

**LHJ**

**User's Guide:**

**2009 - 2010**

**MCHBG Activity Plan and Reports**

**For**

**Consolidated Contracts**

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Maternal and Infant Health -  
Child and Adolescent Health -  
Children with Special Health Care Needs

April 2008



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## LHJ User Guide for 2009-2010 MCHBG Activity Plan and Reports

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To submit a request, please call 1-800-525-0127 (TDD/TTY 1-800-833-6388).

Local Health Jurisdiction User's Guide:

**2009 - 2010 MCHBG Activity Plan and Reports**

**For Consolidated Contracts**

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## Introduction

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Purpose - This User Guide is intended to help Local Health Jurisdictions (LHJs) develop and report on their Maternal and Child Health Block Grant (MCHBG) activity plans. MCHBG activities are developed every two years by LHJs and approved by the Department of Health's Office of Maternal and Child Health for inclusion in the Consolidated Contracts.

A five year DOH contract: The Consolidated Contract (concon) is an interagency, cost reimbursement, client service contract between the Department of Health (DOH) and the 35 Local Health Jurisdictions (LHJs) in Washington State. Each LHJ has a five year contract effective **January 1, 2007 – December 2011** that combines many program activities and funding sources into one contract. By combining statements of work for many programs into one contract, the number of contracts between the DOH and the LHJs is minimized.

Adding 2009-2010 work activities by amendment: The 2009-2010 Activity Plans, created for MCH, will be added to the current consolidated contract by an amendment in mid-December 2008. The activities and funding for this two-year period will be effective **January 1, 2009 through December 31, 2010**.

- The menu of work activity choices has not changed.
- As before, estimate
  - how contract funds will be spent for each work activity
  - how much will be directed toward different MCH population groups you serve; with at least 30% of your funding allocated to each of these population groups: Children 1-22 and Children with Special Health Care Needs (CSHCN).
- The narratives should reflect:
  - the needs and problems your work addresses
  - and a description of your work and intended results.

Annual Reports: The Progress Report and the Final Report titles have been changed to **2009 Annual Report** and **2010 Annual Report** to better identify the document reporting period.

## The Process

### **From Activity Plan to a Statement of Work -Amending the Consolidated Contract**

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Prepare and submit an electronic Activity Plan to the Office of Maternal and Child Health (OMCH). Send it to [Donna.Compton@doh.wa.gov](mailto:Donna.Compton@doh.wa.gov) MCH Consolidated Contracts Coordinator.

Activity Plans are due by **July 14, 2008**, to assure 2009-2010 work activities and funding can be included in the December 2008 amendment of the Consolidated Contract (concon) which goes into effect January 1, 2009. OMCH staff will prepare a statement of work and funding authorization for the DOH Contracts Office to include in the amendment.

Activity Plans received in this office **on or before July 14** will be approved in time to meet the DOH Contracts Office cutoff date for inclusion into the amendment of the Consolidated Contract.

**NOTE: Activity Plans received in this office after July 14 may not be approved in time for the cutoff. This is dependent on the date of submission and time available to you and your Team Lead to review and approve the Activity Plan. Missing the deadline may delay approval of 2009-2010 MCH work activities and contract funds.**

The Activity Plan document was designed and tested in Microsoft Excel 2003. If you are using another version and have experienced problems please contact us.

 For technical assistance or help using this User Guide please contact Donna Compton at 360-236-3558 or by email: [donna.compton@doh.wa.gov](mailto:donna.compton@doh.wa.gov).

## Activity Plan

### Step 1

### Create an Activity Plan

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To create an Activity Plan document:

1. Open the Excel document named **Master MCHBG Activity Plan and Reports.xls**
2. Save it on your computer as **Your LHJ Name 2009-2010 MCHBG Activity Plan and Reports.xls**
3. In the first three rows, enter:
  - a. Your LHJ name
    - i. Click where it says LHJ on row 1
    - ii. Click the down arrow that appears in the lower-right of the cell
    - iii. Choose your LHJ from the list that appears
  - b. The name of the staff person we should contact with questions (row 2)
  - c. That staff person's phone number (row 3), and
  - d. Enter 50% of your 24 month allocation for MCHBG Con Con in 2009-2010 (Column F, row 3)
4. Save the document

## Activity Plan

### Step 2

### Decide on work activities for 2009 and 2010

Plan how you will use Maternal and Child Health Block Grant (MCHBG) funds in the Consolidated Contract (concon). Choose work activities for your 2-year statement of work. A drop-down list of activities is located in the gray box below each bold **Essential Public Health Service** (example INF 1.0). These show the available activity choices under each Essential Public Health Service. Choose as many as you'd like from these lists. You can also write-in your own activity.

The screenshot displays the Microsoft Excel interface for the spreadsheet '2009-2010 MCHBG ACTIVITY PLAN AND REPORTS\_DRAFT.xls'. The spreadsheet is organized into several key sections:

- Header Section (Rows 1-7):** Contains contact information (LHJ, Contact Name, Contact Phone, Date sent to DOH), funding details (12 Month Alloc. \$, Running Total \$), and report due dates (Activity Plan, Progress Report - Due 03-03-09, Final Report - Due 03-02-10).
- Activity Menu Section (Rows 8-10):** A table with columns for 'Essential Public Health Services' (CSHCN, Ch 1-22, M&I, Other), 'Spending Estimates for MCH Populations', and 'Narrative content guidance is in Column J & User Guide Appendix 1'.
- Narrative Guidelines Section (Rows 11-13):** Defines 'Need or Issue Narrative' (255 characters max) and 'Work Description and Results Narrative' (255 characters max).
- Activity List Section (Rows 14-35):** Lists various activities under the heading 'INFRASTRUCTURE BUILDING ( INF )'. A red circle highlights the 'Drop-down Activity Menu' for 'INF 1.0 Assess and monitor MCH health', which includes sub-activities like 'INF 1.1 Conduct and/or participate in need assessment', 'INF 1.2 Monitor health status trends of children and youth', and 'INF 1.3 Develop reports on MCH status, needs and health issues'. Other services listed include 'INF 3.0 Inform and educate about health issues', 'INF 4.0 Mobilize community partnerships', 'INF 5.0 Develop policies and plans', and 'INF 6.0 Enforce laws and regulations'.

Annotations in the image include a red arrow pointing to the 'Essential Public Health Service' label and a red circle around the 'Drop-down Activity Menu' for 'INF 1.0 Assess and monitor MCH health'.

Choose a work activity:

1. Click on the blank grey cell below the Essential Public Health Service (**Bold** items in the Activities Menu column, columns A-C)
2. Click on the arrow that appears outside the right side of the cell
3. Scroll down and click on the work activity you choose. It will appear in the gray cell and some guidance on what to include in the narrative statement for the work activity will appear in column J (**narrative guidelines also appear on the bottom of the Excel document and in Appendix 1**).

