



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

UTAH

State Snapshot

FY2025 Application / FY2023 Annual Report

November 2024

Title V Federal-State Partnership - Utah

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

MCH Director	CSHCN Director
Laurie Baksh Title V/Office of Maternal and Child Health Director lbaksh@utah.gov (385) 222-6915	Amy Nance Title V/Office of Children with Special Health Care Needs Director aenance@utah.gov (385) 377-2801

SSDI Project Director	State Family Leader
Michael Sanderson Manager, Data Resources Program msanderson@utah.gov (801) 618-9666	Joey Hannah Utah Parent Center Executive Director joey@utahparentcenter.org (801) 272-1051

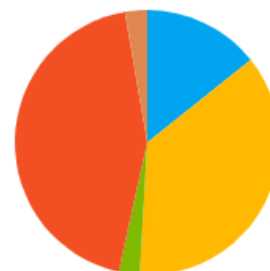
State Youth Leader
No Contact Information Provided

State Hotline: (800) 826-9662

Funding by Source

Source	FY 2023 Expenditures
Federal Allocation	\$6,304,922
State MCH Funds	\$16,181,160
Local MCH Funds	\$1,132,734
Other Funds	\$19,387,842
Program Income	\$1,174,699

FY 2023 Expenditures



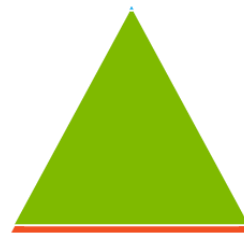
Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$1,853,238	\$495,274
Enabling Services	\$3,140,250	\$35,223,829
Public Health Services and Systems	\$1,311,434	\$1,024,598

FY 2023 Expenditures
Federal



FY 2023 Expenditures
Non-Federal



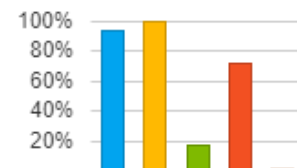
Percentage Served by Title V

Population Served	Percentage Served	FY 2023 Expenditures
Pregnant Women	93.4%	\$3,830,366
Infants < 1 Year	100.0%	\$3,486,691
Children 1 through 21 Years	16.8%	\$16,144,794
CSHCN (Subset of all infants and children)	72.5%	\$18,935,820
Others *	0.9%	\$351,871

FY 2023 Expenditures
Total: \$42,749,542



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>Perinatal mood and anxiety disorders</p> <p>SPMs</p> <ul style="list-style-type: none"> SPM 1: Percent of mothers that report a doctor, nurse or other health care worker asked if they were feeling down or depressed during prenatal and postpartum care 	Women/Maternal Health
<p>Women's access to care</p> <p>NPMs</p> <ul style="list-style-type: none"> Percent of women, ages 18 through 44, with a preventive medical visit in the past year (Well-Woman Visit, Formerly NPM 1) - WWV <ul style="list-style-type: none"> ESM WWV.1: The number of home visiting clients that receive education on the well-woman visit from Salt Lake County Home Visiting Program staff. ESM WWV.2: Number of community partners and organizations engaged in coalition to create a well-woman visit strategic plan for the state of Utah. ESM WWV.3: Add additional question(s) on the Utah Behavioral Risk Factor Surveillance Survey (BRFSS) to learn more on the facilitators and barriers to women receiving routine preventive care. ESM WWV.4: Develop and offer an educational module to community health care workers as an online supplemental course ESM WWV.5: Develop and publish reports on findings from BRFSS data on Utahn's folic acid uptake and attitudes on the well-women visit. 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 	Women/Maternal Health
<p>Breastfeeding/poor infant nutrition</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: The proportion of live births that occur in facilities that have met all requirements set by the Stepping up for Utah Babies program to become a "Breastfeeding Friendly Facility." 	Perinatal/Infant Health

