



Maternal and Child Health Regional Meetings

MCH Epidemiology Unit
and
MCH Coordination Section
Fall 2010



Agenda

- Introduction: What does MCH look like in your county?
- History of Title V/MCH Block Grant
- Title V/MCH Block Grant Bits and Pieces
 - Pre-Contract Survey
 - Task Order
 - Application and Annual Report
- MCH Block Grant Application and Annual Report
 - Attachments A and B
- 2010 MCH Needs Assessment and Topic Summaries
- 2010-2015 New State Performance Measures
 - Evaluation How-Tos and Whys
 - Action Guides
- MCH Data Capacity and Resources
 - Resources for county level MCH data
 - MCH data/epidemiology technical assistance
- Miscellaneous Information
 - Other FCHB Programs
 - How can we help each other
- Discussion



What Does MCH Look Like in Your County?

- What programs/services does your health department offer?
- How many staff?
- What types of staff positions?
- Any recent or planned changes to your department's MCH structure or services?



What is Title V/MCH Block Grant?



What is MCH?

MCH is the professional and academic field that focuses on the determinants, mechanisms and systems that promote and maintain the health, safety, well-being, and appropriate development of children and their families in communities and societies, in order to enhance the future health and welfare of society and subsequent generations.



History of MCH

- Pre-Civil War
 - 1855: First children's hospital
- Post-Civil War
 - Shift in agricultural life, increase in industry
 - Development of railroad
 - Settlement houses established
- By 1900
 - 1 of 6 children ages 10-15 employed outside of home
 - Cruelty to animals law used to remove an abused child from her home



History of MCH

- Early 1900s
 - Interest in rights of children in workplace
 - 1908, NYC: A specific bureau for children established
 - 1912: national Children's Bureau established
- Post-WWI
 - 1921: Sheppard-Towner act:
 - education and preventive services for mothers and children
 - recognition that health is more than medical care
 - federal funding for states to establish MCH organizations
 - promoted birth registration
 - 1929: Sheppard-Towner Act not passed for renewal



“The Sheppard-Towner Act established the national policy that the people of the United States, through their federal government, share with the states and localities the responsibility for helping to provide community services that children need for a good start in life.”

-Martha M. Eliot

Chief of the Children’s Bureau, 1951-1956



History of MCH

- Post-Depression
 - Child labor laws
 - 1935: Social Security Act,
 - Supporters of the Sheppard-Towner Act involved in development
 - Title V: grants to states for maternal and child welfare
- 1950s: More women in the job market
- 1960s:
 - First birth control pill approved
 - Development of blood test to screen infants for PKU
 - Child abuse beginning to be recognized



History of MCH

- 1960s:
 - Title V funding for children with special health care needs
 - Head Start
 - Neighborhood Health Centers funded
 - Medicare and Medicaid developed
 - Migrant health program established



History of MCH

- 1970s:
 - Family Planning Act of 1970, Title X of the Public Health Service Act
 - Special Supplemental Food Program for Women, Infants and Children (WIC)
 - First effort to develop quantitative national public health objectives



History of MCH

- 1980s:
 - OBRA 1981: MCH Block Grant created; seven categorical programs became one grant
 - Crippled Children's Services becomes Children with Special Health Care Needs
 - COBRA 1986: extended Medicaid coverage to all low income pregnant women
 - OBRA 1989: MCHBG changes



History of MCH

- 1990s:
 - Individuals with Disabilities Education Act (IDEA)
 - Americans with Disabilities Act (ADA) passed
 - Welfare reform, Temporary Assistance for Needy Families (TANF) created
 - State Children's Health Insurance Program (SCHIP) developed



History of MCH

- Title V of the Social Security Act
 - Commonly referred to as the MCH Block Grant
 - Primary source of MCH-specific funding for states
 - State-Federal match
 - Annual grant application and report
 - 30% of funding to women, children and adolescents
 - 30% to children with special health care needs (CSHCN)
 - 10% administrative



Title V/MCH BG Bits and Pieces

Pre-Contract Survey

Task Order

Application and Annual Report





MCH Block Grant Pre-Contract Survey

- Significance of...
 - End result of community needs assessment
 - Establishes county/community MCH BG plan for coming year(s)
- Purpose of...
 - Selection of county/community's NPM or SPM
- Importance of...
 - Generates Task Order/Contract





MCH Block Grant Task Order

- Importance of...
 - Contractual requirements for MCH BG funding
 - References Title V Rules
 - Verifies compliance with MCH BG rules by annual completion of Attachments A and B
 - Generates payments





MCH BG Application & Annual Report

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Why are Attachments A and B so important?

