



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

TEXAS

State Snapshot

FY2026 Application / FY2024 Annual Report

December 2025

Title V Federal-State Partnership - Texas

The Title V Maternal and Child Health Block Grant Program is a federal-state partnership with 59 states and jurisdictions to improve maternal and child health throughout the nation. This Title V Snapshot presents high-level data and the executive summary contained in the FY2026 Application / FY2024 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

State Contacts

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Funding by Source

Source	FY 2024 Expenditures
Federal Allocation	\$38,864,189
State MCH Funds	\$40,208,728
Local MCH Funds	\$0
Other Funds	\$0
Program Income	\$0

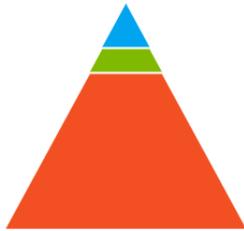
FY 2024 Expenditures



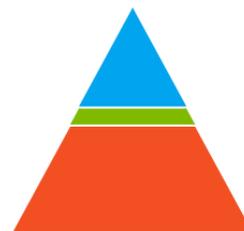
Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$7,606,101	\$17,988,929
Enabling Services	\$3,992,447	\$2,883,279
Public Health Services and Systems	\$27,265,641	\$19,336,520

FY 2024 Expenditures Federal



FY 2024 Expenditures Non-Federal



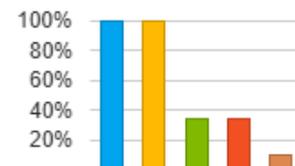
Percentage Served by Title V

Population Served	Percentage Served	FY 2024 Expenditures
Pregnant Women	100.0%	\$14,434,577
Infants < 1 Year	100.0%	\$2,768,871
Children 1 through 21 Years	33.5%	\$21,164,191
CSHCN (Subset of all infants and children)	34.1%	\$36,313,815
Others *	9.8%	\$0

FY 2024 Expenditures Total: \$74,681,454



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>Address health disparities across all maternal and child health populations.</p> <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 3: Infant Mortality Disparities: Ratio of Black to White Infant Mortality Rate. ● SPM 4: Maternal Morbidity Disparities: Ratio of Black to White severe maternal morbidity (SMM) rate. 	Revised	Women/Maternal Health, Perinatal/Infant Health
<p>Improve mental health and chronic disease-related outcomes across the life course.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months - BF <ul style="list-style-type: none"> ○ ESM BF.1: Percent of births occurring in hospitals with policies consistent with the Ten Steps to Successful Breastfeeding as recognized through designation by the Texas Health and Human Services Commission (HHSC) Texas Ten Step (TTS) Program. ○ ESM BF.2: Percent of Texas Mother-Friendly Worksites (TMFW) that have gold- or silver- level designation status. ○ ESM BF.3: Number of after-hours calls to the Texas Lactation Support Hotline. ○ ESM BF.4: Percent of births occurring in hospitals with policies consistent with the WHO/UNICEF Ten Steps to Successful Breastfeeding and recognized by the Texas Ten Step Designation. ○ ESM BF.5: Estimated minimum number of Texas workers employed at a worksite with a written and communicated worksite lactation support policy and recognized by the Texas Mother-Friendly designation <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 2: Percent of children in Texas, ages 6-17, who are obese. <ul style="list-style-type: none"> ○ SPM ESM 2.1: Percent change in number of Texas Health Steps Online Provider Education (THSteps-OPE) users completing obesity related modules. 	New	Perinatal/Infant Health, Child Health, Adolescent Health

Priority Needs and Associated Measures	Priority Need Type	Reporting Domain(s)
<ul style="list-style-type: none"> ○ SPM ESM 2.2: Percent change in number of Texas Health Steps Online Provider Education (THSteps-OPE) users completing mental health related modules. ● SPM 7: Percent of youth in grades 6 to 12 who reported current tobacco product use, including electronic cigarettes (e-cigarettes). 		
<p>Improve the cognitive and behavioral health and development of all maternal and child health populations.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year - DS <ul style="list-style-type: none"> ○ ESM DS.1: Number of Texas Health Steps Online Provider Education (THSteps-OPE) users completing developmental screening modules. ○ ESM DS.2: Percent of families participating in Help Me Grow (HMG) Texas who receives a developmental screening. ○ ESM DS.3: Number of participants attending developmental screening Extension for Community Healthcare Outcomes (ECHO) educational sessions. <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 5: Percent of women of childbearing age who self-rate their health status as excellent, very good, or good. 	Revised	Women/Maternal Health, Child Health
<p>Support families and providers through education, resources, and strategic programming.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of adolescents, ages 12 through 17, who have one or more adults outside the home who they can rely on for advice or guidance - ADM <ul style="list-style-type: none"> ○ ESM ADM.1: Percent of youth reporting the presence of a caring adult after participating in a youth-adult partnership (YAP). <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 1: Percent of children and youth with special health care needs (CYSHCN) and their families who participate in social or recreational activities with families who have children with or without disabilities. 	New	Adolescent Health, Children with Special Health Care Needs

