HRSA
Health Resources & Services Administration

Title V MCH Block Grant Program

VERMONT

State Snapshot

FY2026 Application / FY2024 Annual Report

December 2025

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 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)

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Funding by Source

Source	FY 2024 Expenditures
Federal Allocation	$845,410
State MCH Funds	$628,202
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	$284,038	$272,848
Public Health Services and Systems	$561,372	$522,447

FY 2024 Expenditures Federal

FY 2024 Expenditures Non-Federal

Percentage Served by Title V

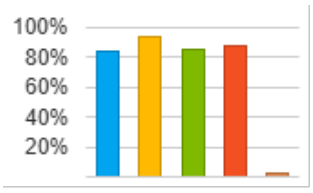
Population Served	Percentage Served	FY 2024 Expenditures
Pregnant Women	83.4%	$115,622
Infants < 1 Year	93.8%	$28,196
Children 1 through 21 Years	84.9%	$814,810
CSHCN (Subset of all infants and children)	86.8%	$488,000
Others *	2.1%	$0

*Others– Women and men, over age 21.

FY 2024 Expenditures

Total: $1,446,628

FY 2024 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 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)
Improve mental health and decrease substance use among pregnant and postpartum Vermonters NPMs • A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth B) Percent of women who attended a postpartum checkup and received recommended care components - PPV ○ ESM PPV.1: # of home vising staff, community health team partners (PII), health care providers trained and equipped to provide postpartum care education, screening, referrals, and follow-up, with a focus on perinatal mental health and contraceptive use. SPMs • SPM 5: % of pregnant Vermonters screened and connected to community-based resources for perinatal substance use	New	Women/Maternal Health

Advance a comprehensive, coordinated, and integrated state and community system of services for all children
 	
NPMs
• A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months - BF
  ○ ESM BF.1: Number of interprofessional training series conducted on integrating breastfeeding promotion into various healthcare settings.
  ○ ESM BF.2: % of 10 Step compliant or designated Baby-friendly hospitals
• Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year - DS
  ○ ESM DS.1: Number of providers trained in developmental surveillance and screening
• Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - MH
  ○ ESM MH.1: % of families in CSHN's Medicaid Programs supported to access a Medical Home and/or Care Coordination when indicated through programmatic outreach.
	Continued	Perinatal/Infant Health,
		Child Health,
		Children with Special Health Care Needs,
		Cross-Cutting/Systems Building

SPMs • SPM 1: % of children 6 month to 5 years who meet all 4 flourishing items • SPM 3: Percent of MCH programs that partner with family members, youth, and/or community members		
Improve health outcomes by strengthening health and school connections NPMs • Percent of adolescents, with and without special health care needs, ages 12 through 17, who are bullied or who bully others - BLY o ESM BLY.1: The number of trainings to be offered to school health staff in identifying and addressing bullying-related health issues SPMs • SPM 6: % of students who are chronically absent from school	New	Adolescent Health
Improve access to oral healthcare for children and adolescents NPMs • Percent of children, ages 1 through 17, who had a preventive dental visit in the past year - PDV-Child o ESM PDV-Child.1: # of students participating in Vermont's 802Smiles Network of School Dental Health Programs receiving oral health services	New	Child Health
Increase the number of families who have their basic needs met NPMs • Percent of children, ages 0 through 11, whose households were food sufficient in the past year - FS o ESM FS.1: # of cross-sector partnerships and referral pathways to connect children and families who are income eligible or who have been identified through an evidence-based screening tool to nutrition assistance programs and services.	New	Child Health
Build safe and supported communities NPMs • 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	Continued	Women/Maternal Health, Perinatal/Infant Health

to sleep without soft objects or loose bedding D) Percent of infants room-sharing with an adult during sleep - SS o ESM SS.1: # of community outreach events conducted in partnership with WIC, Home Visiting, and other programs to promote safe sleep. SPMs • SPM 4: Number of healthcare and social service providers who received training on intimate partner violence universal education and response in the past year.		
Promote social connection for youth and their caregivers SPMs • SPM 2: % of adolescents that feel they matter to people in their community	Revised	Adolescent Health

