

# Local Maternal Child Health Annual Plan FY 2021

March 11, 2020

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## Welcome & Introductions

### LMCH Team

- Carrie Tarry, MDHHS
- Trudy Esch, MDHHS
- Robin Orsborn, MDHHS



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## Today's Agenda

1. LMCH Workgroup Recommendations
2. Title V Overview and Legislative Requirements
3. State Legislative Requirements
4. FY 2021 Budget changes
5. Updated LMCH Annual Plan components
6. LMCH Plan notification materials

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## LMCH Workgroup Recommendations

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## LMCH Workgroup Convened

- Workgroup convened to discuss LMCH program requirements, annual workplans, financial reporting
- Survey to LHD to identify challenges and ideas for solutions
- Workgroup consisted of 13 LHD representatives, 6 MDHHS staff
- Workgroup met four times
  - Input provided for annual plan, year end report, guidance document
  - Addressed additional concerns related to timeline, technical assistance, peer sharing and other LMCH processes
  - Some workgroup members piloted two budget proposals
- Plan to reconvene workgroup and seek input on updated processes in Fall 2020

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## Workgroup Recommendations

1. Reducing budget projects in EGrAMS from 5 to 2
2. Retaining flexibility for local activities
3. Retaining flexibility to use promising practices as well as Evidence based/informed strategies
4. Streamlining the LMCH annual process and simplified the year end reporting
5. Retaining Performance Measure Structure, with one work plan for each measure

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## Workgroup Recommendations, cont.

6. Eliminating the Pyramid of Services in Action Steps of Action Plan and Table of allocations; adding a table of service to capture federally required information
7. Providing technical assistance throughout the year including webinar “office hours” and an orientation to the LMCH Plan and Report
8. Offering opportunities for Peer Sharing during the 1<sup>st</sup> annual LMCH Coordinator meeting
9. Developing a timeline and guidance document for LMCH Annual Plan and Year End Report

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## Questions



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# Title V Overview & Legislative Requirements

Federal Level

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## Title V Maternal Child Health Block Grant



81st Anniversary of FDR signature,  
Aug 14, 1935 - 2016



Partnership with states, Children with Special Health Care Needs & Maternal Child Health Bureau.



This 1939 poster celebrated the efforts of the Children's Bureau, which is the federal agency responsible for the health and welfare of America's children. Source: SSA History Archives.

- Longest lasting public health legislation in US history – original authorization in 1935
- Nation's oldest federal-state partnership
- Only federal program focused entirely on improving the health of mothers, infants and children!
- Block-granted in 1981, with new accountability requirements added in 1989; updated performance measure framework introduced in 2015

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## Title V MCH Block Grant

### Vision

Title V envisions a nation where all mothers, infants, children aged 1 through 21 years, including CSHCN, and their families are healthy and thriving.

### Mission

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

### Title V Goals Include:

- Access to quality healthcare for mothers and children
- Health promotion efforts that reduce infant mortality and preventable diseases
- Increase the number of children immunized against disease
- Access to comprehensive prenatal and postnatal care for women
- Increase in health assessments and follow-up diagnostic and treatment services
- Access to preventive and rehabilitative services for children in need of specialized medical services
- Family-centered, community-based systems of coordinated care for children with special healthcare needs

Adapted from <https://mchb.hrsa.gov/maternal-child-health-initiatives/title-v-maternal-and-child-health-services-block-grant-program>. Retrieved October 1, 2019.

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A **minimum of 30%** of funding must be used for services for Children with Special Health Care Needs (CSHCN).



A **minimum of 30%** of funding must be used for preventive and primary care services for children 1 through 21.



A **maximum of 10%** of funding can be used for administration of the block grant.



Every \$4 of federal funding must be matched by \$3 of state funding.

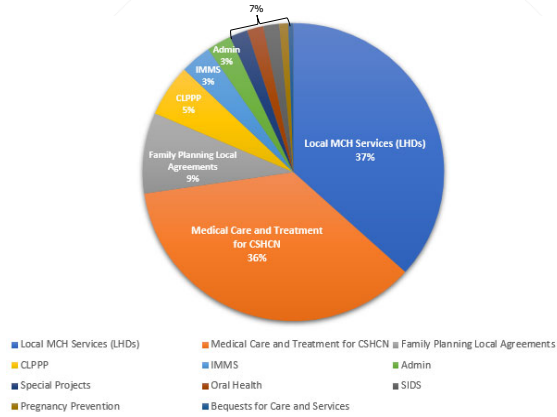
Title V  
requirements  
related to  
funding

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### Title V Funding Distribution in Michigan FY2019 Projected Expenditures



#### Title V Supports an Array of MCH Work

- Comprehensive Agreements to Local Health Departments (LMCH)
- Medical Care and Treatment for Children with Special Health Care Needs
- Reproductive Health
- Childhood Lead Poisoning Prevention
- Immunizations
- Regional Perinatal Quality Collaboratives
- Safe Sleep
- Oral Health
- Maternal Mortality Surveillance
- PRAMS
- And other MCH initiatives

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States must identify **7-10 state priority needs** (total) across five population domains



States must choose a minimum of one **National Performance Measure** (defined by HRSA) in each population domain\*



States can create **State Performance Measures** (defined by the State) to address other needs



Each state priority need must link to a National Performance Measure or State Performance Measure

### Title V requirements related to programming

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## Title V 15 National Performance Measures (NPMs)

National Performance Measure		MCH Population Domains				
		Women/ Maternal Health	Perinatal/Infant Health	Child Health	Adolescent Health	Children with Special Health Care Needs
1	Well-woman Visit	X				
2	Low-risk Cesarean Delivery	X				
3	Risk-appropriate Perinatal Care		X			
4	Breastfeeding		X			
5	Safe Sleep		X			
6	Developmental Screening			X		
7	Injury Hospitalization			X	X	
8	Physical Activity			X	X	
9	Bullying				X	
10	Adolescent Well-visit				X	
11	Medical Home			X	X	X
12	Transition				X	X
13	Preventive Dental Visit	X		X	X	
14	Smoking	X		X	X	
15	Adequate Insurance			X	X	X

