



# **HRSA**

Health Resources & Services Administration



Title V MCH Block Grant Program

## **VIRGIN ISLANDS**

State Snapshot

FY2026 Application / FY2024 Annual Report

December 2025

### Title V Federal-State Partnership - Virgin Islands

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
Janis Valmond Interim Director janis.valmond@doh.vi.gov 3406439285	No Contact Information Provided

State Youth Leader
No Contact Information Provided

**State Hotline:** Toll-free hotline is not available

### Funding by Source

Source	FY 2024 Expenditures
Federal Allocation	\$1,463,593
State MCH Funds	\$1,169,459
Local MCH Funds	\$0
Other Funds	\$0
Program Income	\$0

FY 2024 Expenditures



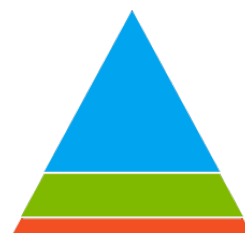
### Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$874,593	\$850,084
Enabling Services	\$344,000	\$225,000
Public Health Services and Systems	\$245,000	\$94,375

FY 2024 Expenditures Federal



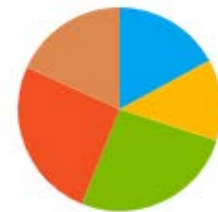
FY 2024 Expenditures Non-Federal



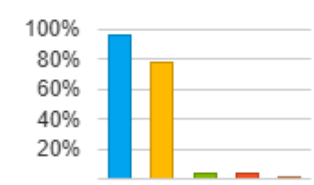
### Percentage Served by Title V

Population Served	Percentage Served	FY 2024 Expenditures
Pregnant Women	96.3%	\$475,000
Infants < 1 Year	77.6%	\$360,146
Children 1 through 21 Years	3.3%	\$725,000
CSHCN (Subset of all infants and children)	3.3%	\$715,000
Others *	1.2%	\$506,447

FY 2024 Expenditures Total: \$2,781,593



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>Promote comprehensive women's health, from preconception through postpartum, to improve maternal and infant outcomes.</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● 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                             <ul style="list-style-type: none"> <li>○ ESM PPV.1: Post-partum referrals</li> </ul> </li> </ul> <p>SPMs</p> <ul style="list-style-type: none"> <li>● SPM 1: Percent of pregnant women who receive prenatal care beginning in the first trimester                             <ul style="list-style-type: none"> <li>○ SPM ESM 1.1: Prenatal care in the first trimester</li> </ul> </li> <li>● SPM 2: Percent of women, ages 18 through 44, with a preventive medical visit in the past year                             <ul style="list-style-type: none"> <li>○ SPM ESM 2.1: Percentage of women who receive appropriate service referrals</li> </ul> </li> </ul>	New	Women/Maternal Health
<p>Reduce infant mortality through timely preventive care and parental education on key protective factors.</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months - BF                             <ul style="list-style-type: none"> <li>○ ESM BF.1: Percent of infants ever breastfed</li> </ul> </li> <li>● 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                             <ul style="list-style-type: none"> <li>○ ESM SS.1: Percent of infants placed to sleep in a safe environment.</li> </ul> </li> </ul>	New	Perinatal/Infant Health
<p>Improve child health by strengthening coordinated systems for timely preventive care and early interventions.</p> <p>NPMs</p>	New	Child Health, Adolescent Health