Executive Summary

Program Overview

Program Overview
Title V is Vermont's backbone structure for the Division of Family and Child Health (FCH). Title V enables Vermont to align with national priorities and identify emerging priorities within state and local contexts. Vermont uses the Title V framework and funding to support staff and programming toward meaningful integration. FCH works across the life course to promote optimal health and positive outcomes. We support programs that provide direct services to pregnant Vermonters, children, and families and build healthy communities. Examples of key programs administered by FCH include Children with Special Healthcare Needs (CSHN), reproductive health, WIC, school health, EPSDT and preventive services, adolescent health, home visiting, injury and violence prevention, quality improvement in clinical care and community programs, and early childhood services and programming. We provide leadership and guidance to professionals who work with children and families in a variety of settings, including healthcare, child care, schools, and human service organizations. We respond to the needs of families by helping them connect to resources, improving access to quality healthcare and services, and ensuring policies and systems are developed to allow all residents to achieve optimal health. Collaboration with local, state, and national partners advances a collective impact resulting in long-term positive outcomes. We align our Strategic Plan with the Title V framework. FCH's Strategic Plan is in its final extension year, due to the impact of the COVID pandemic on our work and to align with the new Vermont Department of Health strategic plan, Healthy Vermonters 2030 priorities, and the recent Title V needs assessment.

Women's/Maternal Health
Priority: *Improve mental health and decrease substance use among pregnant and postpartum Vermonters*
***NPM**: # of women who report attending a postpartum checkup within 12 weeks after giving birth, who had a healthcare provider talk to them about birth control methods and what to do if they felt depressed and anxious.*
According to PRAMS (2023), Vermont has high rates (92.6% in 2023) of women who attended a postpartum check-up within 12 weeks after delivery. Vermont (80.6%) significantly exceeds the New England (77.2%) and US rates (72.8%) of women who attended a postpartum checkup and received all recommended care components. Despite these high rates, there are noteworthy variations based on educational attainment, private vs public insurance, maternal age, and participation in WIC. As for the care components, Vermont began a Perinatal Mood and Anxiety Disorders (PMADs) screening and referral project, supported doula programs, and reimagined what was formerly the Perinatal Psychiatry Consultation Service. The team is planning to provide training on contraceptive counseling fundamentals, perinatal substance use, and other reproductive health topics for family support providers like home visitors.

SPM 1: *% of pregnant Vermonters screened and connected to community-based resources for perinatal substance use.*
FCH staff, Blueprint for Health's Pregnancy Intention Initiative, and the Division of Substance Use continue to collaborate on reducing rates of perinatal substance use and increasing access to community-based support during pregnancy and postpartum periods. Vermont has a very high rate of substance use in pregnancy. About 12% of people drink during pregnancy, and about 10% of pregnant Vermonters report using cannabis (PRAMS, 2023). The Maternal Health Innovations project will use the results of a qualitative study around the birthing experiences of perinatal Vermonters with SUD to guide the development of interventions and educational materials. FCH and the PQC-VT will work collaboratively with clinical, community, and state partners to address the widespread stigma and bias negatively impacting perinatal Vermonters with SUD to increase comfort with disclosing use and accepting supports. The PQC-VT and FCH support the implementation of the Alliance for Innovation in Maternal Health's Care for Pregnant and Postpartum People with SU Patient Safety Bundle to increase SUD screening and referral. Updates to the Family Care Plan and a virtual platform will support the coordination of services between clinical obstetrical care and the SFV nurse home visiting program and other community resources.

Priority: *Build safe and supported communities for families*
SPM 2: *# of healthcare providers who received training on intimate partner violence (IPV) universal education and response in the past year.* One in six Vermont adults have ever been physically hurt by an intimate partner (15%, BRFSS 2021), and 16% have ever been forced to experience a non-consensual sexual activity. Vermont has worked in collaboration across key programmatic areas including home visiting, injury and violence prevention, perinatal health, and in partnership with the Department for Children and Families (DCF) and with the state's domestic and sexual violence coalition, the VT Network, to plan and implement training on the *Connected Parents, Connected Kids (CPCK)* curriculum. The curriculum is designed to support home visitors, healthcare professionals, domestic violence experts, survivors, and policy makers at all levels as they improve healthcare's response to domestic violence. The curriculum is also structured to help home visitation systems successfully meet the MIECHV IPV Benchmark. The curriculum presents an evidence-based intervention: Confidentiality, Universal Education, Empowerment, and Support (CUES). This ensures that all clients receive information on healthy and unhealthy relationships and resources for addressing IPV and warm lines to help prevent child abuse, regardless of whether a client discloses that they are experiencing violence.

