



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

TEXAS

State Snapshot

FY2024 Application / FY2022 Annual Report

November 2023

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 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
Lori Gabbert Charney Maternal and Child Health Section Director lori.gabbertcharney@dshs.texas.gov (512) 776-2567	Lori Gabbert Charney Maternal and Child Health Section Director lori.gabbertcharney@dshs.texas.gov (512) 776-2567

State Family Leader	State Youth Leader
Kim Beam CSHCN Systems Development Manager kim.beam@dshs.texas.gov (512) 776-7111	No Contact Information Provided

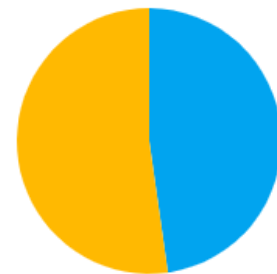
State Hotline

Name: 2-1-1 Texas | Telephone: (877) 541-7905

Funding by Source

Source	FY 2022 Expenditures
■ Federal Allocation	\$36,711,955
■ State MCH Funds	\$40,208,728
■ Local MCH Funds	\$0
■ Other Funds	\$0
■ Program Income	\$0

FY 2022 Expenditures



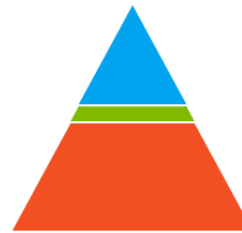
Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$8,028,195	\$18,007,237
Enabling Services	\$3,782,654	\$2,691,325
Public Health Services and Systems	\$24,901,106	\$19,510,166

FY 2022 Expenditures Federal



FY 2022 Expenditures Non-Federal



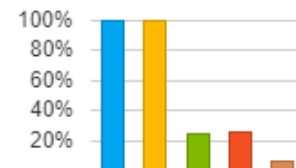
Percentage Served by Title V

Population Served	Percentage Served	FY 2022 Expenditures
Pregnant Women	100.0%	\$13,038,944
Infants < 1 Year	100.0%	\$1,918,199
Children 1 through 21 Years	24.5%	\$20,128,516
CSHCN (Subset of all infants and children)	25.4%	\$36,124,470
Others *	6.0%	\$0

FY 2022 Expenditures Total: \$71,210,129



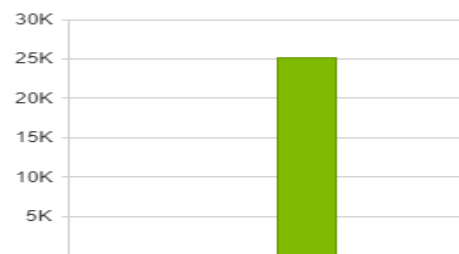
FY 2022 Percentage Served



*Others– Women and men, over age 21.

Communication Reach

Communication Method	Amount
State Title V Website Hits:	0
State Title V Social Media Hits:	0
State MCH Toll-Free Calls:	25,144
Other Toll-Free Calls:	0



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)
<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"> ● NPM 4: A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months <ul style="list-style-type: none"> ○ ESM 4.1: 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 4.2: 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 4.3: 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"> ● NPM 6: Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year <ul style="list-style-type: none"> ○ ESM 6.1: Number of Texas Health Steps Online Provider Education (THSteps) users completing developmental screening modules ○ ESM 6.2: Number of developmental screenings provided in the Healthy Child Care Texas Grant ○ ESM 6.3: Percent of families participating in Help Me Grow (HMG) Texas who receive a developmental screening 	<p>Child Health</p>

Priority Needs and Associated Measures	Reporting Domain(s)
<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"> ● NPM 14.1: Percent of women who smoke during pregnancy <ul style="list-style-type: none"> ○ ESM 14.1.1: Number of health organizations engaged in a DSHS maternal or infant health improvement effort involving integration of tobacco/e-cigarette screening, education and referral. ● NPM 14.2: Percent of children, ages 0 through 17, who live in households where someone smokes <ul style="list-style-type: none"> ○ ESM 14.2.1: 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"> ● NPM 7.1: Rate of hospitalization for non-fatal injury per 100,000 children, ages 0 through 9 <ul style="list-style-type: none"> ○ ESM 7.1.1: Number of School Health Friday Beat newsletters per fiscal year with at least one injury prevention resource provided ○ ESM 7.1.2: Number of individuals trained on injury prevention through the Medical Child Abuse Resources and Education System (MEDCARES) grant ○ ESM 7.1.3: Percent of child deaths reviewed by Child Fatality Review Teams (CFRT) ○ ESM 7.1.4: Number of stakeholders receiving trainings or technical assistance about preventable child injuries or death ● NPM 7.2: Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19 <ul style="list-style-type: none"> ○ ESM 7.2.1: Number of Texas Health Steps Online Provider Education (THSteps) users completing injury prevention modules. ○ ESM 7.2.2: Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19 ○ ESM 7.2.3: Percent of youth reporting "sometimes" or "often" to the presence of a caring adult in their lives ○ ESM 7.2.4: Percent of child deaths reviewed by Child Fatality Review Teams (CFRT) 	<p>Child Health, Adolescent Health</p>
<p>Improve transition planning and support services for children, adolescents, and young adults, including those with special health care needs.</p>	<p>Children with Special Health Care Needs</p>

