

Local Maternal Child Health Year End Report FY 2023

September 27, 2023; 9 am – 10 am

Welcome!

Introductions



Carrie Tarry, MPH
Director
Division of Child & Adolescent Health



Trudy Esch, BSN, MS, RN
MCH Nurse Consultant
Local Maternal Child Health



Becky Fillion
Executive Assistant
Division of Child & Adolescent Health



Lisa Borucki
Section Secretary
Child & Adolescent Health Services
Unit



Local Health Department Staff

Today's Agenda

- 1. Brief overview Federal/State Legislative requirements
- 2. Year End Report Template Instructions for FY 2023
- 3. Sample Year End Report
- 4. Final FSRs
- 5. LMCH Amendment Cycle for FY 2024
- 6. Thinking ahead to FY 2025 and timeline





MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES LOCAL MATERNAL CHILD HEALTH (MCH)

YEAR END REPORT for FY 2023 (10/1/2022 - 9/30/2023)

Local MCH funds were made available to local health departments to address locally identified health needs of women and children in their jurisdictions. The Local Maternal Child Health (MCH) Grant Program Year End Report requires completion of the work plan submitted with the FY 2022 budget application or amendment, numbers of individuals served and actual expended funds in your Fiscal Year 2021-2022 MCH programming. Please note: this report should only include those activities and expenditures for which Local MCH funds were expended.

Your Local Maternal Child Health Grant Program Year End Report is due November 6, 2023. The Local MCH Year End Report, approved by the department, is to be uploaded with the Final FSR into the Electronic Grants Administration and Management System (EGrAMS/MI E-Grants) on the MCH Source of Funds Line.

Contact information for further information

Name of Local Health Department: Tero County Public Health Departmen

Local MCH Coordinator Contact Information

Name/Credentials: Rolee Tesch, RN, MPH

Title: Public Health Services Director Email: TeschR@itsafake.org Office phone: 989-555-1234 Cell phone: 517-222-5678 Fax: 989-555-9876

Local MCH Allocation for FY 2023; \$120,460

Instructions - See also Guidance Document

- The department moved toward utilizing work plans in the LMCH Plan to describe the data, activities and outcomes. The work plan also contains **a yellow colored column** on the far right which should be utilized for final LMCH reporting. Please utilize your FY 22 approved work plans and add information in the **final reporting columns**.
 - 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.
 - State the number of deliverables achieved. This number should match the numbers in the Year End Number and Expenditure Table.
 - 4. Briefly describe any challenges and successes that were experienced.
- Complete the last column in the Types of Services Provided by reporting expended funds by direct service, enabling service and public health systems.
- III. Complete the Numbers and Expenditure Table.
- As in previous years, the Urban/Rural Designation and Expenditure Table needs to be completed. MDHHS will complete this section, if desired.

If you have any questions regarding preparing the report, contact Trudy Esch at 517-243-3087 or email at MDHHS-Maternal-Child-Health@michigan.gov.

Local Maternal Child Health Program

Attachment C

Guidance for the Annual Plan and Final Report
FY 2022, FY 2023, FY 2024

Michigan Department of Health and Human Services

Division of Child and Adolescent Health
Washington Square Building, 1st Floor
109 W Michigan Ave, Lansing, MI 48913
MDHHS-Maternal-Child-Health@michigan.gov

Revision February 2021

Evoires 9/30/2024

This document is intended for use with the Local Maternal Child Health Program (LMCH) annual plan and year-end report. Each annual plan has one or more Work plans based on a National |State | Local performance measures:

Materials Sent via Email

FY 2023 Sample LMCH Year End Report with Tero County Department of Public Health

LMCH Guidance

Presentation Slides

If you did not receive them, email MDHHS-Maternal-Child-Health@michigan.gov and I will send after the presentation



REMINDER: Federal & State Requirements

Federal Fiscal & Program Requirements for Title V Block Grant



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.



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

Federal Fiscal & Program Requirements for Title V, cont.



States must report on **Types of Individuals Served**(Form 3A) - expenditures



States must report on **Types of Services Provided** (Form 3B) - expenditures



States must report on **Number of Individuals Served** (Form 5A) - count

Title V
requirements
related to
reporting on
populations
served, types
of services,
and health
coverage

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.

State of Michigan National & State Performance Measures, 2021-2025



NPM	Priority Area	National Performance Measure
2	Low-risk cesarean delivery (NEW)	Percent of cesarean deliveries among low-risk first births
4	Breastfeeding	A) Percent of infants who are ever breastfed and B) Percent of infants breastfed exclusively through 6 months
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
9	Bullying (NEW)	Percent of adolescents, ages 12 through 17, who are bullied or who bully others
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
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

SPM	Priority Area	State Performance Measure
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
2	Immunizations (Children)	Percent of children 19 to 36 months of age who have received a completed series of recommended vaccines (4313314 series)
3	Immunizations (Adolescents)	Percent of adolescents 13 to 18 years of age who have received a completed series Human Papilloma Virus vaccine
4	Medical care and treatment for CSHCN	Percent of children with special health care needs enrolled in CSHCS that receive timely medical care and treatment without difficulty
5	Intended pregnancy (NEW)	Percent of women who had a live birth and reported that their pregnancy was intended
6	Behavioral/ Mental Health (NEW)	Support access to developmental, behavioral, and mental health services through Title V activities and funding

NOTE: Michigan's Title V MCH Assessment is in the planning stages. The federal government is proposing new national performance measures. Expect updated performance measure list by 2025.

KUDOS

- Title V Review on September 12
- Specific mention about the great work done at the local level
- Really appreciated the local data which was directly from Year End Reports and the Year End Count/Expenditure Tables

Unmute yourself to ask a question OR Type a question in the chat box.



QUESTIONS?



LMCH Year End Report Template Instructions FY 2023



LMCH Year End Report Notification and Logistics

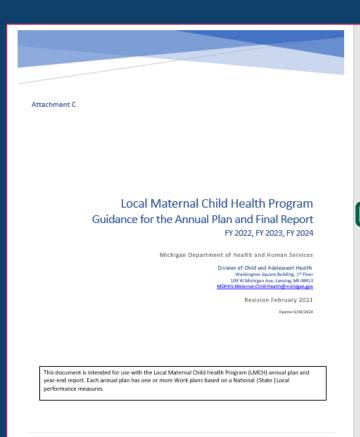
- Notification of the Year End Report is sent in the 4th quarter which includes a customized year end report template for each agency
- The report is due date will be communicated via email; usually a couple weeks before the final FSRs are due
 - FY 2023 Year End reports are due November 6, 2023
 - FY 2023 Final FSRs are due November 30, 2023
- The report is reviewed and approved. Then it is returned to the agency to upload to EGrAMS
- The approved LMCH Year End Report should be attached to the Final FSR, MCH Source of Funds line

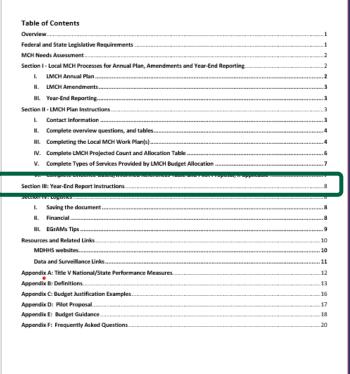
NOTE: Year End Report is DUE before Final FSR due – exceptions granted for agencies who could not get FY books closed.