Priority Needs and Associated Measures	Priority Need Type	Reporting Domain(s)
<p>Improve transition planning and support services for children, adolescents, and young adults, including those with special health care needs.</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 transition-age children and youth with special health care needs (CYSHCN) families receiving professional help with health care transition. ○ ESM TAHC.2: Decrease percent of families of transition-age youth who have not prepared for medical transition to adulthood ○ ESM TAHC.3: Percent of families of transition age youth with special health care needs receiving professional help with their child's transition to adulthood 	Continued	Children with Special Health Care Needs
<p>Support comprehensive, family-centered, coordinated care within a medical home model for all maternal and child health populations.</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 receiving professional case management services for children with special health care needs (CYSHCN). ○ ESM MH.2: Percent of families who receive emergency preparedness assistance. ○ ESM MH.3: Percent of families receiving professional care coordination for their child. ○ ESM MH.4: Number of Community Health Workers (CHWs) trainings to increase Medical Home Initiatives and Child Case Management. ○ ESM MH.5: Percent of families receiving professional care coordination for their child. ○ ESM MH.6: Increase percent of families who have a plan for an emergency and/or disaster. 	Continued	Child Health, Children with Special Health Care Needs
<p>Improve health outcomes and reduce injury risk and mortality through enhanced health and safety efforts for maternal and child health populations.</p>	Revised	Women/Maternal Health, Perinatal/Infant Health, Child Health, Adolescent Health

Priority Needs and Associated Measures	Priority Need Type	Reporting Domain(s)
<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: Number of community health workers (CHWs) who complete a maternal health and postpartum care training course and demonstrate core competencies. ● 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) Percent of infants room-sharing with an adult during sleep - SS <ul style="list-style-type: none"> ○ ESM SS.1: Number of health professionals who received Texas Health and Human Services (HHS) continuing education (CE) credits on Sudden Unexpected Infant Death (SUID) prevention or safe sleep practices in the past year. <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 6: Rate of emergency department (ED) visits for non-fatal injury per 100,000 children, ages 0 through 19. <ul style="list-style-type: none"> ○ SPM ESM 6.1: Percent change in number of Texas Health Steps Online Provider Education (THSteps-OPE) users completing injury prevention modules. ○ SPM ESM 6.2: Percent change in number of programs or organizations utilizing positive youth development. ○ SPM ESM 6.3: Percent of child deaths reviewed by Child Fatality Review Teams (CFRTs). ○ SPM ESM 6.4: Percent of youth reporting "sometimes" or "often" the presence of a caring adult in their lives. 		

Executive Summary

Program Overview

The Texas Department of State Health Services (DSHS) remains committed to the Title V Maternal and Child Health (MCH) vision of improving the health and well-being of the nation's mothers, infants, children, and youth, including children and youth with special health care needs (CYSHCN) and their families. Texas focuses on enhancing family partnerships and reducing health disparities in all population domains through strategic programming. State priorities to support this vision reflect specific needs identified through a comprehensive five-year needs assessment (NA) findings. In fiscal year 2024 (FY24), DSHS completed the NA to identify State Priority Needs (SPNs), inform the selection of National Performance Measures (NPMs), and inform development of State Performance Measures (SPMs). Texas' newly selected SPNs, NPMs, and SPMs are foundational elements for the next five-year block grant cycle spanning FY26 through FY30.

