



# HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

**WASHINGTON**

State Snapshot

FY2026 Application / FY2024 Annual Report

December 2025

## Title V Federal-State Partnership - Washington

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

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### Funding by Source

Source	FY 2024 Expenditures
Federal Allocation	\$8,918,756
State MCH Funds	\$7,573,626
Local MCH Funds	\$0
Other Funds	\$0
Program Income	\$0

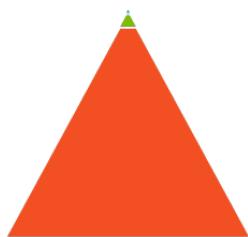
### FY 2024 Expenditures



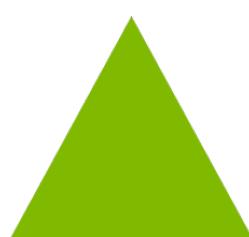
### Funding by Service Level

Service Level	Federal	Non-Federal
■ Direct Services	\$102,318	\$0
■ Enabling Services	\$458,008	\$7,573,626
■ Public Health Services and Systems	\$8,358,430	\$0

**FY 2024 Expenditures**  
Federal



**FY 2024 Expenditures**  
Non-Federal



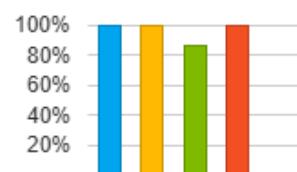
### Percentage Served by Title V

Population Served	Percentage Served	FY 2024 Expenditures
■ Pregnant Women	100.0%	\$819,452
■ Infants < 1 Year	100.0%	\$3,343,994
■ Children 1 through 21 Years	86.0%	\$5,728,871
■ CSHCN (Subset of all infants and children)	100.0%	\$5,872,861
■ Others *	0.0%	\$13,760

**FY 2024 Expenditures**  
Total: \$15,778,938



**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>Expand access to timely, high-quality maternal health care.</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</li> <li>○ ESM PPV.1: Number of hospitals who received grant funding to launch a hypertension identification and treatment program for pregnant and postpartum women</li> </ul> <p>SPMs</p> <ul style="list-style-type: none"> <li>• SPM 2: Percent of pregnant women who receive prenatal care beginning in the first trimester</li> </ul>	Revised	Women/Maternal Health
<p>Increased support for new parents and caregivers</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</li> <li>○ ESM BF.1: Number of hospitals that utilize human donor milk (including shelf-stable milk products) for at-risk newborns</li> <li>○ ESM BF.2: Percentage of births taking place in facilities certified as compliant with LIFE by Washington State Department of Health.</li> </ul>	Revised	Perinatal/Infant Health
<p>Access to comprehensive and family-centered pediatric care</p> <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</li> <li>○ ESM MH.1: Percentage of primary care providers participating in the ECHO Project who indicate they can provide a medical home to their patients</li> <li>○ ESM MH.2: Number of pediatric health care provider referrals to Help Me Grow</li> </ul>	Revised	Child Health

<ul style="list-style-type: none"> <li><input type="radio"/> ESM MH.3: Percent of care coordinators receiving training who report increased understanding of best practices in care coordination for CYSHCN as a result of training or materials</li> </ul>		
<p>Access to youth friendly health services and well-being supports.</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 - AWV</li> <li><input type="radio"/> ESM AWV.1: Increase the percentage of 10th graders in school districts with active DOH-supported interventions who have accessed health care in the past year</li> <li><input type="radio"/> ESM AWV.2: Number of clinics/practices participating in Youth Friendly Care activities</li> <li><input type="radio"/> ESM AWV.3: Number of clinics/practices adopting Youth Friendly Care policies and practices</li> </ul>	Revised	Adolescent Health
<p>Access to comprehensive and coordinated health services and supports</p> <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</li> <li><input type="radio"/> ESM MH.1: Percentage of primary care providers participating in the ECHO Project who indicate they can provide a medical home to their patients</li> <li><input type="radio"/> ESM MH.2: Number of pediatric health care provider referrals to Help Me Grow</li> <li><input type="radio"/> ESM MH.3: Percent of care coordinators receiving training who report increased understanding of best practices in care coordination for CYSHCN as a result of training or materials</li> </ul>	Revised	Children with Special Health Care Needs
<p>Access to child and family basic needs and community resources</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● Percent of children, ages 0 through 11, who experienced housing instability in the past year - HI-Child</li> <li><input type="radio"/> ESM HI-Child.1: Number of new strategies identified and implemented from statewide assessment of child housing need</li> </ul>	Revised	Child Health