You may select several activities under one Essential Public Health Service Topic. To do this:

- a. Follow steps 1-3 above to enter your first choice:
- b. Click on the cell below this first activity (it will usually say ... **x.x Write-In**)
- c. Choose Insert from the toolbar
- d. Click on Rows
  - i. Click on column J of the new row
  - ii. Click on the cell directly above this
  - iii. Choose Copy
  - iv. Click on column J on the new row (one below the one you're on)
  - v. Choose Paste (this copies the formula that displays the narrative guidance)
- e. Go back to step 1 above

To write in a unique activity; **click** on the gray box below ... **X.X Write-In** and describe your activity in that cell. You may add multiple write-in activities by following steps B-D above.

## Activity Plan

### Step 3 Allocate spending across work activities and MCH populations

1. Estimate the amount of MCH Block Grant funding for each activity by MCH population group i.e. Children 1-22; CSHCN; M&I; Other.
2. Enter those amounts in the cells next to that activity in Columns D, E and F

The formulas in the worksheet calculate and show a Running Total (cell F4) as amounts are entered in the cells. Further, the amounts entered in the different population group cells are automatically totaled in Row 6, Columns D, E and F (see below). The percentage of the total allocation that has been entered will appear in Row 7.

AB	C	D	E	F	G	H
1	<b>LHJ:</b>					<b>2009-2010 MCHBG Activity Plan and Report</b>
2	Contact Name:	Fed Report 1 - Activity Plan; Fed Report 2 - Progress and Final Reports				
3	Contact Phone:	<b>12 Month Alloc. \$:</b>			INF	<b>For Fed Report 1 in Progress Report a and/or estimated spe CSHCN and/or Childr month allocatio</b>
4	Date sent to DOH	Running Total \$:			PB	
5	<input checked="" type="checkbox"/> Activity Plan	CSHCN	Ch 1-22	M&I; Other	EN	
6	Progress Report - Due 03-03-09				DHS	
7	Final Report - Due 03-02-10					
9	<b>Activity Menu</b>	Spending Estimates for MCH Populations			<b>Narrative content guidance is in Column J &amp; User C</b>	
10	Grouped by MCHBG pyramid levels and Essential Public Health Services	CSHCN	Ch 1 - 22	M & I, Other	Estimate Basis (Optional)	<b>Need or Issue Narrative</b> (255 characters max) <b>Work Descriptio</b> (255
11	<b>INFRASTRUCTURE BUILDING ( INF )</b>					
12	<b>INF 1.0 Assess and monitor MCH health status</b>					
13						
14	INF 1.3 Write in:					
15						
16	<b>INF 2.0 Diagnose health problems and hazards</b>					
17						
18	INF 2.3 Write in:					
19						
20	<b>INF 3.0 Inform and educate about health issues</b>					
21						
22	INF 3.3 Write in:					
23						
24	<b>INF 4.0 Mobilize community partnerships</b>					
25						
26	INF 4.5 Write in:					
27						

3. **IMPORTANT:** At least **30%** of your allocation must be allocated for each the CSHCN population and the Children 1-22 population. If you can not meet this requirement, you **must include an explanation**. Enter this information in the **Notes** cell at the bottom of the entry portion of this worksheet. OMCH will review the explanation for approval.

## Activity Plan

### **Step 4** **Write narratives on needs and issues, work and intended results**

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For the Activity Plan, write narrative statements that include:

- The reasons for choosing each of the work activities (in **Need or Issue Narrative**, column H)
- A description of the work (**Work Description and Results Narrative**, column I)
- Results to be achieved by the end of the contract in December 2010 (column I)

Be brief. Limit the narrative in each cell to 255 characters or less. This is a limitation of Microsoft Excel –characters beyond 255 may not display or print properly.

Guidance for narrative content has been written for all work activities. It will appear in Column J (**Narrative Guidance**) when you select a work activity from a drop-down list. The guidance is also included at the bottom of the Excel spreadsheet and in Appendix 1.

An LHJ may choose to use MCH concon funds to support activities to maintain or achieve compliance with Local Public Health Standards. Appendix 2 “Matrix of Public Health Standards and Frequently Used MCH Work Activities” matches the most commonly selected MCH work activities with a variety of congruent local standards and measures.

The matrix was updated in 2007 to reflect the new numbering system. It was initially developed to suggest how MCH consolidated contract funds can be used to further work related to and documentation of local public health standards. Many of the concon work activities can be used to help document local public health standards. One example is staff training. The MCH activity related to this is Infrastructure 8.1: “*Maintain qualified staffing capacity, assure staff training, and promote cultural competency.*” Staff training is addressed in the local public health measure Standard 1-10.4L: “*Staff training is provided, as appropriate...i.e. state and local laws...customer service...cultural competency..Training is evidenced by documentation of learning content and specific staff participation or completion..*”

## Activity Plan

### Step 5

### Review the Activity Plan and Submit to OMCH

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1. Review the completed Activity Plan:
  - Do all work activities include narrative statements?
  - Is allocation completely distributed across activities and population groups?
  - Has an explanation been provided in the **Notes** cell, if you have allocated less than 30% each to CSHCN or to Children 1-22?
2. In cell C4, enter the submission date of the Activity Plan
3. Send the Activity Plan to Donna Compton, MCH Consolidated Contract Coordinator in the Office of Maternal and Child Health by attaching the **Your LHJ Name 2009-2010 MCHBG Activity Plan.xls** document to an e-mail.

Contact Donna at [Donna.Compton@doh.wa.gov](mailto:Donna.Compton@doh.wa.gov) or 360.236-3558.

## 2009 / 2010 Annual Report

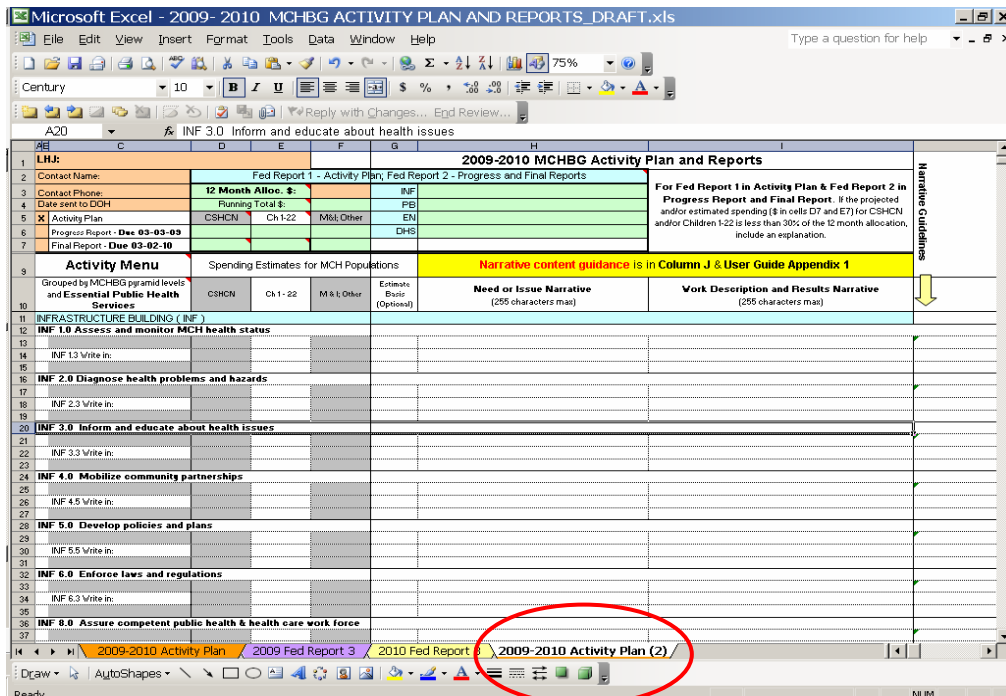
### Step 6

### Write an Annual Report

**Required Contract Deliverable:** The annual report is a contract deliverable which is due within 60 days after the end of each contract year. This is the time to report on progress made on the activities in the MCH Consolidated Contract statement of work. December billings will not be paid until the Annual Report is approved by OMCH.

