

MCH Transformation 3.0 – HRSA’s Major Restructuring of the MCHBG

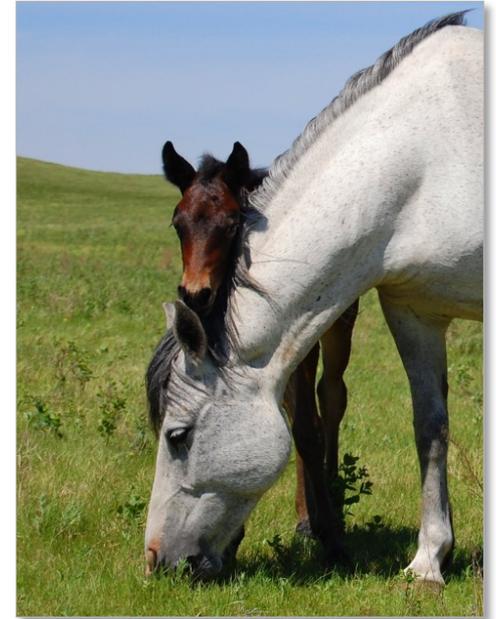


Vision of Title V

Title V envisions a nation where all mothers, children and youth, including CSHCN, and their families are healthy and thriving.

Mission of Title V

The Mission of Title V is to improve the health and well-being of the nation's mothers, infants, children and youth, including children and youth with special health care needs, and their families.



Aims of MCHBG Program Transformation

A transformed national performance measurement system that is intended to show more clearly the contributions of Title V programs in impacting health outcomes.

■ **Reduce burden to states:**

- The number of National Performance Measures has been reduced from 18 to 15, and states only select 8 of those for the focus of their work;
- The number of State Performance Measures has been reduced from 7 to 5.

■ **Maintain state flexibility:**

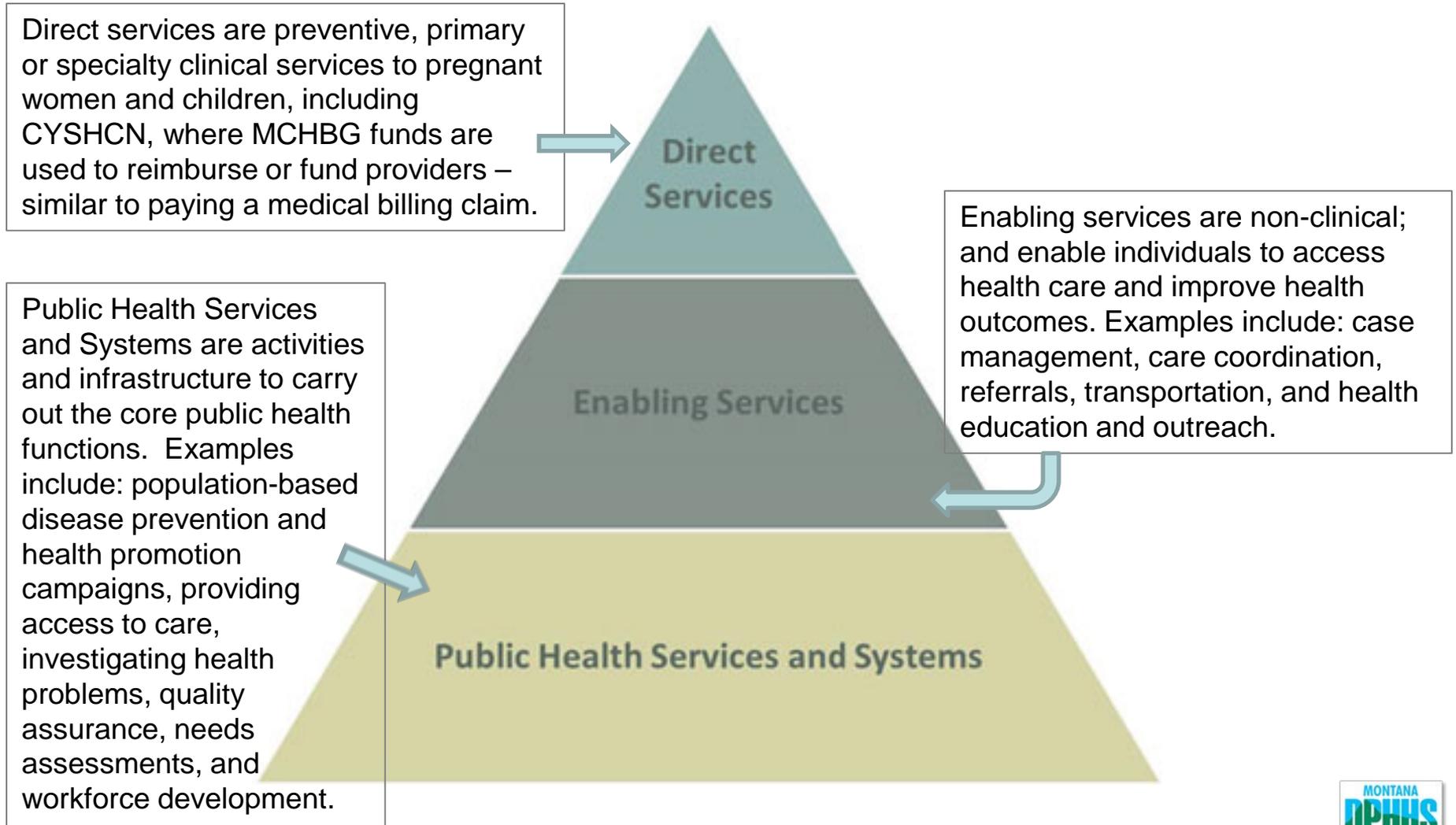
- The choice of Performance Measures
- State-developed strategy measures



■ **Improve Accountability and Impact:**

- Fewer Performance Measures – directly tied to Title V activities
- New framework to track activities and accounting

The New MCHBG Pyramid of Services



MCH Population Health Domains

The Three Legislatively Defined MCH Population Groups And Six Population Health Domain Sub-Categories

f. Life Course (i.e. Cross-Cutting)	1) Pregnant Women, Mothers, & Infants Up to Age 1 a. Maternal Women's Health (Ages 15 – 44) b. Perinatal / Infant Health (Age < 1)
	2) Children c. Children (Ages 1 – 10) d. Adolescent / Young Adult (Ages 11 – 19)
	3) CYSHCN e. CYSHCN



Needs Assessment Survey Methodology

(1 of 2)

- County public health departments who contracted for MCHBG funding for state fiscal year 2014 were invited to complete an extensive online needs assessment survey.
- Members of other organizations which provide MCH services in Montana, such as the MT Hospital Association and the MT Primary Care Association also completed the survey.
- As another part of the assessment process, the FCHB interviewed members of the Public Health System Improvement Task Force through face-to-face or phone interviews.
- Recent assessment work done for the State Health Improvement Plan and the Public Health and Safety Division Strategic Plan provided additional information.



