



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

TEXAS

State Snapshot

FY2025 Application / FY2023 Annual Report

November 2024

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 FY2025 Application / FY2023 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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State Youth Leader
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Funding by Source

Source	FY 2023 Expenditures
Federal Allocation	\$38,954,671
State MCH Funds	\$40,208,728
Local MCH Funds	\$0
Other Funds	\$0
Program Income	\$0

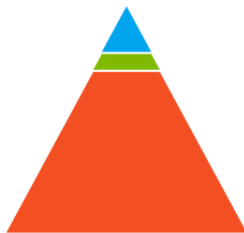
FY 2023 Expenditures



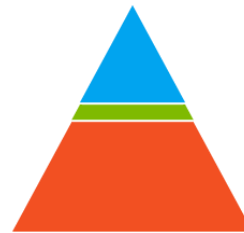
Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$7,990,107	\$17,600,347
Enabling Services	\$2,755,170	\$2,734,127
Public Health Services and Systems	\$28,209,394	\$19,874,254

FY 2023 Expenditures Federal



FY 2023 Expenditures Non-Federal



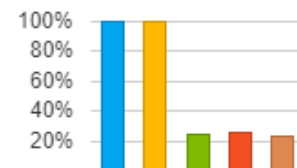
Percentage Served by Title V

Population Served	Percentage Served	FY 2023 Expenditures
Pregnant Women	100.0%	\$16,092,473
Infants < 1 Year	100.0%	\$2,367,905
Children 1 through 21 Years	24.9%	\$20,100,549
CSHCN (Subset of all infants and children)	25.8%	\$34,391,046
Others *	23.6%	\$0

FY 2023 Expenditures Total: \$72,951,973



FY 2023 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 2020 Needs Assessment reporting cycle. Beginning with the FY 2025 Application, 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	Reporting Domain(s)
<p>Implement health equity strategies 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 rate. 	<p>Women/Maternal Health, Perinatal/Infant Health</p>
<p>Improve nutrition across the life course.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● A) Percent of infants who are ever breastfed (Breastfeeding, Formerly NPM 4A) B) Percent of infants breastfed exclusively through 6 months (Breastfeeding, Formerly NPM 4B) - BF <ul style="list-style-type: none"> ○ ESM BF.1: 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.2: 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 ○ ESM BF.3: Number of after-hours calls to Texas' lactation support hotline <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 2: Percent of overweight and obesity in Texas children ages 2-21. 	<p>Perinatal/Infant Health, Child Health, Adolescent Health</p>
<p>Improve the cognitive, behavioral, physical, and mental 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 (Developmental Screening, Formerly NPM 6) - DS <ul style="list-style-type: none"> ○ ESM DS.1: Number of Texas Health Steps Online Provider Education (THSteps) users completing developmental screening modules ○ ESM DS.2: Number of developmental screenings provided in the Healthy Child Care Texas Grant 	<p>Child Health</p>

Priority Needs and Associated Measures	Reporting Domain(s)
<ul style="list-style-type: none"> ○ ESM DS.3: Percent of families participating in Help Me Grow (HMG) Texas who receive a developmental screening 	
<p>Increase family support and ensure integration of family engagement across all Maternal and Child Health programming.</p> <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 1: Percent of CYSHCN and their families who participate in social or recreational activities with families who have children with or without disabilities 	<p>Children with Special Health Care Needs</p>
<p>Support health education and resources for families and providers.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of women who smoke during pregnancy (Smoking - Pregnancy, Formerly NPM 14.1) - SMK-Pregnancy <ul style="list-style-type: none"> ○ ESM SMK-Pregnancy.1: Number of health organizations engaged in a DSHS maternal or infant health improvement effort involving integration of tobacco/e-cigarette screening, education and referral. ● Percent of children, ages 0 through 17, who live in households where someone smokes (Smoking - Household, Formerly NPM 14.2) - SMK-Household <ul style="list-style-type: none"> ○ ESM SMK-Household.1: Number of materials distributed to household members and caregivers intended to raise awareness about the risk of infant and child exposure to tobacco. 	<p>Women/Maternal Health, Child Health</p>
<p>Promote safe, stable, nurturing environments to reduce violence and the risk of injury.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Rate of hospitalization for non-fatal injury per 100,000 children, ages 0 through 9 (Injury Hospitalization - Child, Formerly NPM 7.1) - IH-Child <ul style="list-style-type: none"> ○ ESM IH-Child.1: Number of School Health Friday Beat newsletters per fiscal year with at least one injury prevention resource provided ○ ESM IH-Child.2: Number of individuals trained on injury prevention through the Medical Child Abuse Resources and Education System (MEDCARES) grant ○ ESM IH-Child.3: Percent of child deaths reviewed by Child Fatality Review Teams (CFRT) ○ ESM IH-Child.4: Number of stakeholders receiving trainings or technical assistance about preventable child injuries or death ● Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19 (Injury Hospitalization - Adolescent, Formerly NPM 7.2) - IH-Adolescent <ul style="list-style-type: none"> ○ ESM IH-Adolescent.1: Number of Texas Health Steps Online Provider Education (THSteps) users completing injury prevention modules. 	<p>Child Health, Adolescent Health</p>