????????????????????



MCH BG Application & Annual Report

Attachments A and B importance...

Attachments A and B are used to complete the yearly MCH Block Grant Application and Annual Report



MCH BG Application & Annual Report

Attachment A's importance...

- Question 13b:

*What types of activities, programs or services did you offer for the Performance Measure you selected?
(Please provide at least 1 and up to 3 examples)*

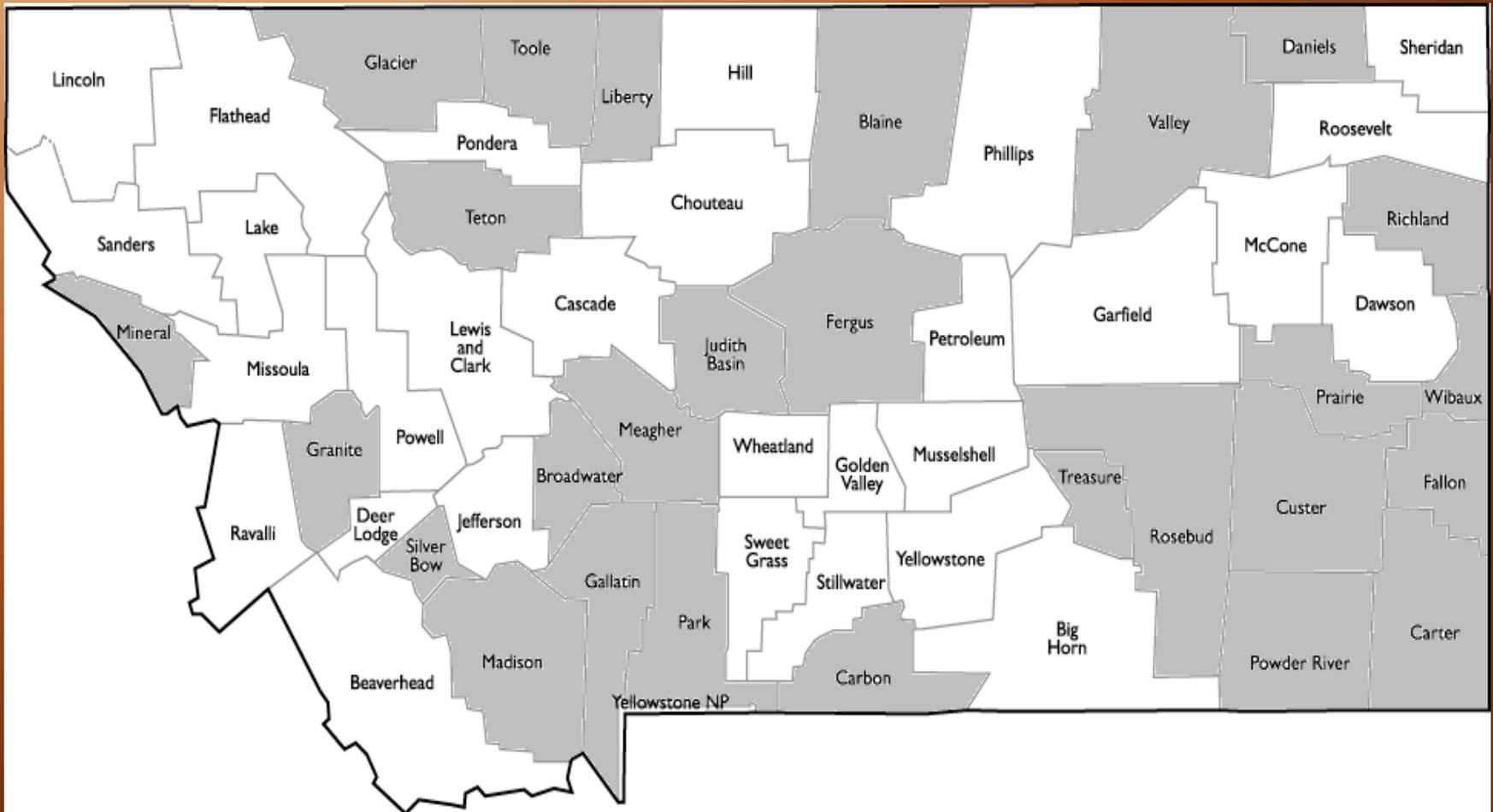
- Question 13c:

How did your County evaluate whether the activities, programs or services you offered impacted on this Performance Measure?
(Please provide at least 1 and up to 3 examples)



MCH BG Application & Annual Report

NPM 7: Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza and Hepatitis B.





