



# HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

# TEXAS

State Snapshot

FY 2021 Application / FY 2019 Annual Report

November 2020

### Title V Federal-State Partnership - Texas

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 FY 2021 Application / FY 2019 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

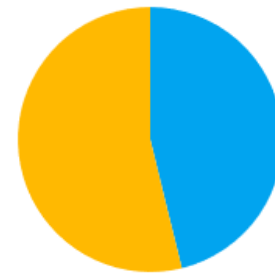
### State Contacts

MCH Director	CSHCN Director	State Family or Youth Leader
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### Funding by Source

Source	FY 2019 Expenditures
Federal Allocation	\$34,479,259
State MCH Funds	\$40,208,728
Local MCH Funds	\$0
Other Funds	\$0
Program Income	\$0

FY 2019 Expenditures



### Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$12,231,139	\$17,063,712
Enabling Services	\$3,957,576	\$2,597,695
Public Health Services and Systems	\$18,290,544	\$20,547,321

FY 2019 Expenditures  
Federal



FY 2019 Expenditures  
Non-Federal



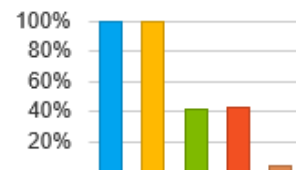
### Percentage Served by Title V

Population Served	Percentage Served	FY 2019 Expenditures
Pregnant Women	100.0%	\$7,875,624
Infants < 1 Year	100.0%	\$3,398,612
Children 1 through 21 Years	41.0%	\$22,424,197
CSHCN (Subset of all Children)	43.0%	\$34,981,539
Others *	4.0%	\$3,784,696

**FY 2019 Expenditures**  
Total: \$72,464,668



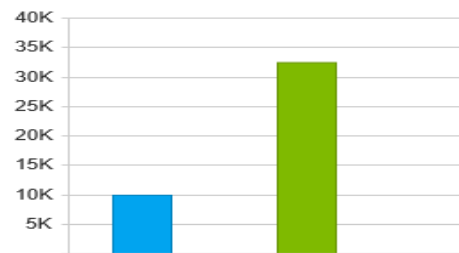
**FY 2019 Percentage Served**



\*Others– Women and men, over age 21.

### Communication Reach

Communication Method	Amount
State Title V Website Hits:	10,474
State Title V Social Media Hits:	0
State MCH Toll-Free Calls:	34,484
Other Toll-Free Calls:	0



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	Priority Need Type	Reporting Domain(s)
Implement health equity strategies across all maternal and child health populations.  SPMs <ul style="list-style-type: none"> <li>SPM 3: Infant Mortality Disparities: Ratio of Black to White infant mortality rate</li> <li>SPM 4: Maternal Morbidity Disparities: Ratio of Black to White severe maternal morbidity rate.</li> </ul>	New	Women/Maternal Health, Perinatal/Infant Health

<p>Improve nutrition across the life course.</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● NPM 4: A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months             <ul style="list-style-type: none"> <li>○ ESM 4.1: Breastfeeding support assessment findings available</li> <li>○ ESM 4.2: Number of Texas birthing facilities that receive information and technical assistance to facilitate integration of the WHO/UNICEF Ten Steps to Successful Breastfeeding</li> <li>○ ESM 4.3: Number of employers who receive information and technical assistance on Mother-Friendly breastfeeding support policies</li> <li>○ ESM 4.4: DSHS Infant Feeding Position Statement reviewed, revised and updated in FY2019</li> </ul> </li> </ul> <p>SPMs</p> <ul style="list-style-type: none"> <li>● SPM 2: Percent of overweight and obesity in Texas children ages 2-21.</li> </ul>	<p>New</p>	<p>Perinatal/Infant Health, Child Health, Adolescent Health</p>
<p>Improve the cognitive, behavioral, physical, and mental health and development of all Maternal and Child Health populations.</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● 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             <ul style="list-style-type: none"> <li>○ ESM 6.1: Number of Texas Health Steps Online Provider Education (OPE) users completing developmental screening modules</li> <li>○ ESM 6.2: Number of developmental screenings provided in the Healthy Child Care Texas Grant</li> </ul> </li> </ul>	<p>New</p>	<p>Child Health</p>
<p>Increase family support and ensure integration of family engagement across all Maternal and Child Health programming.</p> <p>SPMs</p> <ul style="list-style-type: none"> <li>● SPM 1: Percent of CYSHCN and their families who participate in social or recreational activities with families who have children with or without disabilities</li> </ul>	<p>New</p>	<p>Children with Special Health Care Needs</p>
<p>Support health education and resources for families and providers.</p>	<p>New</p>	<p>Women/Maternal Health, Child Health</p>

