Maternal and Child Health
Title V Block Grant

Oregon Maternal and Child Health Title V Grantee meeting
February 9, 2016
Purpose of the MCH Title V Block Grant

The Federal Title V Maternal and Child Health program provides a foundation for ensuring the health of the Nation’s mothers, women, children and youth, including children and youth with special health care needs, and their families.
Federal Legislation

- Enacted in **1935** as a part of the Social Security Act, the Title V Maternal and Child Health Program is the Nation’s oldest Federal-State partnership.

- Converted to a Block Grant Program in **1981**

- The Omnibus Budget Reconciliation Act of **1989** redefined the mission and function of Children and Youth with Special Healthcare Needs (CYSHN) programs:
  - To provide and to promote family-centered, community-based coordinated care (including care coordination services…) for children with special health care needs… 42 U.S.C. § 701 (a)(1)(D)

- **Currently** administered by the Dept. of Health and Human Services (DHHS), Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB)
Title V MCH Block Grant Outcomes

- Assure **access to quality care**, especially for those with low-incomes or limited availability of care;
- Reduce **infant mortality**;
- Provide and ensure access to comprehensive **prenatal and postnatal care to women** (especially low-income and at risk pregnant women);
- Increase the number of **children receiving health assessments and follow-up diagnostic and treatment services**;
- Provide and ensure access to **preventive and child care services as well as rehabilitative services** for certain children;
- Implement family-centered, community-based, systems of **coordinated care for children with special healthcare needs**;
- Provide **toll-free hotlines and assistance in applying for services** to pregnant women with infants and children who are eligible for Title XIX (Medicaid).
Funding

- It is a federal appropriation
- Current national annual appropriation: $636 million (partial reinstatement of sequestered funding)
- State funding formula is based on number of children in poverty
- Oregon’s current funding: approximately $6 million annually.
- At least 30 percent of Federal Title V funds are earmarked for preventive and primary care services for children and at least 30 percent are earmarked for services for children with special health care needs.
- States and jurisdictions must match every $4 of Federal Title V money that they receive with at least $3 of State and/or local money.
MCH Title V Block Grant 3.0

MCHB is transforming Title V’s work to align with Federal health care transformation.

- Goals of the transformation: reduce burden, increase accountability, and maintain flexibility

States are required to:

- Conduct a 5-year needs assessment
- Choose 8 of 15 national priority areas/performance measures, plus 3 state-specific priorities
- Develop strategies and measures to “move the needle” on the national priorities
- Align use of funds with these priorities and strategies
MCH Title V Needs Assessment and Prioritization

Title V Needs Assessment:
- engaged 2,000 stakeholders around the state to assess Oregon’s current and emerging MCH needs (through surveys, listening sessions, webinars, online discussion forum, etc.)

Prioritization process:
- brought together a cross-section of key stakeholders for two meetings last winter to discuss needs assessment results and determine Oregon’s MCH Title V priorities for 2016 – 2020.
Maternal, Child, and Adolescent Health Domains

- Maternal and Women’s Health
- Perinatal and Infant Health
- Child Health
- Adolescent Health
- Children and Youth with Special Healthcare Needs
- Cross-cutting/Lifecourse
National Priority Areas

1. Well woman care
2. Low risk cesarean deliveries
3. Perinatal Regionalization
4. Safe Sleep
5. Developmental Screening
6. Child safety/injury
7. Adolescent Well-Visit
8. Bullying
9. Adequate Insurance Coverage
10. Breastfeeding
11. Physical Activity
12. Oral Health
13. Medical Home
14. Transition into Adult Health Care
15. Household Smoking
Oregon’s 2016-2020 Title V Priorities

Oregon’s selected national priority areas
- Well woman care
- Breastfeeding
- Children’s Physical activity
- Adolescent well visit
- Medical home
- Transition into Adult Health Care
- Oral health
- Smoking

State-specific priority areas:
- Toxic stress, trauma and ACEs
- Food insecurity
- Culturally and linguistically responsive MCH services
Implementation of the 2016-2020 priorities

• Develop evidence-informed strategies and measures for each of the selected national priority areas;

• Develop state performance measures for each of the state-specific priority areas;

• Modify Oregon’s Title V program structure (state and local) to align with the new Block Grant requirements.

• Develop action plans and launch state and local work on the new priorities
Development and Launch of Strategies and Measures for Oregon’s 2016-2020 MCH Title V Priorities

- **Evidence-informed strategy research**
  - Aug/Sept 2015
  - Compilation of potential strategies from Oregon and national sources for each of Oregon’s Title V national priorities

- **Topic-specific webinars**
  - Oct 26-Nov 5
  - Discussion of potential strategies for each priority with a broad range of MCAH partners.

- **Survey**
  - Nov/Dec 2015
  - Title V LHA and Tribal grantee survey on draft strategies for all priorities.