MCH BG Application & Annual Report

Attachment B's importance...

- Verification of expending MCH BG funding
- Participation data for MCH BG application and annual report
 - Forms 3,4,5,7,10





MCH BG Application & Annual Report

Attachment B's importance...

Correct No Phone Call	Incorrect Phone Call
Columns/Row totals are equal	Columns/Row totals are unequal
All cells are completed	Missing data in cells



MCH BG Application & Annual Report

Attachment B's importance...

– County match significance...

In providing the services under this task order, the Contractor agrees that it will expend from non-federal Contractor resources \$3 for every \$4 of the MCH Block Grant funds referred to in subsection A above and expended in performance of this task order. For purposes of this task order, non-federal Contractor resources do not include state general funds for which the Contractor is a recipient. Therefore, the Contractor may not include state general funds the Contractor receives as "contractor match" for purposes of this section.

(Task Order, Section 4: *B* (2))



MCH BG Application & Annual Report

County Match

- Matching dollars can be “in-kind”
- Keep log of all volunteers, materials used



Example of County Match for SFY 2009

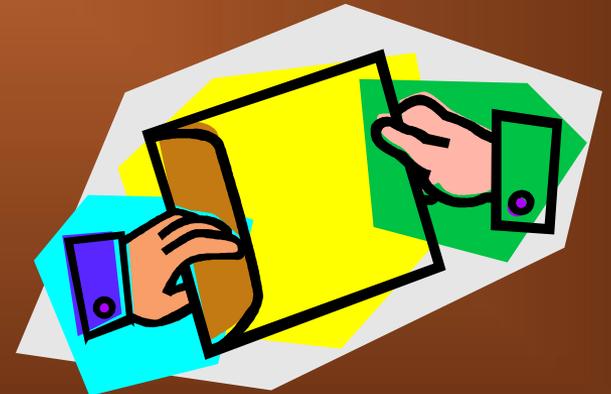
Required County Match FFY 2009			
County	MCH Grant Funding for SFY 09	Quarterly Payments	Required County Match SFY 09
Beaverhead	\$10,147.00	\$2,536.75	\$7,610
Big Horn	\$21,845	\$5,461.25	\$16,384
Blaine	\$9,849	\$2,462.25	\$7,387
Broadwater	\$4,700	\$1,175.00	\$3,525
Carbon	\$10,319	\$2,579.75	\$7,739
Carter	\$1,330	\$332.50	\$998
Cascade	\$97,326	\$24,331.50	\$72,995
Chouteau	\$6,495	\$1,623.75	\$4,871
Custer	\$13,177	\$3,294.25	\$9,883
Daniels	\$1,617	\$404.25	\$1,213
Dawson	\$8,952	\$2,238.00	\$6,714
Deer Lodge	\$9,410	\$2,352.50	\$7,058
Fallon	\$2,720	\$680.00	\$2,040
Fergus	\$11,956	\$2,989.00	\$8,967
Flathead	\$98,152	\$24,538.00	\$73,614
Gallatin	\$93,255	\$23,313.75	\$69,941
Garfield	\$1,343	\$335.75	\$1,007
Glacier	\$21,834	\$5,458.50	\$16,376
Golden Valley	\$1,411	\$352.75	\$1,058
Granite	\$3,123	\$780.75	\$2,342
Hill	\$21,442	\$5,360.50	\$16,082
Jefferson	\$12,432	\$3,108.00	\$9,324
Judith Basin	\$2,306	\$576.50	\$1,730
Lake	\$36,452	\$9,113.00	\$27,339
Lewis & Clark	\$68,667	\$17,166.75	\$51,500
Liberty	\$1,946	\$486.50	\$1,460
Lincoln	\$21,352	\$5,338.00	\$16,014
Madison	\$7,030	\$1,757.50	\$5,273
McCone	\$1,793	\$448.25	\$1,345
Meagher	\$2,198	\$549.50	\$1,649
Mineral	\$4,550	\$1,137.50	\$3,413
Missoula	\$122,240	\$30,560.00	\$91,680
Musselshell	\$4,726	\$1,181.50	\$3,545
Park	\$17,174	\$4,293.50	\$12,881
Petroleum	\$521	\$130.25	\$391
Phillips	\$4,613	\$1,153.25	\$3,460
Pondera	\$7,704	\$1,926.00	\$5,778
Powder River	\$1,748	\$437.00	\$1,311
Powell	\$6,458	\$1,614.50	\$4,844
Prairie	\$900	\$225.00	\$675
Ravalli	\$45,848	\$11,462.00	\$34,386
Richland	\$10,318	\$2,579.50	\$7,739
Roosevelt	\$17,682	\$4,420.50	\$13,262
Rosebud	\$13,612	\$3,403.00	\$10,209
Sanders	\$11,782	\$2,945.50	\$8,837
Sheridan	\$3,009	\$752.25	\$2,257
Silver Bow	\$37,376	\$9,344.00	\$28,032
Stillwater	\$8,973	\$2,243.25	\$6,730
Sweet Grass	\$4,020	\$1,005.00	\$3,015
Teton	\$6,951	\$1,737.75	\$5,213
Toole	\$5,518	\$1,379.50	\$4,139
Treasure	\$708	\$177.00	\$531
Valley	\$7,906	\$1,976.50	\$5,930
Wheatland	\$2,427	\$606.75	\$1,820
Wibaux	\$929	\$232.25	\$697
Yellowstone	\$167,728	\$41,932.00	\$125,796
Total	\$1,120,000	\$280,000.00	\$840,000