**The Annual Report for 2009 Activities is due March 3, 2010**  
**The Annual Report for 2010 Activities is due March 3, 2011**

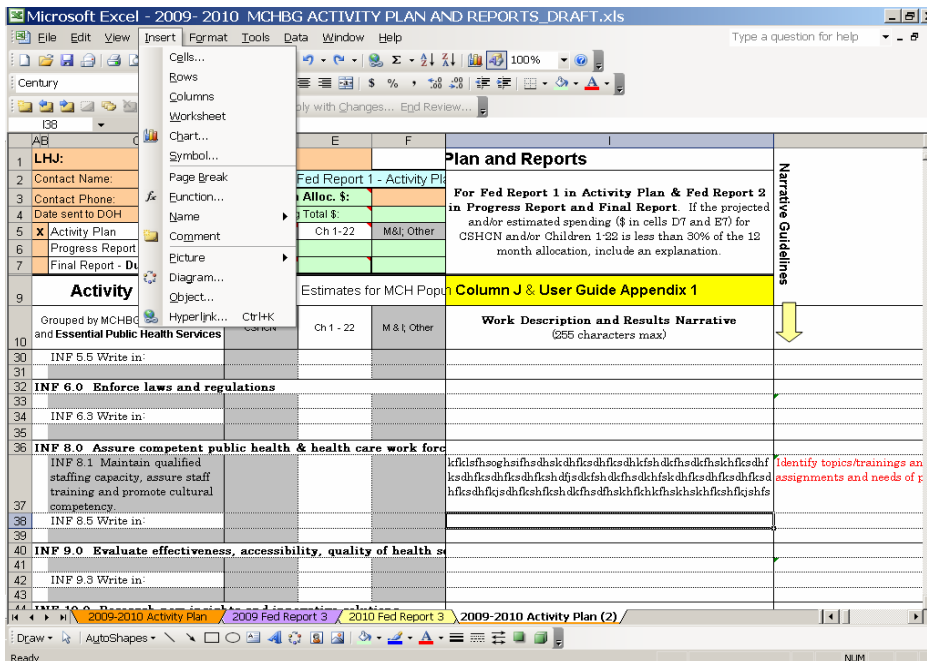
1. Create an Annual Report worksheet. To do this:
  - a. **Right-click** on the *2009-2010 Activity Plan* tab (first **orange tab** at the bottom of the *Your LHJ Name MCHBG Activity Plan and Reports.xls* document)
  - b. Choose **Move or Copy**
  - c. **Click on (move to end)** in the “Before Sheet” box
  - d. Click the **Create a Copy** checkbox until it is checked
  - e. **Click OK**
    - i. You may get a message “*The sheet you are copying ... 255 characters...*”
    - ii. **Click OK** (you can’t follow the suggestion because the sheet is protected).
  - f. A new worksheet will appear at the right on your workbook (see below). It will be named **2009-2010 Activity Plan (2)**. Its tab will also be **orange**.
  - g. Rename the new worksheet “**200x Annual Report**”



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- i. **Double-click** on the worksheet tab (name)
- ii. **Type** in the new name
- h. Delete the “x” in cell A5
- i. Type an “x” in cell A6
- j. You can change the tab color if you want to:
  - i. **Right-Click** on the *200x Annual Report* tab (2<sup>nd</sup> orange tab)
  - ii. Choose **Tab Color**
  - iii. **Click** on a color
  - iv. **Click OK**
- k. If you got the message in step e-l, copy & paste missing information

2. Insert a new row under each work activity. (**Click Insert** on the toolbar, choose **Rows**).



3. Using the same guidance you used to write narratives in your Activity Plan, add supplemental narratives in column I of those new rows to describe work completed during the reporting contract year (**Results Narrative**).

4. Adjust spending estimates for each work activity and population group to reflect your actual MCHBG expenditures.
5. Complete the *Federal Report 3* worksheet with client counts for the reporting contract year. (Click **purple** tab at bottom of document to go to this report)
6. Submit the *Annual Report* and *Federal Report 3* to Donna Compton [donna.compton@doh.wa.gov](mailto:donna.compton@doh.wa.gov) in the Office of Maternal and Child Health by attaching the **Your LHJ Name 2009-2010 MCHBG Activity Plan.xls** document to an e-mail.

## Appendix 1

### Work Activities and Guidance for Narratives

Work Activity		Key Narrative Content Guidelines
Infrastructure Building (INF)		
INF 1.1	Conduct and/or participate in needs assessment (which could include oral health and/or nutrition) related to a MCH population.	Identify topic and which MCH population/s will be assessed. Include purpose of needs assessment (what will be done with the information).
INF 1.2	Monitor health status trends of MCH populations.	Identify the specific conditions and/or population groups included; why this is being monitored and what will be done with the information
INF 1.3	Develop reports on MCH status in the community.	State how information was chosen as topic(s) for the report. Identify the target audience; "successes" achieved; and stakeholders involved.
INF 1.4	Monitor health status disparities among race and ethnic groups.	Identify specific concerns, if any, and which groups were selected. How will information be used?
INF 2.1	Conduct studies on issues identified through the needs assessment process	Provide information on the needs assessment and how the investigation or study is being done.
INF 2.2	Investigate health status disparities (which could include food security) among different populations	Identify which things will be monitored and the plan for addressing the findings.
INF 3.1	Distribute and/or make available reports on the overall status of the MCH population to the public and families	Provide information about the distribution plan, including audience, who will help distribute, what is the hoped for purpose? (What will this accomplish?)
INF 3.2	Provide information and data to interested groups on health related issues	Identify groups targeted, what information is to be shared, and why that particular information was chosen
INF 4.1	Convene, staff, or participate in coalitions (which could include oral health coalitions and/or anti-hunger coalitions)	Identify the coalitions and how this will improve MCH services
INF 4.2	Represent agency on issues at public hearings and community/provider meetings	Provide information about the issues selected and what can be shared (data, special reports, personal testimonials, etc.)
INF 4.3	Develop/maintain collaborative working relationships with providers, health plans and other organizations	Identify the collaborators; what is the purpose of collaborating, what is achieved
INF 4.4	Influence policy makers/providers by educating on issues	Identify which issues were selected and why
INF 5.1	Incorporate MCH objectives (including oral health objectives) into local workplans and budgets	Identify the objectives selected. How they were selected, and the results that were achieved.
INF 5.2	Serve as information clearinghouse for local coalitions, including parent support groups for CSHCN	Identify the information shared, with whom, how much or how often, and the results

