HRSA
Health Resources & Services Administration

Title V MCH Block Grant Program

VIRGINIA

State Snapshot

FY2025 Application / FY2023 Annual Report

November 2024

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 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
Cynthia C. deSa, MPH, MSW, LCSW Maternal Child Health/Title V Director cynthia.desa@vdh.virginia.gov (804) 864-7674	Marcus Allen, MPH Children with Special Health Care Needs Director marcus.allen@vdh.virginia.gov (804) 864-7716

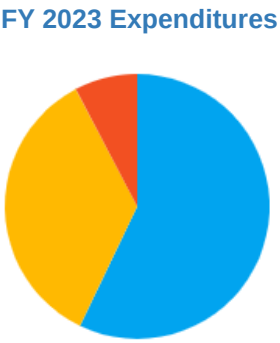
SSDI Project Director	State Family Leader
Dane De Silva, PhD, MPH Director, Division of Population Health Data dane.desilva@vdh.virginia.gov (804) 864-7861	Dana Yarbrough, MS, MA Director, Center for Family Involvement dvyarbrough@vcu.edu (804) 828-0352

State Youth Leader
No Contact Information Provided

State Hotline: (800) 230-6977

Funding by Source

Source	FY 2023 Expenditures
Federal Allocation	$12,682,968
State MCH Funds	$7,810,646
Local MCH Funds	$0
Other Funds	$1,702,690
Program Income	$0



Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	$43,940	$34,137
Enabling Services	$6,928,409	$5,860,864
Public Health Services and Systems	$5,710,619	$3,618,335

FY 2023 Expenditures Federal

FY 2023 Expenditures Non-Federal

Percentage Served by Title V

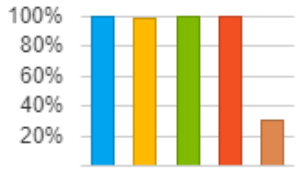
Population Served	Percentage Served	FY 2023 Expenditures
Pregnant Women	100.0%	$1,192,793
Infants < 1 Year	98.6%	$2,088,439
Children 1 through 21 Years	100.0%	$7,890,437
CSHCN (Subset of all infants and children)	100.0%	$9,290,340
Others *	30.5%	$867,007

*Others– Women and men, over age 21.

FY 2023 Expenditures

Total: $21,329,016

FY 2023 Percentage Served



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)
Upstream / Cross-Sector Strategic Planning: Eliminate health inequities arising from social, political, economic, and environmental conditions through strategic, nontraditional partnerships. NPMs • 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 ○ ESM BF.1: Development of a coordinated action plan of gap-filling activities for breastfeeding programming across VDH divisions SPMs • SPM 1: Cross-Cutting (Early and Continuous Screening): Percent of infants diagnosed with a newborn screening disorder who are referred to care coordination services in the CYSHCN program	Perinatal/Infant Health, Cross-Cutting/Systems Building
Community, Family, & Youth Leadership: Provide dedicated space, technical assistance, and financial resources to advance community leadership in state and local maternal and child health initiatives. SPMs • SPM 2: Cross-Cutting (Youth Leadership): Develop and sustain the Virginia Department of Health Youth Advisor Program • SPM 5: Cross-Cutting (Family Leadership): Percentage of VDH CYSHCN programs that annually demonstrate active incorporation of family engagement (i.e., Care Connection for Children, Child Development Centers, Bleeding Disorders Program, Sickle Cell Program)	Children with Special Health Care Needs, Cross-Cutting/Systems Building
Mental Health: Promote mental health across MCH populations, to include reducing suicide and substance use. NPMs • Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19 (Injury Hospitalization - Adolescent, Formerly NPM 7.2) - IH-Adolescent ○ ESM IH-Adolescent.1: Number of gatekeepers trained in the prevention of suicide among youth SPMs • SPM 6: Promotion and strengthening of optimal mental/behavioral health and well-being through partnerships and programs	Women/Maternal Health, Perinatal/Infant Health, Adolescent Health

Priority Needs and Associated Measures	Reporting Domain(s)

Finances as a Root Cause: Increase the financial agency and well-being of MCH populations.
 	