Needs Assessment Survey Methodology

(2 of 2)

- The responses to the survey were evaluated by four main criteria:
 - A ranking by importance of all health needs mentioned for each category
 - A ranking of unmet needs
 - A listing of which area organizations are working to address each need
 - A selection of new and emerging needs

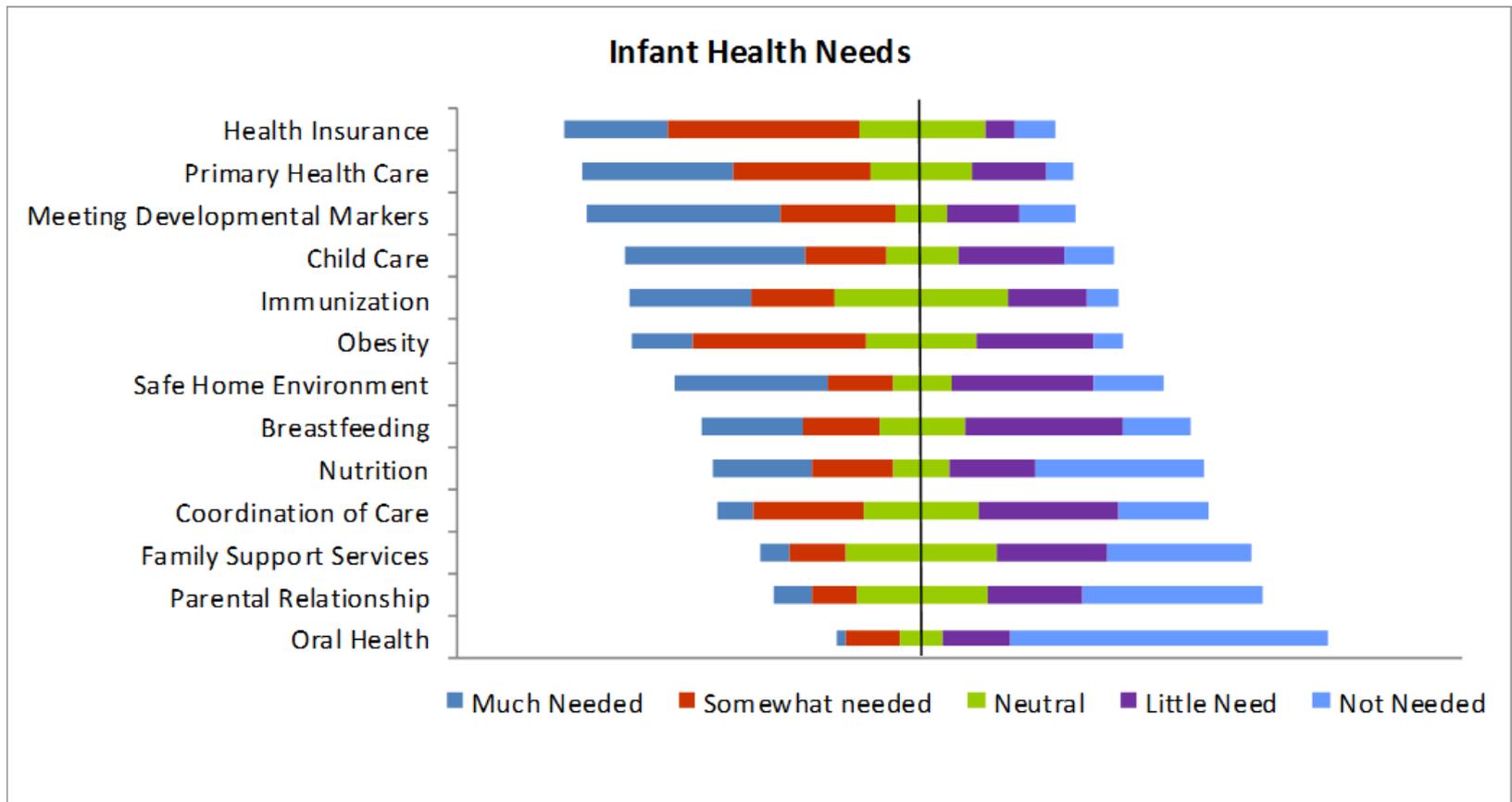
- Needs Assessment Team Members from the Office of Epidemiology & Scientific Support, and the Family & Community Health Bureau then looked for the intersection between:
 - The greatest needs
 - Where county public health department services can have the most impact
 - Availability of data



