



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

VIRGINIA

State Snapshot

FY2026 Application / FY2024 Annual Report

December 2025

Title V Federal-State Partnership - Virginia

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

State Contacts






MCH Director	CSHCN Director
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SSDI Project Director	State Family Leader
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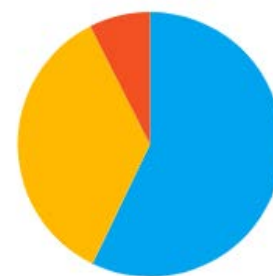
State Youth Leader
No Contact Information Provided

State Hotline: (800) 230-6977

Funding by Source

Source	FY 2024 Expenditures
 Federal Allocation	\$13,061,969
 State MCH Funds	\$8,093,787
 Local MCH Funds	\$0
 Other Funds	\$1,702,690
 Program Income	\$0

FY 2024 Expenditures



Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$46,916	\$111,969
Enabling Services	\$7,215,382	\$4,842,254
Public Health Services and Systems	\$5,799,671	\$4,842,254

FY 2024 Expenditures
Federal



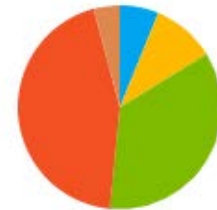
FY 2024 Expenditures
Non-Federal



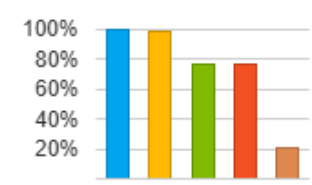
Percentage Served by Title V

Population Served	Percentage Served	FY 2024 Expenditures
Pregnant Women	100.0%	\$1,346,974
Infants < 1 Year	98.6%	\$2,191,239
Children 1 through 21 Years	75.9%	\$7,713,163
CSHCN (Subset of all infants and children)	75.9%	\$9,663,170
Others *	21.0%	\$901,488

FY 2024 Expenditures
Total: \$21,816,034



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>Strengthen preventive behaviors to improve MCH outcomes</p> <p>NPMs</p> <ul style="list-style-type: none"> ● A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months - BF <ul style="list-style-type: none"> ○ ESM BF.1: Percent of birthing hospitals participating in the Virginia Maternity Center Breastfeeding-Friendly Designation Program ○ ESM BF.2: Development of a coordinated action plan of gap-filling activities for breastfeeding programming across VDH divisions <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 3: A) Percent of infants aged 15 months who have had at least 6 well-child visits; B) Percent of infants aged 30 months who have had at least 2 well-child visits between 15-30 months. <ul style="list-style-type: none"> ○ SPM ESM 3.1: Percent of Title V programs integrating Bright Futures guidelines 	New	Perinatal/Infant Health
<p>Promote mental health across MCH populations</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of adolescents, ages 12 through 17, who receive needed mental health treatment or counseling - MHT <ul style="list-style-type: none"> ○ ESM MHT.1: Percent of health regions with at least one elementary school participating in Sources of Strength programming ○ ESM MHT.2: Number of total elementary schools participating in Sources of Strength programming 	Revised	Adolescent Health
<p>Improve access to care through system coordination and navigation</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 	New	Women/Maternal Health, Child Health, Children with Special Health Care Needs

<ul style="list-style-type: none"> ○ ESM PPV.1: Creation of formalized and structured process to implement MMRT recommendations ○ ESM PPV.2: Percent of LHD Title V programs that meet the outcome(s) stated within their Title V logic model related to the postpartum focus-area ● Percent of children, ages 1 through 17, who had a preventive dental visit in the past year - PDV-Child <ul style="list-style-type: none"> ○ ESM PDV-Child.1: Percent of children receiving preventive services from oral health professionals in school-based programs in last 12 months ○ ESM PDV-Child.2: Number of trained partners conducting oral health risk assessments and providing children with education and referrals to oral health professionals in last 12 months ○ ESM PDV-Child.3: Number of Regional Oral Health Collaborative Projects that implemented work plans to increase dental visits among children (ages 0-11 years) and adolescents (ages 12-17 years) ● 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: Percentage of children served by the VA CYSHCN Program who report having a medical home ○ ESM MH.2: Number of Title V funded programs who are promoting medical home and/or are including a question about medical home in their reporting ○ ESM MH.3: Number of providers in Virginia who have completed the medical home training module 		
<p>Utilize comprehensive upstream systems approach to impact MCH outcomes</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year - DS <ul style="list-style-type: none"> ○ ESM DS.1: Number of community collaborators implementing consistent developmental screening information and resource messaging across multiple sectors and points of entry for parents. ○ ESM DS.2: Number of LHDs, community partners, and providers receiving developmental screening resources, training, or TA <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 1: Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine 	<p>New</p>	<p>Women/Maternal Health, Child Health, Adolescent Health</p>