Instructions – FY 2023 Year End Report

Instructions - See also Guidance Document

- I. The department moved toward utilizing work plans in the LMCH Plan to describe the data, activities, and outcomes. The work plan also contains a yellow-colored column on the far right which should be utilized for final LMCH reporting. Please utilize your FY 23 approved work plans and add information in the final reporting columns.
 - 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.
 - State the number of deliverables achieved. This number should match the numbers in the Year End Number and Expenditure Table.
 - 4. Briefly describe any challenges and successes that were experienced.
- Complete the last column in the Types of Services Provided by reporting expended funds by direct service, enabling service and public health systems.
- Complete the Numbers and Expenditure Table.
- V. As in previous years, the Urban/Rural Designation and Expenditure Table needs to be completed. MDHHS will complete this section, if desired.







Customized Year End Report Template – Sample

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

LOCAL MATERNAL CHILD HEALTH (MCH)

YEAR END REPORT for FY 2023 (10/1/2022 - 9/30/2023)

Local MCH funds were made available to local health departments to address locally identified health needs of women and children in their jurisdictions. The Local Maternal Child Health (MCH) Grant Program Year End Report requires completion of the work plan submitted with the FY 2022 budget application or amendment, numbers of individuals served and actual expended funds in your Fiscal Year 2021-2022 MCH programming. Please note: this report should only include those activities and expenditures for which Local MCH funds were expended.

Your Local Maternal Child Health Grant Program Year End Report is due November 6, 2023. The Local MCH Year End Report, approved by the department, is to be uploaded with the Final FSR into the Electronic Grants Administration and Management System (EGrAMS/MI E-Grants) on the MCH Source of Funds Line.

Contact information for further information

Name of Local Health Department:

Local MCH Coordinator Contact Information

Name/Credentials:

Title:

Email:

Office phone:

Cell phone:

Fax:

Local MCH Allocation for FY 2023:

Instructions - See also Guidance Document

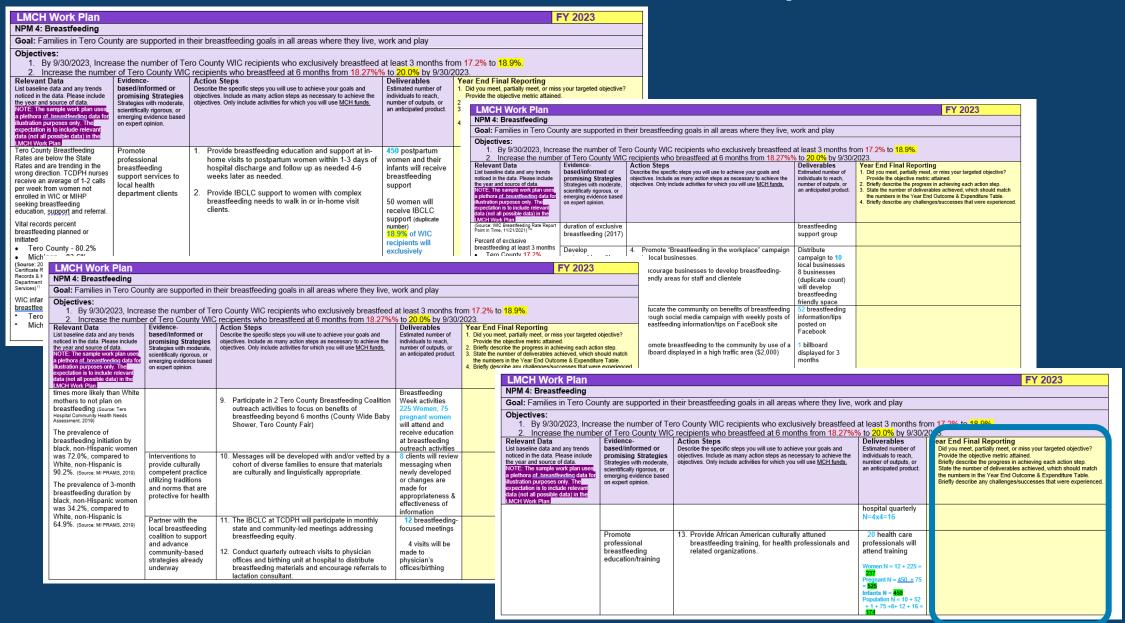
- The department moved toward utilizing work plans in the LMCH Plan to describe the data, activities and outcomes. The work plan also contains a <u>yellow colored</u> column on the far right which should be utilized for final LMCH reporting. Please utilize your FY 22 approved work plans and add information in the <u>final reporting</u> columns.
 - Did you meet, partially meet or miss your targeted objective? Provide the objective metric attained.
 - Briefly describe the progress in achieving each action step.
 - State the number of deliverables achieved. This number should match the numbers in the Year End Number and Expenditure Table.
 - 4. Briefly describe any challenges and successes that were experienced.
- Complete the last column in the Types of Services Provided by reporting expended funds by direct service, enabling service and public health systems.
- Complete the Numbers and Expenditure Table.
- IV. As in previous years, the Urban/Rural Designation and Expenditure Table needs to be completed. MDHHS will complete this section. if desired.

If you have any questions regarding preparing the report, contact Trudy Esch at 517-243-3087 or email at MDHHS-Maternal-Child-Health@michigan.gov.