System coordination and collaboration for Prenatal-to-5 and CYSHCN populations	Revised	Cross-Cutting/Systems Building
SPMs <ul style="list-style-type: none"><li>● SPM 1: Number of LHJs participating in systems coordination for CYSHCN and/or P-5 populations</li></ul>		

## Executive Summary

### Program Overview

#### III.A.1. Program Summary

The Washington State Maternal and Child Health Block Grant (MCHBG) is a part of the Washington State Department of Health. The program operates in the Office of Family and Community Health Improvement in the Prevention and Community Health Division.

The mission of the Washington State Department of Health (DOH/department) is to work with others to protect and improve the health of all people in Washington. Our vision is optimal health for all. Our programs and services help prevent illness and injury, promote healthy places to live and work, provide information to help people make healthy choices, and make sure our state is prepared for emergencies. We work with many partners daily to do this work. We center community-driven innovations and improvements in health care and public health systems in the state.

The MCHBG provides the state with essential financial and technical support to run programs and develop policies that improve the well-being of parents, infants, children, and youth—including children and youth with special health care needs (CYSHCN), and their families.

Title V efforts focus on community health and meeting the needs of mothers and families across the state. We support community-driven solutions and tailor system improvements to match what families actually need. In some areas like perinatal and genetic services in rural communities there's more demand than available services. So, we collaborate with health care providers, local public health, non-profit partners, the Tribal health system, and state agencies to improve how care is coordinated, strengthen policies that support families, and expand access and quality of care.

All MCHBG work is connected to state priorities. Between fall 2023 and spring 2025, the department conducted a statewide needs assessment to identify priority needs for maternal and child health services and set objectives and strategies for a 5-year period.

We identified **4 core principles** to shape our work:

1. Align services and policies with community need
2. Promote coordination and integration across public health and health care systems
3. Focus on prevention and early intervention, to promote strength and wellness across a person's life
4. Promote positive child, youth, and family experiences and wellness

The needs assessment helped set following **priorities for Washington**:

- Improve how we identify and prevent maternal health risks by expanding access to timely, high-quality care
- Enhance caregiver and infant well-being by strengthening social-emotional and economic support for new parents and caregivers
- Find and respond early to children's health challenges by improving access to family-centered health care
- Help children and families thrive by improving access to basic needs and community resources
- Promote positive youth development and well-being by making it easier to get health care and use resources that build healthy habits and relationships
- Improve the well-being of children and youth with special health care needs and their families by expanding access to comprehensive and coordinated health services and supports
- Strengthen maternal and child health systems of care through better coordination and collaboration between state, local, and Tribal partners and families

These state priority needs have helped us choose which **national performance** measures to focus on:

- Postpartum visits
- Breastfeeding (ever breastfed)
- Housing instability (children ages 0–11)
- Medical home (percent children ages 0–17)
- Adolescent well visit rate
- Care coordination for children and youth with special health care needs who have a medical home

We are also tracking progress on the following state-specific performance measures:

- Prenatal care initiation
- Number of local health jurisdictions participating in system coordination for CYSHCN, prenatal-to-5 populations, or both

When possible, we braid the MCHBG funds with other funding to increase impact and support related work. We also participate in national technical assistance, communities of practice, and learning collaborative opportunities to learn about best practices in other states and improve the strategic quality improvement in our work.