<ul style="list-style-type: none"> ○ SPM ESM 1.1: Percent of HPV "opt-out" students enrolled in 7th-12th grade that have been verified by school nurse with targeted outreach ● SPM 2: Percent of women, ages 18 through 44, with a preventive medical visit in the past year <ul style="list-style-type: none"> ○ SPM ESM 2.1: Percent of CAI patients reporting feeling supported in their contraceptive care ○ SPM ESM 2.2: Maintain services provided that support individuals and communities around pregnancy loss 		
<p>Enhance state MCH data capacity</p> <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 6: Percent of LHD and Central Office staff that report MCH data products are used to support timely data-informed decision making <ul style="list-style-type: none"> ○ SPM ESM 6.1: Percent of MCH data requests completed within 2 weeks that were received within the past 12 months ○ SPM ESM 6.2: Percent of LHDs with access to birth data from the most recent quarter available in the last 12 months 	Revised	Cross-Cutting/Systems Building
<p>Maintain a capable MCH workforce</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - MH <ul style="list-style-type: none"> ○ ESM MH.1: Percentage of children served by the VA CYSHCN Program who report having a medical home ○ ESM MH.2: Number of Title V funded programs who are promoting medical home and/or are including a question about medical home in their reporting ○ ESM MH.3: Number of providers in Virginia who have completed the medical home training module <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 4: Percentage of Title V staff who reported increased knowledge after attending training(s) on areas identified on annual workforce capacity assessment. <ul style="list-style-type: none"> ○ SPM ESM 4.1: Percent of Title V staff who complete the annual workforce capacity assessment 	New	Child Health, Cross-Cutting/Systems Building
<p>Advance collaboration, partnership, and community engagement to build trust</p>	New	Perinatal/Infant Health, Cross-Cutting/Systems Building

SPMs

- SPM 3: A) Percent of infants aged 15 months who have had at least 6 well-child visits; B) Percent of infants aged 30 months who have had at least 2 well-child visits between 15-30 months.
 - SPM ESM 3.1: Percent of Title V programs integrating Bright Futures guidelines
- SPM 5: Percentage of Title V funded staff who demonstrate increase in competence, confidence, and capacity in building relationships as measured on the annual workforce capacity assessment
 - SPM ESM 5.1: Percent of LHD Title V programs that meet the outcome(s) stated within their Title V logic model related to community engagement