Needs Assessment Survey Analysis

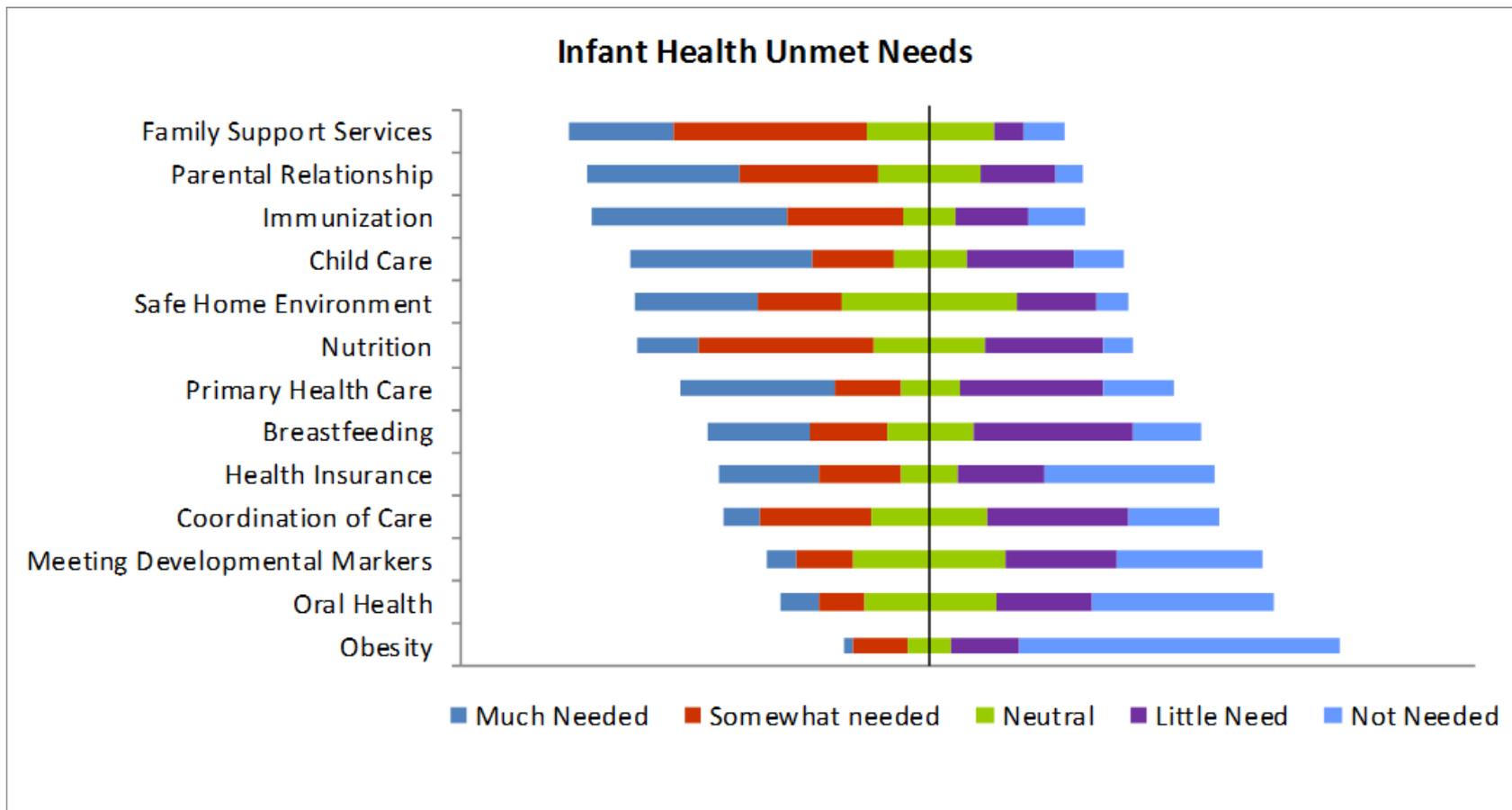
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- The next 10 slides show the initial analysis of the county health department survey responses, regarding the 5 main MCH population groups.



