HRSA
Health Resources & Services Administration

Title V MCH Block Grant Program

VERMONT

State Snapshot

FY2024 Application / FY2022 Annual Report

November 2023

Title V Federal-State Partnership - Vermont

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 FY2024 Application / FY2022 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
Ilisa Stalberg Director, Family and Child Health ilisa.stalberg@vermont.gov (802) 863-7200	Adam Poulin CSHN Program Administrator adam.poulin@vermont.gov (802) 865-1329

State Family Leader	State Youth Leader
Charlotte Safran Family Engagement Coordinator Charlotte.Safran@vermont.gov (802) 497-8034	No Contact Information Provided

State Hotline

Name: Vermont MCH | Telephone: (800) 649-4357

Funding by Source

Source	FY 2022 Expenditures
Federal Allocation	$1,274,838
State MCH Funds	$956,129
Local MCH Funds	$0
Other Funds	$0
Program Income	$0

Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	$0	$0
Enabling Services	$525,112	$461,906
Public Health Services and Systems	$749,726	$661,315

FY 2022 Expenditures Federal

FY 2022 Expenditures Non-Federal

Percentage Served by Title V

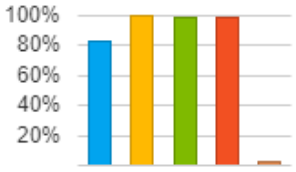
Population Served	Percentage Served	FY 2022 Expenditures
Pregnant Women	82.7%	$204,652
Infants < 1 Year	99.4%	$234,752
Children 1 through 21 Years	98.0%	$847,682
CSHCN (Subset of all infants and children)	98.0%	$901,480
Others *	2.6%	$0

*Others– Women and men, over age 21.

FY 2022 Expenditures

Total: $2,188,566

FY 2022 Percentage Served



Communication Reach

Communication Method	Amount
State Title V Website Hits:	0
State Title V Social Media Hits:	0
State MCH Toll-Free Calls:	0
Other Toll-Free Calls:	0

State does not have a toll-free hotline.

State did not provide a State Title V Program Website or State Title V Social Media Website.

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.

State Priorities and Associated Measures

Priority Needs and Associated Measures	Reporting Domain(s)
Ensure optimal health prior to pregnancy SPMs • SPM 3: Percent of Women advised by a healthcare worker to abstain from alcohol during pregnancy	Women/Maternal Health
Promote optimal infant health and development NPMs • NPM 4: A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months ○ ESM 4.1: % of 10 Step compliant or designated Baby-friendly hospitals	Perinatal/Infant Health

Achieve a comprehensive, coordinated, and integrated state and community system of services for children
 	
NPMs
• NPM 6: Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year
  ○ ESM 6.1: Number of providers trained in developmental surveillance and screening
• NPM 12: 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 12.1: % of CYSHN that have had a transition planning meeting by their 18th birthday
  ○ ESM 12.2: # of families, transition-aged youth, and providers who participated in transition-focused trainings using established/high-quality/best- practice transition resources
 	
SPMs
• SPM 5: Percent of MCH programs that partner with family members, youth, and/or community members
	Child Health,
	Children with Special Health Care Needs,
	Cross-Cutting/Systems Building

Children live in safe and supported communities SPMs • SPM 4: Percent of high school students who made a plan to attempt suicide in the past 12 months	Adolescent Health

Priority Needs and Associated Measures	Reporting Domain(s)
Youth choose healthy behaviors and thrive NPMs • NPM 10: Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year. ○ ESM 10.1: Number of public schools implementing the PATCH for Teens curriculum as part of their Health Education Curriculum SPMs • SPM 2: % of adolescents that feel they matter to people in their community	Adolescent Health

Reduce the risk of chronic disease across the lifespan
 	
NPMs
• NPM 8.1: Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day
  ○ ESM 8.1.1: Number of classrooms or schools that sign on to 3-4-50, including a commitment to daily recess
• NPM 13.2: Percent of children, ages 1 through 17, who had a preventive dental visit in the past year
  ○ ESM 13.2.1: # of students participating in Vermont's 802Smiles Network of School Dental Health Programs receiving oral health services
• NPM 14.1: Percent of women who smoke during pregnancy
  ○ ESM 14.1.1: % of pregnant smokers who register with the QuitLine or QuitOnline
	Women/Maternal Health,
	Child Health