MCH BG Application & Annual Report

Attachment B Concerns...

- Data collection methods vary by county as this is a county level decision
- Encourage use of a Client Intake Form for collecting required data
 - Population Served
 - Pregnant Woman, Infant, Child, Child With Special Health Care Needs, or Woman of Childbearing Age
 - Race
 - Ethnicity
 - Source of insurance payment





MCH BG Application & Annual Report

Attachment B Concerns...

- PHDS: Used for WIZRD/IZ data collection
- If using for MCH tracking, there is NO support being provided by MCHC for MCHBG or PHHV data purposes





MCH BG Application & Annual Report

Attachments A & B...

Working to improve electronic form submission





2010-2015



New State Performance Measures



2010 MCH Needs Assessment, Topic Summaries, and Priority Areas



MCH Data Capacity and Resources

- What data do you use often?
- Are you aware of data resources?
- Recurring questions
- Other topics for summaries
- Additions to the pre-contract survey



Pre-Contract Survey

- Revisions/suggestions from PCS



Evaluation



Evaluation

- Logic model: program description
- Process evaluation
- Outcome evaluation



Logic Model

- What is the purpose of the project?
- What is the target population?
- What activities are necessary to get to the outcomes?
- How do the activities and outcomes of a program relate?



Inputs → **Activities** → **Outputs** → **Outcomes**



What
contributes to
the program?



What are the activities of the program? What do the staff do?





Inputs → **Activities** → **Outputs** → **Outcomes**

What are the direct results of the activities?



Inputs → **Activities** → **Outputs** → **Outcomes**

What are the changes that will result from the program?



Process Evaluation

- Do activities happen as planned?
- How many people are served?
- What services are provided?
- If applicable, does the program follow the model?



Outcome Evaluation

- What changed?
 - Health
 - Behaviors
 - Attitudes
 - Knowledge
 - Environment



Writing objectives/goals

- Keep it simple
- SMART: Specific, measurable, applicable, realistic/relevant, time-framed
- Can do evaluation for a portion of a program



Action Guides



How Can You Help Us?

- Suggestions for questions on the Pre-Contract Survey
- Review the 2010 MCH Needs Assessment document and offer comments and suggestions as to how to improve for the 2015 MCH Needs Assessment
- Share the 2010 MCH Needs Assessment document with your partners and provide feedback as to their suggestions, comments, etc.



How Can We Help You?

- FAQ's on the webpage
- Excel worksheet for simple tracking of clients
- Assessment materials/resources



How Can We Help You?

- Denise Brunett: CSHS: 444-3617
- Colleen Lindsay: WMH: 444-3775
- Joan Bowsher: WIC Director: 444-4747
- John Schroeck: PCO Office: 444-3934
- Dianna Frick: MCH Epidemiology: 444-6940
- Ann Buss: MCHC: 444-4119
- FCHB Webpage:
www.dphhs.mt.gov/phsd/family-health/fchb-index.shtml



Questions from Survey Monkey

Program monitoring and evaluation;
reporting in one-year increments



Questions from Survey Monkey

How can I improve the way I collect
and report data?