NPMs
• Rate of hospitalization for non-fatal injury per 100,000 children, ages 0 through 9 (Injury Hospitalization - Child, Formerly NPM 7.1) - IH-Child
  ○ ESM IH-Child.1: Number of maternity centers disseminated Virginia's injury prevention curriculum
  ○ ESM IH-Child.2: Number of child safety seats disseminated through the LISSDEP network
  ○ ESM IH-Child.3: Percentage of stakeholders that disseminated Virginia's injury prevention curriculum with fidelity
• Percent of children, ages 0 through 17, who are continuously and adequately insured (Adequate Insurance, Formerly NPM 15) - AI
  ○ ESM AI.1: Number of Managed Care Organizations (MCO) and Care Connection for Children (CCC) Care Coordinators that attend statewide meeting
  ○ ESM AI.2: Number of Managed Care Organization (MCO) and Care Connection for Children (CCC) regions that commit to partnering with each other to reduce barriers
  ○ ESM AI.3: Increase percentage of uninsured children served by Child Development Clinics (CDCs) who are referred to Medicaid (if eligible) and/or other financial resources
	Child Health,
	Children with Special Health Care Needs

Racism: Explore and eliminate drivers of structural and institutional racism within OFHS programs, policies, and practices to improve maternal and child health. SPMs • SPM 3: MCH Workforce Development (Racial Equity): Provide dedicated space, technical assistance, and learning opportunities that advance racial equity among MCH workforce.	Cross-Cutting/Systems Building
MCH Data Capacity: Maintain and expand state MCH data capacity, to include ongoing needs assessment activities, program evaluation, and modernized data visualization and integration. NPMs • 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 SPMs • SPM 1: Cross-Cutting (Early and Continuous Screening): Percent of infants diagnosed with a newborn screening disorder who are referred to care coordination services in the CYSHCN program SOMs • SOM 1: Infant Mortality Disparity: Black/White Infant Mortality Ratio	Women/Maternal Health, Perinatal/Infant Health, Cross-Cutting/Systems Building

Priority Needs and Associated Measures	Reporting Domain(s)
• SOM 2: Maternal Mortality Disparity: Black/White Maternal Mortality Ratio	
Reproductive Justice & Support: Promote equitable access to choice-centered reproduction-related services, including sex education, family planning, fertility/grief support, and parenting support. SPMs • SPM 4: Pregnancy Intention: Mistimed or Unwanted pregnancy (wanted to become pregnant later or never)	Women/Maternal Health, Adolescent Health

Strong Systems of Care for All Children: Strengthen the continuum supporting physical/socio-emotional development (i.e. screening, assessment, referral, follow-up, coordinated community-based care).
 	
NPMs
• 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
  ○ ESM DS.1: Number of LHDs, community partners, and providers receiving developmental screening resources, training, or TA
• 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
  ○ ESM MH.1: Number of providers in Virginia who have completed the medical home training module
  ○ ESM MH.2: Percentage of children served by the VA CYSHCN Program who report having a medical home
• 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
  ○ ESM TR.1: Number of providers in Virginia who have completed the transition training module.
  ○ ESM TR.2: Percentage of Virginia school divisions reporting into the VDOE school health data system
	Child Health,
	Adolescent Health,
	Children with Special Health Care Needs