Promote protective factors and resiliency among Vermont’s families SPMs • SPM 1: % of children 6 month to 5 years who meet all 4 flourishing items	Child Health

Executive Summary

Program Overview

Program Overview

Title V is VT's backbone structure for Family and Child Health in Vermont. Title V allows VT both to align with national priorities, as well as seek emerging priorities within state and local context. VT uses the Title V framework and funding to support staff and programming towards meaningful integration. Title V is the connective tissue to promote and enhance systems integration and partnership for all children and families across the state.

The Vision of our Division of FCH is: Strong, healthy families power our world.
Our mission is: We invest in people, relationships, communities, and policies to build a healthier VT for future generations.

FCH works across the life course to encourage optimal health and positive outcomes for all Vermont. We support programs that provide direct services to pregnant people, children and families and build healthy communities. We provide leadership and guidance to professionals who work with children and families in a variety of settings including health care, early care and learning, schools, and human service organizations. We respond to the needs of families by helping them connect to resources, improving access to quality health care and services, and ensuring policies and systems are developed to allow all residents to achieve optimal health. Collaboration with local, state, and national partners encourages a collective impact resulting in long-term positive outcomes.

Examples of key programs administered by FCH include CSHN, reproductive health, WIC, school health, EPSDT and preventive services, adolescent health, home visiting, child injury and violence, prevention, quality improvement in clinical care and community programs, and early childhood services and programming.

We align our Strategic Plan with the Title V framework. Our Strategic Plan will be extended for another year, due to the impact of the COVID pandemic on our work and to align with the upcoming new VT Department of Health strategic plan, Healthy Vermonters 2030 priorities, and with priorities identified in the upcoming Title V needs assessment. We will develop a new Strategic Plan during 2024.

Priorities

Data analyses from the 2020 Title V Needs Assessment resulted in the identification of population needs and areas where data indicate areas of strength. Despite this, VT continues with longstanding significant disparities.

Women's/Maternal

1. PM: % of women who smoke during pregnancy
   [State] % of women advised by a HCW to abstain from alcohol during pregnancy
   Priority: Ensure optimal health prior to pregnancy

VT has one of the highest rates of smoking during pregnancy in the country. Although we have seen a marked decrease in the last several years, VT's smoking in pregnancy rate remains high: 13.5% in VT (NVSS 2020) compared to the U.S. at 5.5%. This data is more striking when stratified by WIC participation. VT has a solid track record of supporting cessation benefits for pregnant individuals and their medical providers through Medicaid and the 802Quits Network, including a financial incentive of up to $250 for individuals and billing codes for providers specific to smoking cessation interventions. As evidenced by this strong and continued collaboration, nearly 80% of VT tobacco users reported efforts to quit during pregnancy (PRAMS 2020). Additional ongoing strategies include the promotion of 802Quits Network (ESM) to regional partners through collaboration with the Offices of Local Health, evidence-based training for professionals, the One More Conversation campaign as well as screening, support, and referral from VDH's nurse home vising program and WIC nutritionists.

Like smoking, VT has a very high rate of alcohol use in pregnancy. 11.5% of women drank during the 3rd trimester of pregnancy compared to 7.5% in the US (PRAMS, 2020). Sixteen percent of women age 35+ drank alcohol during the last 3 months of pregnancy, compared to 9.8% of women nationally (2020 PRAMS). Moreover, 14% of women who drank before pregnancy reported that their providers did not advise them to abstain from alcohol during pregnancy. VT data demonstrate higher rates of alcohol use in pregnancy among older women, yet providers are least likely to advise this population to abstain. Consequently, we have chosen this new PM to reinvigorate coordinated work in this area and have launched a significant messaging campaign called *One More Conversation* to raise awareness about the topic of substance use in pregnancy and help improve access to treatment that could improve these rates, discussed in more detail in the Women/Maternal narrative sections.