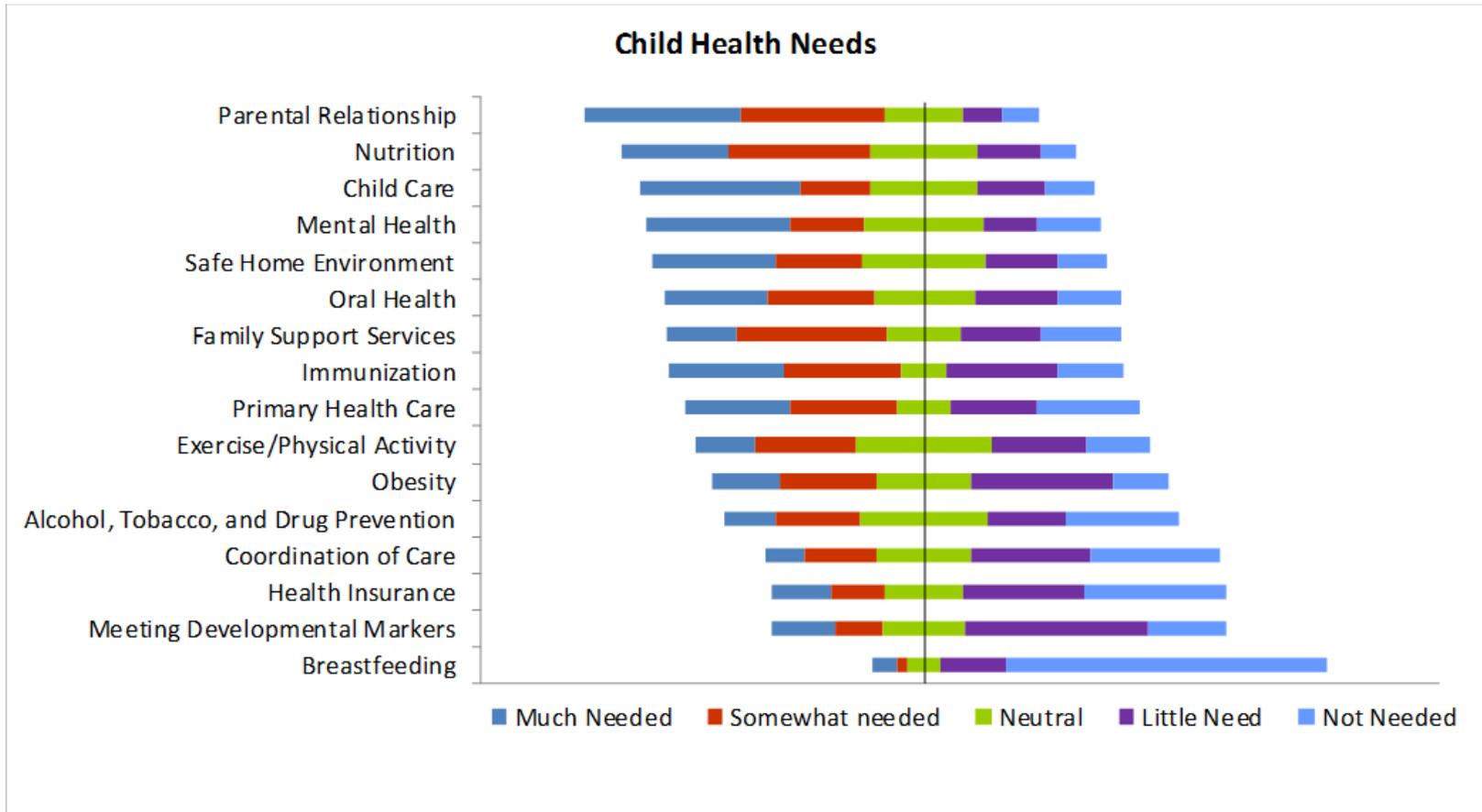
Needs Assessment Survey Analysis

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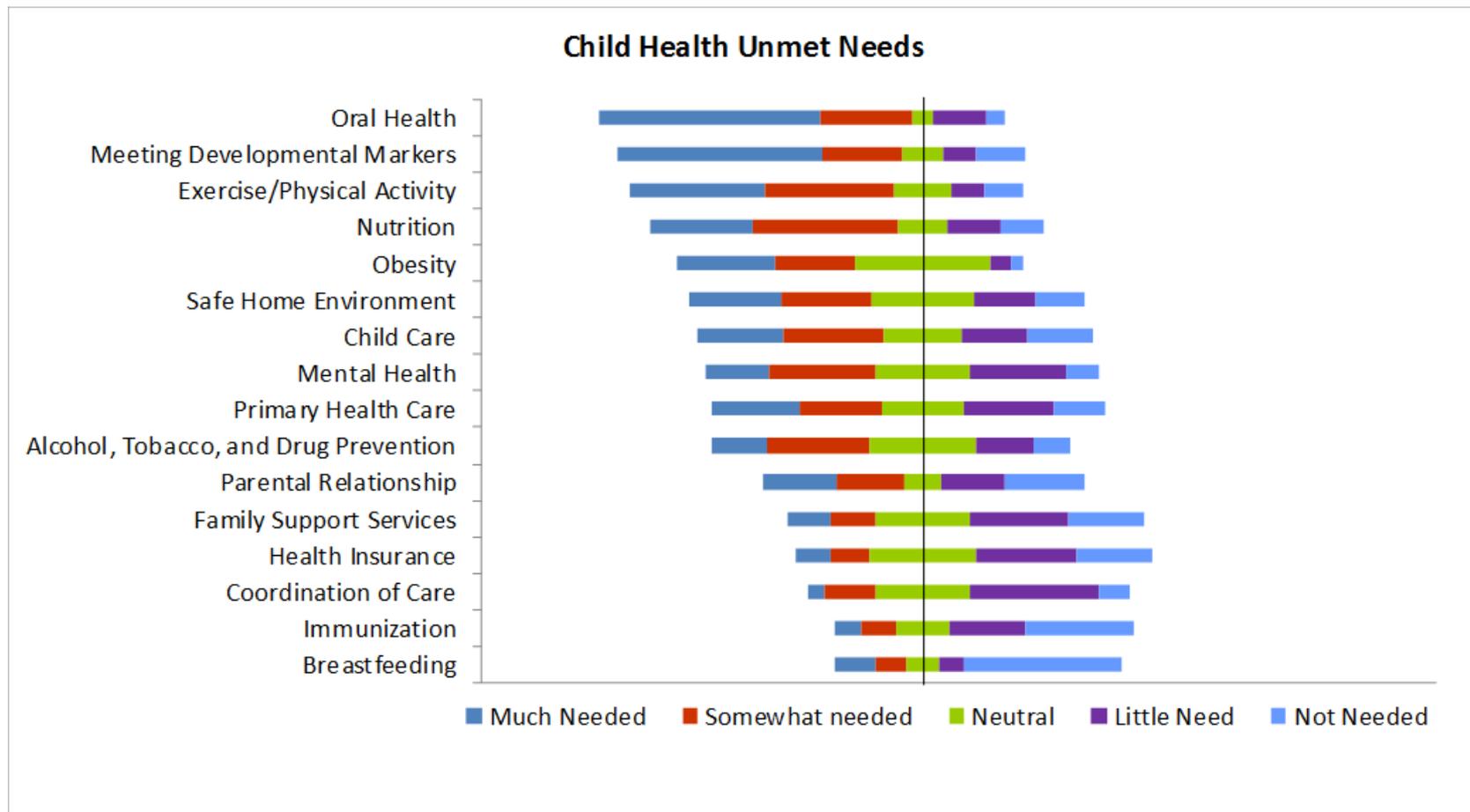
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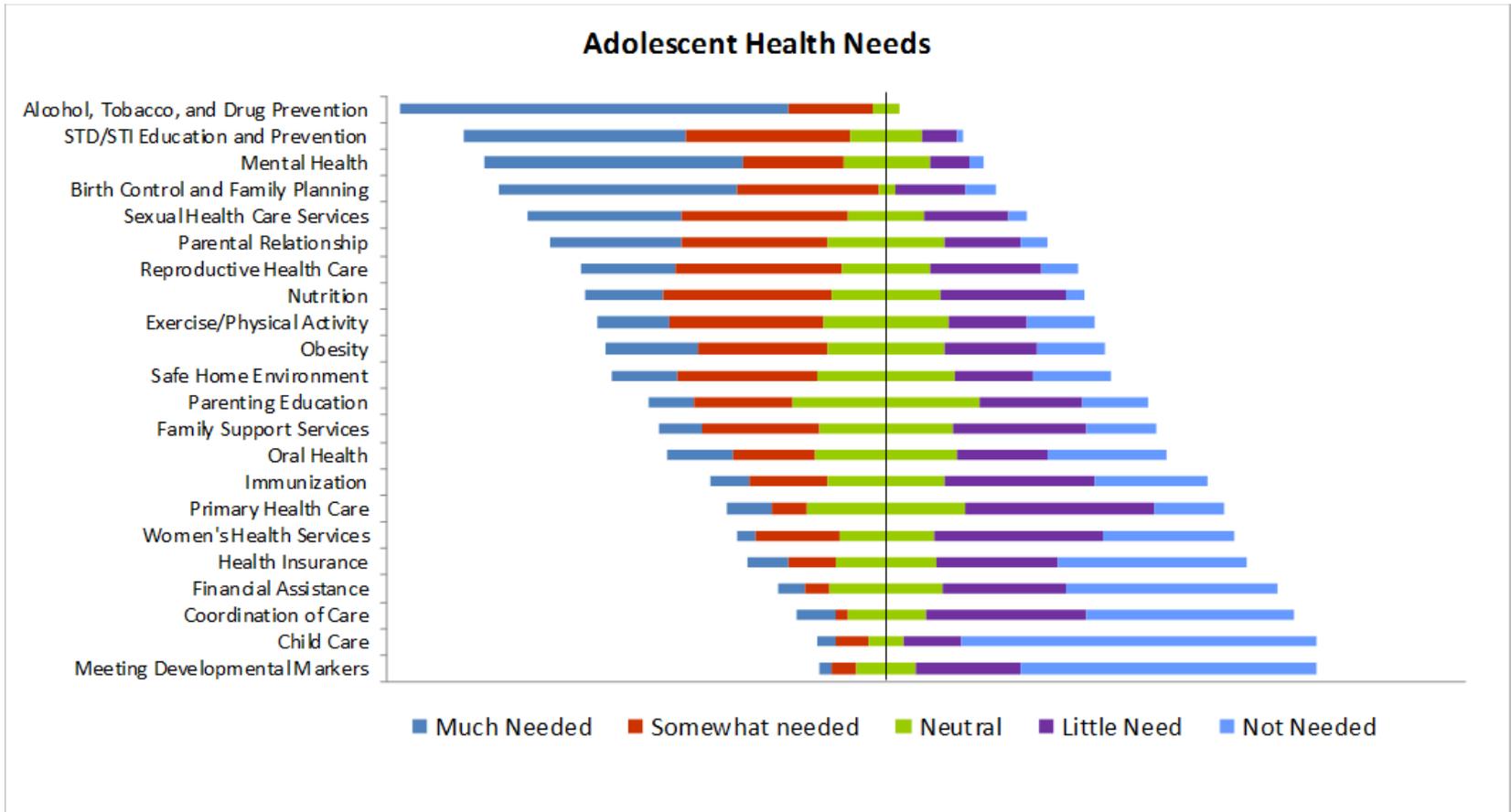