<ul style="list-style-type: none"> <li>● 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"> <li>○ ESM DS.1: Children receiving a developmental screening using a parent-completed screening tool.</li> </ul> </li> <li>● 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"> <li>○ ESM PDV-Child.1: Percent of Children, ages 1 through 17, who had a preventive dental visit</li> </ul> </li> <li>● 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"> <li>○ ESM MH.1: Medical Home for children ages 0 through 17 with special health care needs</li> </ul> </li> </ul>		
<p>Increase physical activity among children in USVI to prevent and reduce childhood obesity, thereby promoting healthier growth, development, and lifelong well-being.</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day - PA-Child             <ul style="list-style-type: none"> <li>○ ESM PA-Child.1: Children 6-11 who are physically active for 60 minutes each day</li> </ul> </li> </ul>	New	Child Health
<p>Promote comprehensive primary and preventive healthcare services for adolescents to support their optimal health, development, and long-term well-being.</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year - AWW             <ul style="list-style-type: none"> <li>○ ESM AWW.1: Adolescents, ages 12 through 17, with a preventive medical visit</li> </ul> </li> <li>● 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"> <li>○ ESM TAHC.1: Transition to Adult Health Care</li> </ul> </li> <li>● Percent of adolescents, with and without special health care needs, ages 12 through 17, who are bullied or who bully others - BLY             <ul style="list-style-type: none"> <li>○ ESM BLY.1: Percent of children 12 through 17 who are bullied or bully others</li> </ul> </li> </ul>	New	Adolescent Health
<p>Promote access to comprehensive and coordinated healthcare services for CSHCN to support their overall health and well-being.</p>	New	Children with Special Health Care Needs

<p>NPMs</p> <ul style="list-style-type: none"> <li>● 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"> <li>○ ESM MH.1: Medical Home for children ages 0 through 17 with special health care needs</li> </ul> </li> <li>● Percent of adolescents, with and without special health care needs, ages 12 through 17, who are bullied or who bully others - BLY             <ul style="list-style-type: none"> <li>○ ESM BLY.1: Percent of children 12 through 17 who are bullied or bully others</li> </ul> </li> </ul>		
<p>Strengthen the transition to adult health care for CSHCN in the USVI by implementing structured, family-centered early transition planning in MCH Clinics to ensure coordinated, individualized support</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● 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"> <li>○ ESM TAHC.1: Transition to Adult Health Care</li> </ul> </li> </ul>	<p>New</p>	<p>Children with Special Health Care Needs</p>

## Executive Summary

### Program Overview

**Introduction:** The United States Virgin Islands Department of Health (VIDOH) is dedicated to reducing health risks, improving access to quality healthcare, and enforcing health standards. Our mission statement guides our programs and services, which focus on preventing illness and injury, providing resources for healthy choices, regular health screenings, and vaccinations, promoting healthy living and working environments, and ensuring preparedness for emergencies. VIDOH is responsible for administering the Title V Maternal and Child Health Block (MCHB) Grant, within the Maternal Child Health (MCH) and Children with Special Health Care Needs (CSHCN) Division. The MCH Division is within the Bureau of Health Promotion and Disease Prevention and includes other programs such as Early Hearing Detection and Intervention (EHDI), Maternal, Infant, Early Child Home Visiting (MIECHV), State System Development Initiative (SSDI), Virgin Islands Child Psychiatry Access Program (VICPAP), and the State Newborn Screening Priorities (NBS) program. The vision of the MCH&CSHCN Division is to ensure "optimal health and quality of life for all children and youth with special health care needs and their families." This approach emphasizes the importance of an efficient and effective health care system that addresses the needs of the child, their family and the entire community. The Title V program serves a diverse population on the four main islands of the USVI: St. Thomas, St. Croix, St. John, and Water Island. The program occupies clinic and administrative offices on the islands of St. Croix and St. Thomas and provides satellite services at the VIDOH public health facility on the island of St. John. Clients can be seen on weekdays from 8:00-5:00 pm by appointment and walk-in. Services provided include pediatric well-child and specialty care, prenatal care, childhood immunizations, and referral services.