Executive Summary

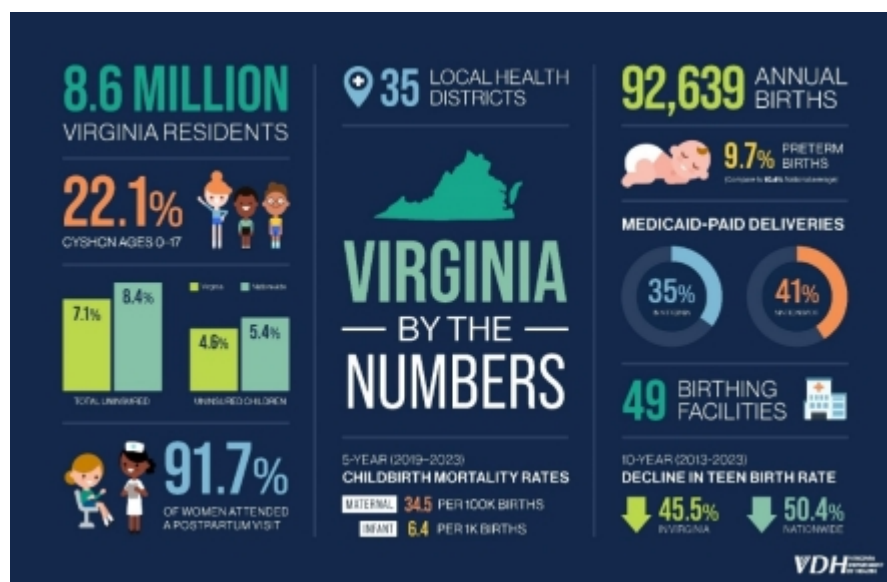
Program Overview



Virginia Title V Maternal & Child Health (MCH) Services Block Grant

Virginia Title V Overview

The Virginia Department of Health (VDH) works to “Protect the health and promote the well-being of all people in Virginia”, with the vision to become the healthiest state in the nation. VDH’s Office of Family Health Services (OFHS) Division of Child & Family Health (DCFH) is responsible for the administration of Virginia’s Title V Program which includes the Children and Youth with Special Health Care Needs Program, in partnership with OFHS Division of Population Health Data (DPHD), and Division of Prevention and Health Promotion (DPHP). Virginia’s Title V Program strives to improve the health and wellbeing of pregnant women, mothers, children, and families, particularly those with low income or limited access to health services.



MCH Population

Spanning 42,774 square miles from the Atlantic Ocean to the Appalachian Mountains, Virginia’s population of 8.71 million residents continues to increase annually, with 3.2 million residents (37%) residing in the Washington, D.C. metropolitan area. Fairfax County is Virginia’s most populous county, with 1,192,658 residents and a population density of 2,891 people per square mile (2024) contrasted to 2,226 residents in rural Highland County in the western edge of the Shenandoah Mountain range, with a population density of 5 persons per square mile (2024). The 95 counties and 38 independent cities are supported through 35 Local Health Districts, aggregated into five regions which provides regionalized consideration and approach to the unique needs of the population across the wide variance.

Virginia sees approximately 92,639 births each year, with 35% Medicaid-paid deliveries and 9.7% of total births classified as preterm. Nearly one in five Virginians is a woman of childbearing age (15–44) and 91.7% of women with a recent live birth attended a postpartum visit, supported by a network of 49 birthing hospitals across the state. Over the most recent five-year period, the Commonwealth reported a maternal mortality rate of 34.5 per 100,000 births and an infant mortality rate of 6.4 per 1,000 births. Additionally, children and youth with special health care needs (CYSHCN) make up 22.1% of the state’s population under age 18. Pertaining to the uninsured population, Virginia reports 7.1% of the total population and 4.6% of all children lack health insurance. Further, Virginia’s female teen population, 3.2% of the total population, has seen a 45.5% decline in teen birth rates over the last 10 years.

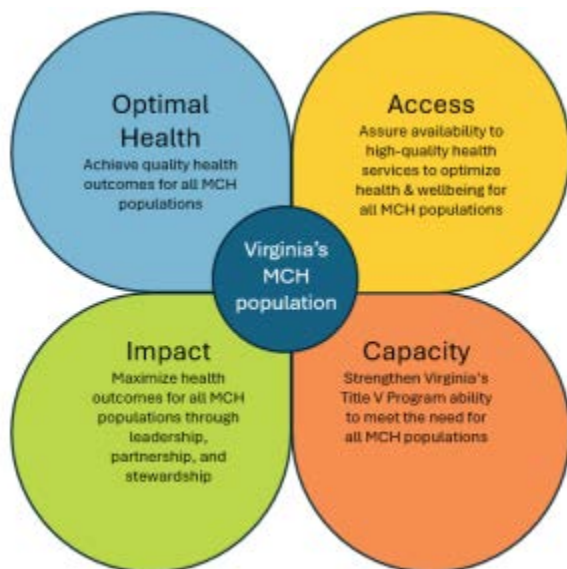
Assessing State Needs

Every five years, Virginia's Title V Program conducts a comprehensive, community-focused statewide needs assessment, a combined effort between DCFH and DPHD. Throughout 2024, the needs of women, infants, children, adolescents, and children and youth with special health care needs were assessed. Input from internal and external partners, including people with lived experience, were obtained through mixed methods including a statewide external partner survey, key informant interviews, and community conversations. Qualitative themes were analyzed, which positioned the quantitative data in a real-world assessment by exploring motives, opinions, feelings, and relationships. This ultimately led to the identification of seven key priorities that will shape and drive Virginia's Title V State Action Plan over the next five years.