Tero County Public Health Department:

1 | Page





1. Did you meet, partially meet or miss your targeted objective? Provide the objective metric attained.

LMCH Work Plan	LMCH Work Plan FY 2023							
NPM 4: Breastfeeding								
Goal: Families in Tero Cou	Goal: Families in Tero County are supported in their breastfeeding goals in all areas where they live, work and play							
		ro County WIC recipients who exclusively breastfeed a recipients who breastfeed at 6 months from 18.27%9						
Refevant Data List baseline data and any trends of ticed in the data. Please include the year and source of data. OTE: The sample work plan uses a plethora of breastfeeding data for illustration purposes only. The expectation is to include relevant data (not all possible data) in the LMCH Work Plan.	Evidence- based/informed or promising Strategies Strategies with moderate, scientifically rigorous, or emerging evidence based on expert opinion.	Action Steps 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 MCH funds.	Deliverables Estimated number of individuals to reach, number of outputs, or an anticipated product.	Year End Final Reporting 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.				
Tero County Breastfeeding Rates are below the State Rates and are trending in the wrong direction. TCDPH nurses receive an average of 1-2 calls per week from women not enrolled in WIC or MIHP seeking breastfeeding education, support and referral. Vital records percent breastfeeding planned or initiated Tero County - 80.2% Michigan - 83.6% (Source: 2019 Geocoded Michigan Birth Certificate Registry., Division for Vital Records & Health Statistics, Michigan Department of Health & Human Services) 11	Promote professional breastfeeding support services to local health department clients	 Provide breastfeeding education and support at inhome visits to postpartum women within 1-3 days of hospital discharge and follow up as needed 4-6 weeks later as needed. Provide IBCLC support to women with complex breastfeeding needs to walk in or in-home visit clients. 	450 postpartum women and their infants will receive breastfeeding support 50 women will receive IBCLC support (duplicate number) 18.9% of WIC recipients will exclusively breastfeed at least 3 months. 20.0% of WIC women will breastfeed at 6					
WIC infants initiated breastfeeding Tero County - 66.3% Michigan - 67.03%.	Community-based peer support for mothers is effective in increasing the	Facilitate culturally attuned breastfeeding peer to peer support group for African American breastfeeding WIC women	months 12 African American women will attend					

LMCH Work Plan					FY 2023			
NPM 4: Breastfeeding								
Goal: Families in Tero County are supported in their breastfeeding goals in all areas where they live, work and play								
Objectives: 1. By 9/30/2023, Increase the number of Tero County WIC recipients who exclusively breastfeed at least 3 months from 17.2% to 18.9%. 2. Increase the number of Tero County WIC recipients who breastfeed at 6 months from 18.27%% to 20.0% by 9/30/2023								
Relevant Data List baseline data and any trends noticed in the data. Please include the year and source of data. NOTE: The sample work plan uses a plethora of breastfeeding data for illustration purposes only. The expectation is to include relevant data (not all possible data) in the LMCH Work Plan.	Evidence- based/informed or promising Strategies Strategies with moderate, scientifically rigorous, or emerging evidence based on expert opinion.	Action Steps 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 MCH funds.	Deliverables Estimated number of individuals to reach, number of outputs, or an anticipated product.	Did you meet Provide the o Briefly descrit State the num the numbers	nal Reporting , partially meet, or miss your targeted objective? bjective metric attained. be the progress in achieving each action step. ber of deliverables achieved, which should match in the Year End Outcome & Expenditure Table. be any challenges/successes that were experienced.			
Tero County Breastfeeding Rates are below the State Rates and are trending in the wrong direction. TCDPH nurses receive an average of 1-2 calls per week from women not enrolled in WIC or MIHP seeking breastfeeding education, support and referral. Vital records percent breastfeeding planned or initiated Tero County - 80.2% Michigan - 83.6% (Source: 2019 Geocoded Michigan Birth Certificate Registry, Division for Vital Records & Health Statistics, Michigan Department of Health & Human Services) WIC infants initiated	Promote professional breastfeeding support services to local health department clients	Provide breastfeeding education and support at inhome visits to postpartum women within 1-3 are of hospital discharge and follow up as needed 4-6 weeks later as needed. Provide IBCLC support to women with complex breastfeeding needs to walk in or in-home visit clients.	450 postpartum women and their mosts will receive breastfeeding support 50 women will receive IBCLC support (duplicate number) 18.9% of WIC recipients will exclusively breastfied at least 3 poinths. 2.0% of WIC women will breastfeed at 6 months		2. Briefly describe the progress in achieving each action step.			
 breastfeeding Tero County - 66.3% Michigan - 67.03%. 	Community-based peer support for mothers is effective in increasing the	Facilitate culturally attuned breastfeeding peer to peer support group for African American breastfeeding WIC women	12 African American women will attend					

LMCH Work Plan				FY 2023				
NPM 4: Breastfeeding								
Goal: Families in Tero County are supported in their breastfeeding goals in all areas where they live, work and play								
		ro County WIC recipients who exclusively breastfeed recipients who breastfeed at 6 months from 18.27%						
Relevant Data List baseline data and any trends noticed in the data. Please include the year and source of data. NOTE: The sample work plan uses a plethora of breastfeeding data for illustration purposes only. The expectation is to include relevant data (not all possible data) in the LMCH Work Plan.	Evidence- based/informed or promising Strategies Strategies with moderate, scientifically rigorous, or emerging evidence based on expert opinion.	Action Steps 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 MCH funds.	Deliverables Estimated number of individuals to reach, number of outputs, or an anticipated product.	Year End Final Reporting Did you meet, partially meet, or miss your targeted objective? Provide the objective metric attained. Briefly describe the progress in achieving each action step. State the number of deliverables achieved, which should match the numbers in the North American State				
Tero County Breastfeeding Rates are below the State Rates and are trending in the wrong direction. TCDPH nurses receive an average of 1-2 calls per week from women not enrolled in WIC or MIHP seeking breastfeeding education, support and referral. Vital records percent breastfeeding planned or initiated Tero County - 80.2% Michigan - 83.6% (Source: 2019 Geocoded Michigan Birth Certificate Registry., Division for Vital	Promote professional breastfeeding support services to local health department clients	Provide breastfeeding education and support at inhome visits to postpartum women within 1-3 days of hospital discharge and follow up as needed 4-6 weeks later as needed. Provide IBCLC support to women with complex breastfeeding needs to walk in or in-home visit clients.	450 postpartum www.en and their infants vill receive breastfeeding support 50 women will receive IBCLC support (duplicate number) 18.9% of WIC recipients will exclusively breastfeed at leas 3 months.	3. State the number of deliverables achieved, which should match the numbers in the Year End Number & Expenditure Table.				
Records & Health Statistics, Michigan Department of Health & Human Services)*1 WIC infants initiated breastfeeding Tero County - 66.3% Michigan - 67.03%.	Community-based peer support for mothers is effective in increasing the	Facilitate culturally attuned breastfeeding peer to peer support group for African American breastfeeding WIC women	20.0% of WIC women will breastfeed at 6 months 12 Aurcan American women will attend					