**Needs assessment, program planning and performance reporting activities:** The VIDOH-MCH program contracted with the University of the Virgin Islands to conduct the 2025 Five-year Needs Assessment, guided by the MCHB nine-step needs assessment process. The process included active engagement of a Needs Assessment Steering Committee comprised of key personnel within the division; active engagement of the MCH Advisory groups/community stakeholders and augmented by a consultant with strong MCH epidemiology expertise supporting the development of the state action plan. State priorities have been identified through this assessment process, encompassing all five health domains, and addressing overall health outcomes. National Performance Measures (NPMs) selected are based on these priorities and guide programmatic focus. Both program and public input contributed to the development of the *2026-2030 State Action Plan*.

#### Summary needs assessment findings

**Women/Maternal Health:** Ninety-three percent (93%) of women rate their overall health as good to excellent, 91% had preventive medical visits, and none smoked during pregnancy. However over 22% of pregnant women did not start prenatal care during the first trimester, a time when there can be early detection of maternal or infant problems. Only 61% of women had a preventive dental visit. The birth rate for teens was 6.8 per 1000 live births in 2024. This rate represents a decrease from the 8.6 teen births in 2022.

**Perinatal/Infant Health:** Findings indicate 91.9% of women made preventive medical visits. While 93.5% rated their overall health as good to excellent, over 6% rated their health as fair to poor. Food sufficiency was 90.52%, with over 9% of women unable to afford nutritious meals. Recommended immunizations were received by over 92% of infants, with 7.41% of infants not receiving immunizations. Only 63.14% of mothers breastfeed their infants with over 36% not taking advantage of the benefits that breastfeeding has for themselves and their infants. Based on 1000 live births, the rate for infant mortality (deaths before one year), was 8.5 in 2012. Neonatal mortality rate (deaths within 28 days of birth) was 6.7 in 2020, and the perinatal mortality rate (deaths within 7 days of birth) was 10 in 2016. There were 85 premature births/1000 in 2023, and with 20 born below 34 weeks' gestation.

**Child Health:** Findings indicate that the overall health status of children was over 97%. However, during the 2023-2025 period only 35% of children had the advantage of a medical home - a usual source of coordinated family-centered care. Sixty-five percent of children had continuous health insurance coverage, while 15% had no insurance coverage with 22.18% foregoing needed care and 58.4% had no insurance for one or more preventive visits. Only 55% of those 1-17 years had preventive dental visits, and 6% of children had tooth decay. Food sufficiency was reported in only 56% of children aged 0-11 years. Most children had physical activity for 60 minutes one or more days a week, but 10.5% of children did not engage in physical activity for 60 minutes on any day.

**Adolescent Health:** 97.44% of adolescents had good to excellent health, with only 2.5% reporting fair to poor health. Eighty-nine percent of adolescents engage in physical activities for 60 minutes, one or more days per week. Preventive health visits were made by 91.9 adolescents. However, only 55% had preventive dental visits with 6% having tooth decay. Fifteen percent of adolescents did not have continuous health insurance, and 22.64% did not receive health care needed. Bullying was experienced by 25.63%, with 7.82% being electronic bullying. Twenty-eight adolescent fire-arms deaths were reported between the years 2021 and 2023 and 33.3% of 12-17-year-old adolescents were assisted with transition to adult health care.

**Children with Special Health Care Needs:** Findings for the CYSHCN Title V population are based largely on the 2025 Maternal and Child Health Jurisdictional Survey (USVI 2025 MCH-JS) and a combination of the 2023 and 2025 data sets. For some indicators, data are presented from all three USVI MCH-JS data sets, to show trends. Based on the 2025 MCH-JS, 19.4% of children and youth (70) have been diagnosed with special health care needs. Most have insurance coverage (53% through Medicaid and 42% through private insurance). Overall health was 90.1% for ages 0-5, and 84% for ages 6-11. Only 33.6% have a medical home that provides family-centered coordinated care, and 5.9% are uninsured. Approximately fifty percent (50.8%) did not have a preventive dental visit and 5.8% had tooth decay. Assistance in transitioning to adult health care was provided to 19.36% of these special needs children. Almost seventy-eight percent (77.7%) were described as in "excellent or very good" health and 18.1% in "good health". With respect to a medical home, only 18 of 70 (27.6%) were identified as having a "medical home". However, 72.9% of CYSHCN were identified as having a "personal doctor or nurse", while 75.8% were identified as having a "usual source of sick care". A slightly lower percentage of CYSHCN (70.4%) were identified as having "family centered care". The findings reveal that 11 of 22 CYSHCN received needed referrals, while just over half (30 of 56) receive needed care coordination. For youth with special health care needs,