- **MCH Title V Grantee Meeting**
  - February 9, 2016
  - Topics include:
    - Title V MCH program changes;
    - Planning, implementation, measurement, and reporting guidance;
    - Menu of strategies for each priority;
    - Ongoing support, networking and Technical assistance needs

- **Local Title V implementation parameters/guidelines**
  - Drafted - Nov/Dec 2015

- **Implementation parameters finalized**
  - Jan 2015

- **MCH Title V plan guidance disseminated**
  - February 15, 2016
  - Title V leadership finalizes and disseminates menu of strategies, local implementation guidance and MCH Title V Plan template

- **Grantee MCH Title V plans due**
  - April 1st, 2016
  - LHAs and tribes indicate in annual plans which priorities, strategies/measures they will implement with Title V funds

- **State Title V staff review plans**
  - April-June 2016
  - State and local activities including staff development, refinement of data collection and tracking systems, etc.

- **Strategies and measures launched**
  - July 2016
  - State and Local Title V work and data collection on selected strategies begins

- **July 15, 2016**
  - MCH Title V Block Grant submitted to HRSA
  - Application includes:
    - State performance measures
    - Evidence-based/informed strategic measures for each of the 8 selected National priorities
    - Implementation action plan

- **State Performance Measure Development**
  - Feb-March 2016

- **State Performance Measures finalized**
  - April/May 2016

- **State-specific priority strategy development**
Children and Youth with Special Health Needs Strategy Development

November 2014 through June 2015 - Title V CYSHCN Needs Assessment and Input Process
• Family, Provider, Care Coordinators, & Youth Surveys
• CaCoon Nurse Regional Meetings – Input into priorities and strategies
• OCCYSHN Key Stakeholders Meeting – Input into state priorities
• Listening Sessions on the Standards for Systems Serving CYSHCN to identify strategies to impact services for CYSHCN
  – Community Providers (PCP, Care Coordinators)
  – Parent Partners

September 2015 through Early January 2016 – Review strategies to impact priority areas of Medical Home for CYSHCN and Transition to Adult Health Care
• Identify activities to implement within strategy; to impact population of CYSHCN
• State and Local level activities

February through March 2016 – Finalize state plan and share identified strategies with local partners
Questions?
Additional questions and comments?

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Oregon MCH Title V Block Grant
2016-2020

Local Grantee Implementation Guidelines
## Implementation Guidelines - Priority Selection

<table>
<thead>
<tr>
<th>Title V Funding level</th>
<th>Minimum # of priorities</th>
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<tbody>
<tr>
<td>Less than $25,000 per year</td>
<td>1</td>
</tr>
<tr>
<td>$25,000 - $99,999 per year</td>
<td>2</td>
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<tr>
<td>$100,000 or more per year</td>
<td>3</td>
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## Implementation Guidelines - Priority Selection

<table>
<thead>
<tr>
<th>National Priorities</th>
<th>State Priorities</th>
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<td>Well women care</td>
<td>Toxic Stress, trauma ACES</td>
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<td>Breastfeeding</td>
<td>Culturally and linguistically responsive services</td>
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<td>Physical activity for children</td>
<td>Food insecurity</td>
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<td>Adolescent well visit</td>
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<td>Oral health</td>
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<td>Smoking</td>
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## Implementation Guidelines

- **Strategy Selection**
  - Encouraged to use a variety of strategies from menu of options to address priorities
  - Grantees working on more than one priority and/or strategy must select at least one strategy at the community, institutional, or societal level

<table>
<thead>
<tr>
<th>Level of influence</th>
<th>Examples (spectrum of prevention)</th>
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<tbody>
<tr>
<td>Individual/relationship level</td>
<td>Strengthening individual knowledge and skills</td>
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<tr>
<td><strong>Community level</strong></td>
<td>Promoting community education; fostering coalitions or networks</td>
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<tr>
<td><strong>Institutional level</strong></td>
<td>Changing organizational practices, educating providers</td>
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<tr>
<td><strong>Societal level</strong></td>
<td>Influencing policy and legislation</td>
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Implementation Guidelines

- Use of Title V Funds
  - At least 30% must be used for child or adolescent health
  - No more than 10% for indirect costs
  - Up to 20% of Title V funds can be used for locally-identified MCH work that falls outside of Oregon’s Title V priorities and/or strategy menu if approved by OHA
  - Can be used to contract with other programs or agencies
Implementation Guidelines

Annual Plan

• Annual Plan with selected priorities, strategies, activities and measures due April 1, 2016.

• Strategy/activity implementation and measure collection begin July 1, 2016.
Data tracking and reporting

• Grantees must report on at least one measure for each strategy they choose to implement. Measures can be locally-defined.

• Beginning March 2017, an annual progress report will accompany the annual plan.