Perinatal/Infant

2. PM: % of infants breastfed exclusively through 6 months
   Priority: Promote optimal infant health and development

VT has a strong breastfeeding support system. WIC is respected for its strong clinical and peer counseling services, and FCH works with clinical and community providers to increase awareness and knowledge as to how to support breastfeeding. While VT has high rates of initiation (91.8% among infants born in 2019, compared to 83.2% for the U.S. population), there is substantial room for improvement in sustained exclusive breastfeeding through 6 months (36.2% in Vermont vs. 24.9% for the U.S.). Significant disparities regarding education, marital status, age, and WIC participation persist. Prior to the pandemic, VT launched a

stakeholder-engaged breastfeeding strategic planning process to identify strategies for the next three years which would have been 2020-2022. Those efforts were put on hold until 2023 due to COVID-19 but included: promotion of the Baby-Friendly hospital initiative, coordinated training and education, peer support programs, as well as efforts aimed at support for breastfeeding in early childcare and in the workplace.

Child

3. PM: % of children, ages 9 through 35 months, receiving a developmental screening
   Priority: Achieve a comprehensive, coordinated, and integrated state and community system of services for children

Data from the 2018-19 NSCH indicate that 51.8% of VT children have been screened for development. FCH continues to work with partners to expand screening across multiple domains of development, including social contributors of health, by increasing use of Help Me Grow Vermont (HMGVT) by providers and families. HMGVT promotes developmental monitoring and screening to help families better understand their child's early development, celebrate milestones, and identify concerns so that young children get connected to the services they need at an early age when the benefit is greatest. HMGVT aligns regional *Child Find* screening and referral efforts to build family resilience across the family home, medical home, and child's early learning environment by hosting the Ages and Stages Questionnaires (ASQ) Enterprise Online System with free provider access as well as the ASQ Online Family Access for families to complete questionnaires. With the need for telehealth, tele-home visiting, and virtual classrooms during the pandemic, use of HMG's ASQ Online system increased exponentially, with over 11,148 screens entered in the ASQ Online system (by the end of September 2022) with 9,721 for general development and 1,427 focused on social-emotional development, a 74% increase over last year. There are currently 57 programs/practices using ASQ Online; of these, 13 are medical practices, 27 are early care and education programs, six are Strong Families Vermont Nurse home visiting programs, and three are Children's Integrated Services programs. Work has resumed to fully integrate the ASQ Online system with Vermont's Universal Developmental Screening Registry (USDR), an effort delayed by COVID-19, to improve communication and coordination for earlier identification of developmental concerns.

4. PM: % of children, ages 6 - 11, who are physically active at least 60 min/day
   % of children, ages 1 - 17, who had a preventive dental visit in the past year
   Priority: Reduce the risk of chronic disease across the lifespan

VT's rate of physical activity among 6 to 11-year-olds in 2020-2021 was 25.2%, a drop since the previous year. This compares to the rate of 20.5% in the US for the same time period. This drop since 2019-2020 (33/5% in Vermont) may be attributed to the effects of the pandemic on in-school attendance and youth sports, both significant contributors to physical activity for children ages 6-11. VT has long-been engaged in strategies to improve this and is using the opportunity of Title V to enhance coordination with our chronic disease division and other partners. This work includes strategies such as: promoting VT's 3-4-50 initiative to early care and learning settings and schools; working with VT's early care professional development system; and promoting school wellness policies.

More than 84% of VT children ages 1-17 had a preventive dental visit in the past year, compared to 78% for the U.S. population (NSCH 2019-20). While VT has fairly good dental coverage rates, access to dental providers is limited, particularly for the Medicaid population. There are significant gaps in knowledge among medical and dental providers regarding oral health guidance. VT has a strong oral health program, coalition, and key strategies are increasing WIC participation in our public health dental hygienist program, increasing student/school participation in the 802Smiles Network of school dental health programs (ESM), and promoting midlevel dental therapists.