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<b>Work Activity</b>		<b>Key Narrative Content Guidelines</b>
INF 5.3	Participate in workgroups of child/family serving agencies	Identify roles staff play, the MCH issues addressed, and accomplishments of the workgroups.
INF 5.4	Participate in program planning, development of MCH initiatives, or policy development on MCH issues	Identify the issues chosen, what was considered when planning, who else was involved
INF 6.1	Participate in local, state and federal legislative and standards development activities	Identify the need; what was developed; who provided input to the development. Cite any PH standards or work regarding legislative responses or mandates
INF 6.2	Interpret/clarify federal and/or state regulations for providers and program managers	Identify which/what regulations were interpreted/clarified. How information was given to providers and managers; actions or process that occurred
INF 8.1	Maintain qualified staffing capacity, assure staff training and promote cultural competency.	Identify topics/trainings and how they fit with staff assignments and needs of populations served
INF 8.2	Provide consultation and technical assistance to private providers, health plans and community based organizations in such areas as assuring culturally competent, appropriate care.	State how the topic was chosen. What type of information was shared; with whom it was shared, and results
INF 8.3	Provide training and/or technical assistance to community providers, school staff and community members on topics such as domestic violence, CSHCN and oral health.	State the type of information shared, reason the topic was chosen. Identify who received the information and the results achieved
INF 8.4	Provide training to staff in quality improvement processes and quality measures.	State how was training done and for what processes and programs
INF 9.1	Evaluate impact of interventions and service delivery models on health status	Identify the types of interventions and services, how long and how they were delivered; how health status was measured for a baseline, and length of time services were provided
INF 9.2	Conduct surveys, polls, focus groups, and/or community forums to document perceptions of health problems and needs and strategies to address them	Identify the topics selected, how participants/stakeholders/respondents were selected; how process was conducted; and what was learned
INF 10.1	Participate in MCH research models	Identify the model selected, the extent of participation, and progress status or the results
INF 10.2	Participate in David Olds research project (for pregnant women and infants and/or children older than age one)	Indicate the number served, basics of program services provided; frequency, duration and ancillary services or opportunities for clients
INF 10.3	Participate in ABCD model for access to dental care for children 0-6 years.	Indicate the number served - how access was improved, and results of improved access
<b>Population Based Services (PB)</b>		
PB 3.1	Community meetings on particular issues	Identify the topics selected, why they were selected; how the audience was selected and the audience response
PB 3.2	Media campaigns or educational programs	Identify the topics selected and materials selected and why. Describe the target audience and the approximate number reached

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<b>Work Activity</b>		<b>Key Narrative Content Guidelines</b>
PB 3.3	Culturally appropriate health education materials	Describe the materials developed or utilized; how the materials and information were used; and the numbers of individuals reached.
PB 3.4	Peer education efforts	Identify the topics selected; the audience targeted, and the results achieved
PB 3.5	Implement Tooth Tutor oral health education curriculum in K-6.	Identify the curriculum; the audience; the activities; and the number served
PB 3.6	Promote/educate about fluoridation of water systems.	Target audience, materials or information shared, method/s used to promote and the approximate number reached
PB 7.1	Community hotline	Identify the topics covered, availability of access (hrs, days of week of operation), staffing and number of calls, callers
PB 7.2	Outreach and casefinding activities	Identify the type of outreach, where it was done, the target groups, and number served
PB 7.3	Universal home visiting to all new parents	Describe the services provided; materials or topics addressed at visits, the number of families served; and successes
PB 7.4	Screening programs for pregnant women and infants. Such programs could include FAS, lead, developmental delay, oral health, Early Childhood Caries (ECC), newborn hearing screening, maternal depression, food security.	Identify specific screenings selected; processes for follow-up for positive screenings; resources accessed including materials and information; the number served by screening/program type; and successes
PB 7.5	Injury prevention services such as car seat safety, traffic safety, bicycle helmets	Identify services (car seats/helmets/etc.) educational materials used; any specific communities, ethnicities served; number served (# car seats inspected, etc.)
PB 7.6	SIDS counseling and education	Report number of families served. Identify educational or other activities and target audience of that work; changes in behavior or attitudes noted
PB 7.7	School health programs	Describe the need for this service, types of services or programs provided, and demographics about children and schools served.
PB 7.8	Vaccine distribution and immunization outreach	How gap identified and number served
PB 7.9	Provide dental sealants for second grade students	Describe gaps in services in county and report number served
PB 7.10	Provide preventive oral health interventions, such as dental varnishes, as part of MCH activities in WIC, EPSDT, First Steps, etc.	Identify the programs involved; types of interventions; types of educational materials used; and the number of clients receiving the information/intervention
PB 7.11	Teen pregnancy prevention activities	What activities, information and materials, any demographics on groups - any ethnic or culture-specific materials or practices used. # served.
PB 7.12	Linkage of families to programs such as First Steps, Food Stamps, WIC, Medicaid and CHP enrollment	List the programs involved. Identify processes and partners in referrals and number of families referred
PB 7.13	Referral to prenatal care	Describe system of referral used; how was the system created; partners in the referral system; and number of women served.

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<b>Work Activity</b>		<b>Key Narrative Content Guidelines</b>
<b>Enabling Services (EN)</b>		
EN 7.1	Care coordination for CSHCN	Describe activities/programs; innovative approaches; community partners; successes; family collaborations; and family leadership development. Report the number of children and families served.
EN 7.2	Provide public health nursing services for high risk or vulnerable populations.	Describe populations served; approaches used; partners utilized; educational and other materials used; successes. Report the number of families served and the number of visits; other statistics as appropriate.
EN 7.3	Prenatal childbirth education	Describe groups served; unique settings for services; partners; and methods/materials used. Report number of families served.
EN 7.4	Parenting education	Describe groups served; unique settings for services; partners; and methods/materials used. Report number of families served.
EN 7.5	Work with CSO's and health plans to increase early referral to MSS	Identify progress made; barriers addressed; mutual assistance; and specific partners
EN 7.6	Target services to racial and ethnic groups to reduce health status disparities	Describe types of services; groups served; programs or materials used; partners; and unique settings for services. Report number served
EN 7.7	Breastfeeding support	Describe methods/materials/settings used; activities that engaged fuller participation; community partners; and successes. Report number served and results for length of breastfeeding achieved.
<b>Direct Health Services (DHS)</b>		
DHS 7.1	CSHCN Feeding Team	Describe demographics of families served; partners; and results of services. Report number of children served.
DHS 7.2	Nutrition consultation for CSHCN	Describe demographics of families served; partners; and results of services. Report number of children served.
DHS 7.3	Grief counseling	Describe demographics of families served; partners; methods/materials used; and results of services. Report number of children served.
DHS 7.4	Pregnancy detection/family planning counseling	Describe referral systems/processes, including to whom and/or what program. Report number of clients served.
DHS 7.5	Well child screening	Describe demographics of children served; partners; referrals made; and any trends in types of findings. Report number of children screened.
DHS 7.6.1	Direct health services for juvenile detention centers	Describe types of services offered; demographics of adolescents served, including cultural/ethnic groups; methods/materials used; community or other agency partners; and results observed. Report number of clients served.