Priority Needs and Associated Measures	Reporting Domain(s)
<ul style="list-style-type: none"> ○ ESM IH-Adolescent.2: Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19 ○ ESM IH-Adolescent.3: Percent of youth reporting "sometimes" or "often" to the presence of a caring adult in their lives ○ ESM IH-Adolescent.4: Percent of child deaths reviewed by Child Fatality Review Teams (CFRT) 	
<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 (Transition, Formerly NPM 12) - TR <ul style="list-style-type: none"> ○ ESM TR.1: Percent of families of transition age youth with special health care needs receiving professional help with their child's transition to adulthood ○ ESM TR.2: Decrease percent of families of transition-age youth who have not prepared for medical transition to adulthood 	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 (Medical Home, Formerly NPM 11) - MH <ul style="list-style-type: none"> ○ ESM MH.1: Percent of families receiving professional care coordination for their child ○ ESM MH.2: Increase percent of families who have a plan for an emergency and/or disaster 	Child Health, Children with Special Health Care Needs
<p>Improve maternal and infant health outcomes through enhanced health and safety efforts.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● A) Percent of infants placed to sleep on their backs (Safe Sleep, Formerly NPM 5A) B) Percent of infants placed to sleep on a separate approved sleep surface (Safe Sleep, Formerly NPM 5B) C) Percent of infants placed to sleep without soft objects or loose bedding (Safe Sleep, Formerly NPM 5C) D) Percent of infants room-sharing with an adult during sleep (Safe Sleep) - SS <ul style="list-style-type: none"> ○ ESM SS.1: Number of health professionals who received Texas HHS CE credits on SUID prevention or safe sleep practices in the past year ● A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth (Postpartum Visit) B) Percent of women who attended a postpartum checkup and received recommended care components (Postpartum Visit) - PPV <p>SPMs</p>	Women/Maternal Health, Perinatal/Infant Health

Priority Needs and Associated Measures	Reporting Domain(s)
<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 	

Executive Summary

Program Overview

Through the implementation of data-driven, evidence-based/informed initiatives, Texas remains committed to the Title V 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 continues to emphasize ongoing surveillance, needs assessment, evaluation, and research for programming throughout an individual’s life course. Texas focuses on enhancing family partnerships, addressing non-medical drivers of health, and reducing health disparities in all population domains. State priorities to support this vision reflect the specific needs identified through the comprehensive five-year needs assessment (NA). In 2019, the Texas Department of State Health Services (DSHS) completed this NA as part of the block grant cycle which informed the State Priority Needs (SPNs), National Performance Measures (NPMs), and State Performance Measures (SPMs). Work started in 2024 for the next 5-year NA planned as part of the 2025 block grant.

The 2019 Texas Title V Maternal and Child Health (MCH) NA consists of a four-pronged approach for data collection and analysis and included surveys, key informant interviews, focus groups, and existing data and surveillance data analysis. Through collaboration and engagement with MCH stakeholders and families, Texas DSHS worked to confirm broad representation of diverse experiences, populations, regions, and needs that reflect the diversity of Texas. Texas SPNs identified through analysis of the NA findings and through partner feedback are:

- Implement health equity strategies across all maternal and child health populations
- Improve nutrition across the life course
- Improve the cognitive, behavioral, physical, and mental health and development of all MCH populations
- Increase family support and ensure integration of family engagement across all MCH programming
- Support health education and resources for families and providers
- Promote safe, stable, nurturing environments to reduce violence and the risk of injury
- 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 MCH populations
- Improve maternal and infant health outcomes through enhanced health and safety efforts