6 of 19 (27.5%) were reported to have “received services to prepare for the transitions to adult health care”. Finally, with respect to forgone health, 37.8% of CYSHCN (23 of 70) were identified as not receiving “needed health care”.

**Title V MCH priorities and Five-Year State Action Plan:** For FY2026-2030 grant cycle, priorities to meet the needs of the Title V population include promoting comprehensive women’s health, from preconception through postpartum, to improve maternal and infant outcomes; reducing infant mortality through timely preventive care and parental education on key protective factors; improving child health by strengthening coordinated systems for timely preventive care and early interventions; increasing physical activity among children in USVI to prevent and reduce childhood obesity, thereby promoting healthier growth, development, and lifelong well-being; promote comprehensive primary and preventive healthcare services for adolescents to support their optimal health, development, and long-term well-being; promote access to comprehensive and coordinated healthcare services for CSHCN to support their overall health and well-being and strengthening the transition to adult health care for CSHCN in the USVI by implementing structured, family-centered early transition planning in MCH Clinics to ensure coordinated, individualized support for youth and their families.

**Title V program and comprehensive, coordinated and family centered services, including services for CSHCN:** For CSHCN, priorities involve ensuring access to medical homes/primary care, some specialty care, either directly or through referrals, and improving access to mental health services. Strategies and activities intentionally promote healthy outcomes, family partnership, transition, and essential public health services. To address priority needs and selected performance measures, various strategies are employed through direct services, health initiatives and outreach. The USVI Title V program plays a crucial role in providing comprehensive, coordinated, and family-centered services. Recognizing that health outcomes are influenced by factors beyond the healthcare system, the VIDOH MCH program takes a broader approach to improve health and reduce health disparities grounded in the need to impact community and societal factors that impact the health of the target population. Data-driven decision making is prioritized, and partnerships with other MCH programs, other DOH programs and government agencies as well as community-based private and non-profit entities that serve the MCH population ensure a holistic approach to serving the MCH population.

During FY2026-2030, National Performance Measures (NPMs) will focus on postpartum care, breastfeeding, safe sleep practices, developmental screening, childhood immunization, child and adolescent preventative medical visits (including dental), child physical activity behaviors, child food security, medical homes for children with special health care needs, transition to adult care and bullying. State Performance Measures (SPMs) address prenatal care and access to family support services. Health education, family partnerships, and addressing identified health needs remain central to all aspects of Title V programming, forming the foundation of efforts to improve the health outcomes for the USVI MCH population.

**Approach to assuring that MCH populations achieve their full health potential, and a description of how the state integrates the experience of individuals, communities, families, and caregivers in its work:** An important component of the ongoing work of the MCH program includes the active engagement of the MCH Advisory Council. The Advisory Council comprises of representatives from governmental and non-governmental organizations that serve pregnant women, children and their families in the territory, clients, parents, adolescents and staff. The resumption of parent satisfaction surveys, as well as increased engagement of adolescents and families will ensure input into program quality improvement efforts.

**Program evaluation:** Program evaluation efforts have shown continued growth and will continue to be an area for ongoing capacity building for the next grant cycle. The Outreach and Education Program Manager uses various mechanisms to gather participant feedback and evaluate programming offered, developing after-action reports for each event. One of the challenges related to program evaluation stems from staff capacity to implement and lead program evaluation efforts. VIMCH will foster staff capacity through ongoing targeted training and staff involvement of a comprehensive program evaluation plan for the MCH division.

