



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

WEST VIRGINIA

State Snapshot

FY2026 Application / FY2024 Annual Report

December 2025

Title V Federal-State Partnership - West Virginia

The Title V Maternal and Child Health Block Grant Program is a federal-state partnership with 59 states and jurisdictions to improve maternal and child health throughout the nation. This Title V Snapshot presents high-level data and the executive summary contained in the 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
Teresa Marks OMCFH Director Teresa.D.Marks@wv.gov (304) 558-5388	Teresa Marks WV Title V CYSHCN Director Teresa.D.Marks@wv.gov (304) 558-5388

SSDI Project Director	State Family Leader
Kathryn Oscanyan MCH Epidemiologist Kathryn.B.Oscanyan@wv.gov (304) 558-5388	No Contact Information Provided

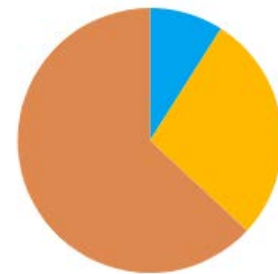
State Youth Leader
No Contact Information Provided

State Hotline: (800) 642-8522

Funding by Source

Source	FY 2024 Expenditures
 Federal Allocation	\$5,737,994
 State MCH Funds	\$17,761,603
 Local MCH Funds	\$0
 Other Funds	\$1,408
 Program Income	\$40,205,719

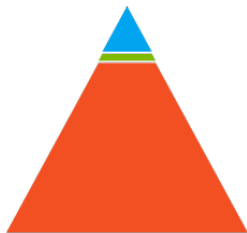
FY 2024 Expenditures



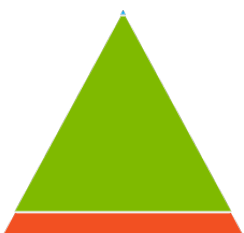
Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$1,170,546	\$994,774
Enabling Services	\$179,186	\$50,883,863
Public Health Services and Systems	\$4,388,262	\$6,090,093

FY 2024 Expenditures
Federal



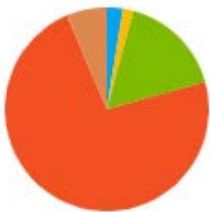
FY 2024 Expenditures
Non-Federal



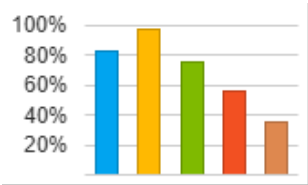
Percentage Served by Title V

Population Served	Percentage Served	FY 2024 Expenditures
Pregnant Women	82.0%	\$583,074
Infants < 1 Year	97.0%	\$384,077
Children 1 through 21 Years	75.0%	\$3,782,816
CSHCN (Subset of all infants and children)	56.0%	\$16,733,989
Others *	35.0%	\$1,461,245

FY 2024 Expenditures
Total: \$22,945,201



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>Increase dental care specifically during pregnancy</p> <p>NPMs</p> <ul style="list-style-type: none"> Percent of women who had a dental visit during pregnancy - PDV-Pregnancy <ul style="list-style-type: none"> ESM PDV-Pregnancy.1: Expectant and recently postpartum mothers who receive oral health education. ESM PDV-Pregnancy.2: Expectant and recently postpartum mothers who receive Oral Health Education 	Continued	Women/Maternal Health
<p>Increase attendance and strengthen care components of the well-woman visit and postpartum visit</p> <p>NPMs</p> <ul style="list-style-type: none"> 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"> ESM PPV.1: Percent of women enrolled in an evidence-based home visiting program who attended a postpartum visit with a healthcare provider within 8 weeks (56 days) of delivery <p>SPMs</p> <ul style="list-style-type: none"> SPM 4: Percent of women, ages 18 through 44, with a preventive medical visit in the past year <ul style="list-style-type: none"> SPM ESM 4.1: Percent of women (30 years or older) who have never been screened or not screened within the last 10 years, who received an initial program cervical screening test 	New	Women/Maternal Health
<p>Decrease smoking and vaping specifically among pregnant women and adolescents and decrease smoke exposure among children and adolescents in the household.</p> <p>SPMs</p> <ul style="list-style-type: none"> SPM 1: Percent of women who smoke during pregnancy <ul style="list-style-type: none"> SPM ESM 1.1: Number of health care workers who have had Help2Quit maternity care provider training 	Continued	Women/Maternal Health, Child Health, Adolescent Health