Perinatal/Infant Health
Priority: *Advance a comprehensive, coordinated, and integrated state and community system of services for all children.*
NPM: *% of infants breastfed exclusively through 6 months*
WIC is respected for its strong clinical and peer counseling services, and FCH works with clinical and community providers to increase awareness and knowledge of how to support breastfeeding. While Vermont has high rates of initiation (92% in 2023 vs. 85.3% in the U.S (2023 Vermont Vital Statistics Report), there is substantial room for improvement in sustained exclusive breastfeeding through 6 months (35% in Vermont vs. 28.7% for the U.S for infants born 2022-2023). Before the pandemic, Vermont

launched a breastfeeding strategic planning process to identify strategies that were paused throughout the pandemic. Efforts have been reinvigorated around providing coordinated training and education, peer support programs, improving insurance coverage for breast pumps, and supporting breastfeeding in early childcare and the workplace.

Priority: *Build safe and supported communities*
NPM: *% of infants placed to sleep on their backs, without soft objects or loose bedding, and in a separate, safe sleep space.* According to the 2023 PRAMS, 49.8% of babies consistently slept in a safe sleep environment. FCH has led interagency infant safe sleep trainings for DCF Family Service Workers and Local Health Family and Child Coordinators (FCHC). FCH leads the Safe Kids Vermont Infant Safe Sleep Committee. The statewide committee is a coalition of individuals and organizations across the state of Vermont dedicated to providing infant safe sleep messages and education to all members of the community who provide infant care. FCH led Infant Safe Sleep Product program is a statewide distribution effort across Vermont. Safe sleep products include play yards and sleep sacks for infants 0-6 months and 6-12 months.

Child Health
Priority: *Achieve a comprehensive, coordinated, and integrated state and community system of services for all children*
NPM: *% of children, ages 9 through 35 months, receiving a developmental screening*
Data from the 2022-2023 NSCH indicate that 49% of Vermont children have been screened for development. Using our current data source, the Vermont Healthcare Uniform Reporting and Evaluation System (VHCURES), Vermont's all-payer medical claims database, developmental screening in the first three years of life has significantly increased from 46% in 2015 to 61% in 2023 (as billed through insurance claims). Key findings include that, by 2022, developmental screening increased near pre-COVID-19 pandemic levels. Two-year-old children had the highest percentage (74%) of developmental screening claims, and three-year-olds had the lowest percentage. Across all years since 2015, children insured by Medicaid were less likely to have a claim for developmental screening than children with other insurance. This improved trend is a result of considerable work to advance screening across multiple domains of development, including social contributors to health, by increasing the use of Help Me Grow Vermont (HMGVT) by providers and families. HMGVT aligns early identification efforts by hosting the Ages and Stages Questionnaires (ASQ) Enterprise Online System free for providers, as well as the ASQ Online Family Access for families to complete developmental questionnaires. ASQ screening results are integrated with the Developmental Screening Registry (DSR), a data collection and communication system that will provide a more accurate and comprehensive measure of screening rates and offer a population measure of child well-being.

Priority: *Increase the number of families who have their basic needs met*
NPM: *# of children ages 0-11, whose household has always been able to afford to eat good, nutritious food in the past year.*
In 2024, in Vermont, 17.8% of children under 18 lived in households that were food insecure, which is an increase from 14.6% in 2022 (Building Bright Futures, 2025). FCH's primary strategy to address this growing need is to increase the number of cross-sector partnerships and referral pathways to connect children and families who are income eligible or who have been identified through an evidence-based screening tool to nutrition assistance programs and services. This includes continuing work with the Physical Activity and Nutrition program, which hosts the Nutrition Security Workgroup, supporting the launch of a Food is Medicine Project, and continuing to support initiatives with socioeconomic drivers of health screening efforts in programs. The WIC team will also continue to develop and strengthen referral pathways between local WIC offices and pediatric providers.

Priority: *Improve Access to oral healthcare for children and adolescents*
NPM: *% of children, ages 1-17, who have had a preventive dental care visit in the past year.* According to NSCH 2022-23 data, 85.9% of Vermont children ages 1-17 had a preventive dental visit in the past year, compared to 79.2% of the U.S. population. There are significant gaps in knowledge among medical and dental providers regarding oral health guidance, and adherence to oral health periodicity schedule guidelines by medical and dental healthcare providers is limited. Additionally, dental healthcare providers have been slow to adopt minimally invasive dental care (MIC), which can maximize the capacity of the current workforce, reduce costs, and promote patient-centered care. Vermont has a strong oral health program, an Oral Health Network made up of representatives of organizations that have a vested interest in dental public health, and a state oral health plan that outlines key strategies to promote access to dental care including, increasing student/school participation in the 802Smiles Network of school dental health programs, promoting midlevel dental therapists, integrating oral health messages and services into primary medical care, and expanding the adoption of MIC in Vermont.