<p>NPMs</p> <ul style="list-style-type: none"> <li>● NPM 14.1: Percent of women who smoke during pregnancy             <ul style="list-style-type: none"> <li>○ ESM 14.1.1: Number of health organizations engaged in a DSHS maternal or infant health improvement effort involving integration of tobacco/e-cigarette screening, education and referral.</li> </ul> </li> <li>● NPM 14.2: Percent of children, ages 0 through 17, who live in households where someone smokes             <ul style="list-style-type: none"> <li>○ ESM 14.2.1: Number of materials distributed to household members and caregivers intended to raise awareness about the risk of infant and child exposure to tobacco.</li> </ul> </li> </ul>		
<p>Promote safe, stable, nurturing environments to reduce violence and the risk of injury.</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● NPM 7.1: Rate of hospitalization for non-fatal injury per 100,000 children, ages 0 through 9             <ul style="list-style-type: none"> <li>○ ESM 7.1.1: Number of School Health Friday Beat newsletters per fiscal year with at least one injury prevention resource provided</li> <li>○ ESM 7.1.2: Number of individuals trained on injury prevention through the Medical Child Abuse Resources and Education System (MEDCARES) grant</li> </ul> </li> <li>● NPM 7.2: Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19             <ul style="list-style-type: none"> <li>○ ESM 7.2.1: Number of Texas Health Steps Online Provider Education (OPE) users completing injury prevention modules.</li> <li>○ ESM 7.2.2: Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19</li> </ul> </li> </ul>	<p>New</p>	<p>Child Health, Adolescent Health</p>
<p>Improve transition planning and support services for children, adolescents, and young adults, including those with special health care needs.</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● NPM 12: Percent of adolescents with and without special health care needs, ages 12 through 17, who received services necessary to make transitions to adult health care             <ul style="list-style-type: none"> <li>○ ESM 12.1: Percent of families of transition age youth with special health care needs receiving professional help with their child's transition to adulthood</li> <li>○ ESM 12.2: Increase in transition provider education</li> <li>○ ESM 12.3: Decrease percent of families of transition-age youth who have not prepared for medical transition to adulthood</li> </ul> </li> </ul>	<p>New</p>	<p>Children with Special Health Care Needs</p>

<p>Support comprehensive, family-centered, coordinated care within a medical home model for all Maternal and Child Health populations.</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● NPM 11: Percent of children with and without special health care needs, ages 0 through 17, who have a medical home             <ul style="list-style-type: none"> <li>○ ESM 11.1: Percent of families receiving professional care coordination for their child</li> <li>○ ESM 11.2: Increase medical home provider education</li> <li>○ ESM 11.3: Increase percent of families who have a plan for an emergency and/or disaster</li> </ul> </li> </ul>	<p>New</p>	<p>Children with Special Health Care Needs</p>
<p>Improve maternal and infant health outcomes through enhanced health and safety efforts.</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● NPM 5: 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             <ul style="list-style-type: none"> <li>○ ESM 5.1: Complete community assessments and infant mortality prevention strategic plans in Healthy Texas Mothers and Babies (HTMB) Coalition communities</li> </ul> </li> </ul> <p>SPMs</p> <ul style="list-style-type: none"> <li>● SPM 5: Percent of women of childbearing age who self-rate their health status as excellent, very good, or good</li> </ul>	<p>New</p>	<p>Women/Maternal Health, Perinatal/Infant Health</p>