Questions from Survey Monkey

Should county number include IHS numbers? What if we can't get them?



Questions from Survey Monkey

How are the data we report used?



Questions from Survey Monkey

How do I choose an indicator?

Usually we choose it based on what I
can collect data on.



Questions from Survey Monkey

How do we take data and turn it into implemented programs in a one year time span?



Questions from Survey Monkey

How do other health departments collect and report client numbers for the block grant report?



Questions from Survey Monkey

How do other county health departments calculate the cost of running the MCH programs and the county match?



Discussion



Miscellaneous Information



FCHB Organizational Charts



MoU with Tribal Health Departments

SECTION 2: SERVICES TO BE PROVIDED

A. The Contractor agrees to:

- (12) Establish a memorandum of understanding regarding coordination of services with Indian reservations, or a written description of interagency coordination efforts and a list of key personnel, if an Indian reservation is adjacent to the county.

- **TASK ORDER NO 11-07-5-01-001-0**

- County numbers are only those clients you have seen



Fetal, Infant Child Mortality Review

TASK ORDER NO 11-07-5-01-001-0

SECTION 2: SERVICES TO BE PROVIDED

A. The Contractor agrees to:

(13) Ensure review and reporting of all fetal, infant and child deaths occurring in the county jurisdiction by an existing Fetal, Infant and Child Mortality Review (FICMR) team – either an internal county team or through written agreement with a neighboring team.

FICMR verification: Attachment A: #11 and 12

FICMR State Coordinator: Caitlin Jensen, MSW



Children's Special Health Services

- Examples of conditions that qualify children with special health needs in Montana are: cystic fibrosis, diabetes, cleft lip/palate, asthma, seizure disorder, juvenile idiopathic arthritis and other conditions
- The following services are available to eligible CYSHCN and their families: pediatric specialty clinic services, financial assistance, and/or resource referrals
- Financial assistance available for CYSHCN who are uninsured or underinsured
 - Accessing services, supplies, pharmaceuticals





CSHS Specialty Clinics

- Arthritis
- Cardiac
- Cleft/craniofacial
- Cystic fibrosis
- Diabetes
- Endocrine
- Epilepsy
- Gastrointestinal
- Hemophilia
- High-risk infant
- Muscular dystrophy
- Neural tube defect
- Neurology
- Spina bifida
- Pulmonary
- Other



Oral Health

- Oral Health Screenings
 - Important means of collecting data on oral health of children in Montana (see report)
 - Performed at volunteer schools
 - All forms/information available on website at:
<http://www.dphhs.mt.gov/PHSD/family-health/oral-health/family-oralHealth-index.shtml>
- Open Wide training
 - Childcare providers, school nurses, WIC staff, Head Start, & local public health offices
 - 2 continuing education credits upon completion



Oral Health Education Materials

available at <http://www.dphhs.mt.gov/PHSD/family-health/oral-health/family-oralHealth-index.shtml>

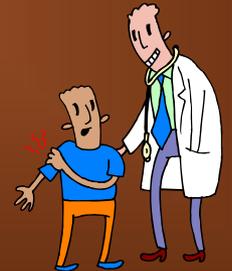
- Modules that can be used in educating students about oral health and nutrition
- Lesson modules for Grades 1-5 present oral health/nutrition education lessons in a scripted plan with hands-on activities to guide teachers or presenters through the basic concepts and topics relating to oral health and healthy behaviors
- Each lesson can be used as a stand-alone lesson or in combination with other supportive activities and class materials
- Each module builds on previous modules, teachers/classroom presenters may want to refer to modules from other age groups





Primary Care Office

- Primary Care Office main focus is to use available data, i.e. Medicaid/Medicare visits to determine areas of the state that are in need of primary care doctors, dentists, nurses, and other health care professionals. These areas may be eligible to apply for Federal Funding by working with the Primary Care Association.
- Information source for loan repayment options for health care professionals.





Women's & Men's Health

- Distributes Wednesday Weekly (health information, local/state/national level training opportunities), funding opportunities, etc.
- Resources on:
 - Family Planning
 - Teen pregnancy prevention
 - Health education & outreach
 - STI/HIV prevention
 - Information on breast & cervical health





WIC/Nutrition

- WIC contracts with 27 Regional Programs to offer the WIC program benefits to women, infants, and children throughout MT
- Distributes a weekly electronic newsletter of ongoing WIC developments