For the FY24 Title V MCH NA, DSHS used mixed-methods for data collection and analysis. These methods included surveys, qualitative research, and secondary data analysis. Data collected through surveys and secondary data sources allowed DSHS to measure needs while qualitative data provided rich context and perspectives not available in quantitative data. DSHS used the life course approach to identify needs and address health disparities while considering all life stage experiences (from birth to adulthood) that impact health. Through MCH stakeholders and families collaboration and engagement, DSHS confirmed broad representation of experiences, regions, and needs that reflect the unique populations in Texas. Texas SPNs identified through data analysis and partner feedback include: address health disparities across all maternal and child health populations; improve mental health and chronic disease-related outcomes across the life course; improve the cognitive and behavioral health and development of all maternal and child health populations; support families and providers through education, resources, and strategic programming; improve transition planning and support services for children, adolescents, and young adults, including those with special health care needs; support comprehensive, family-centered, coordinated care within a medical home model for all Maternal and Child Health populations; and improve health outcomes, and reduce injury risk and mortality through enhanced health and safety efforts for maternal and child health populations

For the FY26-FY30 Title V MCH block grant cycle Texas selected NPMs and developed SPMs based on FY24 NA findings. Through NPMs, Texas focuses on postpartum visits, breastfeeding, safe sleep, developmental screening, adult adolescent mentors, medical home, and transition to adult health care. SPMs include community involvement for CYSHCN, obesity and injury prevention, youth tobacco, infant mortality and maternal morbidity disparities, and maternal health and safety. NA findings inform programming performance measure enhancements that are continuing into the new cycle, and include newly developed Texas strategies, objectives, and activities DSHS incorporated new activities to align with updated federal guidance and new universal performance measures addressing access and quality of postpartum care for women and medical home for children with and without special health care needs. Family partnerships, enhancing social supports, and reducing health disparities remain a focus of all Texas Title V programming areas to move the needle for all MCH population health domains.

DSHS provides education, awareness, support, and resources to improve the health of women, infants, children, adolescents, and CYSHCN statewide. For regional population-based activities, critical partnerships inform development and implementation of public health activities in local areas by focusing on data, state and national priorities, and community needs to prioritize local initiatives. Title V-funded staff in each of the eight Texas public health regions play a critical role in assessing community needs and implementing programming throughout the state. DSHS supports Texas families, state public health needs, and assists with emergency planning and preparedness efforts. Title V plays a key role in providing essential public health data and epidemiology support to agency and state leadership. DSHS is well positioned to address emerging issues impacting MCH populations such as congenital syphilis and leading data modernization activities to inform public health programming. In June 2024, Texas DSHS launched new Maternal Health and Infant Mortality and Morbidity dashboards as part of the larger MCH [Texas Health Data](#) suite of data products. In August 2024, five additional dashboards were released including: [Severe Maternal Morbidity](#), [Pregnancy-Related Mortality Ratios](#), [TexasAIM Quality Improvement Analysis and Outcomes](#), [Infant Health Practices](#) and [Congenital Syphilis](#), followed by [Birth Demographics](#) and [Prenatal, Delivery and Postpartum Care](#) in November 2024. See III.A.3. MCH Success Story for more initiative information.

Maternal and Women's Health

DSHS continues to focus efforts on improving severe maternal morbidity and maternal mortality outcomes by enhancing infrastructure and capacity to promote prenatal care, health, and wellness among women of child-bearing age through statewide women's health programming and other maternal health and safety initiatives. DSHS engages community partners to strengthen collaboration, innovation, and collective impact through local community coalitions and workgroups. The perinatal quality improvement network drives system change to support adoption and quality improvement diffusion for maternal and infant health and safety. This work is accomplished through the Texas Maternal Mortality and Morbidity Review Committee (MMMRC), the Texas Alliance for Innovation on Maternal Health's (TexasAIM) Maternal Health and Safety program, and the Texas Collaborative for Healthy Mothers and Babies to improve birthing facility maternity care practices. DSHS utilizes MMMRC findings and recommendations to prioritize maternal health and safety, preconception, prenatal, postpartum, and interpregnancy period activities. DSHS leads the state's TexasAIM initiative to support hospitals implementing maternal patient safety bundles to address leading causes of maternal morbidity and mortality including severe hypertension in pregnancy and substance use disorders. The majority of Texas hospitals with obstetric lines of service are TexasAIM enrolled and hospitals reporting data have shown improvements in QI metrics related to bundle implementation. To increase family and medical professional awareness of serious pregnancy-related complications and urgent maternal warning signs, DSHS implements the Hear Her Texas public outreach campaign.