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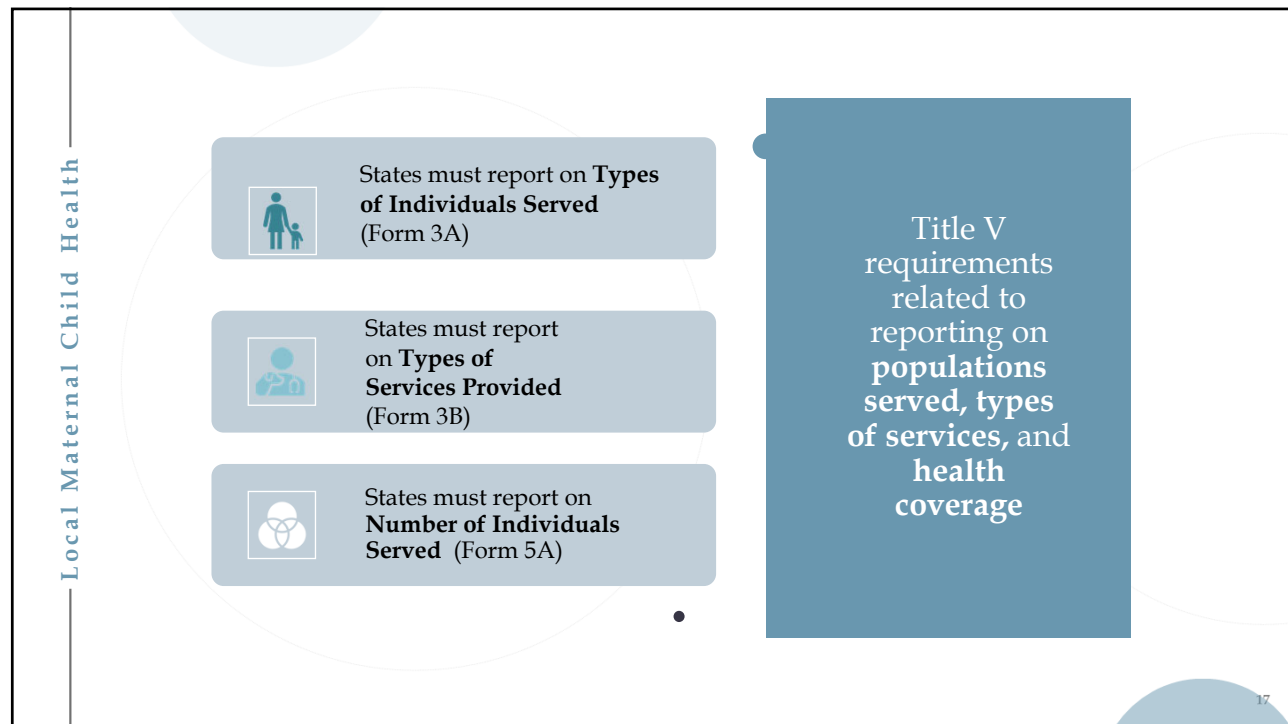
## State of Michigan New National & State Performance Measures

Title V NPM/SPM/Priority Need Linkages for FY2021-2025

NPM	Priority Area	Performance Measure	State Priority Need
2	Low-risk cesarean delivery (NEW)	Percent of cesarean deliveries among low-risk first births	Develop a proactive and responsive health care system that equitably meets the needs of all populations, eliminating barriers related to race, culture, language, sexual orientation, and gender identity
4	Breastfeeding	A) Percent of infants who are ever breastfed and B) Percent of infants breastfed exclusively through 6 months	Create and enhance support systems that empower families, protect and strengthen family relationships, promote care for self and children, and connect families to their communities
5	Safe sleep	A) Percent of infants placed to sleep on their backs, B) Percent of infants placed to sleep on a separate approved sleep surface, C) Percent of infants placed to sleep without soft objects or loose bedding	Create and enhance support systems that empower families, protect and strengthen family relationships, promote care for self and children, and connect families to their communities
9	Bullying (NEW)	Percent of adolescents, ages 12 through 17, who are bullied or who bully others	Create safe and healthy schools and communities that promote human thriving, including physical and mental health supports that address the needs of the whole person
12	Transition	Percent of adolescents with and without special health care needs, ages 12 through 17, who received services necessary to make transitions to adult health care	Ensure children with special health care needs have access to continuous health coverage, all benefits they are eligible to receive, and relevant care where they live and learn
13	Preventive dental visit	13.1 Percent of women who had a dental visit during pregnancy; and 13.2 Percent of children, ages 1 through 17, who had a preventive dental visit in the past year	Improve oral health awareness and create an oral health delivery system that provides access through multiple systems
SPM	Priority Area	Performance Measure	State Priority Need
1	Childhood lead poisoning prevention	Percent of children less than 72 months of age who receive a venous lead confirmation testing within 30 days of an initial positive capillary test	Expand access to developmental, behavioral, and mental health services through routine screening, strong referral networks, well-informed providers, and integrated service delivery systems
2	Immunizations (Children)	Percent of children 19 to 36 months of age who have received a completed series of recommended vaccines (4313314 series)	Improve access to high-quality community health and prevention services in the places where women, children, and families live, learn, work, and play
3	Immunizations (Adolescents)	Percent of adolescents 13 to 18 years of age who have received a completed series Human Papilloma Virus vaccine	Improve access to high-quality community health and prevention services in the places where women, children, and families live, learn, work, and play
4	Medical care and treatment for CSHCN	Percent of children with special health care needs enrolled in CSHCNs that receive timely medical care and treatment without difficulty	Ensure children with special health care needs have access to continuous health coverage, all benefits they are eligible to receive, and relevant care where they live and learn
5	Intended pregnancy (NEW)	Percent of women who had a live birth and reported that their pregnancy was intended	Develop a proactive and responsive health care system that equitably meets the needs of all populations, eliminating barriers related to race, culture, language, sexual orientation, and gender identity
6	Behavioral/ Mental Health (NEW)	Support access to developmental, behavioral, and mental health services through Title V activities and funding	Expand access to developmental, behavioral, and mental health services through routine screening, strong referral networks, well-informed providers, and integrated service delivery systems

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Local Maternal Child Health

# State of Michigan Legislative Requirements for LMCH

State Level


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Local Maternal Child Health

# Annual Appropriations Bills



18.

GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
OFFICE OF THE GOVERNOR  
LANSING

GARLIN GILCHRIST II  
LT. GOVERNOR

Date: Sept 20, 2019  
Time: 11:32am

To the President of the Senate:  
Sir - I have this day approved and signed  
Enrolled Senate Bill No. 139 (Public Act No. 36 of 2019) being

AN ACT to make appropriations for the department of health and human services for the fiscal year ending September 30, 2020; and to provide for the expenditure of the appropriations.

Respectfully,  
  
Governor

STATE OF MICHIGAN  
100TH LEGISLATURE  
REGULAR SESSION OF 2019

Introduced by Senator MacGregor

## ENROLLED SENATE BILL No. 139

AN ACT to make appropriations for the department of health and human services for the fiscal year ending September 30, 2020; and to provide for the expenditure of the appropriations.

The People of the State of Michigan enact:

PART I  
LIVE-LITER APPROPRIATIONS

Sec. 100. There is appropriated for the department of health and human services for the fiscal year ending September 30, 2020, from the following funds:

DEPARTMENT OF HEALTH AND HUMAN SERVICES	
APPROPRIATION FUNDAMENTAL	\$0
Full-time equated classified positions.....	10,000
Average positions.....	794.9
<b>GROSS APPROPRIATION.....</b>	<b>\$10,794.9</b>
Developmental grant revenues.....	\$1,000,000
State general fund and interdepartmental transfers.....	\$1,000,000
<b>ADJUSTED GROSS APPROPRIATION.....</b>	<b>\$2,000,000</b>
Federal revenues.....	\$1,000,000
Social security act, temporary assistance for needy families.....	\$1,000,000
Capital funding revenues.....	\$1,000,000
Total state restricted revenues.....	\$3,000,000
Special revenue funds.....	\$1,000,000
Total revenues.....	\$4,000,000
Total private revenues.....	\$1,000,000
Michigan work award trust fund.....	\$1,000,000
Total other state restricted revenues.....	\$2,000,000
State general fund/general purpose.....	\$2,000,000
<b>Sec. 100. DEPARTMENTAL ADMINISTRATION AND SUPPORT</b>	<b>\$0</b>
Full-time equated classified positions.....	\$0
Contractual services.....	\$0

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Local Maternal Child Health

# Annual Appropriations Bills

**Sec. 117. FAMILY HEALTH SERVICES**

Full-time equated classified positions.....	133.6	
Dental programs—3.8 FTE positions.....		\$ 5,479,900
Family, maternal, and child health administration—55.0 FTE positions.....		9,738,300
Family planning local agreements.....		8,310,700
Immunization program—15.8 FTE positions.....		19,046,200
<b>Local MCH services.....</b>		<b>7,018,100</b>
Pregnancy prevention program.....		1,464,500
Prenatal care and premature birth avoidance grant.....		1,000,000
Prenatal care outreach and service delivery support—14.0 FTE positions.....		21,078,300
Special projects.....		6,289,100
Sudden and unexpected infant death and suffocation prevention program.....		821,300
Women, infants, and children program administration and special projects—45.0 FTE positions ..		18,186,600
Women, infants, and children program local agreements and food costs.....		231,285,000
<b>GROSS APPROPRIATION.....</b>		<b>\$ 329,218,100</b>
Appropriated from:		
Federal revenues:		
Social security act, temporary assistance for needy families.....		700,000
Total other federal revenues.....		243,388,500
Special revenue funds:		
Total local revenues.....		75,000
Total private revenues.....		62,202,400
Total other state restricted revenues.....		4,063,900
State general fund/general purpose.....		\$ 18,798,300

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# State Appropriation Requirements

## FAMILY, MATERNAL, AND CHILD HEALTH

Sec. 1301. (1) Before April 1 of the current fiscal year, the department shall submit a report to the house and senate fiscal agencies and the state budget director on planned allocations from the amounts appropriated in part 1 for local MCH services, prenatal care outreach and service delivery support, family planning local agreements, and pregnancy prevention programs. Using applicable federal definitions, the report shall include information on all of the following:

- (a) Funding allocations.
- (b) Actual number of women, children, and adolescents served and amounts expended for each group for the immediately preceding fiscal year.
- (c) A breakdown of the expenditure of these funds between urban and rural communities.
- (2) The department shall ensure that the distribution of funds through the programs described in subsection (1) takes into account the needs of rural communities.
- (3) For the purposes of this section, "rural" means a county, city, village, or township with a population of 30,000 or less, including those entities if located within a metropolitan statistical area.

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## Title V funding distribution in Michigan