LMCH Work Plan				FY 2023			
NPM 4: Breastfeeding							
Goal: Families in Tero County are supported in their breastfeeding goals in all areas where they live, work and play							
		ero County WIC recipients who exclusively breastfeed c recipients who breastfeed at 6 months from 18.27%					
Relevant Data List baseline data and any trends noticed in the data. Please include the year and source of data. NOTE: The sample work plan uses a plethora of breastfeeding data for illustration purposes only. The expectation is to include relevant data (not all possible data) in the LMCH Work Plan.	Evidence- based/informed or promising Strategies Strategies with moderate, scientifically rigorous, or emerging evidence based on expert opinion.	Action Steps 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 MCH funds.	Deliverables Estimated number of individuals to reach, number of outputs, or an anticipated product.	Year End Final Reporting Did you meet, partially meet, or miss your targeted objective? Provide the objective metric attained. Briefly describe the progress in achieving each action step. State the number of deliverables achieved, which should match the numbers in the Year End Outcome & Expenditure Table. Briefly describe any challenges/successes that were experienced.			
Tero County Breastfeeding Rates are below the State Rates and are trending in the wrong direction. TCDPH nurses receive an average of 1-2 calls per week from women not enrolled in WIC or MIHP seeking breastfeeding education, support and referral. Vital records percent breastfeeding planned or initiated Tero County - 80.2% Michigan — 83.6% (Source: 2019 Geocoded Michigan Birth Certificate Registry., Division for Vital Records & Health Statistics, Michigan Department of Health & Human Services) ¹¹ WIC infants initiated	Promote professional breastfeeding support services to local health department clients	Provide breastfeeding education and support at inhome visits to postpartum women within 1-3 days of hospital discharge and follow up as needed 4-6 weeks later as needed. Provide IBCLC support to women with complex breastfeeding needs to walk in or in-home visit clients.	450 postpartum women and their infants will receive breastfeeding support 50 women will receive IBCLC support (duplicate number) 18.9% of WIC recipients will exclusively breastfeed at least 3 months. 20.0% of WIC women will breastfeed at 6	4. Briefly descr challenges/suc that were expe	cesses		
breastfeeding Tero County - 66.3% Michigan - 67.03%.	Community-based peer support for mothers is effective in increasing the	Facilitate culturally attuned breastfeeding peer to peer support group for African American breastfeeding WIC women	months 12 African American women will attend				



The number reported in the Year End Number and Expenditure Table should be UNDUPLICATED.



When working with clients in your agency, there may be multiple encounters with clients.



Some agencies use the count/number as the first client encounter and use this for the table.



Sometimes, additional encounters are reported in the narrative portion of the report, but not in the TABLE.

NOTE: Counts should be Unduplicated

Count clients not all contacts/encounters

+ ‡•										
	LMCH – Year End Number and Expenditure Reporting								FY-2023	
		Numbers Served & MCH		National/State/Lo	ocal Performano	e Measure (spe	ecify)	Year End Totals		FY 23 Plan
	Population Classifications	Funds Expended UNDUPLICATED COUNTS	Performance Measure	Performance Measure	Performance Measure	Performance Measure	Performance Measure	TOTAL Numbers Served MCH	TOTAL MCH Expended \$	MCH_FY 23 Allocations \$
	Projected Children	Number served						0		
H	age 1 – 9 years	MCH Amount Expended \$	\$	\$	\$	\$	\$		\$ 0	
	Projected Adolescents	Number served						0		
H	age 10 – 21 years (<u>includes</u> teen parents)	MCH Amount Expended \$	\$	\$	\$	\$	\$		\$ 0	
Ш	MCH-Children	project Final FSF	2					0		
		•		\$	\$	\$	\$		\$ 0	
Ш	MCH Source of	Funds must mate	ch 🖊					0		
Ш	ser this a	amount		\$	\$	J.	\$		\$ 0	
Ц									\$ 0	
		CHILDREN ~ Number served	0	0	0	0	0	U		
Ц	SUBTOTAL CHILDREN	~ MCH Amount Expended \$	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0	
	Projected Women age 22 – 44 years,	Number served						0		
	(includes mothers beyond postpartum)	MCH Amount Expended \$	\$	\$	\$	\$	\$		\$ 0	
	Projected Pregnant / Postpartum A person from conception to 60 days after birth,	Number served						0		
H	delivery, or expulsion of fetus	MCH Amount Expended \$	\$	\$	\$	\$	\$		\$ 0	
	Projected Infants	Number served						0		
	age 0 – 364 days	MCH Amount Expended \$		\$	\$	\$	\$		\$ 0	
	MCH-All Other	rproject Final FS	R -		Δ.	•		0		
		Funds must ma		\$	\$	\$	\$		\$ 0	
	· ·		ICII					0		
	Services this	amount		\$	\$	\$	\$		\$ 0	
	SUBTOTAL A	LL OTHER ~ Number served	0	0	0	0	0	0		
	SUBTOTAL ALL OTHER	~ MCH Amount Expended \$	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0	
		TOTAL Amount Serve	0	0	0	0	0	0		
	тот	AL MCH Amount Expended	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0	

Year End Report must "match" Final FSR This example does NOT match!