Perinatal/Infant Health

DSHS has a robust collection of activities that leverage and build upon previous program successes and to address known breastfeeding barriers. DSHS continues to support Texas mother-friendly worksites, Texas ten step hospitals, and baby-friendly hospitals by providing information, education, communication, and technical assistance to facilitate system improvement and recognition for use of recommended practices. DSHS leads a statewide infant health and safety campaign to promote employers, hospitals, and public health partners awareness about breastfeeding support and safe infant sleep evidence-based strategies. DSHS is leading a statewide infant health and safety campaign to promote best practice awareness to improve breastfeeding support and promote safe infant sleep among employers, hospitals, and public health partners. The statewide Right from the Start breastfeeding awareness campaign promotes breastfeeding best practices, policy development, and education reducing barriers in worksites, hospitals, and communities. The Let's Talk Infant Safe Sleep campaign is designed to reduce infant mortality rates associated with Sudden Unexpected Infant Death and sleep-related deaths. The initiative encourages safe sleep practices among parents and caregivers of infants aged zero to 12 months. These campaigns are highlighted within the infant health FY26 plan. Although Texas has made progress in reducing infant mortality from 2017-2021, the rate increased in 2022 to 5.6. Data continues to show disparities between Black and White birth outcomes. Texas continues to focus on a SPM to reduce the ratio of White and Black infant mortality by addressing safe sleep, breastfeeding, timely prenatal care, and access to and awareness of other public health interventions among Black women in Texas.

Child Health

Child health initiatives focus on developmental screening, injury and obesity prevention, and coordination of the medical home. DSHS leads Help Me Grow Texas (HMG), a statewide network of partners working together to build strong, connected communities and healthy, resilient families. HMG promotes the early identification of developmental concerns and links children and families to community-based services, including medical home coordination, to help provide comprehensive, family-centered care for children and families. Injury continues to be one of the leading causes of death for children aged one to 14 years of age, and injury prevention remains a priority of the child and adolescent health domains. Non-natural child deaths frequently involve motor vehicle crashes, drowning, child abuse, and neglect. The Texas' Title V program administers programs including child fatality review to understand child deaths through local level multidisciplinary reviews and implements programs at the state and local level, Safe Riders child passenger safety program to reduce motor vehicle related injuries, and community focused education and trainings with DSHS eight Public Health Regions staff. DSHS will also address obesity, which is at the heart of many Texas health issues across the lifespan. Obesity prevention interventions greatly reduce disease burden and improve overall health. 2021-2023 Texas school physical activity and nutrition (SPAN) data show about 35% of second and fourth grade students are over normal weight range for their height and about one in four students are obese. DSHS will expand and increase the use of SPAN data to inform child obesity reduction population-based and targeted prevention and intervention efforts. DSHS will continue to support the school health program and Texas Healthy Building Blocks to address obesity prevention among school-aged children. Additionally, DSHS will continue supporting Texas Healthy Building Blocks, which focuses on promoting evidence-based obesity prevention practices among early childhood education programs. Lastly, DSHS will continue to support the Texas DSHS School Health Program initiatives.

Adolescent Health

DSHS uses positive youth development as a critical and foundational element of adolescent health programming to improve the health and lower injuries of Texas adolescents. The 2023 Texas Youth Behavior Risk Survey (YRBS) reported that 80% of students felt comfortable seeking help from one or more adults besides their parents if that had an important question affecting their life. In 2024, the Texas Youth Action Network (TYAN) found that when youth are involved in a youth adult partnership (YAP) that connection to a caring adult rose to 96% helping youth to receive adult guidance and mentoring in the lives of youth people at risk. DSHS facilitates youth mentor opportunities through a youth engagement specialist who supports youth interested in becoming community, regional, or state leaders through participation in councils, workgroups, and committees. DSHS supports prevention initiatives for suicide and self-injury. Through injury prevention efforts, conferences, and child fatality review team trainings, DSHS promotes collaboration and best practice sharing among injury prevention professionals to reduce injuries and hospitalizations. DSHS leads statewide initiatives and partners with clinic-based contractors to address these priorities by supporting youth-friendly improvement activities and incorporating obesity, screening, and referral of high-risk issues best practices. DSHS also coordinates statewide tobacco and e-cigarette prevention efforts through strategic partnerships. The 2023 Texas Youth Tobacco Survey (YTS) showed that 13.8% of middle and high school students reported having ever used or tried e-cigarettes, a statistically significant reduction from 2021 (16.0%) and 2020 (21.1%).

