2024 Maternal Child Health Program Parameters

The Title V Maternal and Child Health (MCH) Services Block Grant creates Federal-State-Local partnerships to develop state and local systems to meet the critical challenges facing women, children, youth, families, children with special health care needs (CYSHCN) and communities. Local health departments (LHD) and Tribal agencies are encouraged to work with community and state partners to achieve common program goals as well as to assure coordination with all the CYSHCN programs that serve children and youth with special health care needs (i.e., the Regional Centers for CYSHCN and others) as appropriate. States must use at least 30% of Title V Block Grant funds for preventive and primary care programs serving children; and 30% to support programs for CYSHCN.

Target Populations

The populations to be served are all infants, children, and youth, including children and youth with special health care needs, and pregnant women and their families, with a special focus on those at risk for poor health outcomes.

State MCH Priorities and Performance Measures

The 2020 MCH Needs Assessment led to the identification of MCH priorities and performance measures for 2021-2025.

MCH program priority needs

- Advance Equity and Racial Justice
- Assure Access to Quality Health Services
- Cultivate Supportive Social Connections and Community Environments
- Enhance Identification, Access and Support for Individuals with Special Health Care Needs and their Families
- Foster Positive Mental Health and Associated Factors
- Improve Perinatal Outcomes
- Promote Optimal Nutrition and Physical Activity

National and state performance measures by population domain

- Women/Maternal Health
 - Annual Preventive Visit
- Perinatal/Infant Health
 - o High Quality Perinatal Care
 - o African American Infant Mortality
 - Breastfeeding
- Child Health
 - Developmental Screening
 - Physical Activity Ages 6 through 11
- Adolescent Health
 - Injury Hospitalization Ages 10 through 19
 - o Adolescent Well-Being
- Children and Youth with Special Health Care Needs
 - o Medical Home
 - o Transition from pediatric to adult health care
- Cross-cutting/Life course
 - Social Connections
 - Representative Participation

Maternal Child Health (MCH) Program Parameters: Required Activities

Local health departments (LHD) and Tribal agencies receive Title V MCH funds for strategies supporting select Title V National and State Performance Measures. The objectives and strategies outlined for agencies help measure and accomplish the Title V MCH program's overall goals related to adolescent well-being, breastfeeding, child development, high quality perinatal care, physical activity and nutrition, health equity, representative participation, and social connections. LHDs and Tribal agencies can use local community health assessments, surveillance data, and other data sources to assist with strategy selection, systematic program planning, and policy development to implement and evaluate each selected strategy.

See the "2024 MCH Template Objective" document with specific strategies for each area of focus. A copy of the "2024 MCH Template Objectives" can be found on the <u>Division of Public Health Grants</u> <u>and Contracting (GAC) System page</u> under "2024 Program Information" in the "Maternal and Child Health" tab.

Required activities across all objectives include

- 1. Implement and evaluate the selected objective(s) with activity details your agency identified in the 2024 MCH Objectives Supplement.
- 2. Collaborate with community partners to promote selected objective(s) throughout the community.
- 3. Participate in quarterly Learning Community Calls to support progress on the selected objective(s).
- 4. Participate in training and technical assistance opportunities to support strategies for implementing health equity and community engagement within selected objective(s).
- 5. Well Badger Resource Center
 - a. Confirm agency is listed and agency information is updated in the Well Badger Resource Center searchable directory found at www.wellbadger.org.
 - b. Promote the Well Badger Resource Center using their tools for professionals and partners through the following strategies.
 - i. <u>Print and/or order Well Badger Resource Center materials</u>, such as flyers and posters, and display in areas where clients are served.
 - ii. Include the Well Badger Resource Center phone number and email on agency's voicemail for clients calling outside normal business hours.
 - 1. Call: 1-800-642-7837 or Text: 608-360-9328
 - 2. Email: help@wellbadger.org
 - iii. <u>Incorporate the Well Badger Resource Center social media posts and/or newsletter</u> <u>messages</u> into agency's communication methods.
- 6. Submit data quarterly in Alchemer to document activity progress, successes, barriers, outcomes, Learning Community Call attendance, and other technical assistance sessions.
- 7. Utilize data and prevention recommendations from the local Fetal Infant Mortality Review (FIMR) and Child Death Review (CDR) teams to inform and align the work of selected MCH objective(s). *This item does not apply to agencies that do not have a local FIMR or CDR team.*
- 8. Request technical assistance as needed from the agency's assigned MCH contract monitor.
- 9. All materials for public distribution developed by a grantee funded by the Title V MCH Block Grant must identify the funding source as follows: "Funded in part by the MCH Title V Services Block Grant, Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services."
- 10. Work with your MCH contract monitor to develop and submit a budget to the Title V MCH program. Discuss any changes to your approved budget with your contract monitor. Changes across budget categories that exceed 10% will need to be approved by your contract monitor.
- 11. Expenditure Report and FEDERAL MCH MATCH: Report expenses monthly with <u>75%</u> local match in GEARS using the Grants Enrollment form. Form can be found <u>here</u>. Use profile ID #159320 for