5. PM: [State] % of children 6 months to 5 years who are flourishing
   Priority: Promote protective factors and resiliency among VT's families

According to the 2019-20 NSCH, 82.3% of children ages six months to five years are flourishing, suggesting that about one-sixth of VT's children are not thriving in at least one of four areas: curiosity, resilience, attachment to caregivers, and positive affect. To this end, Vermont incorporated *Strengthening Families Framework* into all relevant work, with an emphasis on preventing and mitigating the impact of toxic stress. Additionally, FCH has launched the newly revised HelpMeGrowVT.org website that will align several FCH communications campaigns, Support Delivered, One More Conversation, and Strong Families Vermont home visiting, with HMGVT as the call to action. Our HMGVT quality improvement is focused on increasing referrals to Strong Families Vermont nurse and family support home visiting. We will continue our systemic work to prevent domestic and sexual violence. FCH is partnering with the Department of Mental Health and others to increase provider access to perinatal and child psychiatric consultation and mental health services.

Children with Special Health Needs

6. PM: % of adolescents with and without special health care needs, ages 12 through 17, who received services necessary to make transitions to adult health care
   Priority: Achieve a comprehensive, coordinated, and integrated state and community system of services for children

VT CSHN engages in broad efforts to support a coordinated and integrated system of services for CYSCHN. While work to support care coordination is reflected in steady rates of Medical Home access, there is increased focus on healthcare transitions. According to the 2020-21 NSCH, only 27.9% of adolescents with a special health care need received transition services. Through regionally based Care Consultants, CSHN partners with the statewide network of HireAbility Transition Counselors, including participation on regional CORE Teams. CSHN supports the annual statewide CORE Team event through planning and funding as well. This event drew 260 participants in October 2021. CSHN and UVMMC's Children's Chronic Care Initiative (CCCI) are engaged in a multi-year project focused on applying the Got Transition 6 Core Elements of healthcare transitions framework. While early phases of this work focused on specialty care clinics at the University of Vermont Medical Center, in the previous reporting period, CCCI expanded efforts to include primary care practices affiliated with the UVMMC Health Network. CCCI uses proven QI methodologies to implement the 6 Core Elements, as well as creative strategies leveraging the health network's electronic health records system.

Adolescent

7. PM: % of adolescents, ages 12 - 17, with a preventive medical visit in the past year
[State] % of adolescents that feel they matter to people in their community
Priority: Youth choose healthy behaviors and thrive

While VT appears to do well on this measure on national surveys exceeding the HP2030 target and national average (VT 84.8%, US 75.6% in 2019-20, NSCH), state specific data from practice improvement chart audits and all-payor claims data suggest this is still an area of concern. FCH plans to identify and develop communication materials and social marketing strategies for providers, parents/caretakers, and adolescents, to be used in tandem with EPSDT outreach and informing letters, school nurse materials, and patient handouts. Specifically, FCH is working with schools to promote Bright Futures recommendations of an annual well-exam. We are creating opportunities to assess and convene school-based health centers and plan to promote the PATCH for Teens.

Although it is difficult to move the needle on adolescents who feel they matter (58.2% in 2019, down from 60.5% in 2017, but up from 50.5% in 2015; source: YRBS), VT aims to promote healthy behaviors among youth through an empowerment model. VT has joined with other organizations in highly innovative and effective programming: Getting to 'Y' is an opportunity for students to take steps to strengthen their school and community by addressing risks and promoting strengths. Additionally, VT has recently formalized a Youth Advisory Council with oversight by FCH. Additional strategies include leadership to the Youth Systems Enhancement Council, and promotion of Youth Thrive as a key framework to support positive youth development. A key concern is the impact of COVID on school attendance and mental health and how this measure will be impacted. FCH is now participating in a cross-agency working group on this topic. FCH will closely monitor this, as well as implement COVID recovery programming and systems improvements to address emerging concerns.

8. PM: % HS students who made a plan to attempt suicide in the past 12 months
Priority: Children live in safe and supported communities

VT has a high rate of high school students who made a plan to attempt suicide in the past year -- 13.4% in 2019, above the Healthy Vermonter's 2020 target rate of 8% and the Title V target of 7%. Significant differences exist in this indicator when looking at health equity. 21.1% of Latinx students, 17.8% of multiracial, and 13.7 of Native American students compared to 14.8% of black students made a suicide plan, compared to 12.7 of white students. Disparities exist by sexual orientation, as well (35.6% of LGB compared to 9.6% of heterosexual students).