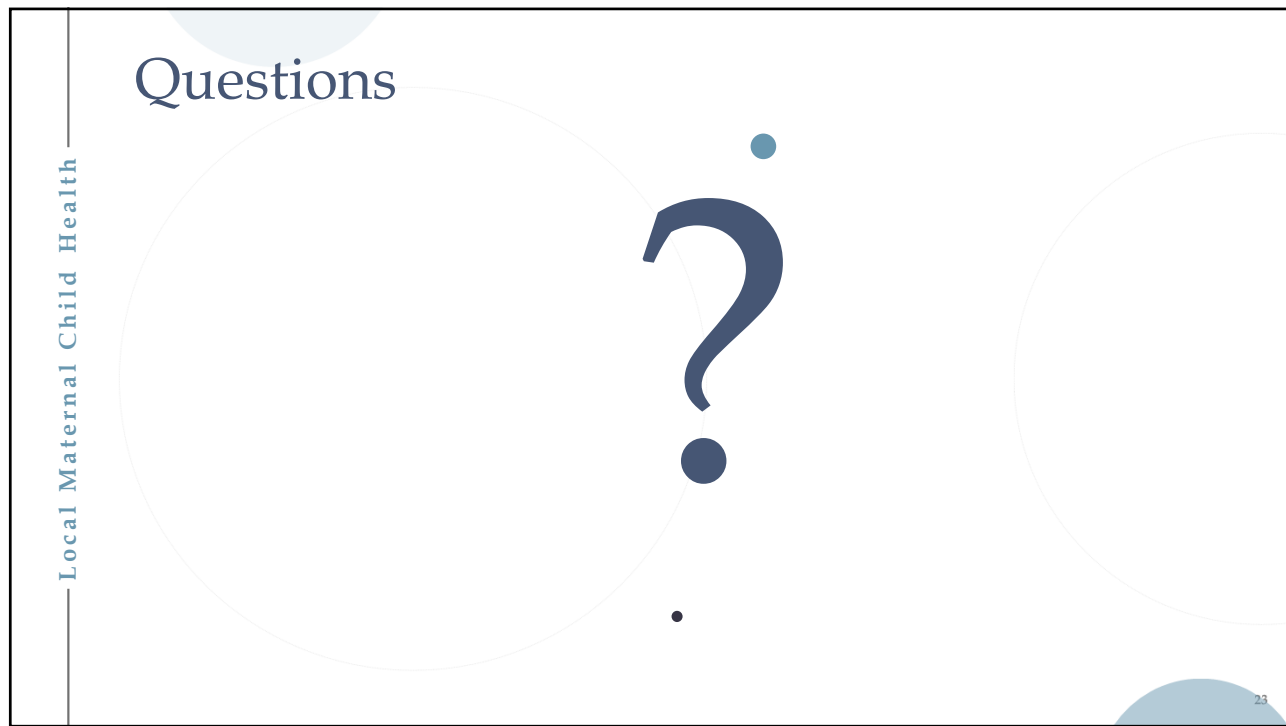
(Based on FY2019 appropriations)

Appropriation Name	FY 2019 Projected Expenditures
Local MCH Services (Local Health Departments)	\$7,018,100
Medical Care and Treatment for CSHCN	\$6,889,000
Family Planning Local Agreements	\$1,672,700
Childhood Lead Poisoning Prevention Program	\$1,079,800
Immunization Program	\$640,200
Administration	\$507,400
MCH Special Projects	\$374,100
Oral Health Programs	\$335,400
Sudden Infant Death Syndrome Prevention	\$321,300
Pregnancy Prevention Services	\$185,500
Bequests for Care and Services	\$105,200
Indirect Costs	\$64,500
<b>Total</b>	<b>\$19,193,200</b>

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## LMCH budget category changes

### Reduced LMCH projects in EGrAMS from 5 to 2!

#### FY 2021 budget categories

MCH - Children  
MCH - All Other

#### FY 2016 budget categories

- Direct Services Children - MCH
- Enabling Services Children - MCH
- Direct Services Women - MCH
- Enabling Services Women - MCH
- Public Health Functions & Infrastructure - MCH
- Children's Special Health Care services - MCH
- Family Planning - Adolescents - MCH
- Family Planning - Women - MCH
- Immunization - Children - MCH
- Immunization - Women - MCH
- Maternal Infant Health Program (MIHP) Women - MCH
- Maternal Infant Health Program (MIHP) Children - MCH

#### FY 2017 - FY 2020 budget categories

- Direct Services Children - MCH
- Enabling Services Children - MCH
- Direct Services Women - MCH
- Enabling Services Women - MCH
- Public Health Functions & Infrastructure - MCH

FY 2017 Workplan by  
NPM/SPM/LPM added

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## Workgroup Budget Recommendation

Two LMCH Projects in EGrAMS:

- LMCH - Children
- LMCH - All Other

Projected expenditures in the table must match the MCH Source of Funds in the budget application

**Eliminated breaking down budget by pyramid of service level!**

LMCH - Projected Count and Allocation Table

FY 2021

Local Health Department Name:

Population Classifications	Projected Count & Allocation UNDUPLICATED COUNTS	National/State/Local Performance Measure (specify)					TOTAL Projected Count MCH	TOTAL MCH Allocation
		Performance Measure	Performance Measure	Performance Measure	Performance Measure	Performance Measure		
Projected Children	Count / # MCH Amount Allocated \$						0	\$ 0
Projected Adolescents	Count / # MCH Amount Allocated \$						0	\$ 0
Projected CSHCN	Count / # MCH Amount Allocated \$						0	\$ 0
SUBTOTAL CHILDREN							0	\$ 0
Projected Women	Count / # MCH Amount Allocated \$						0	\$ 0
Projected Pregnant	Count / # MCH Amount Allocated \$						0	\$ 0
Projected Infants	Count / # MCH Amount Allocated \$						0	\$ 0
Projected Other Individual	Count / # MCH Amount Allocated \$						0	\$ 0
Population	Deliverable count/result MCH Amount Allocated \$						0	\$ 0
SUBTOTAL ALL OTHERS							0	\$ 0
TOTAL Projected Count							0	
TOTAL MCH Amount Allocated								\$ 0

Children = age 1 – 9 years  
Adolescents = age 10 – 21 years (includes teen parents)  
Children with Special Health Care Needs (CSHCN) = ages 1 – 21 years  
Women = age 22 – 44 years, (includes mothers beyond postpartum)  
Pregnant = A female from the time she conceives to 60 days after birth, delivery, or expulsion of fetus  
Infants = age 0 – 364 days  
Other Individuals = Men over age 21, fathers, grandparents, guardians, etc.  
Population = community members, providers, staff, media analytics, etc.