<ul style="list-style-type: none"> ○ SPM ESM 1.2: Percent of women enrolled in HV who reported using any tobacco products at enrollment and were referred to tobacco cessation within 3 months of enrollment. ● SPM 2: Percent of children, ages 0 through 17, who live in households where someone smokes <ul style="list-style-type: none"> ○ SPM ESM 2.1: Percent of children in households where someone smokes. 		
<p>Increase breastfeeding, both initiation and continuation</p> <p>NPMs</p> <ul style="list-style-type: none"> ● A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months - BF <ul style="list-style-type: none"> ○ ESM BF.1: Number of birthing facilities designated Baby-Friendly under the EMPOWER initiative ○ ESM BF.2: Percent of infants who are breastfeeding at time of discharge from a birthing facility ○ ESM BF.3: Percent of infants enrolled in an evidence-based home visitation program who were exclusively breastfed through six months of age 	Continued	Perinatal/Infant Health
<p>Decrease infant mortality with an emphasis on Sleep-related infant death</p> <p>NPMs</p> <ul style="list-style-type: none"> ● 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"> ○ ESM SS.1: Percent of birthing hospitals that are trained using the evidence-based curriculum for safe sleep education ○ ESM SS.2: Percent of families enrolled in a home visitation program who received safe sleep education from a trained home visitation provider on the first visit after child's birth ○ ESM SS.3: Percent of infants enrolled in a home visitation program that are always placed to sleep on their backs, without bed-sharing or soft bedding 	Revised	Perinatal/Infant Health
<p>Increase the number of children with and without special healthcare needs who have a medical home</p> <p>NPMs</p>	New	Child Health, Children with Special Health Care Needs

<ul style="list-style-type: none"> 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"> ESM MH.1: Number of children who receive Title V funded medically necessary medical foods. ESM MH.2: Percent of CSHCN who are receiving care coordination services from the West Virginia CSHCN Program and who have a shared plan of care completed or updated within the last 180 days. 		
<p>Decrease obesity among children</p> <p>NPMs</p> <ul style="list-style-type: none"> Percent of children, ages 0 through 11, whose households were food sufficient in the past year - FS <ul style="list-style-type: none"> ESM FS.1: Number of families who report increased confidence related to healthy eating, food preparation, and resource management as a result of nutrition education participation. 	Revised	Child Health
<p>Decrease injuries among youth and teens specifically related to teen suicide</p> <p>NPMs</p> <ul style="list-style-type: none"> 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"> ESM BLY.1: Number of positive youth development (PYD) focused trainings provided to youth, parents, professionals and community members ESM BLY.2: Number of schools and/or youth serving organizations in target communities that have implemented a comprehensive bullying and/or violence prevention program ESM BLY.3: Number of messages disseminated via social media ESM BLY.4: Number of trainings provided to youth, parents, professionals and community members ESM BLY.5: Number of professional development trainings and implementation activities for comprehensive bullying and/or violence prevention programs 	Continued	Adolescent Health
<p>Increase in adolescents with and without special health care needs who receive services necessary to make transitions to adult health care</p> <p>SPMs</p>	Continued	Cross-Cutting/Systems Building

<ul style="list-style-type: none"> ● SPM 3: Percent of adolescents with and without special health care needs who received services necessary to make transitions to adult health care 		
<p>Increase Positive Youth Experiences through youth engagement and connectedness in their community</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of adolescents, ages 12 through 17, who have one or more adults outside the home who they can rely on for advice or guidance - ADM <ul style="list-style-type: none"> ○ ESM ADM.1: Number of evidence-based trainings provided to promote adult-child connectedness, mentoring, youth leadership, youth advocacy, and youth community engagement to youth, parents, schools and communities ○ ESM ADM.2: Number of youth engagement opportunities identified and/or developed 	New	Adolescent Health