These priorities will help Virginia create a more available and trust-driven maternal and child health system for the next five years and beyond. It is important to acknowledge the process taken during this needs assessment and recognize the differences compared with 2021-2025 needs assessment—what made this cycle distinct was its emphasis on several core shifts. First, there was intentional alignment of effort, resources, and intended impact to the areas of greatest need and opportunity. Second, strategies and resources were coordinated to achieve economies of scale in the effective and efficient advancement of MCH. Third, the process reimagines MCH systems and structures through an integrated, cross-systems approach that builds on best practices to increase access, optimize health, strengthen capacity, and maximize impact. Finally, the assessment reaffirmed a commitment to community-informed, person-centered systems and service delivery.

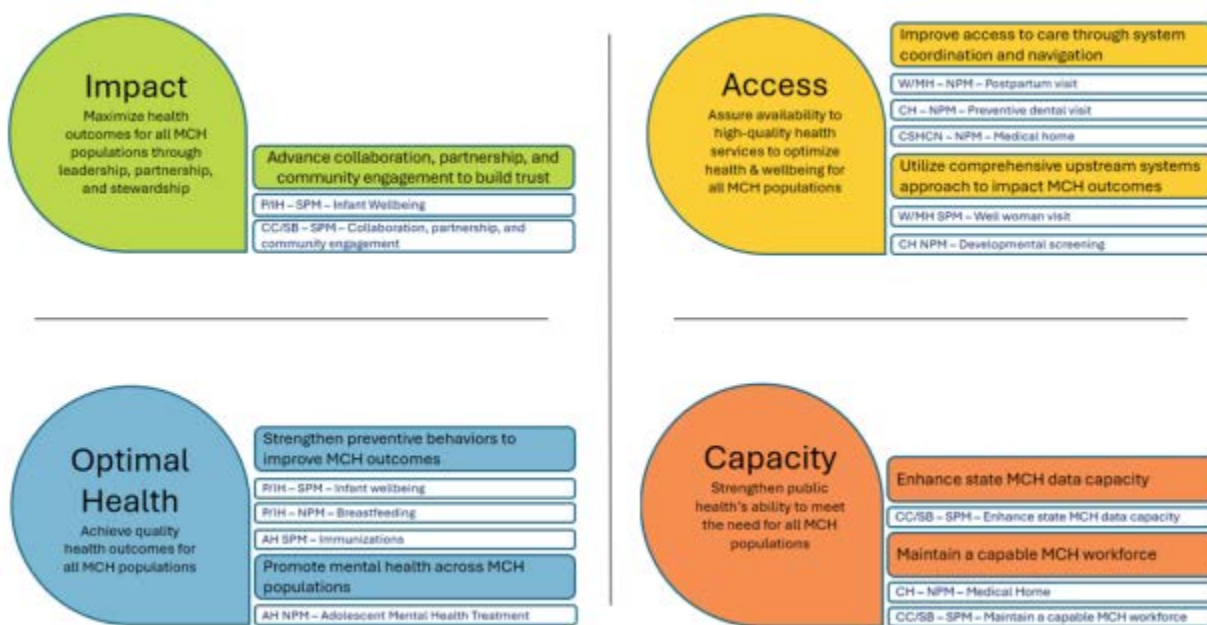
By centering data and community voices in decision-making to address these interconnected challenges, Virginia can ensure that all families, regardless of income, geography, or background, have access to high-quality, comprehensive care that supports better health outcomes for mothers, children, and families across the Commonwealth. As a result of this collaborative and intentional process, the Virginia Department of Health is poised to reach a new and continuously improving standard for quality and effective MCH outcomes. The resulting State Action Plan reflects deep community engagement and a coordinated, integrated MCH system prepared to meet the needs of Virginia's families.