MCH-All Other Year End Report Number and Expenditure Table

LMCHYear-En	d-Number-and-Expenditure-I	Reporting¤							FY-2022	<u>2</u> ¤
	Numbers-Served-&-MCH-		National/S	State/Local-Perf	ormance-Measure	e·(specify)¤			п	п
→ Population- Classifications¤	Funds-Expended¶ UNDUPLICATED-COUNTS¤	Performance¶ Measure···¶ NPM·#4_··_ ¤	Performance¶ Measure···¶ •NPM·#5•	Performance¶ Measure··· NPM-#12	Performance¶ Measure¶	Performance¶ Measure… ¤	COVID-19- Activities	TOTAL¶ Numbers- Served-MCH¤	TOTAL-MCH- Expended¶ \$#	MCH- Allocation-\$¤
Children-¶	Number-served¤	n	n	n	α	n	π	0π	10	
age-19-yearso	MCH·Amount·Expended·\$ □	\$12	\$¤	\$xx	\$12	\$12	\$12	121	\$···0¤	
Adolescents¶	Number-served#	n	n	n	n	n	n	···0¤	10	
(includes teen parents)	MCH-Amount-Expended-\$ □	\$12	\$12	\$¤	\$12	\$12	\$12	n	\$···0¤	
CYSHCN¶	Number-served¤	n	n	<mark>22</mark> ¤	n	n	n	22¤	D	
ages-0:21-years	MCH-Amount-Expended-\$∞	xx	\$12	\$15,000¤	\$12	\$12	\$12	n	\$·15,000¤	\$15,000
						SUBTOTAL	-CHILDREN:	22¤	\$15,000¤	\$15,000
Women¶	Number-served¤	n	n	n	n	n	n	···¤	n	
age 22 - 44 years, (includes- mothers beyond postpartum)#	MCH·Amount·Expended·\$	\$¤	\$¤	\$12	\$m	\$¤	\$¤	101	\$···0¤	
Pregnant-¶ A-person-from-conception-to-	Number-served¤	<mark>220</mark> ¤	n	α	n	n	n	220¤	13	
60 days after birth, delivery, or expulsion of fetuse	MCH-Amount-Expended-\$∞	\$28,312¤	\$10a	\$1X	\$12	\$10	\$12	121	\$·28,312¤	\$28,312
Infants¶	Number-served#	IX	<mark>0</mark> ¤	n	n	n	m	·0¤	ю	
age-0 364-dayso	MCH-Amount-Expended-\$¤	¤	\$0¤	\$¤	\$¤	\$12	\$¤	131	\$0¤	\$14,104
Other-Individual¶ Men->-21, fathers, non-binary-	Number·served¤	n	n	n	ĸ	121	n	·0¤	α	
individuals, grandparents, guardians, etc. #	MCH·Amount·Expended·\$□	\$121	\$10	\$12	\$12	\$12	\$12	101	\$···0¤	
Population¶	Number-served#	12¤	23¤	n	m	n	121	35¤	n	
community members, providers, staff, media- analytics, etc.¤	MCH-Amount-Expended-\$¤	\$2,000¤	\$1,000¤	\$12	\$12	\$12	\$12	101	\$∵3,000¤	\$3,000
						SUBTOTAL-A	LL-OTHERS:	255⊭	\$-31,312¤	\$45,416
8	TOTAL·Numbers·Served¤	232¤	23¤	22¤	0¤	···0¤	···0¤	277¤	g	
	TOTAL MCH Amount Expended				\$0	\$0¤	\$0¤	10	\$46,312¤	
	TOTAL·MCH·Amount·Allocated	\$30,312¤	\$15,104	\$15,000¤		E	H	10	=	\$60,416

EGrAMS MCH Source of Funds on Final FSR

Project : MCH - All Other										
Period : 07/01/2022-09/30/2022	2 022 ∨	Status:	Submitted	Rev	view <u>C</u> omment	s: 🖃	Action :		~	✓ Dor
Expenditures Source of Funds	Type:	Regular Obl	igation Fina	Report:	1 V Operat	ing Advance :		0.00	Explanatio	n: 🖃
Total Expenditures				42,157.00	32,692.00	9,465.00	50,548.00	8,391.00	83.40	
Description	Funds	Cash	Inkind	Current YTD	Income	Prior YTD	<u>Budget</u>	Balance	Exp.%	File Del
Required Match - Local	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Local Non-ELPHS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Local Non-ELPHS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Local Non-ELPHS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Other Non-ELPHS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
MDHHS Non Comprehensive	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
MDHHS Comprehensive	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
MCH Funding	42,157.00	0.00	0.00	42,157.00	32,692.00	9,465.00	45,416.00	3,259.00	92.82	
Local Funds - Other	0.00	0.00	0.00	0.00	0.00	0.00	5,132.00	5,132.00	0.00	
Inkind Match	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
MDHHS Fixed Unit Rate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Total Source of Funds	42,157.00	0.00	0.00	42,157.00	32,692.00	9,465.00	50,548.00	8,391.00	83.40	
Total Income	42,157.00	0.00	0.00	42,157.00	32,692.00	9,465.00	50,548.00	8,391.00	83.40	

The year end report shows the agency expended \$31,312. The Final FSR now shows the agency expended \$42,157 of LMCH funds in the MCH-All Other project.

Returned for correction because they did not match.

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

LMCH-Types of Service by Buc	get Allocation	FY-2023
Type of Service	Budgeted (Plan)	Expended (Report)
Direct Services (sum of a, b, & c)	\$15,000	\$ 0
 a. Preventive and primary care 	\$15,000	\$
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	\$	\$
Enabling Services	\$85,000	\$
Public Health Services and Systems	\$20,460	\$
(i.e., Infrastructure)		
TOTAL (sum of lines 1, 2, & 3)	\$120,460	\$ 0

Optional worksheet to help complete Type of Service table above:

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

Legislation mandates reporting a breakdown of the expenditure of funds between urban and rural communities. Please complete Urban/Rural Table. For the purposes of this report, rural means a county with a population of 30,000 or less. [Geographic Areas of Census 2020 are provided below].

TABLE: MDHHS WILL COMPLETE THIS, IF DESIRED.

URBAN/RURAL DESIGNATION & EXPENDITURE AMOUNTS Please round expenditures to nearest whole number.

Urban Counties	Expenditures
Rural Counties*	Expenditures

	Geographi	c Areas of Census 2	<mark>2020</mark> (Populatio	n, Census, April 1,	, 2020)
	URBAN POPULA	TION [> 30,000]		RURAL POPULAT	ON_[< 30,000]
Allegan	120,502	Kent	657,974	Alcona	10,167
Barry	62,423	Lapeer	88,619	Alger	8,842
Bay	103,856	Lenawee	99,423	Alpena	28,907
Berrien	154,316	Livingston	193,866	Antrim	23,431
Branch	44,862	Macomb	881,217	Arenac	15,002
Calhoun	134,310	Marquette	66,017	Baraga	8,158
Cass	51,589	Mecosta	39,714	Benzie	17,970
Chippewa	36,785	Midland	83,494	Charlevoix	26,054
Clare	30,856	Monroe	154,809	Cheboygan	25,579
Clinton	79,128	Montcalm	66,614	Crawford	12,988
Delta	36,903	Muskegon	175,824	Dickinson	25,947
Detroit, city	639,111	Newaygo	49,978	Gladwin	25,386
Eaton	109,175	Oakland	1,274,395	Gogebic	14,380
Emmet	34,112	Ottawa	296,200	losco	25,237
Genesee	406,211	Saginaw	190,124	Iron	11,631
Grand Traverse	95,238	Saint Clair	160,383	Kalkaska	17,939
Gratiot	41,761	Saint Joseph	60,939	Keweenaw	2,056
Hillsdale	45,746	Sanilac	40,611	Lake	12,096
Houghton	37,361	Shiawassee	68,094	Leelanau	22,301
Huron	31,407	Tuscola	53,323	Luce	5,339
Ingham	284,900	Van Buren	75,587	Mackinac	10,834
Ionia	66,804	Washtenaw	372,258	Manistee	25,032
Isabella	64,394	Wayne (all Wayne)	1,793,561	Mason	29,052
Jackson	160,366	Wexford	33,673	Menominee	23,502
Kalamazoo	261,670			Missaukee	15,052
				Montmorency	9,153
			İ	Oceana	26,659
				Ogemaw	20,770
				Ontonagon	5,816

22,891

8,219 25,091

12,982

23,459

8,047

Osceola Oscoda

Otsego

Presque Isle

Roscommon

Schoolcraft

Unmute yourself to ask a question OR Type a question in the chat box.