Priority Needs and Associated Measures	Reporting Domain(s)
<p>NPMs</p> <ul style="list-style-type: none"> ● 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 <ul style="list-style-type: none"> ○ ESM 12.1: Percent of families of transition age youth with special health care needs receiving professional help with their child's transition to adulthood ○ ESM 12.2: Decrease percent of families of transition-age youth who have not prepared for medical transition to adulthood 	
<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"> ● NPM 11: Percent of children with and without special health care needs, ages 0 through 17, who have a medical home <ul style="list-style-type: none"> ○ ESM 11.1: Percent of families receiving professional care coordination for their child ○ ESM 11.2: Increase percent of families who have a plan for an emergency and/or disaster 	<p>Children with Special Health Care Needs</p>
<p>Improve maternal and infant health outcomes through enhanced health and safety efforts.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● 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 <ul style="list-style-type: none"> ○ ESM 5.1: Number of health professionals who received Texas HHS CE credits on SUID prevention or safe sleep practices in the past year <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 	<p>Women/Maternal Health, Perinatal/Infant Health</p>

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 the lifecourse. Texas focuses on enhancing family partnerships, addressing community-level drivers, and reducing health disparities in all population domains. State priorities to support this vision reflect the specific needs identified through a comprehensive five-year needs assessment (NA). In 2019, as part of the Block Grant cycle, the Texas Department of State Health Services (DSHS) completed this NA, which informed the State Priority Needs (SPNs), National Performance Measures (NPMs), and State Performance Measures (SPMs).

The Texas Title V Maternal and Child Health (MCH) NA consisted of a four-pronged approach for data collection and analysis and included surveys, key informant interviews, focus groups, and analysis of existing data and surveillance data. 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. The SPNs that were identified through analysis of the NA findings and through partner feedback are:

1. Implement health equity strategies across all maternal and child health populations.
2. Improve nutrition across the life course.
3. Improve the cognitive, behavioral, physical, and mental health and development of all MCH populations.
4. Increase family support and ensure integration of family engagement across all MCH programming.
5. Support health education and resources for families and providers.
6. Promote safe, stable, nurturing environments to reduce violence and the risk of injury.
7. Improve transition planning and support services for children, adolescents, and young adults, including those with special health care needs.
8. Support comprehensive, family-centered, coordinated care within a medical home model for all MCH populations.
9. Improve maternal and infant health outcomes through enhanced health and safety efforts.

Based on the NA findings, Texas selected the following NPMs and developed the following SPMs for the FY21-FY25 Title V MCH Block Grant cycle:

Through NPMs, Texas is focusing 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 have evolved and will continue to see enhancements throughout the coming years due to ongoing evaluation and NA. Family Partnerships, Community-Level Drivers, 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 MCH populations in Texas.

Texas MCH provides education, awareness, support, and resources to improve the health of women, infants, children, adolescents, and CYSHCN throughout Texas. 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.

