



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

UTAH

State Snapshot

FY2026 Application / FY2024 Annual Report

December 2025

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 FY2026 Application / FY2024 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.fvisdata.hrsa.gov>)

State Contacts

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SSDI Project Director	State Family Leader
Michael Sanderson SSDI Project Director msanderson@utah.gov (801) 618-9666	Joey Hannah Utah Parent Center Executive Director

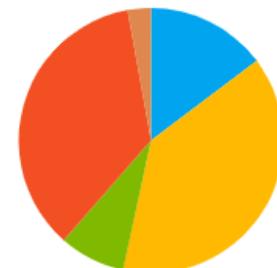
State Youth Leader
No Contact Information Provided

State Hotline: (800) 826-9662

Funding by Source

Source	FY 2024 Expenditures
Federal Allocation	\$6,242,404
State MCH Funds	\$16,396,772
Local MCH Funds	\$3,415,107
Other Funds	\$15,156,444
Program Income	\$1,197,407

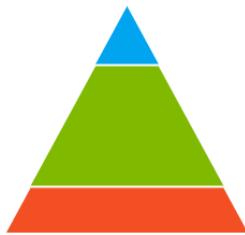
FY 2024 Expenditures



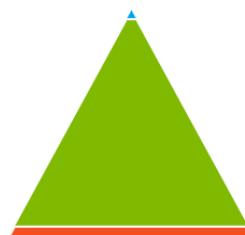
Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$1,621,915	\$1,144,275
Enabling Services	\$3,361,372	\$30,290,731
Public Health Services and Systems	\$1,259,117	\$1,315,617

FY 2024 Expenditures
Federal



FY 2024 Expenditures
Non-Federal



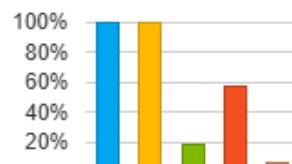
Percentage Served by Title V

Population Served	Percentage Served	FY 2024 Expenditures
Pregnant Women	100.0%	\$4,416,699
Infants < 1 Year	100.0%	\$3,873,129
Children 1 through 21 Years	18.0%	\$10,873,542
CSHCN (Subset of all infants and children)	56.7%	\$18,850,866
Others *	6.6%	\$752,047

FY 2024 Expenditures
Total: \$38,766,283



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>New mothers receive needed healthcare, mental healthcare, and other needed supports to thrive during and after the postpartum period.</p> <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 ○ ESM PPV.1: Develop and publish a strategic plan based on findings from a postpartum visit coalition ● Percent of women who were screened for depression or anxiety following a recent live birth - MHS ○ ESM MHS.1: Develop and implement a community-based data collection project to assess perinatal mental health opinions, experiences, and knowledge. 	New	Women/Maternal Health
<p>Infants and families have the institutional and community support they need to reduce the risk of infant injury and mortality during the first year after birth.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● 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 ○ ESM SS.1: The number of safe sleep tailored materials developed and tested by a safe sleep coalition, that are ready for use by providers. 	New	Perinatal/Infant Health
<p>All children and families thrive, have access to, and use developmentally appropriate services and consistent and family-centered healthcare.</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 ○ ESM DS.1: Number of screenings entered into the statewide coordinated developmental screening systems annually. 	Revised	Child Health

Priority Needs and Associated Measures	Priority Need Type	Reporting Domain(s)
<ul style="list-style-type: none"> <input type="radio"/> ESM DS.2: Percent of developmental screenings for children under 3 with suspected delays who are referred to Baby Watch Part C Early Intervention services for assessment. <input type="radio"/> 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 <input type="radio"/> ESM DS.4: The number of ASQ Online screenings completed through the statewide coordinated ASQ screening system annually. <input type="radio"/> ESM DS.5: The number of new programs enrolled in the DHHS ASQ Online Enterprise Account annually ● 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"> <input type="radio"/> ESM MH.1: Number of early childhood and healthcare professionals who attend a care coordination training. <input type="radio"/> ESM MH.2: Percent of members of Utah Children's Care Coordination Network (UCCCN) who report an increase in knowledge and skills contributing to a comprehensive medical home for CSHCN and their families. <input type="radio"/> ESM MH.3: 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. <input type="radio"/> ESM MH.4: Increase UCCCN membership to include rural, frontier, and tribal communities through active, open, and targeted recruitment. 		
<p>Adolescents have healthy adult role models both inside and outside of their homes they can trust and talk to as they prepare for adulthood.</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"> <input type="radio"/> ESM ADM.1: Percent of local health departments who complete an adult mentor action plan. 	Revised	Adolescent Health
<p>All children and youth with special health care needs have access to a well-coordinated medical home and a community support structure that prepares them for a smooth transition to adult living.</p>	Revised	Children with Special Health Care Needs