QUESTIONS?



Sample Year End Report FY 2023

Tero County Public Health Department

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES LOCAL MATERNAL CHILD HEALTH (MCH)

YEAR END REPORT for FY 2023 (10/1/2022 - 9/30/2023)

Local MCH funds were made available to local health departments to address locally identified health needs of women and children in their jurisdictions. The Local Maternal Child Health (MCH) Grant Program Year End Report requires completion of the work plan submitted with the FY 2022 budget application or amendment, numbers of individuals served and actual expended funds in your Fiscal Year 2021-2022 MCH programming. Please note: this report should only include those activities and expenditures for which Local MCH funds were expended.

Your Local Maternal Child Health Grant Program Year End Report is due November 6, 2023. The Local MCH Year End Report, approved by the department, is to be uploaded with the Final FSR into the Electronic Grants Administration and Management System (EGrAMS/MI E-Grants) on the MCH Source of Funds Line.

Contact information for further information

Name of Local Health Department: Tero County Public Health Department

Local MCH Coordinator Contact Information

Name/Credentials: Rolee Tesch, RN, MPH

Title: Public Health Services Director

Email: TeschR@itsafake.org Office phone: 989-555-1234 Cell phone: 517-222-5678

Fax: 989-555-9876

Local MCH Allocation for FY 2023: \$120,460

Instructions – See also Guidance Document

- I. The department moved toward utilizing work plans in the LMCH Plan to describe the data, <u>activities</u> and outcomes. The work plan also contains a <u>yellow colored</u> column on the far right which should be utilized for final LMCH reporting. Please utilize your FY 22 approved work plans and add information in the **final reporting columns**.
 - 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. This number should match the numbers in the Year End Number and Expenditure Table.
 - 4. Briefly describe any challenges and successes that were experienced.
- Complete the last column in the Types of Services Provided by reporting expended funds by direct service, enabling service and public health systems.
- III. Complete the Numbers and Expenditure Table.
- V. As in previous years, the Urban/Rural Designation and Expenditure Table needs to be completed. MDHHS will complete this section, if desired.

If you have any questions regarding preparing the report, contact Trudy Esch at 517-243-3087 or email at MDHHS-Maternal-Child-Health@michigan.gov.

LMCH Work Plan NPM 4: Breastfeeding				FY 2023						
	upported in t	heir breastfeeding goals in all areas where they live, w	vork and play							
Objectives: 1. By 9/30/2023, Increase the number of Tero County WIC recipients who exclusively breastfeed at least 3 months from 17.2% to 18.9%. 2. Increase the number of Tero County WIC recipients who breastfeed at 6 months from 18.27%% to 20.0% by 9/30/2023.										
2. Briefly describe the progress in achieving	formed or g Strategies with moderate, y rigorous, or who are based ppinion.	Action Steps 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 MCH funds.	Deliverables Estimated number of individuals to reach, number of outputs, or an anticipated product.	Year End Final Reporting Did you meet, partially meet, or miss your targeted objective? Provide the objective metric attained. Briefly describe the progress in achieving each action step. State the number of deliverables achieved, which should match the numbers in the Year End Outcome & Expenditure Table. Briefly describe any challenges/successes that were experienced.						
deliverables achieved.	onal eding services to alth ent clients	Provide breastfeeding ed. ation and support at inhome visits to postpartum women whit. 1 3 days of hospital discharge and follow up as needed 4-6 weeks later as needed. Provide IBCLC support to women with complex breastfeeding needs to walk in or in-home visit	450 postpartum women and their infants will receive breasueling support 50 women will	400 postpartum women and their infants (408) received breastfeeding support from TCDPH nurses during home visits. 250 women received two encounters (a duplicate count). 2. 43 women with complex breastfeeding needs received IBCLC support during walk-in and in home						
1. Did you meet, partially meet or miss your targeted objective?		clients.	receive IBCLC support (duplicate number) 18.9% of WIC recipients will breastfeed at least	Objective 1: Partially met. Per the WIC PedNSS Table 7B_5/18/2022, 18.0% of WIC recipients exclusively breastfeed at least 3 months.						
Provide the objective metric attained.			3 months. 20.0% of WIC women will breastfeed at 6	Objective 2: Met. Per the WIC Point in Time Duration Summary report (4/16/2022), 20.88% of WIC women were still breastfeeding at 6 months						
4. Briefly describe any challenges/successes that were experienced.			months	Although we fell short of our deliverable, we still served a good number of women and infants in the community with 650 encounters.						

LMCH Work Plan NPM 4: Breastfeeding				FY 2023
Goal: Families in Tero County are suppo	ed in their breastfeeding	g goals in all areas where they live, w	ork and play	
Objectives: 1. By 9/30/2023, Increase the number of Tero Courties.		cipients who exclusively breastfeed a reastfeed at 6 months from 18,27%		
Relevant Data List baseline data and any trends noticed in the data. Please include the year and source of data. NOTE: The sample plan uses a plethora of breastfeeding data for illustration purposes only. Include onlyrelevant data (not all possible data) in the LMCH Work Plan.	or egies derate, us, or based	steps you will use to achieve your goals and many action steps as necessary to achieve the de activities for which you will use MCH funds.	Deliverables Estimated number of individuals to reach, number of outputs, or an anticipated product.	Year End Final Reporting Did you meet, partially meet, or miss your targeted objective? Provide the objective metric attained. Briefly describe the progress in achieving each action step. State the number of deliverables achieved, which should match the numbers in the Year End Outcome & Expenditure Table. Briefly describe any challenges/successes that were experienced.
Briefly describe the rogress in achieving ach action step.	r peer support g ctive breastfeeding e lusive	urally attuned breastfeeding peer to group for African American _I WIC <u>women</u>	12 African American women will attend breastfeeding support group	3. The breastfeeding peer to peer support group for African American breastfeeding WIC women was slow to get launched. We attempted to offer virtual support groups, but they were not popular. In the summer we offered the support group in the nearby outdoor park. 3 women and their 3 infants attended 2 sessions. One session was canceled due to inclement in weather.
58.6% (MI PRAMS, 2019) Breastfeeding duration of 6 State the number of eliverables achieved. Develop partnerships we have been partnerships with the partnerships we have been partnerships with the partnerships we have been partnerships with the partnerships we have been partn	th to local busing 5. Encourage bu friendly areas	astfeeding in the workplace" campaign esses. usinesses to develop breastfeeding- for staff and <u>clientele</u>	Distribute campaign to 10 local <u>businesses</u> 8 businesses (duplicate count) will develop breastfeeding	4. 10 contacts were made with local business. Each business received an information packet. 5. Sample breastfeeding friendly business policy was sent to 4 businesses upon their request. Six businesses created a breastfeeding friendly space in their organization. (duplicate counts). We were
Tero County 18.27% Michigan 20.79% (Source: WIC Point in Time Breastfeeding Duration Summary, Tero County 18.27% Adopt common messaging active purise jurise.	oss through socia	community on benefits of breastfeeding I media campaign with weekly posts of information/tips on FaceBook site	friendly space 52 breastfeeding information/tips posted on	successful with about half the number of <u>business</u> we hoped for. 6. There were 60 Facebook posts pertaining to breastfeeding information/tips.
Briefly describe any nallenges/successes at were experienced.	7. Promote brea	estfeeding to the community by use of a layed in a high traffic area (\$2,000)	Facebook 1 billboard displayed for 3 months	7. The breastfeeding billboard campaign was displayed from June through August near the major freeway entrance. (N=1)