Based on the 2019 NA findings, Texas selected NPMs and developed SPMs for the FY21-FY25 Title V MCH Block Grant cycle. Through NPMs, Texas is focused on breastfeeding, safe sleep, developmental screening, injury prevention, medical home, and transition for children with special health care needs, and maternal and household smoking. SPMs include community inclusion for CYSHCN, child obesity, infant mortality disparities, maternal morbidity disparities, and maternal health and safety. Though many of the performance measures remain the same from the previous five-year cycle, the strategies, activities, and programming evolves and will continue to see enhancements throughout the coming years due to ongoing evaluation and NA. Texas also incorporates new activities to align with the updated federal guidance and the new universal performance measures, thereby addressing access and quality of postpartum care, and enhancing the work around Medical Home. Family Partnerships Non-Medical Drivers of Health, and Health Disparities remain a focus of all areas of Title V programming and serve as the foundation of efforts to move the needle for all Texas MCH populations.

Texas MCH 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 the development and implementation of precision public health activities in local areas by focusing on data, state and national priorities, and community needs to prioritize and determine local initiatives.

Texas Title V plays a critical role in supporting families, assisting with state public health follow-up efforts, and providing essential data and epidemiology support to agency and state leadership. Texas MCH is well positioned to address emerging issues such as congenital syphilis and provide expertise on data modernization projects. In June, 2024, Texas DSHS launched new public data dashboards on [maternal health](#) and [infant health](#) as part of its [Texas Health Data](#) suite of data products. The dashboards include information on maternal mortality and pregnancy risk factors like mental health, high blood pressure and smoking. The infant health section covers infant mortality, causes of death and preterm birth. The dashboards will be expanded to include data on birth demographics, infant health practices, prenatal and postpartum care and severe maternal morbidity.

Maternal and Women’s Health

Texas continues to focus efforts to improve outcomes related to severe maternal morbidity and maternal mortality. DSHS continues to build infrastructure and capacity to promote prenatal care, health, and wellness among women of child-bearing age (WCBA) through the efforts of women’s health programming and other statewide initiatives. MCH engages community partners to strengthen collaboration, innovation, and collective impact through local community coalitions and workgroups. MCH’s Perinatal Quality

Improvement Network (PQIN) drives system change to support adoption and diffusion of quality improvements for maternal and infant health and safety. This work is accomplished through the Texas Maternal Mortality and Morbidity Review Committee (MMMRC), the TexasAIM Maternal Health and Safety program, and the Texas Collaborative for Healthy Mothers and Babies (TCHMB) to improve maternity care practices in birthing facilities.

DSHS is the lead coordinating entity for TexasAIM, Texas' program to support hospitals implementing the Alliance for Innovation on Maternal Health's (AIM) endorsed maternal patient safety bundles to address Texas leading causes of maternal mortality, including severe hypertension in pregnancy and opioid and other substance use disorders. DSHS uses the MMMRC's findings and recommendations to prioritize maternal health and safety preconception, prenatal, postpartum, and interpregnancy period activities. Most Texas' hospitals with obstetric lines of service are enrolled in TexasAIM. To increase family and medical professional awareness about serious pregnancy-related complications and urgent maternal warning signs, DSHS implements the Hear Her Texas public outreach campaign. DSHS continues outreach efforts through partner collaboration to educate the public on risks of tobacco exposure among pregnant women and children. DSHS incorporates tobacco prevention messaging into clinical policy, provider and community health worker training, and other platforms. Addressing maternal health disparities and closing disparity gaps remains an MCH priority.

Perinatal/Infant Health

Texas continues to develop, implement, and evaluate comprehensive programs to address known barriers and increase support for breastfeeding. DSHS has a robust slate of activities to leverage and build upon previous 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 uptake 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 also supports HTMB Peer Dad programs that provide education on breastfeeding support, safe infant sleep, urgent maternal warning signs, and infant care.

MCH 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 campaign involves trainings, education, and dissemination of messages to promote breastfeeding, worksite lactation support, and safe infant sleep best practices, and is targeted regions with high infant mortality disparities.

Although Texas has made progress in reducing infant mortality, data continues to show disparities between Black and White birth outcomes. Texas developed 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 prevention, secondhand smoke reduction, and obesity prevention. Developmental screening is a priority in Texas. The National Survey of Children's Health (NSCH) 2021-2022 says that 65.5% of parents said no that their children ages 9 through 35 months did not receive a developmental screening using a parent-competent screening tool in the past year. MCH leads Help Me Grow Texas (HMGTX), a statewide network of partners working together to build strong, connected communities and healthy, resilient families. HMGTX promotes early identification of developmental concerns then links children and families to community-based services.