**FY2026 Program Measures by MCH Domain:** Based on the 2025 Needs Assessment findings, VI MCH selected the following National Performance Measures (NPMs) and developed State Performance Measures (SPMs) and Evidence-based Strategy Measures (ESMs) for the domains identified in the FY26-FY30 Title V MCH Block Grant Cycle:

**Women/Maternal Health State Priority:** Promote comprehensive women’s health, from preconception through postpartum, to improve maternal and infant outcomes.

**SPM:** Percent of women, ages 18 through 44, with a preventive medical visit in the past year.

**ESM:** Percentage of women who receive appropriate service referrals based on standardized preconception or preventive health screening tool for women of reproductive age in the USVI.

**SPM:** Percent of pregnant women who receive prenatal care beginning in the first trimester.

**ESM:** Percentage of pregnant women who attend their first comprehensive prenatal care visit at the MCH clinic within the first trimester of confirmed pregnancy in the USVI.

**NPM:** Postpartum Visit: 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.

**ESM:** Percentage of postpartum women at MCH Clinics receiving service referrals aligned with needs identified through standardized assessment in the USVI.

**Perinatal/Infant Health State Priority:** Reduce infant mortality through timely preventive care and parental education on key protective factors and increase the number of women breastfeeding up to six months.

**NPM:** 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.

**SPM:** 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.

**ESM:** Percentage of children placed to sleep in a safe environment,

**NPM:** Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months.

**ESM:** Percentage of infants who are exclusively breastfed at three months postpartum, as assessed at the postpartum visit at the MCH Clinic in the USVI.

**Child Health State Priority:** Improve child health by strengthening coordinated systems for timely preventive care and early interventions.

**NPM:** Percent of children with and without special health care needs, ages 0 through 17, who have a medical home.

**NPM:** Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year.

**ESM:** Percent of children served at the MCH Clinics who receive a standardized developmental screening within the recommended age intervals.

**NPM:** Percent of children, ages 1 through 17, who had a preventive dental visit in the past year.

**ESM:** Percentage of children served at MCH Clinics referred to dental health services and received recommended oral health services by age three.

**NPM:** Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day.

**ESM:** Percentage of children receiving BMI screenings during annual well-child visits at MCH Clinics, with documented assessment results and appropriate follow-up referrals.

**Adolescent Health State Priority:** Promote comprehensive primary and preventive healthcare services for adolescents to support their optimal health, development, and long-term well-being.

**NPM:** Percent of adolescents, ages 12-17 with a preventative medical visit in the past year.

**ESM:** Percentage of adolescents in public, private, and parochial schools receiving preventive care services through pop-up clinics delivered via mobile vans.

**NPM:** Percent of children, ages 1 through 17, who had a preventive dental visit in the past year.

**NPM:** Percent of adolescents with and without health care needs ages 12-17 who are bullied or who bullied others.

**ESM:** Percentage of adolescents in public, private, and parochial schools who report being bullied or who bullied others in the past year.

**Children and Youth with Special Health Care Needs State Priority:** Promote access to comprehensive and coordinated healthcare services for CSHCN to support their overall health and well-being.

**NPM:** Percent of children with and without special health care needs, ages 0 through 17, who have a medical home.

**ESM:** Percent of CSHCN receiving care coordination through the MCH Clinics medical home model who complete all recommended preventive services within the past 12 months.

**State Priority:** Strengthen the transition to adult health care for CSHCN in the USVI by implementing structured, family-centered early transition planning in MCH Clinics to ensure coordinated, individualized support for youth and their families.

**NPM:** 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.

**ESM:** Percentage of adolescents (ages 12-17) with special health care needs served at MCH Clinics who have a documented, individualized transition plan developed collaboratively with the family and healthcare team within the past 12 months.