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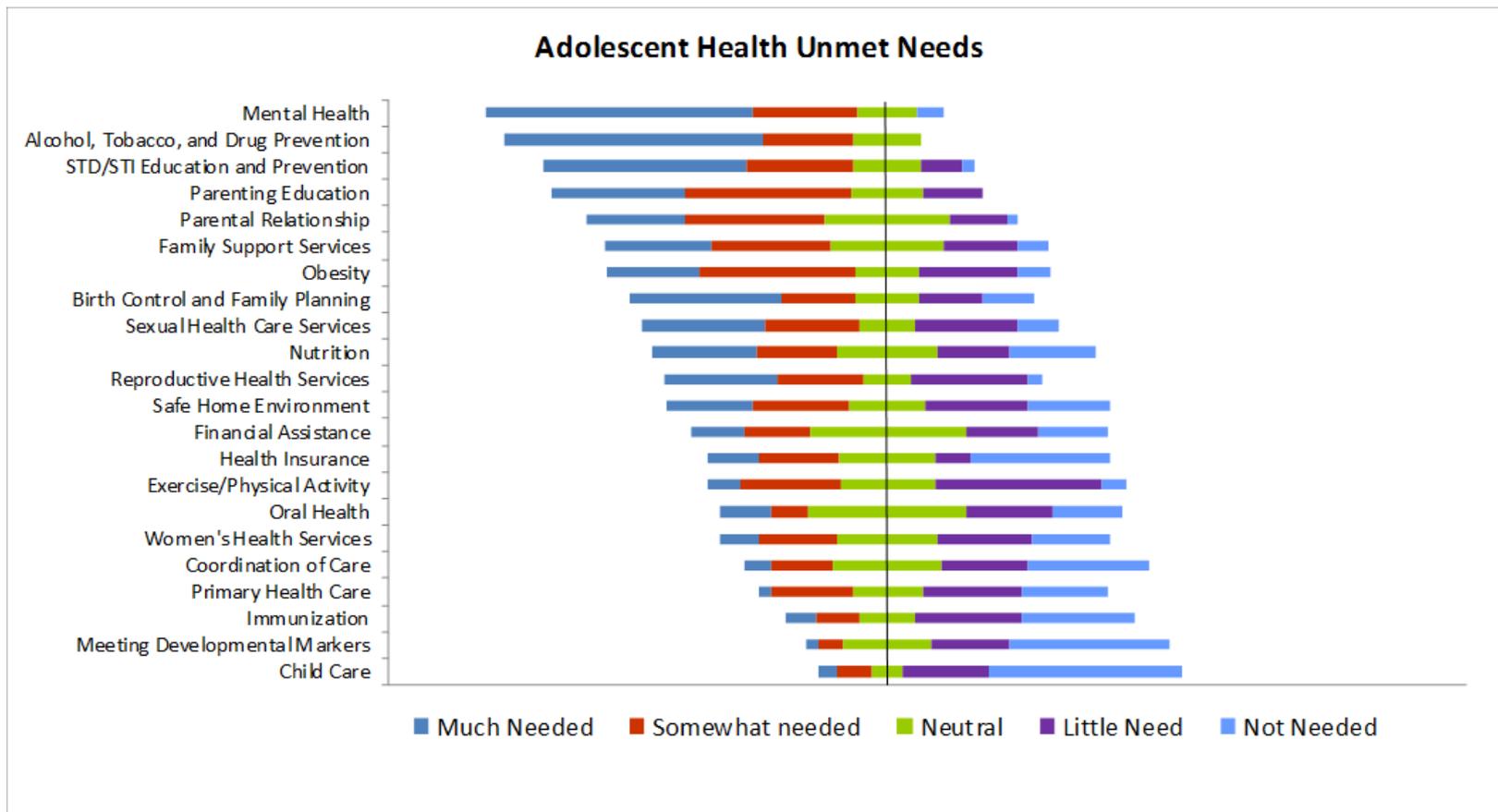
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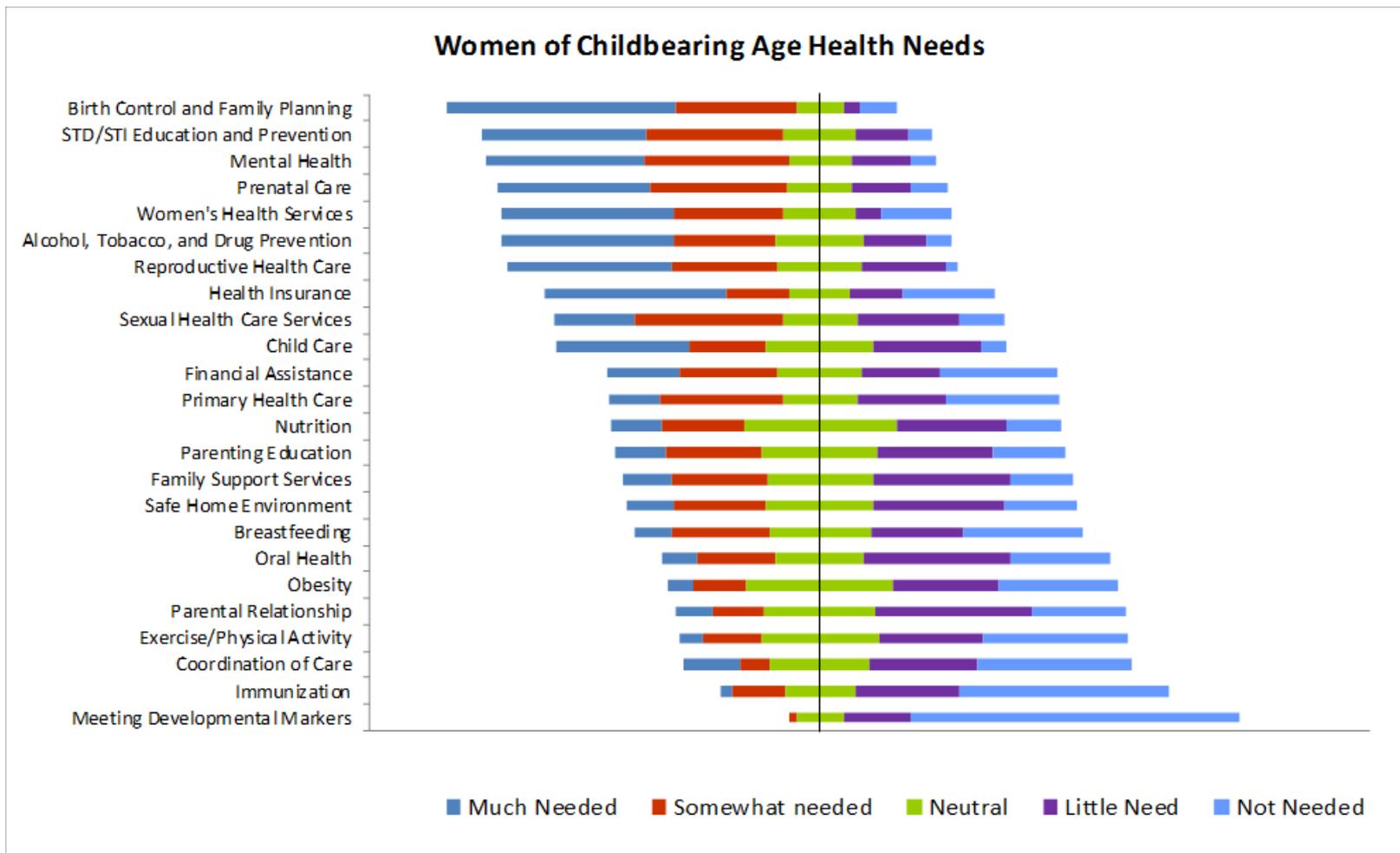
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Needs Assessment Survey Analysis