**Below we highlight a few examples of how we use MCHBG funding and how this program impacts communities:**

•More than half of MCHBG funding goes to 32 local health jurisdictions (LHJs) and 1 local hospital in Washington. This helps ensure the grant supports local needs across the state. Over the past 5 years, all our local public health partners have used **at least 30%** of their funding for prevention, primary care, and family support services for CYSHCN. Many LHJs also use additional funding to support state priorities and strategies listed above. As we move into a new 5-year action plan, most LHJs will participate in 1 or both statewide strategies:

- Improving the well-being of CYSHCN and their families by expanding access to comprehensive and coordinated health services and other supports
- Strengthening maternal and child health systems of care by strengthening coordination and collaboration between state, local, and Tribal partners and families.

These 2 areas have become top priorities for Washington's public health system, with a goal of building stronger partnerships and increasing our collective impact.

•The block grant will continue to support coalitions and collaborations to improve access and quality of care for maternal, child and adolescent health populations. An example is the Perinatal Quality Collaborative (PQC), a voluntary group of public and private organizations, health care providers, state agencies and community members, and state agencies. The PQC implements initiatives to improve perinatal health outcomes for pregnant and postpartum women, their infants, and their families. Past projects include:

- Promoting Smooth Transitions to improve safety during emergency transfers from home and birth center births to hospital delivery
- Developing Perinatal and Neonatal Levels of Care Guidelines to help hospitals assess their facility's capabilities to provide the appropriate level of care for their pregnant women and newborns
- Launching the Rural Obstetric Provider workgroup which focuses on the challenges faced by rural labor and delivery hospitals.

Over the next 5 years, the PQC will launch the Washington Blue Band Initiative which helps identify and improve care for pregnant women with pre-eclampsia and postpartum women at risk of hypertension.

Another important area of coalition work is the Health Care-Help Me Grow Collaboration. This work focuses on building stronger connections between health care providers and Help Me Grow Washington (HMG WA) or local resources and referral systems when appropriate. The department will continue providing funding and technical assistance to support these efforts.

This work complements our broader focus on universal developmental screening in health care and childcare settings. It also helps us better understand the basic needs of families. A key resource in this work is our family housing assessment, where we will investigate the housing gaps and opportunities for families.

Washington works to prevent maternal deaths using a blend of state and federal funding. The department convenes a statewide Maternal Mortality Review Panel (MMRP) to review all maternal deaths. This panel determines contributing factors and develops recommendations to prevent future deaths.

In 2023, the department issued a [report](#) to the legislature that summarized key findings and recommendations, based on data from 2014–2020. A report based on 2021–2023 data will be released in fall 2025. MCHBG funds help support the implementation of several MMRP recommendations, including increasing early prenatal care initiation rates and postpartum visit rates.

•In past years, MCHBG funding has helped expand access to comprehensive care for children and adolescents through the school-based health center initiative. Over the next 5 years, the department will launch the Youth Friendly Care Collective. This project will bring health care providers together to create a community of practice focused on adopting youth-friendly care principles. We will also work with DOH's Youth Advisory Committee, other agency programs, community-based organizations, and partners. Together, these partners will support youth development through activities that build relationship and communication skills. They will also promote positive experiences and overall well-being through education and engagement in areas like sleep, nutrition, physical activity, healthy screen time, social media habits, family and peer connections, and community involvement.

Various state and federal funding sources support our overall Maternal and Child Health (MCH) program. We use MCHBG funds to pay part of the salaries of program managers who plan and lead strategic work to improve public health systems. These staff help make sure women and children receive the health benefits they are entitled to like preventive health services and screening. They also promote coordinated care in medical homes and address issues related to adequate insurance coverage.