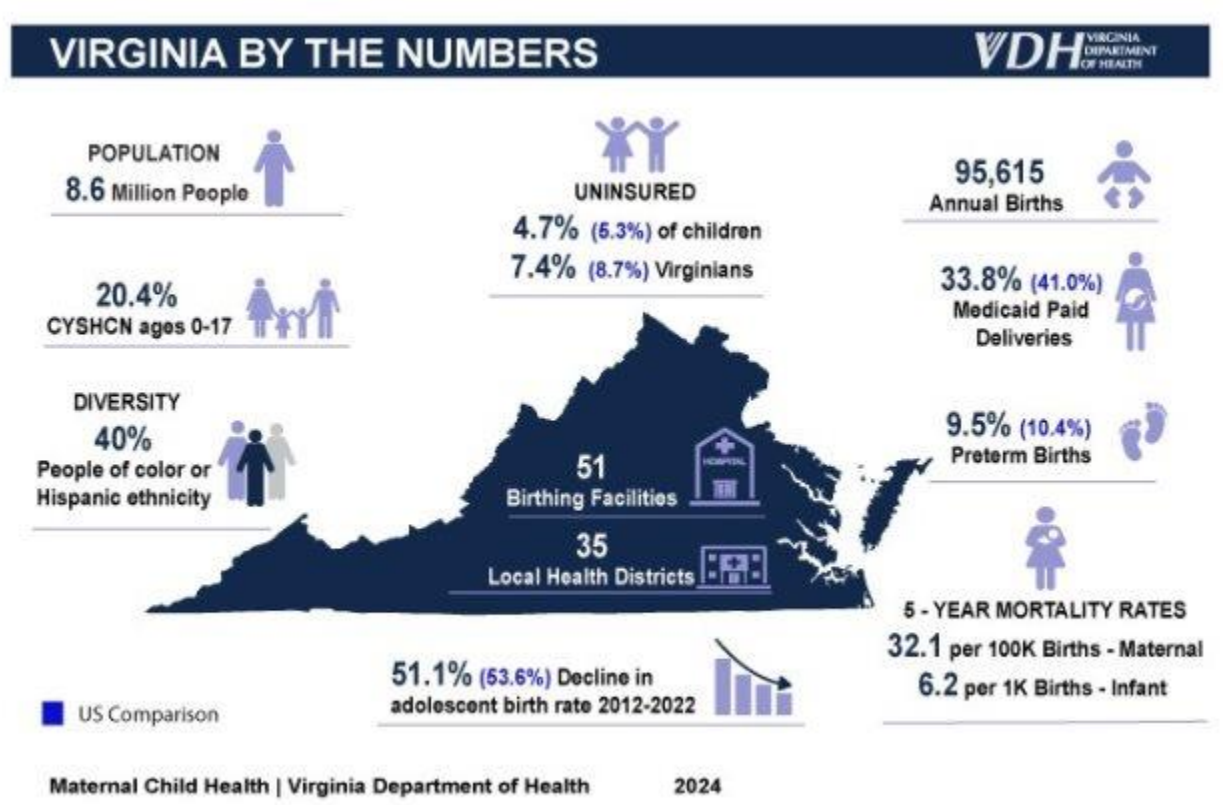
Maternal and Infant Mortality Disparity: Eliminate the racial disparity in maternal and infant mortality rates by 2025. NPMs • A) Percent of infants who are ever breastfed (Breastfeeding, Formerly NPM 4A) B) Percent of infants breastfed exclusively through 6 months (Breastfeeding, Formerly NPM 4B) - BF ○ ESM BF.1: Development of a coordinated action plan of gap-filling activities for breastfeeding programming across VDH divisions SOMs • SOM 2: Maternal Mortality Disparity: Black/White Maternal Mortality Ratio	Women/Maternal Health, Perinatal/Infant Health

Priority Needs and Associated Measures	Reporting Domain(s)

Oral Health: Maintain and expand access to oral health services across MCH populations.
 	
NPMs
• Percent of women who had a dental visit during pregnancy (Preventive Dental Visit - Pregnancy, Formerly NPM 13.1) - PDV-Pregnancy
  ○ ESM PDV-Pregnancy.1: Number of Regional Oral Health Collaborative Projects that implemented work plans to increase dental visits among pregnant women
• 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
  ○ ESM PDV-Child.1: 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)
	Women/Maternal Health,
	Child Health,
	Adolescent Health