Injury prevention is a large component of both the Child and Adolescent Health Domains. Child injury continues to be one of the leading causes of death for children aged 1 to 14 years of age, and non-natural child deaths frequently involve motor vehicle crashes, drowning, and child abuse and neglect. Title V administers programs including Child Fatality Review (CFR) to understand child deaths through local level multidisciplinary reviews.

Obesity is at the heart of many Texas health issues across the lifespan. Obesity prevention interventions greatly reduce disease burden and improve overall health. Expansion and increased use of School Physical Activity Nutrition (SPAN) data to inform population-based and targeted prevention/intervention for obesity reduction is critical for MCH program success.

Reducing secondhand smoke exposure is important throughout the life course. Through DSHS Tobacco Prevention and Control Program collaborative partnerships, MCH populations are educated on the health effects of secondhand smoke exposure, especially in pregnant women and children.

Adolescent Health

Positive Youth Development (PYD) is a critical and foundational element of adolescent health programming that DSHS uses to improve the health and lower injuries of adolescents in Texas. DSHS sponsors 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 best practice as it pertains to obesity, screening, and referral of high-risk issues.

Children with Special Health Care Needs (CSHCN)

The CSHCN Systems Development Group (SDG) works to strengthen community-based services to improve CSHCN systems of care including clients receiving health care benefits through the CSHCN Health Care Benefits Program. SDG focuses on meeting federal expectations regarding overarching CSHCN health care systems components including establishing medical homes, promoting community inclusion, and planning for the transition to adulthood, including transitioning to adult health care. The Family Delegate for Texas and Texas Parent to Parent are included in program activities to ensure family voice is included in CSHCN programming development and implementation.

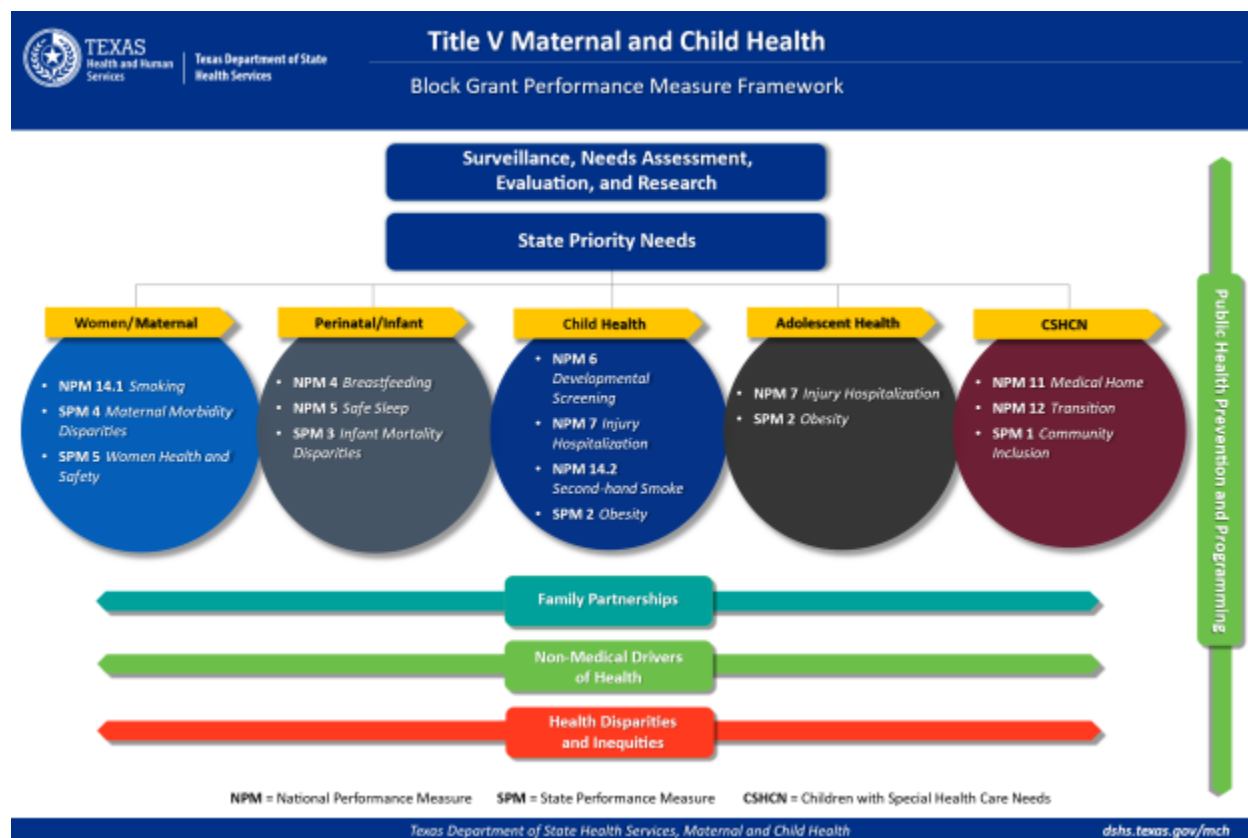
Texas increases knowledge and awareness of medical home through community and stakeholder resource development and educational material dissemination.

