for planning and progress in priority areas and must report how both state and federal funds are spent. A needs assessment occurs every five years and is updated annually by review of available data and input of partners. Similarly, the action plan to address the needs with available state and federal resources and a wide range of partners is revised annually. Tennessee has consistently met both maintenance of effort and state funding match requirements of the federal MCH/Title V block grant, ensuring that both funding sources are utilized for MCH needs. The flexibility of the block grant is particularly critical to meet emerging needs when obtaining needed funding from annual appropriation cycles can be significantly delayed. An example from recent years includes leveraging MCH funds to remove the burden of shipping costs associated with the collection of specimens for confirmatory hemoglobinopathy, trait and parent testing. The tertiary center responsible for all hemoglobinopathy confirmatory testing is now able to provide prepaid shipping labels for the shipping of specimens to practices, health departments, etc. to facilitate timely diagnosis of hemoglobinopathy disease and trait cases referred by the newborn screening program.

MCH Success Story

Tennessee regularly experiences natural disasters including tornados, floods, and wildfires. To support families of children and youth with special health care needs (CYSHCN) Tennessee's MCH /Title V CYSHCN) program created Emergency Toolkits to provide families with tools they would need to navigate an emergency. The toolkits are composed of adult and youth masks, hand sanitizer, a first aid kit, flashlight, document holder, resource card, and fillable checklist. All the items are secured in a backpack light enough for youth or adults to carry. A total of 11,000 toolkits were ordered and 5,100 have been distributed. The program is distributing the toolkits through region and metro health departments, Family Voices of Tennessee, local parks, recreation centers, and daycares. The program plans to collaborate with Evidence Based Home Visiting, schools, and hospitals to distribute the remaining toolkits.

This initiative is made possible by a combination of MCH/Title V funds.

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 2022.

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.