Priority Needs and Associated Measures	Priority Need Type	Reporting Domain(s)
<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: Number of early childhood and healthcare professionals who attend a care coordination training. ESM MH.2: Percent of members of Utah Children's Care Coordination Network (UCCCN) who report an increase in knowledge and skills contributing to a comprehensive medical home for CSHCN and their families. ESM MH.3: 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.4: Increase UCCCN membership to include rural, frontier, and tribal communities through active, open, and targeted recruitment. 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: The number of participants (youth with special health care needs and their caregivers) trained on youth transition through Transition University administered by the Utah Parent Center. ESM TAHC.2: Percent of adolescents and youth with special health care needs ages 12-18 who receive a transition plan. ESM TAHC.3: Percent of providers trained in transition who created a transition policy for the adolescents and youth in their practice. 		
<p>Families have healthy environments and access to basic needs through strengthened Title V capacity in addressing non-medical factors affecting the health of Utah families.</p> <p>SPMs</p> <ul style="list-style-type: none"> SPM 1: Building capacity to address non-medical factors influencing health in Utah. 	Revised	Cross-Cutting/Systems Building
<p>All children have access to needed preventive oral healthcare.</p> <p>NPMs</p> <ul style="list-style-type: none"> Percent of children, ages 1 through 17, who had a preventive dental visit in the past year - PDV-Child 	New	Child Health

Priority Needs and Associated Measures	Priority Need Type	Reporting Domain(s)
<ul style="list-style-type: none">○ ESM PDV-Child.1: Percent of state funded home visiting staff trained on preventive oral health strategies and dental referrals through the DHHS Oral Health Program's "12 Oral Health Messages" training.○ ESM PDV-Child.2: 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 (DHHS) Division of Family Health Offices of Maternal and Child Health (MCH), and Children with Special Health Care Needs (CSHCN). The vision of DHHS is that "All Utahns have opportunities to live safe and healthy lives."

Utah's MCH/CSHCN programs collaborate with other statewide agencies, local health departments (LHD), community partners, and stakeholders to identify and implement strategies to improve the health of women, infants, children, adolescents, and children with special health care needs. The 2026-2030 Title V priorities were selected based on the findings from the 2024-2025 comprehensive statewide needs assessment process. National and state performance measures and evidence based strategy measures (ESM) serve as long-term goals for each priority area.

2026-2030 MCH/CSHCN needs assessment and priorities

The 2025 Utah MCH/CSHCN needs assessment used a community-engagement approach to gather information from stakeholders. Components of the needs assessment included compilation of a comprehensive MCH/CSHCN data book, data collection via three surveys (community, professional, and CSHCN parent), key informant interviews, and focus groups. Two MCH/CSHCN stakeholder summits were held both in person and virtually to gather input on recommended state priorities. More than 4,000 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 MCH/CSHCN stakeholder summits resulted in the selection of state MCH/CSHCN priorities as the focus for Title V activities that will be addressed through nine national performance measures (NPM) and one state performance measure (SPM).

Title V Block Grant implementation

Each NPM and SPM developed through the 2025 needs assessment process is 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.