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## LMCH Budget Requests

- Requests for FY 2021 for EGrAMS projects to be open is based on FY 2020 Allocations
  - Requests for MCH – Children
    - Direct Service Children
    - Enabling Service Children
  - Requests for MCH – All Other
    - Direct Service Women
    - Enabling Service Women
    - Public Health Function
- If LHD need another project not requested, let LMCH Team know
- DO NOT allocate funds in an open project if you do not plan to use the project

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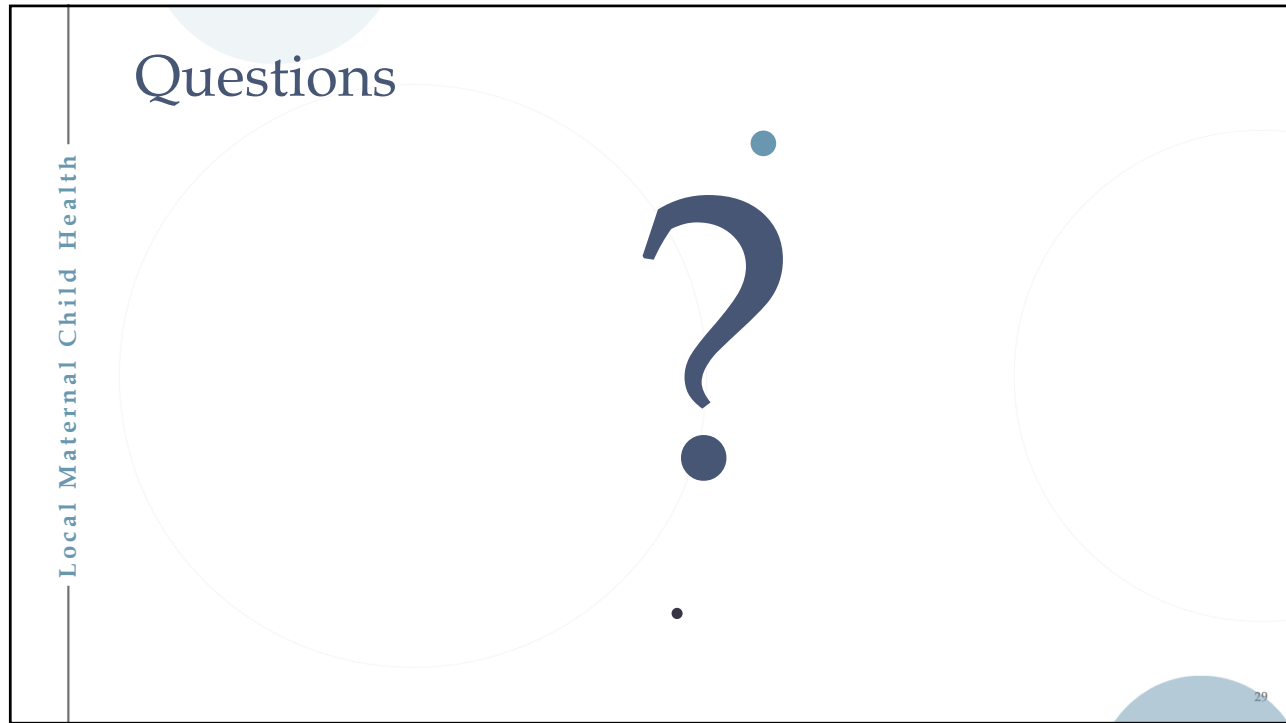
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## LMCH Budget Requests, cont.

FY 21 Allocations	FY 21 Total	MCH-Children	MCH-All Other	# projects		FY 21 Allocations	FY 21 Total	MCH-Children	MCH-All Other	# projects
Agency Name	Local MCH Allocation	ESCMCH	OTHERMCHV	Requested		Agency Name	Local MCH Allocation	ESCMCH	OTHERMCHV	Requested
Allegan	\$ 47,794	\$29,000	\$18,794	2		Lapeer	\$ 36,921	\$36,921		1
Barry-Eaton	\$ 67,824		\$67,824	1		Lenawee	\$ 47,088	\$35,000	\$12,088	2
Bay	\$ 63,912	\$13,912	\$50,000	2		Livingston	\$ 39,490	\$39,490		1
Benzie-Leelanau	\$ 15,490		\$15,490	1		LMAS	\$ 34,962	\$22,862	\$12,100	2
Berrien	\$ 190,008	\$51,125	\$138,883	2		Macomb	\$ 189,488	\$94,744	\$94,744	2
Brnch-Hill-St. Joe	\$ 94,409	\$39,034	\$55,375	2		Marquette	\$ 42,526	\$3,300	\$39,226	2
Calhoun	\$ 102,640	\$102,640		1		Midland	\$ 40,046	\$11,000	\$29,046	2
Central. Michigan	\$ 131,016	\$20,000	\$111,016	2		Mid-Michigan	\$ 85,204	\$45,204	\$40,000	2
Chippewa	\$ 25,024		\$25,024	1		Monroe	\$ 62,493	\$62,493		1
Delta-Menominee	\$ 38,799		\$38,799	1		Muskegon	\$ 165,826	\$30,000	\$135,826	2
Detroit	\$ 1,709,654	\$271,339	\$1,438,315	2		Northwest Michigan	\$ 55,686	\$28,686	\$27,000	2
Dickinson-Iron	\$ 25,225		\$25,225	1		Oakland	\$ 321,457		\$321,457	1
District #2	\$ 48,718	\$20,000	\$28,718	2		Ottawa	\$ 81,214		\$81,214	1
District #4	\$ 60,416		\$60,416	1		Saginaw	\$ 197,324	\$157,859	\$39,465	2
District #10	\$ 183,560	\$55,560	\$128,000	2		Sanilac	\$ 33,326	\$33,326		1
Genesee	\$ 322,297	\$248,587	\$73,710	2		Shiawassee	\$ 41,111	\$13,258	\$27,853	2
Grand Traverse	\$ 38,283		\$38,283	1		St. Clair	\$ 90,779	\$58,000	\$32,779	2
Huron	\$ 32,689		\$32,689	1		Tuscola	\$ 41,867		\$41,867	1
Ingham	\$ 224,611	\$131,300	\$93,311	2		Van Buren-Cass	\$ 78,545	\$78,545		1
Ionia	\$ 49,740		\$49,740	1		Washtenaw	\$ 106,158	\$38,158	\$68,000	2
Jackson	\$ 88,189		\$88,189	1		Wayne	\$ 1,016,595	\$616,117	\$400,478	2
Kalamazoo	\$ 145,711	\$37,711	\$108,000	2		Western U. P.	\$ 43,714		\$43,714	1
Kent	\$ 317,221		\$317,221	1						