The Vermont Department of Health, in partnership with Department of Mental Health, received a Garrett Lee Smith Youth Suicide Prevention Grant from SAMSHA to increase the capacity of youth-serving providers to screen, refer, and treat youth struggling with suicidality. The activities of this grant include training mental health providers on the Zero Suicide framework, training youth-serving organizations on Youth Mental Health First Aid and expanding UMatter for Schools to non-implementing LEAs. FCH continues to support the Child Psychiatry Access Program and the Vermont Center for Children, Youth, and Families Suicide Prevention Team to expand mental health care provided to youth. The Division of Health Statistics and Informatics is in the process of creating a Suicide Data Linkage Project that analyzes all suicide deaths in Vermont and the demographics and circumstances surrounding those deaths. FCH will use that data to identify subpopulations of Vermont youth that are disproportionately affected by suicide and make recommendations for preventative interventions. In addition to this project, the Child Fatality Review Team continues to review all youth suicide deaths in Vermont to make recommendations, primarily focusing on social determinants of health.

9. PM: % of MCH programs that partner with family members, youth, and/or community members

In 2021 eight out of nine (88.9%) FCH programs that partner with family members, youth, and/or community members. VT has a long tradition of promoting family-centered care and involving families in all levels of decision making. Our FCH Division values family input across programming and planning and works to do this in an authentic and meaningful manner. VT is advancing a new state performance measure on family partnership which aims to ensure that FCH programming partners with families across all levels of engagement. FCH also recently hired a Family Engagement Coordinator to coordinate and head these efforts.

<u>Partnerships</u>

Vermont's Title V is actively engaged in ensuring a statewide system of services, which reflects principles of comprehensive, community-based, coordinated, family-centered care.

The FCH Division works very closely with other divisions within VDH to carry out activities under and connected to Title V. VT does not have county level health departments, but local offices at the district level. FCH Coordinators and School Liaisons in each of these district offices carry out Title V and other FCH-related work within communities. The Division of Health Promotion and Disease Prevention houses programmatic activities related to tobacco control and prevention, oral health, physical activity and nutrition, and chronic disease. FCH works with the Division of Emergency Preparedness, Response, and Injury Prevention to address childhood injury, Environmental Health around toxic exposure, and the Division of Substance Use Programs on shared planning around substance use in pregnancy and youth substance use. Staff within the Divisions of Health Statistics and Informatics and Laboratory Science and Infections Disease conducts FCH epidemiology, data analysis, surveillance, and immunization.

VT is a small rural state with a population of slightly more than 600,000, with proportionally small state government agencies. Committed staff across children and family-serving state agencies and nonprofit organizations work closely with each other and family organizations to address the needs of VT children and families. VT has many strengths and is at the leading edge of significant innovation and advancement in health care delivery and financing for VT's children, including those with special health care needs.

How Federal Title V Funds Complement State-Supported MCH Efforts

Title V Supports State MCH

VT FCH's strategic plan is aligned with our Title V framework. This allows us to be more strategic in our work and engagement with partners. Title V has and continues to be VT's backbone structure, allowing us to align with national priorities, as well as respond to state and local emerging priorities.

Federal funds have helped align efforts across funding sources, that have the potential to be disjointed. VT uses the Title V framework and funding to support staff and programming towards meaningful integration. For example, we have used national and state PMs, such as substance use in pregnancy, physical activity and nutrition, and youth engagement and empowerment to further integrate across the health department, Agencies of Human Services and Education and community partners, ensuring we are all pulling in the same direction. Likewise, we frequently use Title V funding to test innovative strategies that can be replicated and sustained with other funding sources.

Title V is the guidepost to align strategies statewide. Vermont's FCH's integration with clinical medicine, as well as our deep roots in EPSDT and school health positioned us perfectly to advance the needs of children and families during COVID. As described elsewhere, we quickly established a school and childcare branch within the Health Operations Center and worked intimately with primary care, schools, and childcare throughout the response and transitioning out of the state of emergency.

Throughout and across FCH programing and activities, we focus on our identified crosscutting measure: family engagement. VT has a long tradition of promoting family-centered care and involving families in all levels of decision making. Our FCH Division values family input across programming and planning and works to do this in an authentic and meaningful manner. Examples of this work include the WIC family partnerships and the first BIPOC Youth Photo Narrative project (described in greater detail below).