Figure 1. Utah state and national performance measures

MCH Performance Measures, 2026-2030

New mothers receive needed healthcare, mental healthcare, and other needed supports to thrive during and after the postpartum period.		Women/Mothers
Perinatal mental health screening <small>Percent of women screened for depression or anxiety following a recent live birth</small>		
Postpartum visit <small>AI: Percent of women who attended a postpartum checkup within 12 weeks after giving birth; BI: Percent of women who attended a postpartum checkup and received recommended care components</small>		Women/Mothers
Infants and families have the institutional and community support they need to reduce the risk of infant injury and mortality during the first year after birth.		Infants
Safe sleep <small>AI: Percent of infants placed to sleep on their backs; BI: Percent of infants placed to sleep on a separate approved sleep surface; CI: Percent of infants placed to sleep without soft objects or loose bedding; DI: Percent of infants room-sharing with an adult</small>		Infants
All children and families thrive, have access to, and use developmentally appropriate services, consistent and family-centered healthcare, and good oral health habits.		Children
Medical home <small>Percent of children with and without special health care needs, ages 0 through 17, who have a medical home</small>		Children
Developmental screening <small>Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year</small>		Children
Preventive dental visit <small>Percent of children, ages 1 through 17, who had a preventive dental visit in the past year</small>		Children
Adolescents have healthy adult role models inside and outside their homes they can trust and talk to as they prepare for adulthood.		Adolescents
Adult mentor <small>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.</small>		Adolescents
All children and youth with special health care needs have access to a well-coordinated medical home and a community support structure that prepares them for a smooth transition to adult living.		CSHCN
Medical home <small>Percent of children with and without special health care needs, ages 0 through 17, who have a medical home</small>		CSHCN
Transition <small>Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transition to adult healthcare</small>		CSHCN
Cross-cutting: State performance measure of factors affecting health and well-being, resilient families, and basic needs. <small>Families have healthy environments and access to basic needs to ensure optimal health across the lifespan.</small>		CSHCN

Priorities and progress

Maternal and women

The postpartum period is an important time for maternal health and well-being and is often referred to as the 'fourth trimester.' The first 12 weeks after giving birth are especially critical for women, as untreated chronic conditions and pregnancy-related complications increase the risk for adverse health outcomes including death. In Utah, most pregnancy-associated deaths (60.9%) and half of pregnancy-related deaths occur between six weeks and one year from when the pregnancy ended. The American College of Obstetricians and Gynecologists recommends women have a comprehensive postpartum visit no later than 12 weeks after delivery. A postpartum check-up within 12 weeks after giving birth gives providers an opportunity to work with new mothers and address unmanaged chronic conditions, screen for mental health conditions, discuss contraception, and provide resources and further follow-up care. Utah has relatively high rates of post-partum check-ups, but more work is needed to improve this measure.

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. Data from the 2020–2021 Pregnancy Risk Assessment Monitoring System (PRAMS) shows 49% of Utah women reported symptoms of anxiety or depression before, during, or after pregnancy. Only 55% of Utah's perinatal population who have anxiety or depression symptoms asked for help from a healthcare worker. The Maternal and Infant Health Program will continue to work to engage communities to reduce stigma and increase awareness around perinatal mental health.

Perinatal and infant

Sleep-related sudden unexpected infant death (SUID) is the leading cause of post-neonatal mortality in the U.S. There is a higher risk of sudden infant death syndrome when infants are placed to sleep on side (lateral) or stomach (prone) sleep positions. The

American Academy of Pediatrics (AAP) recommends the back (supine) sleep position. The AAP also recommends parents create a safe sleep environment by using a firm non-inclined sleep surface (crib or bassinet), room-sharing without bed-sharing, and avoiding soft bedding and overheating. Among PRAMS respondents, 86% report putting their infants to sleep on their backs, lower than the Healthy People 2030 goal of 89%. The rate of infants placed to sleep without soft objects or loose bedding is lower than that of the U.S. (46% vs 56%). The "Building on Campaigns with Conversations" modules were created by the National Center for Education in Maternal and Child Health with extensive input from more than 70 national organizations. Evidence demonstrates that improved training for care providers, such as pediatricians, can enable providers to have meaningful conversations with families and meet them where they are, provide education, and address potential barriers families face when making decisions on safe sleep practices.

Child

Early implementation of developmental screenings help ensure children receive the help they need to lead healthy lives and enter school ready to learn. 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. The statewide coordinated developmental screening system in Utah helps children receive developmental screening through a robust early childhood workforce and be referred for needed support. Staff in the Office of Early Childhood will continue to work to expand developmental screenings through education, ongoing training, and access to data systems on developmental screenings. The Office will also work to ensure that children identified at risk for developmental delays following an ASQ screening are linked with Baby Watch Part C early intervention by providing training to the program's screening staff through the DHHS ASQ Online account about the importance of referrals.