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## Local MCH Focus

- Data-driven process
- Evidence-based or evidence-informed or promising practice strategies
  - Innovative strategies may be allowable with additional proposal outlining timeline, goals, objectives, strategies, and evaluation method
- Increased efficiencies for LHD and program staff with LMCH workgroup recommendations

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## Workgroup recommendations for LMCH Annual Plan

- Narrative section redundancies eliminated
- Eliminated strategic priorities and table
- Retained goals, objectives, metrics, performance measure structure in Work Plan
- Work Plan changes
  - Eliminated stakeholders in work plan
  - Changed Anticipated Outputs to Deliverables
  - Eliminated work plan by pyramid of service
- Added separate table of types of service

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MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES  
LOCAL MATERNAL CHILD HEALTH (LMCH) PLAN  
FY 2021 (10/1/2020 – 9/30/2021)  
(Please attach to Electronic Grants Administration and Management System (MI E-Grants) on one of the MCH projects Source of Funds MCH)

- ❖ Local Health Department Name:
- ❖ Contact for additional plan information, if needed:
  - ❖ Name:
  - ❖ Email:
  - ❖ Telephone:

3. Building the capacity of women, children, youth and families to partner in decision-making is an important component of the Title V program strategy. Describe the extent to which families, consumers and other stakeholders *continue to be involved* in ongoing needs assessment activities, program implementation input, quality improvement or other activities?

Performance Measure Selection Table			
Local Health Department Name:			
<input type="checkbox"/>	<b>No.*</b>	<b>Priority Area</b>	<b>National Performance Measure (NPM)</b>
<input type="checkbox"/>	NPM 4	Low-risk cesarean delivery	Percent of cesarean deliveries among low-risk first births.
<input type="checkbox"/>	NPM 4	Breastfeeding	A) Percent of infants who are ever breastfed and B) Percent of infants breastfed exclusively through 6 months.
<input type="checkbox"/>	NPM 5	Safe Sleep	A) Percent of infants placed to sleep on their backs, B) Percent of infants placed to sleep on a separate, approved sleep surface, and C) Percent of infants placed to sleep without soft objects or loose bedding.
<input type="checkbox"/>	NPM 9	Bullying	Percent of students ages 12 through 17, who are bullied or who bully others.
<input type="checkbox"/>	NPM 12	Transition	Percent of adolescents with special health care needs, ages 12 through 17, who received services necessary to make transitions to adult health care.
<input type="checkbox"/>	NPM 13	Preventive dental visit	A) Percent of women who had a dental visit during pregnancy and B) Percent of children, ages 1 through 17, who had a preventive dental visit in the past year.
<input type="checkbox"/>	<b>No.</b>	<b>Priority Area</b>	<b>State Performance Measure (SPM)</b>
<input type="checkbox"/>	SPM1	Childhood lead poisoning prevention	Percent of children less than 72 months of age who receive a venous confirmation testing within 30 days of an initial positive capillary test.
<input type="checkbox"/>	SPM 2	Immunizations (Children)	Percent of children 19 to 36 months of age who have received a completed series of recommended vaccines (slid:slid:4 4 series)
<input type="checkbox"/>	SPM 3	Immunizations (Adolescents)	Percent of adolescents 13 to 18 years of age who have received a completed series of Human Papilloma Virus (HPV) vaccine.
<input type="checkbox"/>	SPM 4	Provision of medical services & treatment for CSMH	Percent of CSMH enrolled in CSMHCs that receive timely medical care and treatment without difficulty.
<input type="checkbox"/>	SPM 5	Intended pregnancy	Percent of women who had a live birth and reported that their pregnancy was intended.
<input type="checkbox"/>	SPM 6	Behavioral/Mental Health	Support access to developmental, behavioral, and mental health services through Title V activities and funding.
<input type="checkbox"/>	<b>No.</b>	<b>Local Priority Area</b>	<b>Local Performance Measure (LPV option)</b> (Please Describe)
<input type="checkbox"/>	LPM1		
<input type="checkbox"/>	LPM2		

## Local Maternal Child Health

NPM or SPM or LPM:				
Goal:				
Objective:				
Relevant Data	Evidence-based/Informed or promising Strategies	Action Steps	Deliverables	Year End Final Reporting
Use baseline data and any trends noticed in the data. Please include the year and source of data.	Strategies with moderate, scientifically rigorous or emerging evidence based on expert opinion.	Describe the specific steps you will use to achieve your goals and objectives. Include as many action steps as necessary to achieve the objectives. Only include activities for which you will use <u>MOE funds</u> .	Estimated number of individuals to reach, number of outputs, or an anticipated product.	1. Did you meet, partially meet or miss your targeted objective? Provide the objective metric attained. 2. Briefly describe the progress in achieving each action step. 3. State the number of deliverables achieved, which should match the numbers in the Year End Outcome & Expenditure Table. 4. Briefly describe any challenges/successes that were experienced.



# Simplified Count and Allocation Table

## Population Classifications

- Children
- Adolescents
- CYSHCN
- Women
- Pregnant
- Infants
- Other Individual
- Population

LMCH – Projected Count and Allocation Table

FY 2021

Local Health Department Name:

Population Classifications	Projected Count & Allocation UNDUPLICATED COUNTS	National/State/Local Performance Measure (specify)					TOTAL Projected Count MCH	TOTAL MCH Allocation \$
		Performance Measure	Performance Measure	Performance Measure	Performance Measure	Performance Measure		
Projected Children	Count / # MCH Amount Allocated \$	\$	\$	\$	\$	\$	0	\$ 0
Projected Adolescents	Count / # MCH Amount Allocated \$	\$	\$	\$	\$	\$	0	\$ 0
Projected CSHCN	Count / # MCH Amount Allocated \$	\$	\$	\$	\$	\$	0	\$ 0
SUBTOTAL CHILDREN							0	\$ 0
Projected Women	Count / # MCH Amount Allocated \$	\$	\$	\$	\$	\$	0	\$ 0
Projected Pregnant	Count / # MCH Amount Allocated \$	\$	\$	\$	\$	\$	0	\$ 0
Projected Infants	Count / # MCH Amount Allocated \$	\$	\$	\$	\$	\$	0	\$ 0
Projected Other Individual	Count / # MCH Amount Allocated \$	\$	\$	\$	\$	\$	0	\$ 0
Population	Deliverable count/result MCH Amount Allocated \$	\$	\$	\$	\$	\$	0	\$ 0
SUBTOTAL ALL OTHERS							0	\$ 0
TOTAL Projected Count							0	
TOTAL MCH Amount Allocated								\$ 0

Children = age 1 – 9 years

Adolescents = age 10 – 21 years (includes teen parents)

Children with Special Health Care Needs [CSHCN] = ages 1 – 21 years

Women = age 22 – 44 years, (includes mothers beyond postpartum)

Pregnant = A female from the time that she conceives to 60 days after birth, delivery, or expulsion of fetus

Infants = age 0 – 364 days

Other Individuals = Men over age 21, fathers, grandparents, guardians, etc.