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

### **III.A.2. How Federal Title V Funds Complement State-Supported MCH Efforts**

MCHBG provides critical base funding to support maternal, child, and adolescent health services at both the state and local levels. Whenever possible, we use a braided funding model—combining MCHBG dollars with state general funds and other grant funding—to maximize impact.

More than half of Washington's Title V funding goes to LHJs, who use it to provide services based on a menu of options aligned with state priorities. About 10% of the grant supports contracts with health care and community service organizations working with the department on shared goals. The remaining funds support statewide maternal and child health services, surveillance and evaluation, needs assessments and planning, high priority policy initiatives, and work in underfunded areas.

Title V funding also helps sustain a robust state-level workforce with deep expertise in maternal and child health domains. It provides fiscal stability for the local public health MCH workforce and supports a statewide platform for connecting the MCH workforce across the governmental public health system.

During this reporting period, the department combined MCHBG funding with general state fund investments to support several strategic areas:

- Universal Developmental Screening Data System
- Birth Defects Surveillance
- School-Based Health Center Grant Program
- Early Hearing Detection for Infants and Newborn Screening
- Healthy Births
- Maternal Mortality Prevention

The Washington State Legislature has also invested in the Foundational Public Health Services (FPHS) account, which supports essential governmental public health services, including program, policy, and data and surveillance systems. Over time, this funding will strengthen work in specific maternal and child health, injury prevention, and access to care. Resources will also help with infrastructure for information systems, laboratory capacity, assessment, communication, emergency planning, policy and planning, community partnership development, and leadership development. Much of the state's FPHS MCH investments are dedicated to local governmental public health, providing much needed support to a deeply underfunded part of public health work.

Title V funding is also used alongside FPHS investments to strengthen statewide child fatality data collection, support new or re-invigorated child fatality reviews by LHJs, and help modernize child fatality state law.

## **MCH Success Story**

### **III.A.3. MCH Success Story**

Local health partners in Washington continue to show innovation and community collaboration in their MCH work.

In the past year, Clark County Public Health (CCPH) created a partnership between their Children and Youth with Special Health Care Needs (CYSHCN) team members, local Access to Baby and Child Dental (ABCD) staff, the Clark County Dental Hygiene Program director, and local dental care providers. Together, they reserved a dedicated time slot during the annual Children's Dental Day Clinic for children who need accommodations to receive dental care.

During the Children's Dental Day Clinic event, the Community Health Specialists at CCPH also organized a training for all dental hygienist students. An occupational therapist from the local Neurodevelopmental Center (NDC) led the training and shared best practices and strategies when working with CYSHCN. The goal was to help hygienists create a more positive and supportive experience for these children when visiting a dental clinic. Before this effort, the common approach was to sedate the children before any dental procedure could be done.

The NDC also provided an on-site Occupational Therapist to provide extra support during this event. Other coordinated efforts included:

- CCPH's Emergency Preparedness team gave families information and starter packs for sheltering in place or building grab-and-go emergency kits. These included resources focused on CYSHCN and their families.
- The ABCD Community Health Specialist helped families get referrals to DentistLink, a service that connects families with dental providers.
- A local quilting group donated "comfort quilts" to help reduce stress for children attending the Dental Day Clinic event and give them a cheerful gift to take home.

- Representatives from Educational Opportunities for Children and Families, a local organization providing early childhood education and family support programs in Southwest Washington, were present to offer information about early childhood education enrollment.
- A "Sensory Kit" developed for use in local dental clinics. These kits are designed to give clinics tools to help lower anxiety and improve the experience for children with special health care needs during dental visits. Overall, this was a successful collaboration and there are plans to keep it going. CCPH and its partners are providing technical assistance about providing accommodations and working to expand CYSHCN participation and training. Since the event, 11 dental clinics have received sensory kits. Surveys from dental clinic staff and over 312 families of children show that the tools in the sensory kits make a big difference and help improve the experience for children with special needs during dental visits.

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

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.