Virginia Title V Pillars, Priorities, and Performance Measures for FY2026-FY2030



Four pillars – optimal health, access, impact, and capacity- provide alignment, clarity, direction, and focus for the Virginia's Title V programs.

Virginia's statewide needs assessment identified seven priorities. These priorities are aligned with the four pillars. Six national performance measures (NPMs) and six state performance measures (SPMs) will address the priority needs and impact the outcomes that Virginia's Title V Program is striving to improve.



Virginia Title V National & State Performance Measures by Domain – Selections for FY26-30

Women/Maternal Health	Adolescent Health
NPM - Postpartum visit	NPM - Adolescent mental health treatment
SPM - Well-woman visit	SPM - Immunizations
Perinatal/Infant Health	Children with Special Health Care Needs (CSYCN)
NPM – Breastfeeding	NPM - Medical home
SPM - Infant wellbeing	
Child Health	Cross-Cutting/Systems Building
NPM - Developmental screening	SPM - Community engagement
NPM - Medical home	SPM - Data capacity
NPM - Preventive dental visit	SPM - Workforce development

Ensuring success for Virginia's Title V State Action Plan for FY26-FY30

Programs from VDH's Office of Family Health Services will use evidence-based and evidence-informed strategic efforts that will drive the success of the twelve selected national and state performance measures. Critical partnerships with both internal and external partners yield additional strategies to complete Virginia's robust Title V State Action Plan for FY26-30 and are listed in the Application Year section of each domain report.

Women/Maternal Health: The Division of Child & Family Health's Reproductive Health Unit will leverage Virginia's Contraceptive Access Initiative to support the state performance measure regarding well woman visit. Virginia's 35 Local Health Districts will focus their Title V funding allocation to increase postpartum visit attendance.

Perinatal/Infant Health: The Maternal and Perinatal Programs Coordinator in the Division of Child & Family Health manages the Breastfeeding Friendly Designation Program and will sustain multilevel intersectoral infrastructure for breastfeeding support. The infant wellbeing state performance measure will be advanced through collaborative, measured, and intentional focus across significant number of perinatal programs and partnerships.

Child Health: Virginia's Developmental Screening Initiative, housed in the OFHS Division of Child and Family Health will drive efforts to ensure continued access to screenings and service coordination. The Dental Health Program, in the OFHS Division of Prevention and Health Promotion will strengthen and expand school-based dental programs, sustaining measurable success.

Adolescent Health: The Injury and Violence Prevention Program, located in the OFHS Division of Prevention and Health Promotion, supports promising and best practice activities statewide that address leading or emerging injury issues at the population health level. This team, in strong collaboration with the Adolescent Health Program, including Virginia's Youth Advisors, will ensure measured success for the Adolescent Mental Health Treatment National Performance Measure. Additionally, the School Health Program, in partnership with Virginia's Department of Education, will maintain support of the Commonwealth's school health nurses. School nurses will increase communication and clarification around immunizations.

Children with Special Health Care Needs: Mandated through state legislative code, Virginia maintains a robust statewide network, which includes: Care Connection for Children Clinics, Child Development Services, Virginia Bleeding Disorders Program, Genetics and Newborn Screening Services, Virginia Newborn Screening System, Virginia Congenital Anomalies Reporting and Education System, Virginia Sickle Cell Awareness Program, Pediatric Comprehensive Sickle Cell Clinic Network, and the Adult Comprehensive Sickle Cell Clinic Network. These programs will advance the Medical Home national performance measure.

Cross-Cutting/Systems Building: Virginia's 35 Local Health Districts will implement targeted community collaboration, partnership, and engagement to increase the voice of people with lived experience into their programmatic planning and implementation. The Division of Population Health Data will improve timeliness of and access to MCH data using data modernization processes. Virginia's Title V Director will lead efforts to increase and strengthen partnerships that champion and maintain a capable MCH workforce.

Virginia Title V Program Implementation

Virginia's Title V State Action Plan reflects coordination of MCH activities across funding sources, state agency partners, local health districts, and community collaborators. There are 15 state program managers, approximately 55 state-level staff and contractors,

and 76 local health district staff actively engaged in the development and implementation of the State Action Plan. Title V provides essential financial and technical support to approximately 75 state programs and contracts across multiple statewide systems of services, community collaborations and coalitions, and partners with other state and national organizations. Additionally, Title V funding supports the delivery of MCH services through clinical services, home visiting, and/or health education programs within each of Virginia's 35 local health districts (LHDs).