## Executive Summary

### Program Overview

Through the implementation of data-driven, evidence-based/informed initiatives, Texas remains committed to the Title V vision of improving the health and well-being of the nation’s mothers, infants, children and youth, including children and youth with special health care needs (CYSHCN) and their families. Texas continues to emphasize ongoing surveillance, needs assessment, evaluation, and research for programming throughout the lifecourse. Texas focuses on enhancing family partnerships, addressing community-level drivers, and reducing health disparities in all population domains. State priorities to support this vision reflect the specific needs identified through a comprehensive five-year needs assessment (NA). The Texas Department of State Health Services (DSHS) recently completed this NA, which informed the State Priority Needs (SPNs), National Performance Measures (NPMs), and State Performance Measures (SPMs).

The Texas Title V MCH NA consisted of a four-pronged approach for data collection and analysis and included surveys, key informant interviews, focus groups, and analysis of existing data and surveillance data. Through collaboration and engagement with Maternal and Child Health (MCH) stakeholders and families, Texas DSHS worked to ensure that there was broad representation of the diverse experiences, populations, regions, and needs that reflect the diversity of Texas. The State Priority Needs that were identified through analysis of the Needs Assessment findings and through partner feedback are:

1. Implement health equity strategies across all maternal and child health populations.
2. Improve nutrition across the life course.
3. Improve the cognitive, behavioral, physical, and mental health and development of all MCH populations.
4. Increase family support and ensure integration of family engagement across all MCH programming.
5. Support health education and resources for families and providers.
6. Promote safe, stable, nurturing environments to reduce violence and the risk of injury.
7. Improve transition planning and support services for children, adolescents, and young adults, including those with special health care needs.
8. Support comprehensive, family-centered, coordinated care within a medical home model for all MCH populations.
9. Improve maternal and infant health outcomes through enhanced health and safety efforts.

Based on the Needs Assessment findings, Texas selected the following NPMs and developed the following SPMs for the FY21-FY25 Title V MCH Block Grant cycle:

Population Domain	National Performance Measures (NPM)	State Performance Measures (SPM)
Maternal and Women	<b>NPM 14.1:</b> Percent of women who smoke during pregnancy.	<b>SPM 4:</b> Maternal Morbidity Disparities: Ratio of Black to White severe maternal morbidity rate. <b>SPM 5:</b> Percent of women of childbearing age who self-rate their health status as <i>excellent, very good, or good</i> .
Perinatal and Infant	<b>NPM 4:</b> A) Percent of infants who are ever breastfed; and B) Percent of infants breastfed exclusively through 6 months. <b>NPM5:</b> A) Percent of infants placed to sleep on their backs; B) Percent of infants placed to sleep on a separate approved sleep surface; and C) Percent of infants placed to sleep without soft objects or loose bedding.	<b>SPM 3:</b> Infant Mortality Disparities: Ratio of Black to White infant mortality rate.
Child	<b>NPM 6:</b> Percent of children, age 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year. <b>NPM 7.1:</b> Rate of hospitalization for non-fatal injury per 100,000 children, ages 0 through 9. <b>NPM 14.2:</b> Percent of children, ages 0 through 17, who live in households where someone smokes.	<b>SPM 2:</b> Percent of overweight and obesity in Texas children ages 2-21.
Adolescent	<b>NPM 7.2:</b> Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19.	
Children with Special Health Care Needs	<b>NPM 11:</b> Percent of children with and without special health care needs, ages 0 through 17, who have a medical home. <b>NPM 12:</b> Percent of adolescents with and without special health care needs, ages 12 through 17, who received services necessary to make transition to adult health care.	<b>SPM 1:</b> Percent of Children and Youth with Special Health Care Needs (CYSHCN) and their families who participate in social or recreational activities with families who have children with or without disabilities.