	LMCH Work Plan					FY 2023
	NPM 4: Breastfeeding Goal: Families in Tero Cour	nty are suppo	rted in th	neir breastfeeding goals in all areas where they live, w	ork and play	
	Objectives: 1. By 9/30/2023, Increa	ase the number	er of Ter	o County WIC recipients who exclusively breastfeed a recipients who breastfeed at 6 months from 18.27%%	at least 3 months fro	
	Relevant Data List baseline data and any trends noticed in the data. Please include the year and source of data. NOTE: The sample plan uses a plethora of breastfeeding data for illustration purposes only. Include onlyreleyant data (not all possible data) in the LMCH Work Plan.	Evidence- based/informe promising Stra Strategies with m scientifically rigor emerging evidence on expert opinion	ed or ategies loderate, ous, or ce based	Action Steps 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 MCH funds.	Deliverables Estimated number of individuals to reach, number of outputs, or an anticipated product.	Year End Final Reporting Did you meet, partially meet, or miss your targeted objective? Provide the objective metric attained. Briefly describe the progress in achieving each action step. State the number of deliverables achieved, which should match the numbers in the Year End Outcome & Expenditure Table. Briefly describe any challenges/successes that were experienced.
	breastfeeding (Source: Tero Hospital Community Health Needs Assessment, 2019)			Coordinate/sponsor the World Breastfeeding Week activities including breastfeeding walk and	75 community members will	78 community members participated in World Breastfeeding Week activities/walk
pr	Briefly describe to ogress in achievir action step.			information/education fair. 9. Participate in 2 Tero County Breastfeeding Coalition outreach activities to focus on benefits of breastfeeding beyond 6 months (County Wide Baby Shower, Tero County Fair)	participate in World Breastfeeding Week <u>activities</u> 225 Women, 75 pregnant women	9. Informational booth set up at County Wide Baby Shower in June with Will women and 60 pregnant women in attendance. A Breastfeeding Tent was set up at the Tero County Fair which included a Rock N Rest area for infant feeding and changing. women and their 85 infants dropped by the tent.
	The prevalence of 3-month breastfeeding duration by				will attend and receive education at breastfeeding outreach activities	We were pleased with our media campaign for breastfeeding outreach and consider it a success.
	State the numbe liverables achiev	ed.	to ally actice ons	Messages will be developed with and/or vetted by a cohort of diverse families to ensure that materials are culturally and linguistically appropriate.	8 clients will review messaging when newly developed or changes are	A series of breastfeeding messages were developed during this fiscal year. It was difficult to reach clients who could review messaging. So far only two people of color have reviewed the
		and norms that protective for			made for appropriateness & effectiveness of	messages. Their input was valuable. TCDPH will continue to recruit additional clients to review messages. Feedback will be incorporated into editing
	Briefly describe a				information	messages.
	challenges/successes that were experienced.			The IBCLC at TCDPH will participate in monthly state and community-led meetings addressing breastfeeding equity.	12 breastfeeding- focused meetings	11. TCPHD's IBCLC attended 10 monthly breastfeeding virtual meetings. The IBCLC was

LMCH Work Plan NPM 4: Breastfeeding			FY 2023
2. Briefly describe the progress in achieving	h moderate, objectives. Only include activities for which you will use MCH funds. gorous, or lence based	at least 3 months from to 20.0% by 9/30/20 Deliverables Estimated number of individuals to reach,	
deliverables achieved, which should match the numbers in the Year End Outcome & Expenditure	12. Conduct quarterly outreach visits to physician offices and birthing unit at hospital to distribute breastfeeding materials and encourage referrals to lactation consultant. 13. Provide African American culturally attuned breastfeeding training, for health professionals and related organizations.	4 visits will be made to physician's offices/birthing hospital quarterly N=4x4=16 20 health care professionals will attend training Women N = 12 + 225 =	invited to participate in a breastfeeding coalition equity subgroup which consisted of 25 meetings. 12. Completed outreach visits to 4 physician offices three times 12 during the year. Touched base with the local birthing unit twice during the year 2. 13. A consultant was hired to provide a 4 hour African-American culturally attuned breastfeeding training in August to correlate with Black Breastfeeding Week. A guided conversation was held on black breastfeeding and ways to increase the number of
4. Briefly describe any challenges/successes that were experienced.		Pregnant N = <u>450 +</u> 75 = <u>525</u> Infants N = <u>450</u> Population N = 10 + 52 + 1 + 75 +8+ 12 + 16 = <u>474</u>	people of color who choose to breastfeed. Local organizations were invited to participate. TCPHD had 8 staff attend, and there were 12 participants from outside organizations (total 20 health care professionals). Evaluations from the training were very positive. Women N = 3 + 200 + 85 = 288 Pregnant N = 400 + 60 = 460 Infants N = 408 + 3 + 85 = 496 Population N = 10+60+1+78+2+10+25+12+2+20= 220