Priority Needs and Associated Measures	Reporting Domain(s)
<ul style="list-style-type: none"> ○ ESM BF.2: The percentage of eligible pregnant and postpartum WIC participants who received at least one contact from a WIC Breastfeeding Peer Counselor. ○ ESM BF.3: The number of worksites that have federal lactation accommodations and breastfeeding strategies. ○ ESM BF.4: Survey women who utilize lactation policies and/or lactation rooms at the workplace to share their thoughts about lactation accommodations to determine barriers, supports, and breastfeeding acceptance ○ ESM BF.5: The percentage of eligible pregnant and postpartum WIC participants who received at least three contacts from a WIC Breastfeeding Peer Counselor. 	
<p>Developmental delays</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 annual ASQ trainings offered by the Early Childhood Utah program ○ ESM DS.2: The number of ASQ screens, for 0-3 year olds, contributed to the DHHS ASQ Online Enterprise Account by participating partners and enrolled programs. ○ ESM DS.3: Number of pediatric, early health, early care, and early education providers that participate in the state's ASQ new provider training process annually ○ ESM DS.4: The number of ASQ Online screenings completed through the statewide coordinated ASQ screening system annually. ○ ESM DS.5: The number of new programs enrolled in the DHHS ASQ Online Enterprise Account annually 	Child Health
<p>Adolescent mental health</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 are bullied or who bully others (Bullying, Formerly NPM 9) - BLY <ul style="list-style-type: none"> ○ ESM BLY.1: Number of parents with youth between 10-18 years of age that complete the communications course (Teen Speak). ○ ESM BLY.2: The number of adolescents who receive bystander training (Upstanding) ○ ESM BLY.3: Percent of adolescents who are physically active at least 60 minutes per day. ○ ESM BLY.4: The number of youth participating in the Wyman Teen Outreach Program (TOP) ○ ESM BLY.5: Strengthen Household Economic Security through an uptick in Utah filings for the Earned Income Tax Credit ○ ESM BLY.6: Number of Utahns who have been trained in Question, Persuade, Refer (QPR) 	Adolescent Health

Priority Needs and Associated Measures	Reporting Domain(s)
<ul style="list-style-type: none"> ○ ESM BLY.7: The number of parents who participate in the Families Talking Together intervention 	
<p>Economic stability</p> <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 3: Percent of eligible students enrolled in the free or reduced price lunch program 	Adolescent Health
<p>Family and provider connectedness, Medical Home, and Care coordination</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 of CSHCN who report a change in knowledge on the importance of the medical home. ○ ESM MH.2: Percent of children with special health care needs population served by the Office of CSHCN who have documented care coordination follow up as part of a medical home model of care. ○ ESM MH.3: Percentage of families who receive services from a practice participating in the Utah Children's Care Coordination Network (UCCCN) who report satisfaction with the components of the medical home. ○ ESM MH.4: Increase UCCCN membership, inclusive of rural, frontier, and tribal communities through active, open, and targeted recruitment. 	Child Health, Children with Special Health Care Needs
<p>Transition to adulthood</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: Percentage of children with special health care needs who report the transition plans assisted them (report a change in knowledge, skills or behavior) in transitioning to adulthood. ○ ESM TR.2: Percent of adolescents and youth with special health care needs ages 12-18 who receive a transition plan. ○ ESM TR.3: Percent of providers trained in transition who created a transition policy for the adolescents and youth in their practice. 	Children with Special Health Care Needs
<p>Oral health</p> <p>NPMs</p>	Child Health

Priority Needs and Associated Measures	Reporting Domain(s)
<ul style="list-style-type: none"> ● Percent of children, ages 1 through 17, who had a preventive dental visit in the past year (Preventive Dental Visit - Child, Formerly NPM 13.2) - PDV-Child <ul style="list-style-type: none"> ○ ESM PDV-Child.1: Collaborate with Medicaid. Percent of Medicaid children who had a preventive dental visit 	

Executive Summary

Program Overview

Utah's Title V Program

Utah's Title V Maternal & Child Health Block Grant is administered by the Utah Department of Health and Human Services, Division of Family Health, Offices of Maternal and Child Health (MCH), and Children with Special Health Care Needs (CSHCN). Utah's MCH/CSHCN programs collaborate with other statewide agencies, local health departments (LHD), community partners, and stakeholders to identify and implement strategies to move the needle for women, infants, children, adolescents, and children with special health care needs. The 2021-2025 Title V priorities were selected based on the findings from the 2020 comprehensive statewide needs assessment process. National and State Performance Measures (NPM/SPM) and Evidence Based Strategy Measures (ESM) serve as long-term goals for each priority area.

2021-2025 MCH/CSHCN needs assessment and priorities

The 2020 Utah MCH/CSHCN needs assessment used a community-engagement approach to gather information from stakeholders. Components of the comprehensive needs assessment included data collection via surveys, key informant interviews, tribal consultation, and focus groups. Regional and statewide stakeholder meetings were held both in person and virtually, with activities culminating in an MCH/CSHCN Stakeholder Summit. Over 3,000 people participated in the assessment process including stakeholders and partners who are parents, caregivers, health service professionals, community organizations, public health professionals, and mental health professionals. Data gathered from this process was used to select state health priorities to achieve the best health outcomes for mothers, children, and families in Utah.

The input provided by stakeholders and members of the MCH/CSHCN populations provided many different perspectives on community health issues and needs. This input played a critical role in determining state priorities and performance measures. The Needs Assessment Summit resulted in the selection of state MCH/CSHCN priorities as the focus for Title V activities; seven National Performance Measures (NPM), and two State Performance Measures (SPM).