Population = community members, providers, staff, media analytics, etc.

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# Reporting on Table of Services

Federal Requirement

LMCH – Types of Service by Budget Allocation

FY 2021

Local Health Department Name:

**Instructions:** Complete the "Budget" column with your LMCH annual plan.  
Complete the "Expended" column with your LMCH year-end report.

Type of Service	Budgeted (Plan)	Expended (Report)
1. Direct Services (sum of a, b, & c)	\$ 0	\$ 0
a. Preventive and primary care services for pregnant women, women, mothers, and infants up to age one		
b. Preventive and primary care services for children 1-21		
c. Services for CSHCN		
2. Enabling Services		
3. Public Health Services and Systems (i.e., Infrastructure)		
TOTAL (sum of lines 1, 2, & 3)	\$ 0	\$ 0

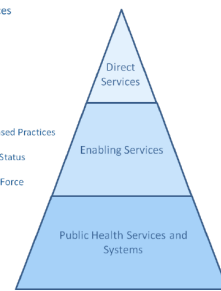
Optional worksheet to help complete Type of Service table above:

PERFORMANCE MEASURE	Direct	Direct	Enabling	Enabling	PHI	PHI
		\$		\$		\$
		\$		\$		\$
		\$		\$		\$
		\$		\$		\$
		\$		\$		\$
TOTAL		\$ 0		\$ 0		\$ 0

Public Health Services for MCH Populations:  
The Title V MCH Services Block Grant

MCH Essential Services

1. Provide Access to Care
2. Investigate Health Problems
3. Inform and Educate the Public
4. Engage Community Partners
5. Promote/Implement Evidence-Based Practices
6. Assess and Monitor MCH Health Status
7. Maintain the Public Health Work Force
8. Develop Public Policies and Plans
9. Enforce Public Health Laws
10. Ensure Quality Improvement



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# Evidence based/informed promising practice

## Evidence based/Informed References Table

FY 2021

Local Health Department Name:

Activities and programs supported with LMCH funds must be evidence-based or evidence informed. Please see the document "Evidence-Based Strategies by Performance Measures for Local MCH" compiled February 2020. This document gives potential evidence-base/informed strategies that may be used in work plans. The document is not an all-inclusive list. There may be additional evidence-based/informed or promising practice strategies that are not reflected in the document.

If your agency plans to use an evidence-based/informed or promising practice strategy that is **not** in the document, use the table below to document the strategy reference.

EVIDENCE-BASE/INFORMED REFERENCE TABLE						
Evidence-based/informed strategy	Authors	Year	Title	Journal/Volume/No.	DOI	Webpage, if applicable
Title V activities should be data driven and evidence-based/informed	Jacobs, JA, Jones, E, Gabella, BA, Spring, B & Brownson, RC	2012	Tools for Implementing an Evidence-Based Approach in Public Health Practice	Preventing Chronic Disease Journal, Volume 9,	<a href="http://dx.doi.org/10.5888/pcd9.110324">http://dx.doi.org/10.5888/pcd9.110324</a>	<a href="http://www.cdc.gov/pcd/issues/2012/11_0324.htm">http://www.cdc.gov/pcd/issues/2012/11_0324.htm</a>
NOTE: If you used an EBS not in Attachment D; please give reference here.						

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# Questions



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# Local Maternal Child Health Annual Plan Notification Materials

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## LMCH Plan Notification – FY 2021

- LMCH Plan notification was sent March 4, 2020 via email. Email Notification Included:
  - Letter from Carrie Tarry with current FY Local MCH notification
  - Attachment A – LMCH Allocations
  - Attachment B – LMCH Plan
  - Attachment C – LMCH Guidance
  - Attachment D – Evidence-based Strategies for Local MCH – version 8
  - Attachment E – Technical Assistance Webinars
  - Attachment F – LMCH Timeline

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## Attachment D

## LMCH Evidence-based Resource, cont.

Arranged by National, State and some Local Performance Measures

- Contains brief overview
- Some potential evidence-based/informed strategies
- References

**NPM #5: Safe Sleep**

"Sleep-related infant deaths, also called sudden Unexpected Infant Deaths (SUID), are the leading cause of infant death after the first month of life and the third leading cause of infant death overall. Sleep-related SUIDs include Sudden Infant Death Syndrome (SIDS), unknown cause, and accidental suffocation and strangulation in bed. Due to heightened risk of SIDS when infants are placed to sleep in side (lateral) or stomach (prone) sleep positions, the AAP has long recommended the back (supine) sleep position. However, in 2011, AAP expanded its recommendations to help reduce the risk of all sleep-related deaths through a safe sleep environment that includes use of the back-sleep position, on a separate firm sleep surface (room-sharing without bed sharing), and without loose bedding. Among others, additional higher-level recommendations include breastfeeding and avoiding smoke exposure during pregnancy and after birth. These expanded recommendations have formed the basis of the National Institute of Child Health and Development (NICHD) [Safe to Sleep Campaign](https://www.nichd.nih.gov/health/topics/sleep/02)." (Source: MCH Evidence. Strengthening the evidence for maternal and child health programs. <https://www.mchevidence.org/2019/>)