Through National Performance Measures (NPMs), Texas is focusing on breastfeeding, safe sleep, developmental screening, injury prevention, medical home and transition for children with special health care needs, and maternal and household smoking. State Performance Measures (SPMs) include community inclusion for CYSHCN, child obesity, infant mortality disparities, maternal morbidity disparities, and maternal health and safety. Though many of the performance measures remain the same from the previous five-year cycle, the strategies, activities, and programming have evolved and will continue to see enhancements throughout the coming years due to ongoing evaluation and needs assessments. Family Partnerships, Community-Level Drivers, and Health Disparities and Inequities remain a focus of all areas of Title V programming and serve as the foundation of efforts to move the needle for all MCH populations in Texas.

Texas MCH provides education, awareness, support and resources to improve the health of women, infants, children, adolescents, and children and youth with special healthcare needs (CYSHCN) throughout Texas. For regional population-based activities, critical partnerships inform the development and implementation of precision public health activities in local areas by focusing on data, state and national priorities, and community needs to prioritize and determine local initiatives.

Texas is closely monitoring COVID-19 and implications for MCH populations. The NA was completed prior to the pandemic, but Texas will assess any programmatic changes by population domain as the full impacts are recognized. As COVID-19 continues to affect the lives of Texans, Texas Title V has played a critical role in supporting families, assisting with state contact tracing efforts, and providing essential data and epidemiology supports to agency and state leadership.

### **Maternal and Women's Health**

There continues to be a focus on severe maternal morbidity and maternal mortality. DSHS has made progress in building infrastructure and capacity to promote prenatal care, health, and wellness among women of child bearing age (WBCA) through the efforts of women's health programming and other statewide initiatives, such as the Maternal Mortality and Morbidity Review Committee (MMMRC) and Healthy Texas Mothers and Babies (HTMB). The MMMTF is a 17-member group that is legislatively mandated to study maternal mortality and morbidity in Texas. MMMRC is charged to study and review cases of pregnancy-related deaths and trends in severe maternal morbidity, determine the feasibility of the task force for studying cases of severe maternal morbidity, and make recommendations to help reduce the incidence of pregnancy-related deaths and severe maternal morbidity. Through HTMB, Texas aims to improve maternal and infant health by advancing quality and evidence-based prevention for all Texas mothers and babies. HTMB increases knowledge to change attitudes and behaviors for improved maternal and infant health outcomes. Programming includes the Someday Starts Now public awareness campaign, and the Preconception Peer Education Program, which trains young men and women at Historically Black Colleges and Universities (HBCUs) on the importance of preconception health and life planning. HTMB engages community partners to strengthen networks for collaboration, innovation, and collective impact through local community coalitions, workgroups, and the Infant Mortality and Healthy Weight Collaborative Improvement and Innovation Networks (CollINs). HTMB also fosters the development of environments that reduce barriers, promotes healthy lifestyle choices, and optimizes maternal and infant health outcomes. Lastly, the HTMB Perinatal Quality Improvement Network drives system changes to support adoption and diffusion of quality improvements for maternal and infant health and safety. This is accomplished through the MMMRC, the Texas Collaborative for Healthy Mothers and Babies (TCHMB), and the Texas Ten Step Star Achiever Initiative to improve maternity care practices in birthing facilities.

DSHS was designated as the lead coordinating agency to implement Alliance for Innovation on Maternal Health (AIM) bundles. The TexasAIM initiative was launched in June 2018. As of August 2020, 218 of Texas' 223 hospitals with obstetric lines of service are enrolled in TexasAIM and participate in the Obstetric Hemorrhage Bundle. These hospitals represent approximately 98% of all the birthing hospitals in Texas and provide care for approximately 99% of the births in Texas and approximately 9.9% of the births in the nation.

DSHS continues outreach efforts through collaboration with partners to educate the public on risks of tobacco exposure among pregnant women and children. DSHS incorporates tobacco prevention messaging into clinical policy, provider and Community Health Worker training, and other platforms.