Executive Summary

Program Overview



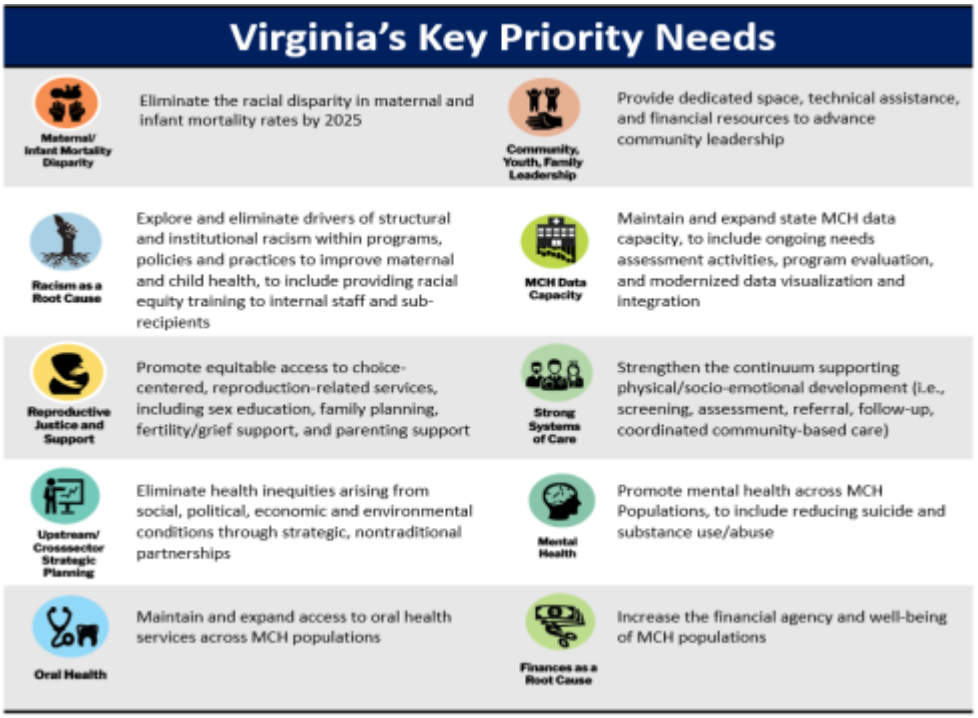
Spanning 42,774 square miles from the Atlantic Ocean to the Appalachian Mountains, Virginia's population of 8.71 million residents continues to increase annually, with 3.2 million residents (37%) residing in the Washington, D.C. metropolitan area. Fairfax County is Virginia's most populous county, with 1,139,309 residents and a population density of 2,911 people per square mile contrasted to 2,232 residents in rural Highland County in the western edge of the Shenandoah Mountain range, with a population density of 5.4 persons per square mile. 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.

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. Virginia's Title V Program, including the Children and Youth with Special Health Care Needs Program, is administered through the Office of Family Health Services (OFHS), which is organized into the following four divisions:: Division of Child & Family Health (DCFH), Division of Population Health Data (DPHD), Division of Prevention and Health Promotion (DPHP), and Division of Community Nutrition (DCN). DCFH is organized into sections which focus on reproductive health, newborn screening and birth defects, perinatal/infant health, home visiting, developmental screening, adolescent health, school nurse program, administration of MCH programs in the Local Health Districts, and our CYSHCN programs and clinical services. Therefore, it is the most appropriate place to administer the MCH Block Grant. DPHD houses the state's SSDI Grant, PRAMS, BRFSS, YRBS, and community health epidemiology programs, which provide direct support to Title V-funded programs. DCN administers the state WIC program. DPHD houses oral health, tobacco prevention, injury prevention, and cardiovascular health programs.

Virginia's Title V Leadership Team provides programmatic oversight and ensures Title V's alignment and connectivity across programs in VDH's Division of Child Health Services, Division of Prevention and Health Promotion, and Division of Population Health Data. There are 15 state program managers, approximately 70 state-level staff and contractors, and over 110 local health district staff who are actively engaged in the development and implementation of the strategies and activities within Virginia's Five-Year 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 partnerships with other state and national organizations. Additionally, Title V funding supports the delivery of care maternal and child health services through clinical services, home visiting, and health education programs within each of Virginia's 35 local health districts (LHDs).

NEEDS ASSESSMENT

Every five years, Virginia's title V program conducts a comprehensive, community-focused statewide needs assessment, a combined effort between the Division of Child and Family Health and Division of Population Health Data. Throughout 2019, the needs of women, infants, children, and men across the reproductive lifecycles were assessed for strategic planning, decision making, and resource allocation. Traditional and mixed methods were utilized to develop qualitative themes aimed to position the quantitative data in a real-world assessment by exploring motives, opinions, feelings, and relationships, ultimately leading to the identification of ten key priorities that shape and drive the objectives and strategies for the 5-year period from 2020-2025. Virginia's Title V leadership and domain subject matter experts engage in ongoing programmatic strategy and priority/goal setting across the six MCH population health domains: women/maternal health, perinatal/infant health, child health, adolescent health, children and youth with special healthcare needs, and cross-cutting/systems building.