Oral diseases, including cavities, are among the most preventable health conditions facing children in the U.S. Early detection of oral diseases and management can improve a child's general health and school readiness. Data from the National Survey of Children's Health shows that young children ages 1-5 are the least likely to receive dental care at 59.6% as compared to older children (86.8%) and teenagers (84.8%). The Utah Oral Health Program will work to promote oral health education and prevention, increase community awareness of the oral health needs in the state, and strive to improve access to oral healthcare services.

The American Academy of Pediatrics states that "A medical home is an approach to providing comprehensive primary care that facilitates partnerships between patients, clinicians, medical staff, and families. A medical home extends beyond the four walls of a clinical practice. It includes specialty care, educational services, family support and more." Title V staff will continue to work to improve the percentage of children, adolescents and children with special health care needs with a medical home. Staff will work to better understand perceived benefits and barriers related to medical home to inform future initiatives tailored to community needs in FFY2026. Educating early childhood and healthcare professionals on best practices for establishing medical homes through care coordination will contribute to the increased percentage of children with and without special healthcare needs, ages 0 through 17, who have a medical home. Additionally, Title V staff will continue to support work with the Utah Children's Care Coordination Network (UCCCN) to increase skills and content knowledge around the medical home among its members.

Adolescent

Youth mental health emerged as a top concern during the needs assessment process. According to the surgeon general's report on loneliness and isolation, loneliness rates among young adults in the U.S. have increased every year between 1976 and 2019. Utah data shows that rates of loneliness are higher among high school students. Having a trusted adult is a protective factor that can impact rates of poor mental health, loneliness, and bullying. The Adolescent Health and Violence and Injury Prevention Programs will work collaboratively to develop a training toolkit on the importance of adult mentors. The toolkit will include community-based approaches to foster adult mentorships. This supports the Utah Health Improvement Plan (UHIP) goal of increasing the number of youth who report having a caring adult to talk to about their feelings.

Children with Special Health Care Needs

The medical home model promotes high-quality primary care through strong coordination and partnership among families, patients, healthcare providers, and other service organizations. Providers who understand and advocate for the medical home model help to create a well-functioning, coordinated system of care for CSHCN. CSHCN staff work to educate providers on the importance of providing care coordination as a part of a medical home and provide direct care coordination support to provider offices, their patients, and any CSHCN family who reaches out for support.

Utah's goal for youth ages 12-18 is to support parents and guardians while empowering adolescents as they move from adolescence to young adulthood. Educating youth on the responsibility of becoming an adult and having a clear transition plan is critical to ensure a smooth shift to adult healthcare providers and independent living. To support this, the Office of CSHCN funds [Transition University](#) through a partnership with the Utah Parent Center and the State Board of Education. This program reinforces key transition skills, including: becoming independent and developing self-identity; communicating effectively in challenging relationships; deciding if college or trade schools is a personal goal; building a safety net for the future (trusts, wills, banking accounts); understanding housing and rental responsibilities; and identifying the questions to ask and skills needed to successfully transition to adult healthcare providers and services.

The Office of CSHCN collaborates with major partners to deliver this education in a consistent, accessible way, helping families navigate the system more easily.

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.

Through this partnership, the Office of CSHCN works hand in hand with the Utah Parent Center to engage and support parents as trusted guides for other families, highlighting the important role parents and youth play in shaping and improving services statewide. Together, these efforts ensure that services for CSHCN are comprehensive, coordinated, and centered on families.

Cross cutting

During the needs assessment process, issues related to food and housing security were of high importance to those completing surveys and key informant interviews. Health is dependent on many community level (non-medical) factors that are often outside the control of any one individual, such as access to healthy food, safe and affordable housing, connected communities, employment, and accessible transportation options. This state performance measure will account for capacity building with external partners, including other state agencies and community-based organizations who lay the groundwork to address housing instability and food security issues. Using the levels of collaboration scale will account for both the increased quantity and quality of partnerships, with a specific focus on addressing the needs of MCH populations.