MCH expenses and profile ID #193002 for MCH match expenses and copy your MCH contract monitor on all expense report submissions. Grantees receiving federal funds must provide 75% match (\$0.75 local contribution for every \$1.00 federal) for all Title V MCH Block grant funds. Agencies that do not meet their MCH match requirements may be subject to repayment of grant funds. (Tribal Agencies are not required to report match).

14	A 8	c	D	E	F	G	н
	DEPARTMENT OF HEALTH SERVICES Distor of Enreptise Services	GRANTS ENROLLMENT, APPLICATION & REPORTING SYSTEM (GEARS) STATE OF VISIONSIN EXPENDITURE REPORT					
	F-00642 (TBD)						
	INSTRUCTIONS:	Agency #	Agency Name				
П	1. Report expenses in						
1	whole dollar amounts.	Agency Type	Agency Contact	Agency Con	tact Email Address		
	2. See Contract for Agency # and Agency Type.						
	 Contract Year is the year in which the contract ends. 	Contract Year (yyyy)	Report Period (MMYYYYY)	Agency Con	tact Phone Number		
1	Profile Number (In numerical order, high to low)	Profile Short Name	New and/or Additional Expenses and/or Corrections	Correcti	ditional Exp or ons, comment as ppropriate	Contract to Date Expenses	Line Count
E							1
ī							2
							3
							4
5							5
							-

Professional and Workforce Development Information and Resources

Trauma Informed Care

• https://www.samhsa.gov/nctic/trauma-interventions

Quality Improvement Concepts and Terminology

- Basic understanding of the Model for Improvement Institute for Healthcare Improvement Resources – How to Improve pages describe the Model for Improvement <u>http://www.ihi.org/resources/Pages/HowtoImprove/default.aspx</u>
- Dr. Mike Evans Video: An Illustrated Look at Quality Improvement in Health Care (8:09) http://www.ihi.org/resources/Pages/AudioandVideo/MikeEvansVideoQIHealthCare.aspx
- National Institute for Children's Health Quality Model for Improvement <u>http://static.nichq.org/quality-improvement-101/</u>
- Population Health Improvement Partners' Toolbox of e-modules and videos on quality improvement https://improvepartners.org/toolbox/toolbox-details/qi-videos-tools/

Family Engagement and Leadership

- Core Competencies of Family Leaders: A Guide for Families and Organizations
 <u>http://mofamilytofamily.org/wp-</u>
 <u>content/uploads/CORE%20COMPETENCIES%20for%20family%20leaders.pdf</u>
- Patient and Family Engagement: A Framework For Understanding The Elements And Developing Interventions And Policies <u>https://www.healthaffairs.org/doi/10.1377/hlthaff.2012.1133</u>
- AUCD Family Competencies <u>https://www.aucd.org/template/news.cfm?news_id=114&parent=119&parent_title=Family&url=/template/page.cfm?id%3D119</u>
- DHS Civil Rights Compliance
 <u>https://www.dhs.wisconsin.gov/civil-rights/index.htm</u>
- National MCH Workforce Development Center <u>https://mchwdc.unc.edu/wp-</u> content/uploads/2022/10/Successful-Engagement-with-People-who-have-Lived-Experience-October-2022.pdf

Health Equity

- HRSA Office of Health Equity https://www.hrsa.gov/about/organization/bureaus/ohe/
- NACCHO Health Equity and Social Justice http://www.naccho.org/programs/public-health-infrastructure/health-equity
- HRSA: Foundational Practices for Health Equity: <u>www.health.state.mn.us/communities/practice/resources/equitylibrary/coiin-hrsa-foundational.html</u>
- Resource Library for Advancing Health Equity in Public Health
 <u>https://www.health.state.mn.us/communities/practice/resources/equitylibrary/index.html</u>

Cultural Competence

National Center for Cultural Competence https://nccc.georgetown.edu/index.php

Life Course Theory and Application

AUCD Life Course Perspective: http://www.aucd.org/template/page.cfm?id=768

Population Health

 David Kindig's 2003 population health article <u>http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1447747</u>