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<b>Work Activity</b>		<b>Key Narrative Content Guidelines</b>
DHS 7.6.2	Direct health services for incarcerated women	Describe types of services offered; demographics of women served, including cultural/ethnic groups; methods/materials used; community or other agency partners; and results observed. Report number of clients served.

## Appendix 2

### Matrix of MCHBG Work Activities and Local Public Health Standards and Measures (January 2007)

Infrastructure Services	Some Local PH Standards and Measures Related to Infrastructure Activities
<p><b>Shaded cells = Essential PH Functions in Activity Plan</b> Frequently used work activities from Activity Plan menu are below them</p>	<p><b>Key to Standards and Measures:</b> Standards are shaded; related Measures are below them</p>
<p><b>INF 1.0 Assess and monitor maternal and child health status to identify and address problems.</b></p>	<p><b>Standard 1: Community Health Assessment -Data about community health, environmental health risks, health disparities, and access to critical health services are collected, tracked, analyzed, and utilized along with review of evidence-based practices to support health policy and program decisions.</b></p>
<p>INF 1.1 Conduct and/or participate in needs assessment (could include oral health; nutrition)</p>	<p><b>1.1L</b> Local health data, including a set of core indicators that includes data about population health status, communicable disease, environmental health risks and related illness, health disparities, and access to critical health services are updated at least every other year and used as the basis for continuous tracking of the health status of the population. Some data sets may have less frequent updates available but should still be included for review as part of an annual health data report. Health data include quantitative data with standard definitions and standardized measures as well as qualitative data.</p>
<p>INF 1.2 Monitor health status trends of MCH populations.</p>	<p><b>1.2L</b> There is a planned, systematic process in which these health data are tracked over time and analyzed, along with review of evidence-based practices, to:</p> <ul style="list-style-type: none"> <li>*Signal changes in health disparities and priority health issues</li> <li>*Identify emerging health issues</li> </ul>
<p>INF 1.3 Develop reports on MCH status in the community.</p>	<ul style="list-style-type: none"> <li>*Identify implications for changes in communicable disease or environmental health investigation, intervention, or education efforts</li> <li>*Perform gap analyses comparing existing services to projected need for services</li> <li>*Develop recommendations for policy decisions, program changes, or other actions.</li> </ul>
<p>INF 1.4 Monitor health status disparities among race and ethnic groups.</p>	<p><b>Standard 7: Helping Communities Address Gaps in Critical Health Services</b> <b>Public health organizations convene, facilitate, and provide support for state and local partnerships intended to reduce health disparities and specific gaps in access to critical health services. Analysis of state and local health data is a central role for public health in this partnership process.</b></p>
<p>INF 1.5 Write in</p>	<p><b>7.3L</b> Periodic surveys are conducted regarding the availability of critical health services and barriers to access. Gaps in access to critical health services are identified through analysis of the results of periodic surveys and other assessment information</p> <p><b>Standard 8: Program Planning and Evaluation -Public health programs and activities identify specific goals, objectives, and performance measures and establish mechanisms for regular monitoring, reporting, and use of results.</b></p>
	<p><b>8.1L</b> There is a planned, systematic process in which every program and activity, whether provided directly or contracted, has written goals, objectives, and performance measures. Professional requirements, knowledge, skills, and abilities for staff working in the program are identified.</p>

	<p><b>8.3L</b> Additional sources of information, including experiences from service delivery, funding availability, and information on evidence-based practices are used to improve services and activities. Experience from service delivery may include public requests, testimony to the BOH, analysis of health data, and information from outreach, screening, referrals, case management, follow-up, investigations complaint/inspections, prevention, and health education activities.</p>
<p><b>INF 3. Inform and educate the public and families about health issues.</b></p>	<p><b>Standard 1: Community Health Assessment -Data about community health, environmental health risks, health disparities, and access to critical health services are collected, tracked, analyzed, and utilized along with review of evidence-based practices to support health policy and program decisions.</b></p>
<p>INF 3.1 Distribute and/or make available reports on overall status of MCH pop. to public and families.</p>	<p><b>1.2L</b> There is a planned, systematic process in which these health data are tracked over time and analyzed, along with review of evidence-based practices, to:</p> <ul style="list-style-type: none"> <li>*Signal changes in health disparities and priority health issues</li> <li>*Identify emerging health issues</li> <li>*Identify implications for changes in communicable disease or environmental health investigation, intervention, or education efforts</li> <li>*Perform gap analyses comparing existing services to projected need for services</li> <li>*Develop recommendations for policy decisions, program changes, or other actions.</li> </ul>
<p>INF 3.2 Provide information and data to interested groups on health-related issues.</p>	<p><b>Standard 3: Community Involvement -Active involvement of community members and development of collaborative partnerships address community health risks and issues, prevention priorities, health disparities, and gaps in healthcare resources/critical health services.</b></p>
<p>INF 3.3 Write in</p>	<p><b>3.1L</b> There is documentation of community and stakeholder involvement in the process of reviewing the local health data and the set of core indicators and recommending action such as:</p> <ul style="list-style-type: none"> <li>*Further Investigation</li> <li>*New program efforts</li> <li>*Policy Direction</li> <li>*Prevention priorities</li> </ul> <p><b>3.2L</b> Current analysis of gaps in local critical health services, gaps in prevention services, and results of program evaluations are reported to local stakeholders and/or to colleagues in other communities, regional partners, and statewide program colleagues and used in building partnerships.</p>
<p><b>INF 4.0 Mobilize community partnerships between policy makers, providers, families, the public and others to identify and solve health problems.</b></p>	<p><b>Standard 1: Community Health Assessment -Data about community health, environmental health risks, health disparities, and access to critical health services are collected, tracked, analyzed, and utilized along with review of evidence-based practices to support health policy and program decisions.</b></p>
<p>INF 4.1 Convene, staff or participate in coalitions (could include oral health, anti-hunger coalitions).</p>	<p><b>1.2L</b> There is a planned, systematic process in which these health data are tracked over time and analyzed, along with review of evidence-based practices, to:</p> <ul style="list-style-type: none"> <li>*Signal changes in health disparities and priority health issues</li> <li>*Identify emerging health issues</li> </ul>
	<ul style="list-style-type: none"> <li>*Identify implications for changes in communicable disease or environmental health investigation, intervention, or education efforts</li> <li>*Perform gap analyses comparing existing services to projected need for services</li> </ul>