Thus, the VIDOH MCH program, through a range of innovative health outreach and educational programs; provision of high-quality specialty, primary and preventive care services; and expansion of services in pediatric mental health, newborn screening and preventive oral care, has earned a solid reputation as a significant component of the public health system in the territory. Title V funds augment local resources allocated to address goals and objectives outlined in the USVI community health improvement plan, *Healthy Virgin Islands 2030*, with the long-term goal to improve health outcomes for the USVI population, with specific focus on women, adolescents, children and children with special health care needs and their families.

## How Federal Title V Funds Complement State-Supported MCH Efforts

The Virgin Islands Department of Health (VIDOH) serves as both the state and local public health agency for the USVI, with a particular focus on improving the well-being of women, children, and children with special needs, within a broader prevention and health promotion framework. The flexibility of Title V funds enables VIDOH MCH&CSHCN program to shape the best approach to address the unique needs of the territory. Strategic utilization of Title V funds remains a priority in addressing maternal and child health (MCH) needs.

Title V initiatives are driven by State and National Performance Measures, guided by state priority needs identified during the statewide needs assessment. Ongoing evaluations provide programming flexibility and responsiveness to emerging issues. Core objectives include identifying maternal and child health needs through needs assessments, supporting families, and adapting programs and operations as required. Stakeholder and community engagement are highly valued, and efforts foster strong partnerships to enhance MCH programming across the territory, toward the goal to improve overall MCH health outcomes. Providing high-quality primary care services such as prenatal care, childhood vaccinations and well-child visits, as well as specialty care for children with special health care needs remain a hallmark of the MCH services in the territory.

Organizationally, Title V is placed within the MCH Division and under the Health Promotion and Disease Prevention unit, aligned with other MCH-focused sections, such as Women, Infants and Children, Infants and Toddlers (Part C-IDEA), Family Planning, and Chronic Disease Prevention. By partnering with these programs in community outreach and education initiatives, and a robust

referral system, Title V program staff join other departmental and community resources working towards a common goal of improving access to health care for the MCH population.

Title V funds serve to expand the local workforce dedicated to the health care of women, adolescents, children and children with special health care needs who, due to various socio-economic and related factors, are at the highest need for these services provided by the local public health system. The MCH team comprises approximately 30 employees who provide essential services, identify local community needs, and develop solutions for improvement.

Title V funds continue to support various health promoting campaigns aimed at educating and serving the MCH population. Media campaigns promoting outreach activities, such as the oral health initiative, the youth mental health summit and the children's diabetes awareness walk have contributed to increased awareness and education for the VI MCH population. Block Grant funds have also been utilized to support initiatives like the Early Hearing Detection and Intervention (EHDI) school-based hearing screening, the Breast Cancer awareness walk, the children's diabetes awareness walk and behavioural health screening. Overall, Title V funds play a crucial role in assuring access to care towards improving the maternal and child health outcomes in the U.S. Virgin Islands. Thus, these funds play a critical role in augmenting local efforts to improve health outcomes for all as outlined in the USVI community health improvement plan, *Healthy Virgin Islands 2030*, and beyond.

## MCH Success Story

The USVI MCH success story demonstrates a wonderful example of care coordination resulting in a positive outcome. Baby J is a beautiful 8-month-old born at 23 weeks gestation and now a thriving, happy baby. Care coordination started with the medical transfer from the USVI to Nicklaus Children's Hospital in Florida where she spent 3-4 months in the NICU. Baby J returned to the USVI and is seen in the high-risk clinic in the care of the MCH paediatrician and nursing staff during weekly high-risk clinic. Baby J is in the capable care of a cardiologist and neurologist. Baby J was referred to the Infants and Toddlers (ITP) program as a high-risk baby and the Women, Infants and Children program due to the need for a special formula. Baby J is thriving and has received routine vaccinations on time at the MCH clinic.

## Maternal and Child Health Bureau (MCHB) Discretionary Investments - Virgin Islands

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.