SDG develops community-based initiatives to confirm communities are welcoming, inclusive, and supportive to minimize isolation experienced by many CSHCN and their families. SDG developed a transition toolkit and educational resources for families and providers to support all CSHCN transitioning to adulthood with appropriate support in place. Community-based initiatives include transition workshops, conferences, and DSHS regional staff collaboration to prepare families for transition and connect youth with special health care needs to adult services.

To grow and improve these initiatives, Texas strives to maintain MCH infrastructure, capacity, and subject matter expertise across all population health domains. For more information on MCH efforts in Texas, please visit <http://www.dshs.texas.gov/mch>.

How Federal Title V Funds Complement State-Supported MCH Efforts

Texas strategically uses 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 guided by state priority needs identified during the latest statewide needs assessment. Ongoing program evaluation allows for programming flexibility and emerging issue responsiveness. Title V identifies MCH priorities, supports families, and adapts programming and operations as needed. Title V values stakeholder and community engagement and strives to strengthen MCH programming partnerships statewide to improve MCH health outcomes. Title V programs are situated within DSHS to align with other MCH-focused sections such as Health Promotion and Chronic Disease Prevention, Environmental Epidemiology and Disease Registries, and Vital Statistics. Federal and state Title V funding supports 196 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 Texans needs. The image below depicts the performance measure framework in Texas:



MCH Success Story

Dental health is important for overall health at every life course stage and for all domains to improve quality of life. Providing dental care to children and youth with special health care needs (CYSHCN) has unique challenges that often require modifying traditional treatment plans, delivery care methods, and facility accommodations. Historically, dental schools do not train students to treat this diverse population's wide range of needs. Most dentists treat few to no children with special health care needs which makes it difficult for families to find a dentist. The problem worsens when their child with special health care needs becomes an adult.

The [Phil and Karen Hunke Special Care Clinic at UTHSA-SOD](#) opened February 7, 2024. It has over 4,300 square feet with 12 treatment rooms; a multi-sensory room for patients who need to take a break; a surgical suite and recovery area for general anesthesia cases; and capacity to treat up to 40 patients per day. In February 2024, over 113 third year dental students completed a new *Preparing for Special Care Dentistry* course. It includes didactic sessions, case-based scenarios, class discussions, and lectures. Fourth year dental students began the course in March 2024. Patient care started in March 2024.

The Texas Department of State Health Services (DSHS) worked with the University of Texas Health San Antonio School of Dentistry (UTHSA-SOD) to help build and establish a special needs dental clinic. The clinic treats all ages with a focus on CYSHCN. Clinic goals are to provide dental care to patients throughout South Texas; provide academic and clinical training to students in special care dentistry; and serve as a referral and educational resource for community dentists and social service providers. The project includes a multi-year curriculum and clinical rotations for dental students and residents. The clinic will be self-sustaining through clinical fees and service contracts. DSHS provides support to the project through a five-year, \$2.2 million dollar contract with UTHSA-SOD. Contract deliverables include a strategic plan, community involvement evidence, and an evaluation plan that establishes clinical care and didactic training metrics. UTHSA-SOD also conducted a needs assessment and created a patient access strategy.

UTHSA-SOD serves South Texas - a growing region of 7 million people. Stakeholders include individuals with special health care needs, and their families and caregivers; UTHSA-SOD students and faculty; area dentists and other health care professionals; community health organizations and public health agencies; and organizations and facilities that support people with special needs.

UTHSA-SOD will develop experiential learning modules that use two types of virtual reality (VR) modules. Some modules will include clinical treatment scenarios while others allow students to experience life with various disabilities or conditions. Evaluation data will be available in October 2024.

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 2023.

[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.