Effectiveness of program strategies in improving MCH outcomes

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 citizens to improve outcomes for MCH/CSHCN families. The DHHS is dedicated to achieving positive outcomes for our customers and for all Utahns and utilizes Results-Based Accountability to monitor outcomes in order to positively impact our communities.

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 MCH/CSHCN Offices continue to evaluate the effectiveness of funded programs and work with the Division of Finance and Administration to redirect budgets accordingly. Table 1 below outlines the distribution of Title V federal and state funds in FY2024:

Table 1: Utah Title V Federal and State Expenditures

MCH Pyramid of Services				
Title V Federal vs. State Expenditures				
Office		Direct Services	Enabling Services	Public Health Services and Systems
Office of Maternal and Child Health: Maternal and Infant Health Program, Perinatal Mortality Review, Preconception Health, MotherToBaby Utah (closed September 2024), Breastfeeding Friendly Hospital Initiative, Data Resources Program, Utah Women and Newborns Quality Collaborative, Office Administration	Federal	\$5,651	\$1,108,533	\$434,529
	State	\$0	\$8,956,936	\$164,555
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	Federal	\$869,967	\$379,737	\$119,917
	State	\$1,144,275	\$3,284,958	\$553,012
Office of Early Childhood: Early Childhood Utah, Child Health Advanced Records Management Program (CHARM), Office Administration, Baby Watch Early Intervention	Federal	\$0	\$0	\$107,517
	State	\$0	\$15,038,141	\$0
Office of Health Promotion and Prevention: Violence and Injury Prevention Program, Healthy Environments Active Living Program, Baby Your Baby	Federal	\$0	\$552,762	\$0
	State	\$0	\$0	\$0
Office of Primary Care and Rural Health: Oral Health Program	Federal	\$0	\$146,655	\$0
	State	\$0	\$0	\$0
Child Care Licensing	Federal	\$0	\$0	\$0
	State	\$0	\$3,010,696	\$0
Division of Finance and Administration	Federal	\$0	\$0	\$157,178
	State	\$0	\$0	\$598,051
Utah's 13 Local Health Departments	Federal	\$424,535	\$665,579	\$216,772
	State	\$215,280	\$3,136,546	\$63,280

MCH Success Story

Transition University (TU), housed within the Utah Parent Center, was developed as a comprehensive, holistic program supporting youth with disabilities, special health care needs and their families as they prepare for adulthood. Its development involved multiple stakeholders: the Utah State Board of Education, Office of Children with Special Health Care Needs, Division of Services for People with Disabilities, Medicaid, Vocational Rehabilitation Agency, and the University Center for Excellence in Developmental Disabilities. The Utah Parent Center coordinated these efforts to ensure a unified, statewide approach, as well as ensure the validity of information.

TU provides foundational content used by parent consultants at the Utah Parent Center to guide consultations with parents, youth, and professionals on a wide range of transition-to-adulthood topics. Designed for youth and young adults ages 14-22, the curriculum takes a whole-person approach, addressing educational, health, daily living, and community needs.

Ongoing support for TU comes through Title V block grant funding via the Office of Children with Special Health Care Needs and the Utah State Board of Education. This support also strengthens related Utah Parent Center initiatives, including the Family-to-Family Health Information Center (F2FHIC) and the Parent Training and Information Center (PTIC).

From October 2023 to September 2024, TU provided approximately 500 individualized consultations and trained 744 participants. A Youth Advisory Board makes sure youth have leadership opportunities and a voice in curriculum updates and improvement.

The Transition University curriculum focuses on six key areas:

Daily life: transition IEPs, graduation, higher education, employment, and daily life skills.

Community living: self-determination, person-centered planning, charting the life course, and housing options.

Safety & security: guardianship, supported decision-making, conservatorship, estate planning, able accounts, and supplemental security income (SSI).

Social & spirituality: friendships, dating, social opportunities, and spiritual well-being.

Healthy living: transitioning from pediatric to adult healthcare, mental health, and Medicaid resources.

Citizenship & advocacy: self-advocacy, disability rights, disclosure, and voting.

Through Transition University, Utah youth with disabilities and special health care needs gain the knowledge and support needed to thrive as adults. For more detailed information on this project, visit: <https://utahparentcenter.org/transition-university>.

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 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.