Executive Summary

Program Overview

Program Overview

It is the goal of Title V to assure availability of a comprehensive quality, accessible maternal and child health system that will positively affect pregnancy outcomes and promote positive health status for infants, children, adolescents, and children with (and without) special health care needs by involving multiple stakeholders across West Virginia (WV). The Title V Needs Assessment identifies needs based on data/outcomes and partners with community and stakeholders to develop systems-level interventions that will achieve positive results. Other goals of the Needs Assessment are to: collaborate around data collection activities that support the evaluation of care availability, service utilization and the quality of health services for maternal and child health populations; administer population-based health surveillance activities; and collaborate with community resources, government agencies, families, and other stakeholders to identify resources essential for healthy families such as childcare services, healthcare, and economic support. The vision of the WV Office of Maternal, Child, and Family Health (OMCFH) is to provide leadership to support state and community efforts to build systems of care that assure the health and well-being of all West Virginians throughout the life cycle.

WV uses a systematic method in developing a working framework for carrying out the required five-year Needs Assessment using epidemiological and qualitative approaches to determine priorities incorporating data, clinical, cost-effectiveness, and patient, provider, and stakeholder perspectives. WV also looks at available capacity in determining health interventions and attempts to make explicit what health benefits are being pursued. This approach tries to balance the clinical, ethical, and economic considerations of need—what should be done, what can be done, and what can be afforded when determining evidence-based health interventions.

Once the Needs Assessment is completed, interventions developed and implemented, evaluation of the effectiveness of the interventions is conducted and, if needed, changed as indicated using evaluation recommendations. Partners are involved in this process since many of these same collaboratives are involved in the intervention strategies. Data collection and analysis for maternal, infant, and child health outcome are shared with stakeholders across state and local government, as well as with the Centers for Disease Control and Prevention (CDC) and the Health Resources Services Administration (HRSA).

The WV 2025 Needs Assessment identified the following priority areas for securing better health outcomes for mothers, infants, children, and adolescents:

1. Smoking in pregnancy and smoke exposure in the home
2. Infant mortality with an emphasis on Sleep-related infant death
3. Injury – specifically bullying and suicide (attempted)
4. Breastfeeding initiation and duration
5. Medical home
6. Well-Woman and Postpartum Visit
7. Obesity in children
8. Oral health in pregnancy
9. Positive Youth Experiences through engagement and connectedness
10. Transition to Adult Health Care

The findings of the 2025 WV Title V Five Year Needs Assessment supported the struggles WV has with positive health outcomes in part due to pervasive poverty, chronic disease, an aging population, and employment security.

The OMCFH engages multiple stakeholders across WV to develop and support interventions with the greatest potential to achieve optimal results. These partnerships work together to support data collection activities and assess the availability of care, service utilization, and quality of health services for the maternal and child health populations. The OMCFH strives to maximize state and federal funding streams to administer population-based surveillance and service systems, coordinate with other agencies to eliminate duplicate services, provide safety-net services to address gaps in the delivery system, support home visitation services that strengthen families, and provide capacity for data collection and analysis. Allocation of resources is based on need that takes into consideration other available resources, populations served, and desired outcomes.

Historically, the OMCFH has engaged multiple stakeholders, leveraged longstanding relationships and braided federal and non-federal funds to accomplish objectives outlined in its State Action Plan. Key partnerships include the WV Perinatal Partnership, academic institutions, medical facilities, advisory boards, health care providers, the WV Department of Education, and families.

With assistance from stakeholders and OMCFH staff, the following performance measures under the five population domains have been developed. These have been updated to reflect the 2026 Title V Application/Annual Report submission.