**Potential evidence-based/informed strategies for Safe Sleep**

- Analysis of FRAMS and SUID data to identify program targets, inform interventions, develop fact sheets
- Promote infant safe sleep environmental interventions as recommended by AAP
- Provide consistent safe sleep messaging as recommended by AAP
- Educate families, caregivers, and early care and education providers about safe sleep practices
- Provide training to healthcare providers, hospital/NICU, OB/GYN and pediatric clinic staff, WIC staff and home visitors on safe sleep messages and how to be appropriate role models for families
- Promote interventions focused on breaking down barriers to safe sleep
- Implement a safe sleep media campaign to raise public awareness
- Partner with WIC, home visiting, faith-based organizations to provide safe sleep education and counseling as recommended by the AAP
- Assist birthing hospitals with review and development of safe sleep protocols
- Interventions to provide culturally-competent practice utilizing traditions and norms that are protective for health

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## Attachment E

## LMCH Learning Labs for Technical Assistance

Attachment E

## LMCH Learning Labs for Technical Assistance

Web Training Sessions	Web Training Date and Time	Training Content
LMCH Orientation	March 11, 2020 2:00PM-4:00PM ET	<b>Orientation to LMCH Plan – intended for new users; however, anyone may attend (especially with roll out of updated plan)</b> See Outlook appointment
LMCH Learning Lab #1*	March 25, 2020 3:00PM-4:00PM ET	<ul style="list-style-type: none"> <li>• Narrative Updates</li> <li>• Goals and Objective Refresher</li> <li>• Relevant Data in Work Plan</li> <li>• Open Questions</li> </ul> <a href="#">Web Meeting Address Below</a>
LMCH Learning Lab #2*	April 8, 2020 3:00PM-4:00PM ET	<ul style="list-style-type: none"> <li>• Strengthen the Evidence for MCH Programs</li> <li>• Work Plan – Action Steps and Deliverables</li> <li>• Open Questions</li> </ul> <a href="#">Web Meeting Address Below</a>
LMCH Learning Lab #3*	April 16, 2020 3:00PM-4:00PM ET	<ul style="list-style-type: none"> <li>• Projected Count and Allocation Table</li> <li>• Types of Services Table</li> <li>• Open Question</li> </ul> <a href="#">Web Meeting Address Below</a>
LMCH Coordinator Meeting	April 30, 2020 9 am – 3 pm	<ul style="list-style-type: none"> <li>• Afternoon session on Work Plans</li> </ul> <a href="#">Web Meeting Address Below</a>
LMCH Learning Lab #4*	May 6, 2020 3:00PM-4:00PM ET	<ul style="list-style-type: none"> <li>• LMCH Budget</li> <li>• Open Questions</li> </ul> <a href="#">Web Meeting Address Below</a>
LMCH Annual Plan Due Date	May 8, 2020	

**Web Meeting Address:**[Join Zoom Meeting: May 25, 2020](#)

Meeting Number: 888-636-3907

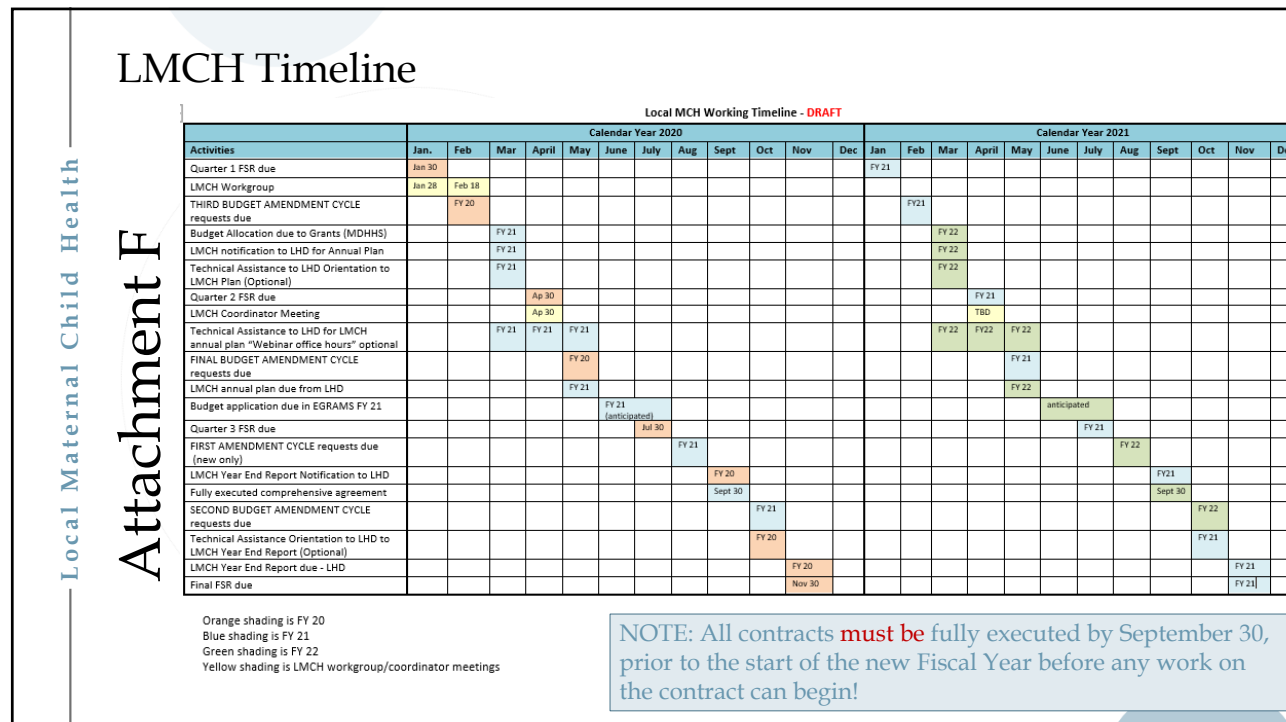
Access Code: 2720323

The web meeting will prompt you for audio

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Thank  
you!

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## Contact Information

### Local Maternal Child Health Program

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Michigan Department of Health and Human Services

Division of Child and Adolescent Health

Washington Square Building

109 West Michigan Ave | P.O. Box 30195, Lansing, MI 48909

Please contact us if you have questions!

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