Title V Block Grant implementation

Each NPM and SPM developed through the 2020 needs assessment process are assigned to a “core writer” who oversees the implementation/coordination of the evidence-based strategies identified for each measure. The core writer identifies partners who can collaborate on activities, tracks progress, writes the annual report of achievements, and plans for the future year of work. The ESMs are based on best practices and emerging evidence. Title V funds are leveraged with other federal grants and state funding.

Priorities and progress

Maternal and women

Routine preventive care is key to health across the lifespan. A yearly preventive checkup is a time for a person to develop a trusting relationship with their health care provider. The preventive visit is an opportunity for health care providers to screen for early detection and treatment of disease and illness and counsel people on their specific health care needs. MCH Staff provide health education on the importance of the well-woman preventive visit at health fairs and through social media outlets. The Office of MCH formed a Well-Woman Coalition to bring together community partners and produced a Well-Woman strategic plan for Utah. Data collected through the Behavioral Risk Factor Surveillance System survey from 2022-2023 will be analyzed to better understand the barriers women experience in accessing routine preventive care.

Postpartum depression is the most common complication of pregnancy. When a mother's mental health complications go undiagnosed, there can be serious implications for her and her family. The Maternal and Infant Health Program (MIHP) has worked on providing training for health care providers, home visitors, and community health workers on perinatal mental health awareness, screening, and referral resources. Education to raise awareness among pregnant and postpartum women is provided through in-person events and social media platforms. The MIHP developed a website that lists providers with training in perinatal mental health to assist citizens in finding support. A provider toolkit was developed to assist health care providers in the identification and treatment of perinatal mood disorders. This toolkit offers providers resources and tools to include mental health screening in their interactions with new parents.

Perinatal and infant

The ability to begin and continue breastfeeding can be influenced by a host of factors. Parents who receive help and support when they need it are more likely to reach their breastfeeding goals. Utah supports hospitals in implementing breastfeeding friendly practices through the “Stepping Up for Utah Babies” program. The Utah WIC program supports a breastfeeding peer-counseling program for its participants. Staff in the Healthy Environments Active Living (HEAL) program in the Office of Health Promotion and Prevention work with employers to establish worksite lactation accommodations and adopt policies that comply with federal and state lactation laws.

Child

Developmental screening is a critical element of well-child care and an important opportunity to engage families in the process of developmental health. The screening process is used to determine if development skills are progressing as expected or if there is a delay in development and further evaluation is necessary. Staff in the Office of Early Childhood work with medical providers to provide education, ongoing training, and access to data systems on developmental screening to increase the number of children who receive a developmental screen.

The Utah Oral Health Program promotes oral health education and prevention, increases community awareness of the oral health needs in the state, and improves access to oral health care services. The Oral Health Program works to improve rates of preventive dental visits among children and youth in Utah.

Adolescent

Bullying is the unwanted, aggressive behavior among school-aged children that involves a real or perceived power imbalance. Staff in the Violence and Injury Prevention Program (VIP) collaborate to address the risk factors for bullying. These include family connectedness, evidence-based programs for mental health promotion/suicide prevention, and economic stability. They work to offer parent education through a parent-youth communications program, provide bystander training to youth, positive youth development programs, and to encourage physical activity, which benefits adolescent mental health.

Students who participate in school meal programs consume more milk, fruits, and vegetables during meal times and have a better intake of certain nutrients, such as calcium and fiber, than nonparticipants. Eating breakfast at school is also associated with better attendance rates, fewer missed school days, and better test scores. School lunch is a proxy for economic stability. HEAL program staff work to support education agencies with advancing the quality of school meals by participating in programs such as Farm to Fork, and educating families on how to receive free or reduced-price breakfast/lunch in schools.

Children with Special Health Care Needs

The medical home model promotes high-quality primary care that promotes coordination and partnership between the family, the patient, health care, and other service providers. Providers who understand and advocate for the medical home concept represent a well-functioning and coordinated system of care for CSHCN. CSHCN staff work to educate providers on the importance of providing care coordination as a component of the medical home and provide direct care coordination support to provider offices, their patients, and any CSHCN family who contacts us when needed.

Utah's goal related to youth to adulthood transition (12-18 years old) growing from adolescence to young adulthood is to support parents and guardians and empower adolescents during this period in life. Educate them on the responsibilities of becoming an adult. Having a transition plan is critical in ensuring a seamless transition to adult service providers and daily living responsibilities. The Office of CSHCN funds [Transition University](#), which reinforces these areas, in partnership with the Utah Parent Center.

Utah CSHCN employees and stakeholders work on these educational activities to support our adolescents in the following ways: becoming independent and developing one's self-identity; communicating in difficult relationships; determining if higher education (college or trade schools) is a personal goal; developing a safety net for the future (trusts, wills, banking accounts); housing and rent; and identifying the questions to ask and skills needed to transition to adult health care providers and physicians.