<p>INF 4.2 Represent agency on issues at public hearings and community/provider meetings.</p> <p>INF 4.3 Develop/maintain collaborative working relationships with providers, health plans and other organizations.</p> <p>INF 4.4 Influence policy makers/providers by educating on issues.</p> <p>INF 4.5 Write in</p>	<p>*Develop recommendations for policy decisions, program changes, or other actions.</p> <p><b>Standard 3: Community Involvement -Active involvement of community members and development of collaborative partnerships address community health risks and issues, prevention priorities, health disparities, and gaps in healthcare resources/critical health services.</b></p> <p><b>3.1L</b> There is documentation of community and stakeholder involvement in the process of reviewing the local health data and the set of core indicators and recommending action such as:</p> <ul style="list-style-type: none"> <li>*Further Investigation</li> <li>*New program efforts</li> <li>*Policy Direction</li> <li>*Prevention priorities</li> </ul> <p><b>3.2L</b> Current analysis of gaps in local critical health services, gaps in prevention services, and results of program evaluations are reported to local stakeholders and/or to colleagues in other communities, regional partners, and statewide program colleagues and used in building partnerships.</p>
<p><b>INF 5.0 Develop policies and plans that support individual and community health efforts.</b></p>	<p><b>Standard 3: Community Involvement -Active involvement of community members and development of collaborative partnerships address community health risks and issues, prevention priorities, health disparities, and gaps in healthcare resources/critical health services.</b></p>
<p>INF 5.1 Incorporate MCH objectives (including oral health objectives.) into local workplans and budgets.</p> <p>INF 5.2 Serve as info. clearinghouse for local coalitions, including parent support groups for CSHCN.</p> <p>INF 5.3 Participate in workgroups of child/family serving agencies.</p> <p>INF 5.4 Participate in program planning, development of MCH initiatives or policy dev. on MCH issues.</p> <p>INF 5.5 Write in</p>	<p><b>3.1L</b> There is documentation of community and stakeholder involvement in the process of reviewing the local health data and the set of core indicators and recommending action such as:</p> <ul style="list-style-type: none"> <li>*Further Investigation</li> <li>*New program efforts</li> <li>*Policy Direction</li> <li>*Prevention priorities</li> </ul> <p><b>Standard 7: Helping Communities Address Gaps in Critical Health Services</b>  <b>Public health organizations convene, facilitate, and provide support for state and local partnerships intended to reduce health disparities and specific gaps in access to critical health services. Analysis of state and local health data is a central role for public health in this partnership process.</b></p> <p><b>7.1L</b> Community groups and stakeholders, including health care providers, are convened to address health disparities and/or access to critical health services (including prevention services), set goals and take action based on information about local resources and trends. This process may be led by the LHJ or it may be part of a separate community process sponsored by multiple partners, including the LHJ.</p>
<p><b>INF 8.0 Assure a competent public health and personal health care work force.</b></p>	<p><b>Standard 1: Community Health Assessment -Data about community health, environmental health risks, health disparities, and access to critical health services are collected, tracked, analyzed, and utilized along with review of evidence-based practices to support health policy and program decisions.</b></p>

<p>INF 8.1 Maintain qualified staffing capacity, assure staff training and promote cultural competency.</p> <p>INF 8.2 Provide consultation and TA to private providers, health plans and community-based organizations in such areas as assuring culturally competent, appropriate care.</p> <p>INF 8.3 Provide training and/or TA to community providers, school staff and others on topics such as domestic violence, CSHCN and oral health.</p> <p>INF 8.4 Provide training to staff in quality improvement processes and quality measures</p> <p>INF 8.5 Write in</p>	<p><b>1.6L</b> LHJ staff responsible for assessment activities participate in statewide or regional assessment meetings and trainings to expand available assessment expertise. Attendance is documented.</p> <p><b>Standard 10: Human Resource Systems -Human resource systems and services support the public health workforce.</b></p> <p><b>10.3L</b> The organization has a written description of how it assures that employees have the appropriate licenses, credentials, and experience to meet job qualifications and perform job requirements.</p> <p><b>10.4L</b> Staff training is provided, as appropriate, including but not limited to the following topics:</p> <ul style="list-style-type: none"> <li>*Assessment and data analysis</li> <li>*Program evaluation to assess program effectiveness</li> <li>*Confidentiality and HIPAA requirements</li> <li>*Communications, including risk and media relations</li> <li>*State and local laws/regulations/policies including investigation/compliance procedures</li> <li>*Specific EPRP duties</li> <li>*Community involvement and capacity-building methods</li> <li>*Prevention and health promotion methods and tools</li> <li>*Quality improvement methods and tools</li> <li>*Customer service</li> <li>*Cultural competency</li> <li>*Information technology tools</li> <li>*Leadership</li> <li>*Supervision and coaching</li> <li>*Job-specific technicals skills</li> </ul> <p>Training is evidenced by documentation of learning content and specific staff participation or completion.</p>
<p><b>Population Based Services</b></p>	<p><b>Some Local PH Standards and Measures Related to Population Based Services Activities</b></p>
<p><b>PB 3.0 Inform and educate people about health status</b></p>	<p><b>Standard 2: Communication to the Public and Key Stakeholders -Public information is a planned component of all public health programs and activities. Urgent public health messages are communicated quickly and clearly.</b></p>
<p>PB 3.1 Community meetings on particular issues</p>	<p><b>2.10L</b> Public materials and/or interpretation assistance address diverse local populations, languages, and literacy, as needed.</p>
<p>PB 3.2 Media campaigns or educational programs</p>	<p><b>Standard 6: Prevention and Education -Prevention and education is a planned component of all public health programs and activities. Examples include wellness/healthy behaviors promotion and healthy child and family development, as well as primary, secondary, and tertiary prevention of chronic disease/disability, communicable disease (food/water/air/waste/vector-borne), and injuries. Prevention, health promotion, health education, and early intervention outreach services are provided.</b></p>
<p>PB 3.3 Culturally appropriate health education materials</p>	<p><b>6.3L</b> Prevention and health education information of all types (including technical assistance) is reviewed at least every other year and updated, expanded, or contracted as needed based on revised regulations, changes in community needs, evidence-based practices, and health data. There is a process to:</p>
<p>PB 3.3 Culturally appropriate health education materials</p>	<p>*Organize materials</p>