### **Perinatal/Infant Health**

Texas continues to develop, implement, and evaluate comprehensive programs to address known barriers to and increase support for breastfeeding. DSHS implements a robust slate of activities to leverage and build upon previous successes and to address known barriers to breastfeeding. The number of Texas Mother-Friendly Worksites, Texas Ten Step Hospitals, and Baby-Friendly Hospitals continues to grow as DSHS reaches across employment and health care systems to provide information, education, communication, and technical assistance to facilitate system improvement as well as recognition for uptake of recommended practices. More than 85% of Texas births now occur in facilities working to improve utilization of the Ten Steps to Successful Breastfeeding, an evidence-based bundle of practices to improve infant feeding and infant health outcomes.

Texas NA data shows disparities in sleep-related infant deaths. DSHS and the Texas Department of Family and Protective Services (DFPS) continue to work together to address preventable child deaths through development of an interagency strategic communications plan. DSHS drafted a strategic communication plan informed by the American Academy of Pediatrics, the national Safe to Sleep campaign, and the National Action Partnership to Promote Safe Sleep.

Although Texas has made progress in reducing infant mortality, data continues to show disparities between Black and White birth outcomes. Texas developed a SPM to reduce the ratio of White and Black infant mortality by addressing safe sleep, breastfeeding, timely prenatal care, and access to and awareness of other public health interventions among Black women in Texas.

### **Child Health**



Child Health initiatives focus on developmental screening, injury prevention, secondhand smoke reduction, and obesity prevention. Developmental screening is a priority in Texas, as 63% of report that they did not complete a developmental screening with their doctor for their child.

Injury prevention is a large component of both the Child and Adolescent Health Domains. Child injury continues to be one of the leading causes of death for children aged 1 to 14 years of age, and non-natural child deaths frequently involve motor vehicle crashes, drowning, and child abuse and neglect. Title V administers programs including Child Fatality Review (CFR) to understand child deaths through multidisciplinary review on the local level. Local Child Fatality Review Teams (CFRT) review cases throughout Texas to inform local and statewide activities to reduce preventable child deaths. The Texas Medical Child Abuse Resources and Education System (MEDCARES) program awards grants to develop and support regional programs to improve the assessment, diagnosis, and treatment of child abuse and neglect.

Obesity is at the heart of many health issues in Texas across the lifespan. Obesity prevention interventions have the potential to greatly reduce disease burden and improve the overall health of Texans. Expansion and increased use of School Physical Activity Nutrition (SPAN) data to inform population-based and targeted prevention/intervention for obesity reduction will be critical for success. Texas has a significant role Children's Healthy Weight Collaborative Improvement and Innovation Network (CHW CoIIN) and participates in the MCH Workforce Development Center's 2020 Cohort program.

Reducing secondhand smoke exposure is important throughout the life course. Through collaborative partnerships with the DSHS Tobacco Prevention and Control Program, MCH populations are educated on the health effects of secondhand smoke exposure, especially in pregnant women and children.

### **Adolescent Health**

By utilizing Positive Youth Development (PYD) as a foundation for activities, DSHS will continue to focus on injury prevention. DSHS sponsors a Youth Engagement Specialist to support youth interested in becoming leaders within their community, region or state through participation in councils, workgroups and committees. DSHS supports suicide and self-injury prevention initiatives. Through injury prevention efforts, conferences, and CFRT trainings, DSHS works to promote collaboration and best practice sharing among injury prevention professionals to reduce injuries and hospitalizations. DSHS leads statewide initiatives and partners with clinic-based contractors to address these priorities by supporting youth-friendly improvement activities and incorporating best practice as it pertains to obesity, screening and referral of high risk issues.

### **Children with Special Health Care Needs (CSHCN)**

The CSHCN Systems Development Group (SDG) works to strengthen community-based services to improve systems of care for CSHCN, including clients receiving health care benefits through the State's CSHCN Health Care Benefits Program, which is administered by the Health and Human Services Commission. The SDG focuses on meeting federal expectations regarding overarching health care systems components for CSHCN, including establishing medical homes, promoting community inclusion, and planning for the transition to adulthood, including transitioning to adult health care. The Family Delegate for Texas and Texas Parent to Parent, a statewide organization run by families of CSHCN for families of CSHCN, are included in program activities to ensure the family voice is included in the development and implementation of CSHCN programming.