In Utah, we have formed a collaborative effort with several major stakeholders to address these activities and share information in a uniform and/or universal manner to facilitate learning and ease the system navigation process for the public we serve.

Assuring comprehensive, coordinated, family centered services

Utah places a high value on family-centered partnerships, family feedback, and collaboration. The Office of CSHCN partners with Utah Parent Center which runs Utah Family Voices to support statewide family-centered care for all children and youth with special health care needs and/or disabilities.

The Office of CSHCN works with the Utah Parent Center to utilize and enlist parents to provide guidance and support in matters concerning CSHCN. This partnership highlights the valuable role parents and youth with special health care needs play in shaping and enhancing services for children and youth with special needs.

Utah's Title V Maternal & Child Health Block Grant staff are committed to ongoing evaluation of data and population needs. We are committed to implementing evidence-based programs and practices for our vulnerable populations to improve outcomes for MCH/CSHCN families.

How Federal Title V Funds Complement State-Supported MCH Efforts

Title V funds support many MCH/CSHCN efforts across the state. One of the challenges is distributing limited state and federal dollars among populations with the greatest need. Needs assessments, surveys, data collection, and reports are used to identify Title V population needs. The budget outlines where Block Grant dollars are distributed. Utah conducted a comprehensive five-year needs assessment in 2020. MCH/CSHCN used this information to select NPMs, SPMs, and ESMs for the 2021-2025 needs assessment cycle. For this annual report, one SPM was discontinued. The MCH/CSHCN Offices continue to evaluate the effectiveness of funded programs and work with the Division Finance Office to redirect budgets accordingly. Block Grant funds are distributed as follows:

Office of Maternal and Child Health:

- Maternal and Infant Health Program
 - Perinatal Mortality Review
 - Preconception Health
 - MotherToBaby Utah
 - Breastfeeding Friendly Hospital Initiative
- Data Resources Program
- Utah Women and Newborns Quality Collaborative
- Office Administration

Office of Children with Special Health Care Needs:

- Autism System Development Program
- Early Hearing, Detection and Intervention Program
- Integrated Services Program
- Utah Birth Defect Network
- Utah Parent Center (Contracted)
- Office Administration

Office of Early Childhood:

- Early Childhood Utah
- Child Health Advanced Records Management Program (CHARM)
- Office Administration

Office of Health Promotion and Prevention:

- Violence and Injury Prevention Program
- Healthy Environments Active Living Program
- Baby Your Baby

Office of Primary Care and Rural Health:

- Oral Health Program


Utah's 13 Local Health Departments

MCH Success Story

The Utah Women and Newborns Quality Collaborative (UWNQC) is funded through a combination of Title V dollars, grant funding from the Centers for Disease Control and Prevention and the AIM HRSA grant. The UWNQC Maternal Committee conducted a needs assessment among Utah providers and patients that highlighted the need to more easily find resources, especially for undocumented individuals. This led to the development of the Maternal Resource Guide in 2023. The [Maternal Resource Guide](#) is an online tool that features resources for mothers, parents, and caregivers. All featured resources are either free or low cost to the public. All resources also have Spanish language capabilities and do not require citizenship documentation in order to receive services or resources. Categories in the Maternal Resource Guide include childcare and parenting resources; employment and financial assistance; health care; mental health and substance use; midwife and doula services; legal assistance and integration support; transportation; food, formula, and diapers; intimate partner violence; and housing. The Maternal Resource Guide was initially created to support Hispanic/Latino Utahns, but includes resources available to all Utahns, with both Spanish and English versions.











Google Analytics shows the main page was viewed more than 7,200 times in English and 7,300 times in Spanish between August 2023 and March 2024. Childcare and parenting resources; mental health and substance use; housing; and food, formula, and diapers are the most viewed categories. Flyers are available online for download in English and Spanish and are being distributed to statewide community spaces. Staff from the DHHS Office of Maternal and Child Health conduct trainings with community health centers, community health workers, and other community partners on the tool. Recent data from maternal focus groups shows that moms learn of resources mostly through word of mouth and social media. These findings support sharing this new resource guide widely in meetings, trainings, and other spaces with people who interact with pregnant/parenting people.

Maternal resource guide
Guía de recursos para madres



Connect to the help you need

An online guide to services that support women who are pregnant, postpartum, and parenting. This features over 900 free or low cost resources across Utah including:


Housing		Food, formula & diapers	
Healthcare		Transportation	
Mental health & substance use		Legal assistance & integration support	
Intimate partner violence		Employment & financial assistance	
Midwife & doula services		Childcare & parenting resources	

To get started, scan a QR code...


About this guide

Developed by Utah Women and Newborns Quality Collaborative
This guide was created to increase access to resources in Utah.
mhp.utah.gov/uwnqc

English:



Español:



or visit <https://mhp.utah.gov/maternal-resource-guide-utah>

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

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.