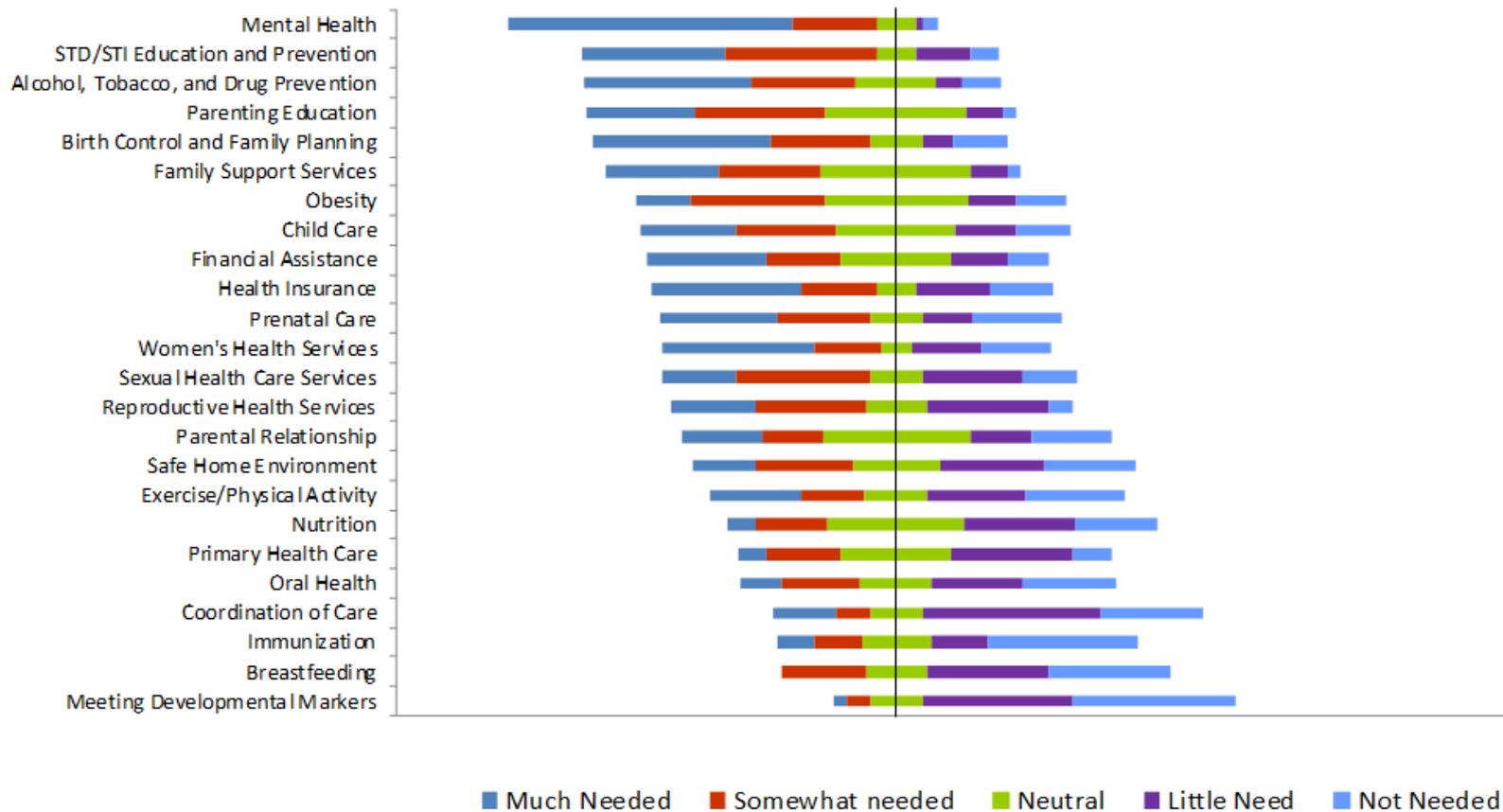
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Needs Assessment Survey Analysis