Maternal and Women's Health

There continues to be a focus on severe maternal morbidity and maternal mortality. DSHS has made progress in building 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, such as the Maternal Mortality and Morbidity Review Committee (MMMRC) and Healthy Texas Mothers and Babies (HTMB). The MMMRC is a 17-member group that is legislatively mandated to study maternal mortality and morbidity in Texas. Through HTMB, Texas aims to improve maternal and infant health by advancing quality and evidence-based prevention for all Texas mothers and babies. HTMB engages community partners to strengthen networks for collaboration, innovation, and collective impact through local community coalitions and workgroups. The HTMB Perinatal Quality Improvement Network drives system changes to support adoption and diffusion of quality improvements for maternal and infant health and safety. This is accomplished through the MMMRC, the Texas Collaborative for Healthy Mothers and Babies (TCHMB), and the Texas Ten Step Star Achiever Initiative 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 leading causes of Texas maternal mortality, including severe hypertension in pregnancy, opioid and other substance use disorders. DSHS uses the MMMRC's findings and recommendations to prioritize maternal health and safety activities in preconception, prenatal, postpartum, and interpregnancy periods. The majority of Texas' hospitals with obstetric lines of service are enrolled in TexasAIM. These hospitals represent approximately 91% of all the birthing hospitals in Texas. To increase family and medical professional awareness about serious pregnancy-related complications and urgent maternal warning signs, DSHS is implementing the Hear Her Texas public outreach campaign. DSHS continues outreach efforts through collaboration with partners 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 to and increase support for breastfeeding. DSHS implements a robust slate of activities to leverage and build upon previous successes and to address known barriers to breastfeeding. 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.

Texas NA data shows disparities in sleep-related infant deaths. DSHS drafted a strategic communication plan informed by the American Academy of Pediatrics, the national Safe to Sleep campaign, and the National Action Partnership to Promote Safe Sleep.

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, as 63% of parents report that they did not complete a developmental screening with their doctor for their child. MCH will lead 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 multidisciplinary review on the local level.

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

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

Adolescent Health

By utilizing Positive Youth Development (PYD) as a foundation for activities, DSHS will continue to focus on injury prevention. DSHS sponsors a Youth Engagement Specialist to support youth interested in becoming leaders within their community, region or state 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 works to promote 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 systems of care for CSHCN, including clients receiving health care benefits through the State's CSHCN Health Care Benefits Program. The SDG focuses on meeting federal expectations regarding overarching health care systems components for CSHCN, 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 the family voice is included in the development and implementation of CSHCN programming.

Texas works to increase knowledge and awareness of Medical Home through development of community and stakeholder resources and dissemination of educational materials. The Children with Medical Complexity Collaborative Improvement and Innovation Network (CoIIN) is a multistate collaborative focused on the population of CSHCN with the greatest medical needs. DSHS formed a state team to engage in quality improvement focused on a cohort of children with medical complexity in Texas.

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

To promulgate progress and improve outcomes related to these initiatives, Texas strives to maintain the 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 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 evaluation allows for programming flexibility and emerging issue responsiveness. Title V works to identify MCH priorities, support families, and adapt programming and operations as needed. Title V values stakeholder and community engagement, strives to strengthen MCH programming partnerships throughout Texas, and improve MCH health outcomes. Title V is 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. Title V also staffs over 90 Public Health Region personnel throughout Texas to identify local community needs and develop improvement solutions. Finally, Title V performs continual and comprehensive financial and programmatic reviews so Title V MCH Block Grant funds use is methodical and reflects Texas needs.

MCH Success Story

State governance structure can have major public health system impacts. In 2019, the Maternal & Child Health Section reorganized some Title V-funded positions and created the Child & Adolescent Health Branch (CAHB). CAHB merged child, adolescent, and children and youth with special health care needs Title V domains into a single department. Although these domains have many overlapping priorities and initiatives there were recurring challenges in aligning and synergizing programming without systematic collaboration. CAHB was designed to dismantle 3 long-standing siloed groups and replace them with a unified governance structure.

To further align efforts in 2022, CAHB created a guiding framework based on the Spectrum of Prevention (a broad framework that includes strategies designed to address complex, significant public health problems) with a shared vision, guiding principles, and best-practice strategies. The framework gives the team a cohesive foundation to plan, execute, and enhance innovative initiatives. The framework complements the Texas Department of State Health Services' mission allowing the team to better contribute to broader agency efforts.

In response to statewide needs assessment data indicating a priority need for increased family engagement, CAHB identified a family-centered approach as essential for effective branch programming. As a result, CAHB created a Family Engagement Specialist position. This role facilitates meaningful contribution and participation opportunities for families with lived experience in program design and implementation. The position enhances the branch's ability to meet Texas families' needs inclusively, responsively, and effectively across the life course.

CAHB's process improvements and creative staffing additions led to a stronger organizational infrastructure, improved work quality, and increased productivity. In 2020, CAHB implemented its first cross-domain initiative (the MCH Nutrition Toolkit). The branch's 3 subject matter areas now partner on 5 significant initiatives that promote a continuum of care across the life course. What started as disconnected, siloed operations transformed into a high-performing, united team. Today, the branch's synergistic vision improves Texas child and family outcomes.

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 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.