PERFORMANCE MEASURES AND OUTCOMES	
Virginia ranks 14th for the overall health of women and children (2023)	NO CHANGE
Women/Maternal Health The maternal health priorities reflect: (i) ongoing need to address maternal morbidity and mortality, mental health for women of reproductive age, and risk factors associated with preterm births; (ii) promote equitable access to choice-centered, reproduction-related services, including sex education, family planning, fertility/grief support, and parenting support; (iii) maintain and expand state MCH data capacity, to include ongoing needs assessment activities, program evaluation, and modernized data visualization and integration; and (iv) maintain and expand access to oral health services. Title V strategies work with a diverse set of partners to improve the outcomes for women before, during, and after pregnancy.	
8th overall for the health of women (2023)	IMPROVING

46.3% of women had a preventive dental visit during pregnancy (NPM 13.1)	WORSENING
19.5% of women reporting that they wanted to become pregnant later or never (2021)	IMPROVING
38.7% of pregnancies were described by women as unintended (2021)	NO CHANGE
Maternal morbidity rate was 82.1 per 10,000 delivery hospitalizations (NOM 2)	WORSENING
○ Non-Hispanic White – 69.9	WORSENING
○ Non-Hispanic Black – 131.7	WORSENING
○ ≥35 years – 116.0	WORSENING
Maternal mortality rate was 32.7 per 100,000 live births (NOM 3)	WORSENING
○ Non-Hispanic White – 26.6	WORSENING
○ Non-Hispanic Black – 62.5	WORSENING
11.4% of women experienced postpartum depressive symptoms following a recent live birth (2021)	IMPROVING
7.1% of women did not attend postpartum care due to COVID-19 pandemic (2021)	IMPROVING
Perinatal/Infant Health Strategies focus on improving birth and infant outcomes and expanding state MCH data capacity to include ongoing needs assessment activities, program evaluation, and modernized data visualization and integration, as well as statewide breastfeeding supportive efforts.	
26th overall for the health of infants (2022)	WORSENING
87.4% of moms ever breastfed and 19.0% breastfed for 1-10 weeks; 68.7% were still breastfeeding at the time of the VA PRAMS survey (2021)	IMPROVING
○ Non-Hispanic White – 73.0%	IMPROVING
○ Non-Hispanic Black – 53.6%	IMPROVING
○ Non-Hispanic Other – 64.0%	IMPROVING
○ Hispanic (All Races) – 71.1%	IMPROVING
Infant mortality rate was 6.2 per 1,000 live births (2022)	WORSENING
○ Non-Hispanic White – 4.9	WORSENING
○ Non-Hispanic Black – 12.1	WORSENING
○ Hispanic (All Races) – 6.1	IMPROVING
Leading causes of infant mortality: Congenital Malformation, Death due to short gestation, Sudden Infant Death Syndrome (SIDS)	
Child Health Title V's work in child health focuses on strong systems of care for all children, finances as a root cause, oral health, and mental health.	
14th overall for the health of children (2023)	NO CHANGE
30.3% of children, ages 9-35 months, who received a developmental screening using a parent-completed screening tool in the past year (NPM 6)	WORSENING
Rate of hospitalization for non-fatal injury among children was 88.1 per 100,000 (NPM 7.1)	WORSENING
○ <1 year – 221.7	WORSENING
○ 1-4 years – 94.9	WORSENING
○ 5-9 years – 59.2	WORSENING
57.3% of children ages 1-5 years and 86.1% of children ages 6-11 years had a preventive dental visit (NPM 13.2)	IMPROVING
Adolescent Health Adolescent Health focuses include mental health, oral health, finances as a root cause, and strong systems of care for all children.	
Rate of hospitalization for non-fatal injury among adolescents was 177.8 per 100,000 (NPM 7.2)	IMPROVING
○ 10-14 years – 96.2	WORSENING
○ 15-19 years – 257.6	IMPROVING