Virginia Title V Program Budget

The total Federal-State Title V partnership budget for FY2026 is \$22,822,244 (federal funds \$13,041,322 and required state match funds \$9,780,922). Virginia's CYSHCN Program is supported with \$4,042,330 federal funding and \$5,454,481 state match funds. Approximately \$3.5M of combined federal and state match funds are allocated for FY26 to support Virginia's 35 Local Health Districts in providing community-based, family-centered MCH services.

How Federal Title V Funds Complement State-Supported MCH Efforts



Title V Funds are essential to maintaining and sustaining a strong core MCH infrastructure, complementing and supporting approximately 75 existing contracts with health systems, all 35 of Virginia's Local Health Districts, and state/community partners to support regional and local MCH systems-building, clinical services, and education. Title V supports work on both the identified Title V priorities as well as ongoing MCH assessment and surveillance, policy and partnership work, and multiple planning and system development efforts to which staff contribute at the state and local level. Stakeholder engagement and partnerships are critical to all phases of Virginia's Title V work, enabling Title V to leverage work across the state on behalf of the MCH and CYSHCN populations. This work – especially families, communities, and persons that meet the states identified priorities– informs ongoing needs assessment, strategic implementation, evaluation, and activity modification throughout the 5-year cycle.

Virginia's Title V Program:

- Sustains the health agency's MCH workforce, to include the Title V Director, 110+ local health district staff, and 60+ staff across the Divisions of Child & Family Health, Prevention & Health Promotion, and Population Health Data
- Funds the CSHCN Program, which includes the Child Development Centers, Care Coordination for Children Centers, Sickle Cell Awareness Program, and Bleeding Disorders Program
- Funds core maternal and child health programs through all 35 Local Health Districts
- Funds coordinated systems of care for children, including the Development Screening Initiative and School Health Consultant
- Funds state child fatality and maternal mortality review teams
- Supports oral health, suicide prevention, substance use/abuse prevention, and child safety programs with braided CDC and state funds
- Supports the Newborn Screening Program (including Early Hearing Detection & Intervention) with braided HRSA, CDC and state special funds
- Supports home visiting with braided MIECHV, Healthy Start and state Temporary Assistance for Needy Families (TANF) funding
- Supports child health by funding school health and immunization programs, and developmental screening initiatives with braided HRSA Pediatric Mental Health Access Program, and Early Childhood Comprehensive Systems (ECCS) P-3 funding
- Supports Resource Mothers Program, Pregnancy Loss Initiative, Contraceptive Access Initiative, and Adolescent Program
- Funds family and youth leadership initiatives, including two part-time Youth Advisors

MCH Success Story

GERMANNA COMMUNITY COLLEGE DOULA TRAINING

In 2024, after months of creative discussion and idea generation, the Rappahannock Area Health District (RAHD)'s Black Maternal and Infant Health (BMIH) work group prioritized identifying ways that the local community could address health disparities by engaging doulas in the local health district.

The BMIH is comprised of local health department staff at RAHD, VDH Central office staff, local home visiting programs, Department of Medical Assistance Services (DMAS), and area hospital representatives. The work group reached out to organizations to seek connection and collaboration on this critical concern, and Germanna Community College (GCC), located within Rappahannock Health District, and one of the 35 locations in the Virginia Community College System responded to the call. GCC developed the doula training curriculum using the 60-hour knowledge areas criteria from Virginia Certification Board. The first cohort of doula candidates for the GCC state doula certification certificate began in August 2024. The 6-week class was taught in a hybrid format, virtual and in person. The classroom experience included coordinating a birth observation for the doula students in the two participating local hospitals, Mary Washington Hospital and Stafford Hospital. Funding for the students came from several channels, including VDH and Managed Care Organizations (MCOs). Students also, in some cases, paid one third of the tuition. The first cohort of 12 students graduated in December 2024. One of the Doula certification graduates served as the graduation commencement speaker and several doulas have gone on to become state certified doulas.



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

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.