Children with Special Health Needs
Priority: *Achieve a comprehensive, coordinated, and integrated state and community system of services for children*
NPM: *% of children with special health needs, ages 0-17, who have received all needed help with care coordination*
Vermont CSHN engages in broad efforts to support a coordinated and integrated system of services for CYSCHN. Recent NSCH data shows an increase in medical home attribution (39.8% to 42.3%), but a decrease in receiving needed care coordination (53.1% to 50.4%). Core elements of Vermont CSHN's organizational structure are intended to support the medical home model and care coordination provided across community partners. A team of regionally distributed Care Consultants provides a combination of consultation and technical assistance to care coordinators and delivers episodic care coordination directly to CYSHCN families not yet connected with a medical home. The Health Systems team works upstream through project-based initiatives to develop educational resources for families and providers, including data collection and evaluation infrastructure. CSHN partners with VCHIP to coordinate a statewide Care Coordination Collaborative (CCC) engaged in multiyear work to improve care coordination. The CCC is presently piloting a Shared Plan of Care, leveraging access to the Vermont Health Information Exchange (VHIE), building on relationships CSHN established between the project team, Vermont Medicaid, and the VHIE. Through its administration of Vermont Medicaid's Children's Personal Care Services program (CPCS), CSHN screens over 1100 CYSHCNs annually. Planned revisions to the CPCS intake and application process will include screening enrollees for connections to medical homes and performing follow-up/referral supports to make connections when indicated.

Adolescent Health
Priority: *Improve Health Outcomes by Strengthening Health and School Connections*
NPM: *% of adolescents in grades 9-12 who report they were bullied on school property or electronically in the past year.*
The FCH IVP team has been selected as a cohort member for The Children's Safety Network's Child Safety Learning Collaborative (CSLC), which will occur from May 2025 to October 2026. This collaborative will support three cohorts of state and jurisdiction Title V agencies to reduce fatal and serious injuries among infants, children, and adolescents. The IVP team will be receiving technical assistance on the topic area of bullying prevention on best practices and emerging trends, building strong partnerships, collecting and sharing data to drive decision making and impact, CQI, and adapting child safety interventions. Partnerships will focus on strengthening relationships with the Agency of Education (AOE) and the Agency of Human Services (AHS) staff that support school health and mental health.

SPM: *% of students who are chronically absent from school*
For the past two years, FCH has been engaged in efforts related to assessing and addressing chronic absenteeism in the state through participation in an Interagency Prevention workgroup that is led by the Director of Prevention for the Governor's office. FCH will continue to work with other AHS departments, Health Department divisions, AOE, and VCHIP in statewide efforts to address chronic absenteeism. Through our work with VCHIP, understanding chronic absenteeism as a key "vital sign" linking health and school attendance, a broader understanding of the centrality of attendance and health has emerged, and engaged many partners as well as state leaders. In addition, chronic absenteeism has been identified as a performance measure for Vermont's State Health Improvement Plan (SHIP), and our Title V SPM aligns with the SHIP measure.

Priority: *Promote social connections for youth and their caregivers*
SPM: *% of adolescents who feel they matter to people in their community*
Although it is difficult to move the needle on adolescents who feel valued in the community (54% in 2023, up from the 2021 rate at 51% (YRBS), Vermont aims to promote social connections for youth and their caregivers through the utilization of youth empowerment models. FCH partners with youth-serving organizations in youth 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, the Vermont Legislature passed legislation mandating the creation of a Statewide Youth Advisory Council with oversight by FCH. Additional strategies include leadership from the Vermont Raise Awareness for Youth Services (VTRAYS) and the Vermont Youth Project. Key partners in this work include Up for Learning, VT Afterschool, and VCHIP.

Priority: *Advance a comprehensive, coordinated, and integrated state and community system of services for all children.*
SPM: *% of FCH programs that partner with family members, youth, and/or community members*
In 2023, eight out of nine (88.9%) FCH programs partnered with family members, youth, and/or community members. Our FCH Division values family input across programming and planning and works to do this in ways that promote optimal health and engagement, are non-extractive, and consistent. This work has expanded significantly with both the WIC and CSHN family partner groups.

Vermont 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 Vermont children and families.

How Federal Title V Funds Complement State-Supported MCH Efforts

Title V Funds Complement State-Supported MCH Efforts
Vermont FCH's strategic plan is aligned with our Title V framework. This allows us to be more deliberate in our work and engagement with partners. Title V has and continues to be Vermont's backbone structure, allowing us to align with national priorities, as well as respond to state and local emerging priorities. The current FCH strategic plan is in its final year. In the next iteration, we intend to align our programmatic work with the results from the 2025 Title V needs assessment, Title V priorities and performance measures, Healthy Vermonters 2030, and the Vermont Department of Health's State Health Improvement Plan.