<p>PB 3.4 Peer education efforts.</p> <p>PB 3.5 Implement Tooth Tutor oral health education curriculum in K-6.</p> <p>PB 3.6 Promote/educate about fluoridation of water systems</p> <p>PB 3.7 Write in</p>	<ul style="list-style-type: none"> <li>*Develop materials</li> <li>*Distribute or select materials</li> <li>*Evaluate materials</li> <li>*Update materials</li> </ul>
<p><b>PB 7.0 Link people to needed personal health services and assure them provision of health care when otherwise unavailable.</b></p>	<p><b>Standard 6: Prevention and Education -Prevention and education is a planned component of all public health programs and activities. Examples include wellness/healthy behaviors promotion and healthy child and family development, as well as primary, secondary, and tertiary prevention of chronic disease/disability, communicable disease (food/water/air/waste/vector-borne), and injuries. Prevention, health promotion, health education, and early intervention outreach services are provided.</b></p>
<p>PB 7.1 Community hotline</p> <p>PB 7.2 Outreach and casefinding activities</p> <p>PB 7.3 Universal home screening for all new parents</p>	<p><b>6.2L</b> Prevention priorities are the foundation for establishing and delivering prevention, health promotion, early intervention, and outreach services to the entire population or at-risk populations. Data from program evaluation and the analysis of health data as well as local issues, funding availability, experience in service delivery, and information on evidence-based practices are used to develop prevention priorities and reduce health risks.</p>
<p>PB 7.4 Screening programs for pregnant women and infants such as FAS, lead, developmental delay, oral health, Early Childhood Caries (ECC), newborn hearing screening, maternal depression, food security</p>	<p><b>Standard 8: Program Planning and Evaluation -Public health programs and activities identify specific goals, objectives, and performance measures and establish mechanisms for regular monitoring, reporting, and use of results.</b></p>
<p>PB 7.5 Injury prevention services such as car seat safety, traffic safety, bicycle helmets</p> <p>PB 7.6 SIDS counseling and education</p> <p>PB 7.7 School health programs</p> <p>PB 7.8 Vaccine distribution and immunization outreach</p> <p>PB 7.9 Provide dental sealants for second grade students.</p> <p>PB 7.10 Provide preventive oral health interventions, such as dental varnishes, as part of MCH activities in WIC, EPSDT, First Steps, etc.</p> <p>PB 7.11 Teen pregnancy prevention activities</p> <p>PB 7.12 Linkage of families to First Steps, Medicaid and CHP enrollment</p> <p>PB 7.13 Referral to prenatal care</p> <p>PB 7.14 Write in</p>	<p><b>8.1L</b> There is a planned, systematic process in which every program and activity, whether provided directly or contracted, has written goals, objectives, and performance measures. Professional requirements, knowledge, skills, and abilities for staff working in the program are identified.</p>
<p style="text-align: center;"><b>Enabling Services</b></p>	<p style="text-align: center;"><b>Some Local PH Standards and Measures Related to Enabling Services Activities</b></p>
<p><b>EN 7.0 Link people to needed personal health services and assure the provision of health care when otherwise unavailable</b></p>	<p><b>Standard 1: Community Health Assessment -Data about community health, environmental health risks, health disparities, and access to critical health services are collected, tracked, analyzed, and utilized along with review of evidence-based practices to support health policy and program decisions.</b></p>

<p>EN 7.1 Care coordination for CSHCN</p> <p>EN 7.2 Provide public health nursing services for high risk and vulnerable populations.</p> <p>EN 7.3 Prenatal childbirth education</p> <p>EN 7.4 Parenting education</p> <p>EN 7.5 Work with CSO's and health plans to increase early referral to MSS.</p> <p>EN 7.6 Target services to racial and ethnic groups to reduce health status disparities.</p> <p>EN 7.6 Target services to racial and ethnic groups to reduce health status disparities.</p> <p>EN 7.7 Breastfeeding support</p>	<p><b>1.1L</b> Local health data, including a set of core indicators that includes data about population health status, communicable disease, environmental health risks and related illness, health disparities, and access to critical health services are updated at least every other year and used as the basis for continuous tracking of the health status of the population. Some data sets may have less frequent updates available but should still be included for review as part of an annual health data report. Health data include quantitative data with standard definitions and standardized measures as well as qualitative data.</p> <p><b>1.2L</b> There is a planned, systematic process in which these health data are tracked over time and analyzed, along with review of evidence-based practices, to:</p> <ul style="list-style-type: none"> <li>*Signal changes in health disparities and priority health issues</li> <li>*Identify emerging health issues</li> <li>*Identify implications for changes in communicable disease or environmental health investigation, intervention, or education efforts</li> <li>*Perform gap analyses comparing existing services to projected need for services</li> <li>*Develop recommendations for policy decisions, program changes, or other actions.</li> </ul>
	<p><b>Standard 2: Communication to the Public and Key Stakeholders -Public information is a planned component of all public health programs and activities. Urgent public health messages are communicated quickly and clearly.</b></p>
<p>EN 7.8 Write in</p>	<p><b>2.11L</b> LHJ staff and contractors have a local resource/referral list of private and public communicable disease treatment providers, providers of critical health services, and providers of preventive services for the staff and community to use in making referrals.</p>
	<p><b>Standard 3: Community Involvement -Active involvement of community members and development of collaborative partnerships address community health risks and issues, prevention priorities, health disparities, and gaps in healthcare resources/critical health services.</b></p>
	<p><b>3.2L</b> Current analysis of gaps in local critical health services, gaps in prevention services, and results of program evaluations are reported to local stakeholders and/or to colleagues in other communities, regional partners, and statewide program colleagues and used in building partnerships.</p>
	<p><b>Standard 7: Helping Communities Address Gaps in Critical Health Services</b>  <b>Public health organizations convene, facilitate, and provide support for state and local partnerships intended to reduce health disparities and specific gaps in access to critical health services. Analysis of state and local health data is a central role for public health in this partnership process.</b></p>
	<p><b>7.2L</b> A local resource/referral list of private and public communicable disease treatment providers, providers of critical health services, and providers of preventive services is used along with assessment information to determine where detailed documentation and gap analysis of local capacity is needed.</p> <p><b>7.3L</b> Periodic surveys are conducted regarding the availability of critical health services and barriers to access. Gaps in access to critical health services are identified through analysis of the results of periodic surveys and other assessment information</p>

<b>Direct Health Services</b>	<b>Some Local PH Standards and Measures Related to Direct Health Services Activities</b>
<b>DHS 7.0 Link people to needed personal health services and assure them provision of health care when otherwise unavailable.</b>	<b>Standard 1: Community Health Assessment -Data about community health, environmental health risks, health disparities, and access to critical health services are collected, tracked, analyzed, and utilized along with review of evidence-based practices to support health policy and program decisions.</b>
DHS 7.1 CSHCN Feeding Team DHS 7.2 Nutrition Consultation for CSHCN DHS 7.3 Grief counseling DHS 7.4 Pregnancy detection/family planning counseling DHS 7.5 Well child screening	<b>1.2L</b> There is a planned, systematic process in which these health data are tracked over time and analyzed, along with review of evidence-based practices, to: *Signal changes in health disparities and priority health issues *Identify emerging health issues *Identify implications for changes in communicable disease or environmental health investigation, intervention, or education efforts *Perform gap analyses comparing existing services to projected need for services *Develop recommendations for policy decisions, program changes, or other actions.
DHS 7.6 Direct health services for juvenile detention centers  DHS 7.8 Direct health services for incarcerated women  DHS 7.9 Write in	<b>Standard 2: Communication to the Public and Key Stakeholders -Public information is a planned component of all public health programs and activities. Urgent public health messages are communicated quickly and clearly.</b>
	<b>2.11L</b> LHJ staff and contractors have a local resource/referral list of private and public communicable disease treatment providers, providers of critical health services, and providers of preventive services for the staff and community to use in making referrals.
	<b>Standard 3: Community Involvement -Active involvement of community members and development of collaborative partnerships address community health risks and issues, prevention priorities, health disparities, and gaps in healthcare resources/critical health services.</b>
	<b>3.2L</b> Current analysis of gaps in local critical health services, gaps in prevention services, and results of program evaluations are reported to local stakeholders and/or to colleagues in other communities, regional partners, and statewide program colleagues and used in building partnerships.
	<b>Standard 7: Helping Communities Address Gaps in Critical Health Services Public health organizations convene, facilitate, and provide support for state and local partnerships intended to reduce health disparities and specific gaps in access to critical health services. Analysis of state and local health data is a central role for public health in this partnership process.</b>
<b>7.2L</b> A local resource/referral list of private and public communicable disease treatment providers, providers of critical health services, and providers of preventive services is used along with assessment information to determine where detailed documentation and gap analysis of local capacity is needed.	