Women/Maternal Health

Increase the percentage of women who had a dental visit during pregnancy from 37.4% in 2023 to 50% by 2030. It is important for pregnant women to have a dental visit due to the health implications of decaying teeth and gum disease.

Decrease the percentage of women who smoke during pregnancy from 15.3% in 2022 to 10% by 2030. This has long been an issue in WV and has led to higher than national average preterm births, low birthweight, and Sudden Unexplained Infant Deaths (SUID).

Increase the percentage of women who had a postpartum visit following delivery from 90% in 2023 to 96% by 2030. The percentage of WV women who attend a postpartum visit is higher than the national rate; however, the state has noted a decrease in the past few years.

Increase the percentage of women, ages 18 through 44, with a preventive medical visit in the past year from 78.1% in 2023 to 90% by 2030. Once again, WV has a higher rate than national data but the state has failed to reach 80% in the past 10 years.

Perinatal/Infant Health

Increase the percentage of infants ever breastfed from 71.3% in 2023 to 80% by 2030. Breastfeeding has increased over the past few years, but more improvement is necessary to maximize important health benefits.

Increase the percentage of infants exclusively breastfed through six months from 24.7% in 2023 to 30% by 2030. Breastfeeding has continued to increase over the past few years, but additional improvement is necessary to maximize health benefits.

Increase the percentage of infants placed to sleep on their backs from 66.2% in 2023 to 80% in 2030. Safe sleep remains an issue for WV infants and is a significant factor in the State's infant mortality rate. WV suffered a decline in safe sleep behavior in 2022 and will aim to change the course of this datapoint over the next 5 years.

Child Health

Decrease the percentage of children in households where someone smokes from 24.9% in 2023 to 15% by 2030. WV ranks first or nearly first every year in the percentage of residents who smoke.

Increase the percentage of children whose households were food sufficient from 57.6% in 2023 to 75% by 2030. Food sufficiency and access to healthy food choices are contributing factors to the childhood obesity issues facing WV children.

Increase the percentage of children who have a medical home from 50.1% in 2023 to 75% by 2030. Maintaining a medical home is crucial for WV children to remain healthy.

Adolescent Health

Decrease the percentage of adolescents, ages 12-17, who report being bullied from 29.0% in 2023 to 20% by 2030. Bullying is becoming more prevalent with the use of social media.

Decrease the percentage of adolescents who smoke from 27.7% in 2023 to 15% by 2030. Reduce the percentage of youth who currently use electronic vapor products and the percentage of youth who currently smoke cigarettes (based on YRBSS data).

Increase the percentage of youth who report that they have at least one adult mentor from 92% in 2023 to 96% by 2030. Youth engagement and connectedness in their community is a strong predictor of youth well-being. Access to a trusted adult helps to build engagement opportunities for youth to prevent isolation.

CSHCN

Increase the percentage of children with special health care needs, which have a medical home from 50.1% in 2023 to 75% by 2030. WV's rates are higher than the national average, but significant improvement is needed for children with special health care needs.

Increase the percentage of CSHCN who receive all necessary referrals and care coordination from 72.1% and 57.3% in 2022/2023 to 75.0% and 60.0% by 2027/2028, respectively.

Increase the percentage of youth with special health care needs who receive services necessary to make transitions to adult health care from 30.5% in 2022/2023 to 33% by 2027/2028.

How Federal Title V Funds Complement State-Supported MCH Efforts

Federal block grant funds are used to establish and guide maternal and child health priorities and concerns in WV. Leveraging the authority and both the interagency and private sector coordination requirements of Social Security statutes and regulations, the OMCFH maximizes the use of Federal and State funding streams to administer population-based surveillance and service systems; work in partnership with other agencies to ensure nonduplication services; provide safety-net services for gaps in the delivery system; support home visitation services that strengthen families; and provide capacity for data collection and analyses. The State of WV remains committed to its mothers and children through continued support of OMCFH and its programs. Generally, the Title V MCH Block Grant along with other federal funding enables the OMCFH to maintain its workforce and continue moving forward. The OMCFH also leverages its partnerships to provide staffing for public health awareness, epidemiologic support, clinics, and case abstraction activities.