Over the last several years we have been increasing our emphasis on health equity in all the work we do, but COVID-19 challenged us to rethink business as usual and find creative solutions to addressing health disparities in our small, rural state. Title V allows us to weave strategies that support and elevate health equity into our programs and services. We extended our strategic plan another year to align our programmatic work with a health equity framework with the upcoming Title V needs assessment, Healthy Vermonters 2030, and the Vermont Department of Health's upcoming strategic plan. In May 2022 we hired an FCH-focused Health Equity Team Lead who is leading us through this important work.

In this first year our Health Equity Team Lead spearheaded several efforts including,

- Equity Lunch and Learns Series – on topics of racism, leading with race, sexual orientation, gender identity and expression topics, disability, indigenous Vermonters, health equity, etc.)
- "101" training on gender identity and expression
- Support to change all gendered language (ex: from "breastfeeding" to "breastfeeding/ chestfeeding" in a systematized way)
- Hiring of Family Engagement Coordinator
- Work cross-Divisionally with Evaluation and Communications to strengthen our technical assistance.

Although VT's allocation is among the smallest in the nation, we have successfully braided Title V funding with other sources: WIC, MIECHV, Preschool Development Grant, Medicaid, and competitive cooperative agreements such as HRSA's MDRBD and ECCS funding to provide a comprehensive system of care for children & families.

MCH Success Story

FCH Success Story

During this reporting period we have made great strides in planning and implementing Health Equity and Family Partnership work within our division.

The Department's Office of Health Equity Integration, formed via CDC Health Disparities funding, became a 20-person team with roles across the Department. In FCH, we hired a full time, first of its kind, Health Equity Team Lead and committed sustained funding to that position. Sara Chesbrough started with us in May of 2022 and set to work embedding equity principles and best practices into our programmatic work and planning. This position offers the Division important opportunities to learn about, highlight the experiences of, and tailor programming to benefit our State Health Improvement Plan's four priority populations: Vermonters with disabilities, LGBTQIA+ Vermonters, Vermonters of Color/of the Global Majority, and Vermonters living with low socio-economic status.

It is the role of the FCH Health Equity Team Lead to help improve the effectiveness of FCH work in communities where systems and institutions have created injustice and oppression. The FCH Health Equity Team Lead supports the work of cross-sectoral partners to promote a fair and just opportunity for all Vermont children and families to be healthy and live in thriving communities.

The Team Lead position contributes to Department and Division-level planning by: leading efforts to establish department-wide plans, policies, and procedures, and to build out the Office of Health Equity Integration; representing the department to a variety of

local, state, and national organizations concerned with promoting health equity with a focus on Family and child health populations; advancing Department-wide understanding and compliance with the federal Culturally and Linguistically Appropriate Services in Health and Healthcare (CLAS) Standards; and working closely with division Information Director and Evaluator to improve performance measurement and communications with an eye to health equity.

Sara offers general equity guidance and program-specific technical assistance and assists staff in assessing health equity integration in all programs. She supports FCH leadership and staff in building and maintaining relationships with key stakeholders; advocates that health supports and services offered to the public are: available, accessible, affordable, coordinated, culturally appropriate, and offered with cultural humility; and supports family and child health communications efforts by creating and disseminating prevention information in plain language, taking into account the first/native languages and social-cultural norms of the audience.

In alignment with FCH's Strategic Plan we seek to promote an approach to our work that is integrated, strengths-based, and mission-driven. We are also looking closely at increasing and improving our work to authentically engage people who are impacted by our programming. We are guided by the Title V performance measure that FCH programs will partner with family members, youth, and/or community members. We aim to use strategies like representing all voices in FCH communications campaigns and outreach strategies, and convening and participating in advisory committees that demonstrate authentic family and consumer partnership.

A newly imagined Family Engagement Coordinator role, framed from our current work with a contractor, will provide consultation and project management across all programs of the Family and Child Health Division specific to culturally responsive and inclusive family engagement. This position will ensure flexibility and adaptability regarding cultural competency and cultural intelligence in the provision of quality services for Vermont children, birthing people, caregivers, and families.

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

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 2022.

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.