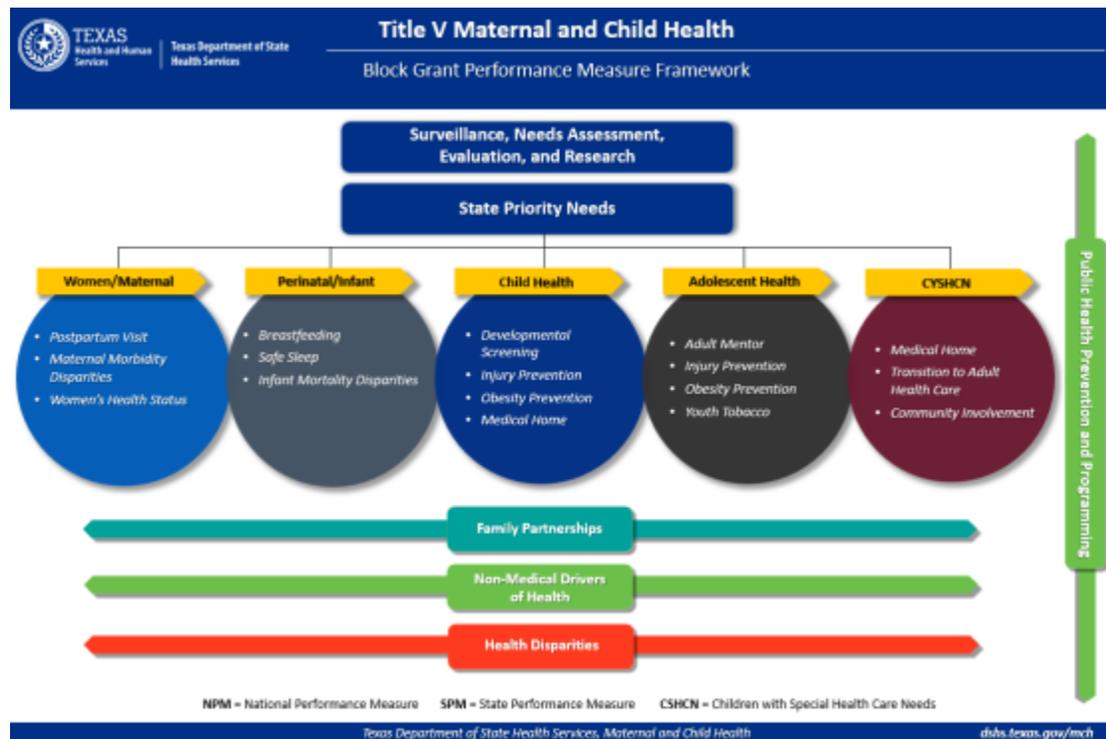
Children and Youth with Special Health Care Needs (CYSHCN)

The CYSHCN Systems Development Group (SDG) works to strengthen community-based services to improve CYSHCN systems of care including clients receiving health care benefits through the CSHCN Health Care Benefits Program. SDG focuses on meeting federal expectations regarding overarching CYSHCN health care systems components including establishing medical homes, promoting community involvement, and planning for transition to adult health care. The Texas family delegate and Texas Parent to Parent are included in program activities to make sure the family voice is included in CYSHCN programming development and implementation. DSHS increases knowledge and awareness of medical home through community and stakeholder resource development and educational material dissemination. SDG develops community-based initiatives to confirm communities are welcoming and supportive to minimize isolation experienced by many CYSHCN and their families. SDG developed a toolkit and educational resources for families and providers to support all CYSHCN transitioning to adult health care with appropriate support in place. Community-based initiatives include workshops, conferences, and collaboration with DSHS regional staff to prepare families and connect youth with special health care needs to adult services.

Through the implementation of data-driven, evidence-based/informed initiatives, DSHS emphasizes ongoing surveillance, NA, evaluation, and research to inform programming throughout an individual's life course. To grow and improve these initiatives, DSHS maintains MCH infrastructure statewide and strives to build capacity and improve subject matter expertise for all Texas population health domains. DSHS continues to monitor emerging issues, integrate best practices, and incorporate community feedback to improve programming and service quality. For more information on Texas MCH efforts, please visit <http://www.dshs.texas.gov/mch/>.