44.9% of middle school students experienced at least one form of bullying, bullying on school property or cyberbullying (2021) Those who experienced cyberbullying were more likely to report suicidality (48.9%), not feeling good about themselves (62.6%, n = 328), ever drank alcohol (32.0%), and ever-used electronic vapor products (14.1%).	NO CHANGE
17.9% of high school students were victims of any form of bullying (2021) Those who experienced cyberbullying were more likely to report feeling sad for 2 weeks or more (74.0%), current alcohol use (40.6%), suicidality (56.4%), purposely hurting themselves without wanting to die (51.7%), electronic vapor products use (34.1%) and current marijuana use (24.6%).	NO CHANGE
13.7 % of adolescents received services necessary to make transitions to adult health care (NPM 12)	WORSENING
76.8 % of adolescents (ages 12-17) had a preventive dental visit (NPM 13.2)	WORSENING
Teen pregnancy rate is 15.3 per 1,000 females ages 15 to 19 years	NO CHANGE
Children with Special Health Care Needs CYSHCN focuses on strong systems of care for all children, finances as a root cause, and community, family, and youth partnerships.	
20.4% children with special health care needs (CSHCN) (NOM 17.1)	IMPROVING
40.2% of CSHCN had a medical home (NPM 11)	WORSENING
21.3% of CSHCN age 12-17 years were engaged in transition services to adult health care (NPM 12)	IMPROVING
70.0% of CSHCN continuously and adequately insured (NPM 15)	IMPROVING
Cross-Cutting / Systems Cross-cutting strategies include upstream/cross-sector planning, and racism as a root cause.	
Expand capacity to document and track referrals of infants from the Newborn Screening Program to CSHCN programs Develop and sustain the VDH Youth Advisor Program Implement MCH workforce development policies addressing racial equity Maintain and expand family engagement	

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 with persons with lived experiences, families and communities – 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 Needing 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

VDH Youth Advisory Council (YAC)
is an initiative to get adolescents more involved in decisions regarding their community's well-being. The council consists of youth in Virginia aged 14-21 who are passionate about public health and want to see change in their community. For the 2023-24 cohort, there were nearly 170 applicants. The final number accepted into the council was 86 members in 21 counties across Virginia. Adolescents from Fairfax County to Bristol were reached within this cohort.

Members participated in bi-monthly meetings where various public health topics were discussed. This cohort of the YAC was made up of 3 subcommittees: Mental health, Community Health, and Policy and Advocacy.

The council is co-led by two Youth Advisors, Olivia and Alana, employees on the VDH's Adolescent Health Team. Alana is a VCU alumna pursuing her Master's Degree in Clinical Mental Health Counseling. She has a passion for youth development and advocacy, two topics she plans to integrate into her future practice as a licensed professional counselor. Olivia is a VCU student pursuing her Bachelor's Degree in Applied Psychology and Sociology. Olivia is passionate about policy reform and social determinants of health and hopes to attend graduate school to learn how to incorporate social science into effective policy change.

Youth Advisor Outcomes:

- Assisted in the creation of a School Health Toolkit for school nurses, specifically providing Adolescent Health Education resources.
- Collaboration with LHD's and non-profits
- Attendance to public health events including Voices for Virginia's Children Youth Mental Health Summit and APHA's Policy Action Institute

Youth Advisory Councilmember Outcomes:

- Select members attended an advocacy day at the Virginia State Capitol

- Active member selected to attend APHA's annual Policy Action Institute
- Provided feedback for the Prince William County Health District
- Created and presented infographics on public health awareness months
- Participated in focus groups for a High School Transitions Project
- Members initiated their own projects in local communities based on subcommittee discussions
- Helped design a qualitative survey in collaboration with VDH staff to assist school nurses

One member of the YAC stated: *"I joined the Youth Advisory Council, because I am invested in my community and want to contribute in meaningful ways to the mental health crisis that is affecting youth today. I have found my local volunteer experiences to be very rewarding, which is why I am so excited at the opportunity to be involved in public health at the state level."*

The Adolescent Health Team is hoping to expand and grow this council further for the 2024-25 cohort with leadership positions available to active contributors to the YAC and continued partnerships with LHDs. This council has provided youth across the commonwealth an opportunity to have their voice heard on matters that affect them and build confidence in their knowledge of public health matters in Virginia.

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 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.