## Appendix 3

### Annual and Federal MCH Reports - Information and Definitions

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#### Rationale and Instructions

As part of the application for Title V MCH Block Grant funds, DOH must submit estimated expenditures for both population categories and service categories as specified in the *Title V Application/Annual Report Guidance*. Actual expenditures in these categories must also be accounted for in the annual report.

To help DOH meet federal requirements, LHJs are asked to project the amount of the MCH base allocation they will spend in each category as part of the Activity Plan. Percentages are used to help determine if DOH meets the federal requirement to spend **at least 30%** of MCH funds on children with special health care needs and **30%** on preventive and primary care for children (children 1 - 22). (LHJs are also asked to report estimated actual expenditures for these same categories in the Annual Report)

**Submit an Annual Report and a Federal MCH Report 3 each contract year.** Instructions for Report 3 are included on the Report form. Federal MCH Report 3 is included as a worksheet in the Excel spreadsheet file of the Activity Plan.

**NOTE: If the spending percentage for either children 1 to 22 years old or children with special health care needs is less than 30% of your base MCH allocation, an explanation and request for approval must be submitted to OMCH.**

Use definitions listed below when completing forms.

#### Definitions

##### MCH Block Grant Population Categories

###### *Children*

Children from first birthday through the 21st year, who are not otherwise included in another class of individuals.

###### *Children With Special Health Care Needs*

Infants or children with special health care needs who the State has elected to provide with services funded through Title V. CSHCN are children who have health problems requiring more than routine and basic care, including children with or at risk of disabilities, chronic illnesses and conditions and health-related education and behavioral problems.

###### *Infants*

Children under one year of age not included in any other class of individuals.

###### *Pregnant Woman*

A female from the time of conception to 60 days after birth, delivery, or expulsion of fetus.

###### *Other*

Women of childbearing age, over age 21, and any others defined by the State and not otherwise included in any of the other listed classes of individuals.

## **MCH Block Grant Service Categories**

### *Infrastructure Building Services*

The services that are the base of the MCH pyramid of health services and form its foundation are activities directed at improving and maintaining the health status of all women and children by providing support for development and maintenance of comprehensive health services systems including development and maintenance of health services standards/guidelines, training, data, and planning systems. Examples include needs assessment, evaluation, planning, policy development, coordination, quality assurance, standards development, monitoring, training, applied research, information systems and systems of care. In the development of systems of care it should be assured that systems are family centered, community based and culturally competent.

### *Population Based Services*

Preventive interventions and personal health services, developed and available for the entire MCH population of the State rather than for individuals in a one-on-one situation. Disease prevention, health promotion, and statewide outreach are major components. Common among these services are newborn screening, lead screening, immunization, Sudden Infant Death Syndrome counseling, oral health, injury prevention, nutrition and outreach/public health education. These services are generally available whether the mother or child receives care in the private or public system, in a rural clinic or an HMO, and whether insured or not.

### *Enabling Services*

Services that allow or provide for access to and the derivation of benefits from, the array of basic health care services and include such things as transportation, translation services, outreach, respite care, health education, family support services, purchase of health insurance, case management, coordination with Medicaid, WIC and education. These services are especially required for the low income, disadvantaged, geographically or culturally isolated, and those with special and complicated health needs. For many individuals, the enabling services are essential - for without them access is not possible. Enabling services most commonly provided by agencies for CSHCN include transportation, care coordination, translation services, home visiting, and family outreach. Family support activities include parent support groups, family training workshops, advocacy, nutrition, and social work.

### *Direct Health Services*

Those services generally delivered one-on-one between a health professional and a patient in an office, clinic or emergency room which may include primary care physicians, registered dietitians, public health or visiting nurses, nurses certified for obstetric and pediatric primary care, medical social workers, nutritionists, dentists, sub-specialty physicians who serve children with special health care needs, audiologists, occupational therapists, physical therapists, speech and language therapists, specialty registered dietitians. Basic services include what most consider ordinary medical care, inpatient and outpatient medical services, allied health services, drugs, laboratory testing, x-ray services, dental care, and pharmaceutical products and services. State Title V programs support (by directly operating programs or by funding local providers) services such as prenatal care, child health including immunizations and treatment or referrals, school health and family planning. For CSHCN, these services include specialty and subspecialty care for those with HIV/AIDS, hemophilia, birth defects, chronic illness, and other conditions requiring sophisticated technology, access to highly trained specialists, or an array of services not generally available in most communities

## **Fiscal Terms**

### *Estimate Methodologies for MCH Activity Plan spending.*

The methodologies that can be used to estimate expenditures include:

1. Use historical spending as basis if BARS subcategories are tracked separately.
2. Prorate costs for population served based on number served within each population.
3. Use time studies or review with staff who are funded with MCH allocations the percent of time that involves or benefits the designated population or service category.
4. Review budget categories currently tracked with time/activity reports and assign MCH population and MCH service categories to each activity tracked.

### *Federal MCH Allocation (Use for Activity Plan)*

Federal funds the LHJ receives from DOH's MCH Block grant.

## **Other Terms:**

### *Infants Served Through Title V*

Infants receiving direct health services that are fully or partially supported with Title V (MCH Block Grant) funds.

### *Prenatal Care, Delivery, Postpartum Care Title V Served*

Direct medical prenatal care, delivery, and postpartum care services that are fully or partially supported with Title V (MCH Block Grant) funds. This excludes Maternity Support Services.

### *Preventive Services*

Activities aimed at reducing the incidence of health problems or disease prevalence in the community, or the personal risk factors for such diseases or conditions.

### *Primary Care*

The provision of comprehensive personal health services that include health maintenance and preventive services, initial assessment of health problems, treatment of uncomplicated and diagnosed chronic health problems, and the overall management of an individual's or family's health care services.

## **Resources:**

Understanding Title V of the Social Security Act

<ftp://ftp.hrsa.gov/mchb/titlevtoday/UnderstandingTitleV.pdf>

MCH Timeline: History, Legacy and Resources for Education and Practice

<http://mchb.hrsa.gov/timeline/>