How Federal Title V Funds Complement State-Supported MCH Efforts

Texas strategically allocates Title V funds to address statewide maternal and child health (MCH) needs. The Texas Department of State Health Services (DSHS) is Texas' public health agency and prioritizes improving the lives of women and children including children and youth with special needs. Title V work is driven by state and national performance measures which are informed by priority needs identified through the current statewide needs assessment. Continuous program evaluation allows for better flexibility and ability to respond to emerging issues effectively. Title V plays a key role in identifying MCH priorities, supporting families, and adapting programs and operations to meet evolving client and family needs. DSHS values stakeholder and community engagement and strives to foster and strengthen MCH programming partnerships statewide to improve MCH health outcomes. Title V programs are located within DSHS to integrate and align with other MCH-focused sections such as Health Promotion and Chronic Disease Prevention, Environmental Epidemiology and Disease Registries, and Vital Statistics. In addition, the team partners with Offices within the Division focused on substance use disorder, congenital syphilis and expansion of access to care through Federally Qualified Health Centers. Federal and state Title V funding supports 200 state-level staff and over 160 personnel throughout the Public Health Regions to identify local community needs and develop improvement solutions. Finally, Title V performs continual and comprehensive financial and programmatic reviews to confirm Title V MCH Block Grant funds are used according to established methodologies and reflects Texan's needs. The image below depicts Texas' performance measure framework:



MCH Success Story

Following the Texas 88th legislative session in 2023, the Texas Department of State Health Services (DSHS) was appropriated funds to modernize maternal and child health (MCH) data systems. As part of this initiative, one major activity was to create public-facing MCH stakeholder public health dashboards. These new MCH dashboards provide a centralized location for various MCH data on the DSHS [Texas Health Data](#) (THD) website. Through this modernization project, standardized data visualizations are updated as data becomes available, and information is shared with stakeholders in an easier, efficient way.

In January 2024, DSHS released the 2022/2023 Healthy Texas Mothers and Babies (HTMB) Data Book which provides a Texas infant and maternal health metric overview. To launch the data modernization project, multiple DSHS divisions collaborated to convert the data book into a set of MCH dashboards. Throughout 2024, seven HTMB Data Book sections (maternal health, infant mortality and morbidity, severe maternal morbidity, pregnancy-related mortality ratios, infant health practices, birth demographics, and perinatal, delivery, and postpartum care) were successfully converted into their own unique dashboards. In June 2024, DSHS launched the first two dashboards of a series of new Texas public data dashboards including [Maternal Health](#) and [Infant Mortality and Morbidity](#). The Maternal Health Dashboard includes information on maternal mortality and pregnancy risk factors. The Infant Mortality and Morbidity Dashboard discusses infant mortality, causes of death, and preterm birth.

The first sets of new MCH dashboards were well-received by internal and external partners including the Texas Legislature who gave DSHS ideas for additional MCH dashboards to disseminate TexasAIM hospital quality improvement program and congenital syphilis outcomes. In August 2024, five additional dashboards were released including: [Severe Maternal Morbidity](#), [Pregnancy-Related Mortality Ratios](#), [TexasAIM Quality Improvement Analysis and Outcomes](#), [Infant Health Practices](#) and [Congenital Syphilis](#), followed by [Birth Demographics](#) and [Prenatal, Delivery and Postpartum Care](#) in November 2024.

In 2024, DSHS launched nine new MCH dashboards on Texas Health Data. As of February 2025, DSHS received between 593 to 9,898 hits on each MCH dashboard. Of these, Maternal Health is the most visited dashboard with 9,898 Texas Health Data website hits. Three additional MCH dashboards are scheduled to be released in 2025 including Perinatal Periods of Risk Analysis, the Texas Maternal Mortality and Morbidity Review Committee (MMMRC) Cohort Summary and Review Status, and Title V Block Grant Needs Assessment (NA) results. A Children and Youth with Special Health Care Needs (CYSHCN) Outreach Survey results dashboard is in development and the Infant Mortality and Morbidity dashboard will include Texas birth defect data. New features in development include interactive maps by geographic region and selection of multiple years (2021-2024). DSHS is also beginning Newborn Screening (NBS) dashboards development in 2025. Proposed dashboard metrics include annual data of the number of screens performed, the number of positive screens requiring follow up, and other potential metrics that describe the population of infants impacted by NBS in the state.

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

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.