Federal funds help to align efforts across funding sources, which have the potential to be disjointed. Vermont uses the Title V framework and funding to support staff and programming towards meaningful integration. For example, we use national and state PMs, such as substance use in pregnancy, food sufficiency and nutrition, injury and violence prevention, and youth engagement to further integrate across the health department, the 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 coordinate strategies statewide. Title V drives all programming and initiatives towards improving perinatal health outcomes. As demonstrated by Vermont's FCH's integration with clinical medicine through the Vermont- Perinatal Quality Collaborative (PQC-VT), the long-standing nurse home visiting programs, and the partnership with Medicaid to provide sustainable funding for pediatric practices implementing the Developmental Understanding and Legal Collaboration for Everyone (DULCE) model (described in the Perinatal/Infant Health Report). This past year, Vermont received the Maternal Health Innovation grant, and both the Title V MCH Director and Block Grant Coordinator are serving in leadership roles on this new opportunity, creating further systems integration.

Throughout and across FCH programming and activities, we focus on our identified crosscutting measure: family engagement. 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 approach that we took for the 2025 Needs Assessment (described in the Needs Assessment

Update) and the formation and expansion of family advisory groups such as our WIC Family Partners and CSHN Family Advisory Group.

Although Vermont'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 TPEC, ECCS, PHMCA, and MMHSUD funding to provide a comprehensive system of care for children and families.

MCH Success Story

FCH Success Story

Vermont has had a longstanding commitment to working in partnership to enhance support for the home visiting workforce and related partners, to provide a universal education approach with families to discuss Adverse Childhood Experiences (ACEs), relationships (healthy and unhealthy), and resilience. In 2015, FCH supported the roll out of *Healthy Moms, Happy Babies*, a nationally recognized trauma-informed curriculum created by Futures Without Violence. The curriculum, now sunset, supported home visitation programs in developing core competency strategies and offered tools, knowledge, and resources to help home visitors more effectively support individuals through a universal education approach to the health of relationships.

In 2023, Vermont worked in collaboration across key programmatic areas including home visiting, injury and violence prevention, perinatal health, and in collaboration with partners from the Department for Children and Families', Family Services Division, and with the state's domestic and sexual violence coalition, the VT Network, to plan training on the *Connected Parents, Connected Kids* curriculum, a revised and more inclusive version of *Healthy Moms, Happy Babies*. The curriculum is designed to support home visitors, healthcare professionals, domestic violence experts, survivors, and policy makers at all levels as they improve healthcare's response to domestic violence. Between September 2023 and May 2025, Vermont held three trainings for home visitors, domestic violence advocates, child welfare professionals, and other family support workers. These trainings reached nearly 150 professionals, including over 20 who were trained as trainers in the curriculum. In May 2025, the Vermont team expanded the training to healthcare providers, providing two trainings to more than 60 pediatric and family providers, social workers, and clinic staff.

In addition to providing the *Connected Parents, Connected Kids* curriculum, Vermont also chose to implement a different interpersonal violence (IPV) screening tool in its home visiting program. The program has historically used the HITS (Hurt, Insult, Threaten, Scream) Screening Tool, but chose to switch to the WAST (Woman Abuse Screening Tool) Screening Tool. This change was rooted in our belief that support should not be disclosure-driven, and that relationships and dialogue are key to supporting survivors of violence. Margaret Urban, Vermont's Nurse Home Visiting Program Administrator, also highlighted the importance of this work, saying, "The CPCK's universal approach, safety cards, and subsequent WAST-8 screening are now embedded into practice as part of the evidence-based nurse home visiting program (MECSH). A success case was recently shared to help support conversations with a client facing emotional abuse from the father of their baby. The home visitor and client spoke about the parents' relationship, what to look for, what is healthy, and the client was given the CPCK cards while discussing this relationship." In addition to adopting the change within our home visiting programs, we have also been working with the Blueprint for Health and the Agency of Human Services to promote the change.

As a follow-up to the training, Vermont also hosted several technical assistance webinars for the purpose of continued skill-building. Topics of these webinars included mandatory reporting, reproductive coercion, and a special trainer session for those conducting trainings in their community. In addition to the webinars, technical assistance is provided on an as-needed basis by the Injury and Violence Prevention Program Manager and Nurse Home Visiting Program Administrator. To sustain these efforts, Vermont will host four trainings annually for healthcare and family support providers. This will ensure that no matter who a client interacts with, they receive competent, compassionate, and trauma-informed support.

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 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.