The OMCFH uses Title V MCH Block Grant resources to implement many of its programs and projects, especially those that are not specifically mandated by State law. For example, Title V MCH Block Grant funds assure support for breastfeeding, adolescent health, injury prevention, maternal and infant mortality, services for children and youth with special health care needs (cyshcn), and health system interventions to improve the medical management of children and youth who present with academic or behavioral problems and/or symptoms of inattention, hyperactivity, or impulsivity (i.e., cyshcn). While these programs and projects are broadly supported, little or no state funds are allocated for their operations. Title V MCH Block Grant funding assures infrastructure and support for these vital activities, while state funds are prioritized for efforts required by law. This strategy allows Title V MCH Block Grant funds to complement the efforts supported by the State.

MCH Success Story

The Office of Maternal, Child and Family Health (OMCFH) is actively collaborating across programs, including Home Visiting, Oral Health, the Breast and Cervical Cancer Screening Program (BCCSP), and WISEWOMAN, to implement WV Connections findhelp as a unified platform for community referrals. This coordinated effort aims to build an integrated system that supports individuals and families by improving connections to care and reducing service fragmentation.

West Virginia was one of five states to receive a MIECHV Innovation to streamline data/technology resources and strengthen referral partner processes. With West Virginia Connections by findhelp, and the Help Me Grow Coordinated Intake System (HMG CIS), a closed-loop referral system was established. Once a need/referral communication is initiated, the referring organization (e.g., community-based organization), the person in need (family) or the entity receiving the referral (e.g., church, nonprofit) can update the status of that referral and track what happened. With the platform's preconfigured tracking database, health care and social care providers can track the status of referrals made to their program(s), choosing from a variety of stages (e.g., pending needs, client action, referred elsewhere, got help) to reflect progress toward fulfillment of needs or services.

This project aims to expand access to well-woman visits and preventive health services by linking community members with BCCSP and WISEWOMAN providers directly through the platform. The OMCFH also aims to engage dental providers who accept Medicaid and serve pregnant women, with the goal of embedding oral health referrals into perinatal care pathways. This collaborative approach will not only strengthen local resource networks, but will also ensure that West Virginians, especially those in rural or underserved areas, receive coordinated, whole-person care through a trusted referral system. By working together, the OMCFH programs envision a future where referrals are streamlined, follow-up is coordinated, and individuals receive the full range of services they need through a connected, easy-to-navigate system of care.

To strengthen the statewide referral network and improve care coordination, the OMCFH programs are actively engaging community-based organizations to claim their program profiles on WV Connections findhelp and begin accepting referrals directly through the platform. By encouraging local agencies, such as housing support services, food pantries, mental health providers, and transportation programs, to update their information and respond to referrals, programs like Home Visiting, Right From the Start, BCCSP, WISEWOMAN, and Family Planning Program can ensure that individuals are connected to a full spectrum of social and clinical support. This strategy not only increases the responsiveness and efficiency of referrals but also facilitates cross-program alignment by allowing navigators and care coordinators to track outcomes, identify resource gaps, and build stronger partnerships at the community level. Ultimately, this collaborative infrastructure allows the OMCFH programs to streamline service delivery, reduce duplication of efforts, and ensure that West Virginians receive timely, comprehensive support.

Maternal and Child Health Bureau (MCHB) Discretionary Investments - West Virginia

The largest funding component (approximately 85%) of the MCH Block Grant is awarded to state health agencies based on a legislative formula. The remaining two funding components support discretionary and competitive project grants, which complement state efforts to improve the health of mothers, infants, children, including children with special needs, and their families. In addition, MCHB supports a range of other discretionary grants to help ensure that quality health care is available to the MCH population nationwide.

Provided below is a link to a web page that lists the MCHB discretionary grant programs that are located in this state/jurisdiction for Fiscal Year 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.