Texas leads the Medical Home Learning Collaborative (MHLC), which meets quarterly to exchange best practice resources on implementation of medical home. The MHLC also develops community-based initiatives and collaborates with DSHS regional staff to assist with connecting CSHCN and their families to a medical home. The Children with Medical Complexity CoIIN is a multistate collaborative focused on the population of CSHCN with the greatest medical needs. DSHS formed a state team to engage in quality improvement focused on a cohort of children with medical complexity in Texas.

The SDG develops community-based initiatives to ensure that communities are welcoming, inclusive, and supportive to minimize the sense of isolation experienced by many CSHCN and their families. The SDG developed a transition toolkit and educational resources for families and providers to ensure that all CSHCN are transitioning to adulthood with appropriate supports in place. Community-based initiatives include transition workshops, conferences, and collaboration with DSHS regional staff to prepare families for transition and connect youth with special health care needs to adult services. The Transition to Adulthood Learning Collaborative (TALC) meets quarterly to exchange best practice resources and promotes collaboration related to the transition to adulthood.

To promulgate progress and improve outcomes related to these initiatives, Texas strives to maintain the MCH infrastructure, capacity, and subject matter expertise across all population health domains. For more information on MCH efforts in Texas, please visit <http://www.dshs.texas.gov/mch/>.

## How Federal Title V Funds Support State MCH Efforts

Texas continues to strategically use Title V funds to ensure statewide maternal and child health (MCH) needs are being addressed. The Department of State Health Services (DSHS) is Texas' public health agency and improving the lives of women and children, including children with special needs, is a priority. The work of Title V is driven by State and National Performance Measures, and guided by the State Priority Needs that were identified during the statewide needs assessment. Ongoing evaluation allows for flexibility in programming and responsiveness to emerging issues, such as COVID-19. As COVID-19 continues to affect the lives of Texans, Title V is working to identify MCH needs, support families, and adapt programming and operations as needed. Title V is situated organizationally within DSHS to align with other sections that focus on MCH, such as Health Promotion and Chronic Disease Prevention, Environmental Epidemiology and Disease Registries, and Vital Statistics. Title V also staffs over 90 personnel throughout the Texas Public Health Regions to identify local community needs and develop solutions for improvement. Finally, Title V ensures that a continual and comprehensive review of finances and programming is in place so that utilization of Title V MCH Block Grant funds is methodical and reflects the needs of Texas.

## MCH Success Story

E-cigarette or Vaping product use-Associated Lung Injury (EVALI) has become an emerging issue in Texas in recent years. Youth use of e-cigarettes has more than quadrupled from 3% in 2012 to 13% in 2018. In FY20, the DSHS Maternal and Child Health Section collaborated with the Tobacco Prevention and Control Branch to expand tobacco prevention and control efforts among Texas youth, young adults, pregnant women, and women of child-bearing age. The partnership contributed to a large-scale communications initiative in Texas to increase harm perception of e-cigarettes and tobacco, and increase awareness related to the changes in state laws including Tobacco 21. The robust mass-media campaign included a youth prevention approach aimed to increase youth participation in programming, as well as provider education and resources to reduce initiation of tobacco use, control the sale of tobacco products to minors, and promote enrollment of pregnant women to receive Texas Quitline services. Statewide tobacco coalitions also helped support the initiative through comprehensive tobacco control efforts to reduce the prevalence of tobacco products and the secondhand smoke exposure. Evaluation efforts to date show significant statewide reach through the media outlets and views. MCHS supported this effort in FY20 with subject matter expertise and a Title V investment of \$6,500,000. DSHS coordinated this initiative quickly and successfully in response to the opportunity and the needs in Texas.

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

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 2019.

[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.