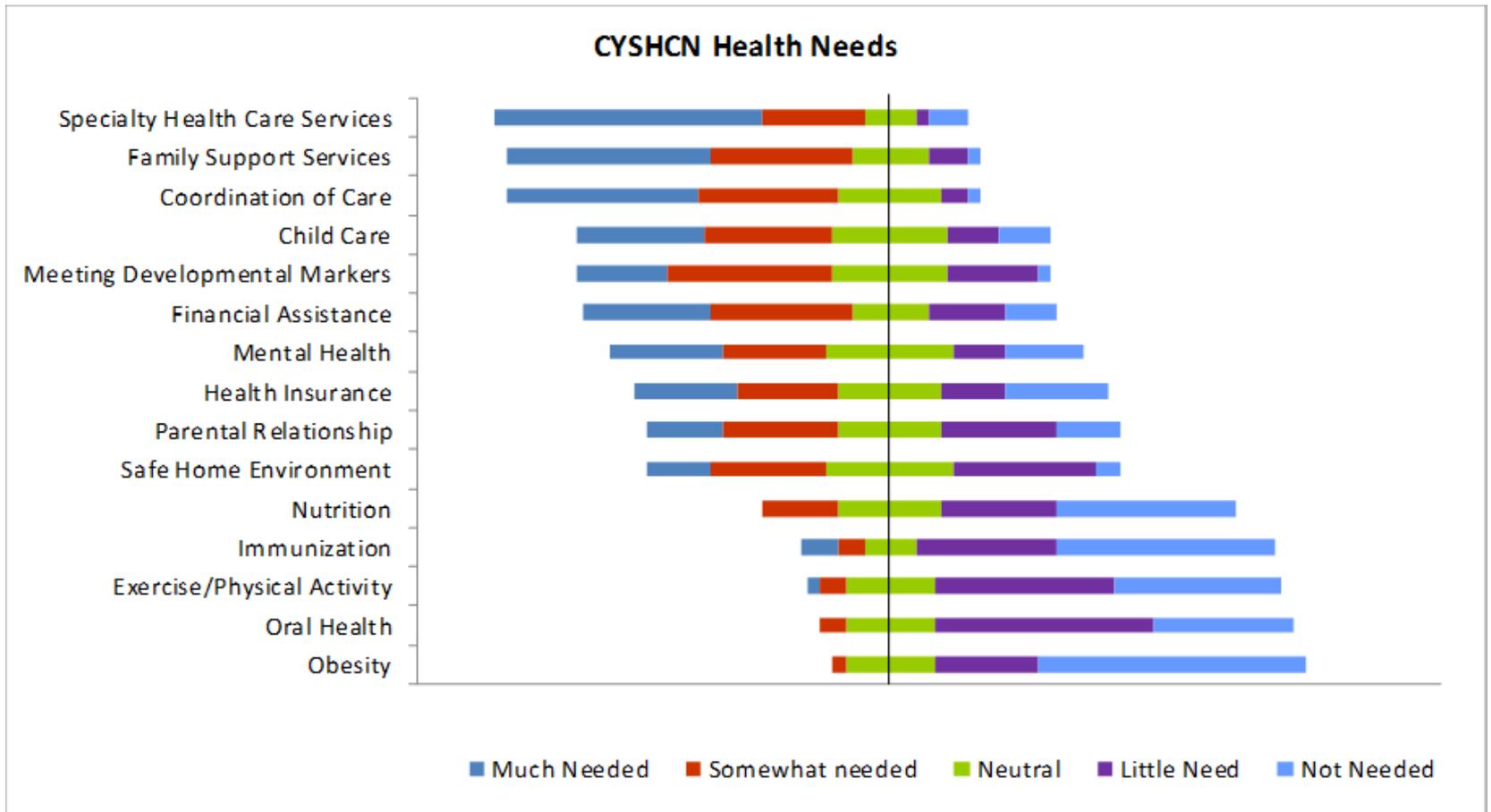
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Women of Childbearing Age Health Unmet Needs



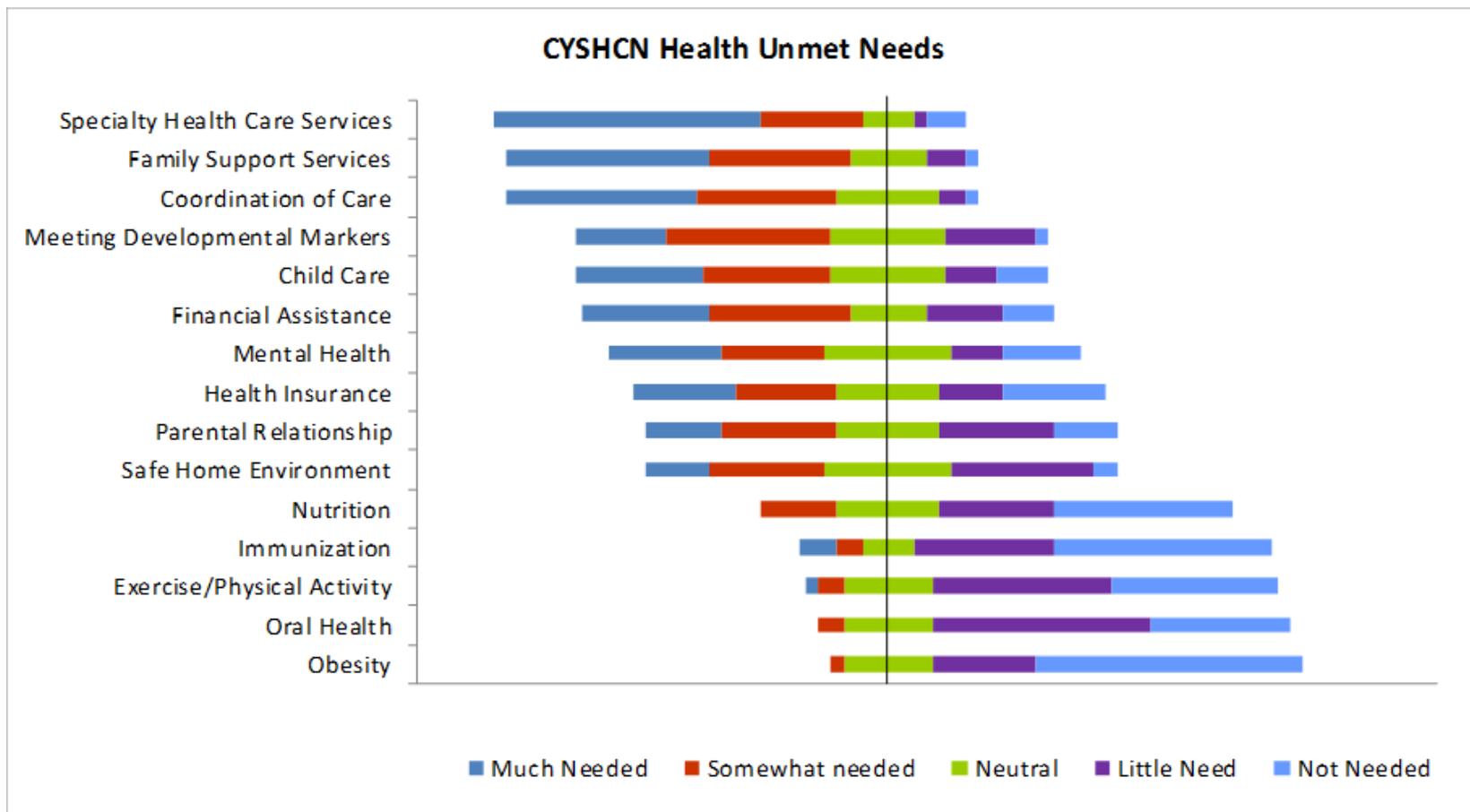
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Needs Assessment Survey Analysis

(10 of 10)



New National Performance Measures for Fiscal Years 2016 – 2020

Summary descriptions of all 15 on next two slides,
Montana's choices in **bold**, county options marked with*.



1. Percent of women with a past year preventive visit
- 2. Percent of cesarean deliveries among low-risk first births**
3. Percent of very low birth weight infants born in a hospital with a Level III+ Neonatal Intensive Care Unit
- 4*. A) Percent of infants who are ever breastfed and B) Percent of infants breastfed exclusively through 6 months**
- 5. Percent of infants placed to sleep on their backs**
6. Percent of children, ages 9 through 71 months, receiving a developmental screening using a parent-completed screening tool
- 7. Rate of injury-related hospital admissions per population ages 0 through 19 years**
8. Percent of children ages 6 through 11 years and adolescents ages 12 through 17 years who are physically active at least 60 minutes per day



9. Percent of adolescents, ages 12 through 17 years, who are bullied

10. Percent of adolescents with a preventive services visit in the last year

11. Percent of children with and without special health care needs having a medical home

12. Percent of children with and without special health care needs who received services necessary to make transitions to adult health care

13. A) Percent of women who had a dental visit during pregnancy and B) Percent of infants and children, ages 1 through 17 years, who had a preventive dental visit in the last year



14*. A) Percent of women who smoke during pregnancy and B) Percent of children who live in households where someone smokes

15. Percent of children 0 through 17 years who are adequately insured

New State Performance Measures for Fiscal Years 2016 – 2020

Summary descriptions of all 5 on next slide,
county options marked with*.



- 1. Access to Public Health Services*:** Number of clients ages 0 – 21, and women ages 22 – 44 who are served by public health departments in counties with a corresponding population of 2,000 or less.
- 2. Family Support and Health Education*:** Number of clients ages 0 – 21, and women ages 22 – 44 who are assessed for social service and health education needs; and then are placed into a referral and follow-up system, or provided with health education as needed.
- 3. Immunization*:** A) Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Diphtheria, Tetanus, Pertussis, Polio, Measles, Mumps, Rubella, Haemophilus Influenza Type B, Hepatitis B, Varicella, and Pneumococcal and b) Percent of 13-17 year olds who have received age appropriate adolescent immunizations against Diphtheria, Tetanus, Pertussis, meningococcal, and Human Papillomavirus.
- 4. Medical Home:** percent of CYSHCN ages 0 – 18 who have a medical home.
- 5. Teen Pregnancy*:** Rate of birth for girls ages 15 - 17 years.

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