Getting the count "right" with multiple deliverable counts

LMCH – Year End Number an	d Expenditure Reportin	n								
EMOTT - Tear End Number an			Vation			FY 2023				
Population Classifications	Numbers Served & MCH Funds Expended	Performance	Per							
	UNDUPLICATED COUNTS	Measure NPM 4	M	areas where they live, w	ork and play					
Projected Children	Number served			· · · · · · · · · · · · · · · · · · ·						
age 1 – 9 years	MCH Amount Expended \$	\$	\$	exclusively breastfeed a	exclusively breastfeed at least 3 months from 17.2% to 18.9%.					
Projected Adolescents	Number served			6 months from 18.27%%						
age 10 – 21 years (includes teen parents)	MCH Amount Expended \$	\$	\$	e to achieve your goals and	Deliverables Estimated number of	Year End Final Reporting 1. Did you meet, partially meet, or miss your targeted objective?				
Projected CSHCN	Number served			ps as necessary to achieve the	individuals to reach,	Provide the objective metric attained.				
ages 0 – 21 years	MCH Amount Expended \$	\$		number of outputs, or an anticipated product.	Briefly describe the progress in achieving each action step. State the number of deliverables achieved, which should match					
Population-Based that Impacts Children 1 – 21 years	Number served				an anticipated product.	the numbers in the Year End Outcome & Expenditure Table. 4. Briefly describe any challenges/successes that were experienced.				
Services and education delivered to parents, families, community members, providers, staff, media analytics, etc. that impact the health of children 1-21	MCH Amount Expended \$	\$	\$							
SUBTOTAL	0		visits to physician	4 visits will be made to	invited to participate in a breastfeeding coalition equity subgroup which consisted of 25 meetings.					
SUBTOTAL CHILDREN	∼ MCH Amount Expended \$	\$ 0		nospital to distribute	physician's					
Projected Women	Number served	<mark>288</mark>		d encourage referrals to offices/birthing	12. Completed outreach visits to 4 physician offices					
age 22 – 44 years, (includes mothers beyond postpartum)	MCH Amount Expended \$	\$18,000	\$		hospital quarterly N=4x4=16	three times (12) during the year. Touched base with the local birthing unit twice during the year (2).				
Projected Pregnant / Postpartum	Number served	<mark>460</mark>		ulturally attuned	20 health care	13. A consultant was hired to provide a 4 hour African-				
A person from conception to 60 days after birth, delivery, or expulsion of fetus	MCH Amount Expended \$	\$42,000	\$	ealth professionals and	professionals will	American culturally attuned breastfeeding training in				
Projected Infants	Number served	<mark>496</mark>			attend training	August to correlate with Black Breastfeeding Week.				
age 0 – 364 days	MCH Amount Expended \$	\$40,000	\$		Women N = 12 + 225 =	A guided conversation was held on black breastfeeding and ways to increase the number of				
Projected Other Individual Men > 21, fathers, non-binary individuals,	Number served				237	people of color who choose to breastfeed. Local				
grandparents, guardians, etc.	MCH Amount Expended \$	\$	\$		Pregnant N = <u>450 +</u> 75 = 525	organizations were invited to participate. TCPHD had				
Population-Based that Impacts All Others	Number served	220			Infants N = 450 Population N = 10 + 52	8 staff attend, and there were 12 participants from outside organizations (total 20 health care				
Services and education delivered to parents, community members, providers, staff, media analytics, etc. not captured in Children 1-21	MCH Amount Expended \$	\$20,460	\$		+ 1 + 75 +8+ 12 + 16 = 174	professionals). Evaluations from the training were very positive.				
SUBTOTAL A	LL OTHER ~ Number served	1,464								
SUBTOTAL ALL OTHER	~ MCH Amount Expended \$	\$120,460				Women N = 3 + 200 + 85 = 288 Pregnant N = 400 + 60 = 460				
	TOTAL Amount Serve	1,464				Infants N = 408 + 3 + 85 = 496				
TOT	AL MCH Amount Expended	\$120,460				Population N = 10+60+1+78+2+10+25+12+2+20= 220				

Complete the rest of the Year End Number and Expenditure Table

- Complete the rest of the work plan number/final counts
- The column on the very far right is to record the budgeted allocations in the plan
- Work with financial administrators to fill in the amounts expended for each category
- Click on hash mark and F9 to get table row/column totals

+										
_MC	MCH – Year End Number and Expenditure Reporting National/State/Local Performance Measure (specify)						-16.3	Year End	FY-2023	EV 00 BI
	Population Classifications	Numbers Served & MCH Funds Expended UNDUPLICATED COUNTS	Performance Measure NPM 4	Performance Measure	Performance Measure	Performance Measure	Performance Measure	TOTAL Numbers Served MCH	TOTAL MCH Expended	FY 23 Plan MCH Allocation \$
	Projected Children	Number served						0	ű	
	age 1 – 9 years	MCH Amount Expended \$	\$	\$	\$	\$	\$		\$ 0	
	Projected Adolescents	Number served						0		
	age 10 – 21 years (<u>includes</u> teen parents)	MCH Amount Expended \$	\$	\$	\$	\$	\$		\$ 0	
	Projected CSHCN	Number served						0		
	ages 0 – 21 years	MCH Amount Expended \$	\$	\$	\$	\$	\$		\$ 0	
	opulation-Based that Impacts Children 1 – 21 years	Number served						0		
Service	es and education delivered to parents, families, community members, providers, staff, media analytics, etc. that impact the health of children 1-21	MCH Amount Expended \$	\$	\$	\$	\$	\$		\$ 0	
	SUBTOTAL (CHILDREN ~ Number served	0	0	0	0	0	0		
	SUBTOTAL CHILDREN	MCH Amount Expended \$	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0	
	Projected Women	Number served	<mark>288</mark>					0		
	age 22 – 44 years, (includes mothers beyond postpartum)	MCH Amount Expended \$	\$18,000	\$	\$	\$	\$		\$ 0	\$ 0
	jected Pregnant / Postpartum	Number served	<mark>460</mark>					0		
A pe	erson from conception to 60 days after birth, delivery, or expulsion of fetus	MCH Amount Expended \$	\$42,000	\$	\$	\$	\$		\$ 0	\$ 288
	Projected Infants	Number served	<mark>496</mark>					0		
	age 0 – 364 days	MCH Amount Expended \$	\$40,000	\$	\$	\$	\$		\$ 0	\$ 460
	Projected Other Individual	Number served						0		
N	flen > 21, fathers, non-binary individuals, grandparents, guardians, etc.	MCH Amount Expended \$	\$	\$	\$	\$	\$		\$ 0	\$ 496
P	Opulation-Based that Impacts All Others	Number served	220					0		
Service provide	and education delivered to parents, community members, ars, staff, media analytics, etc. not captured in Children 1-21	MCH Amount Expended \$	\$20,460	\$	\$	\$	\$		\$0	\$ 0
	SUBTOTAL A	LL OTHER ~ Number served		0	0	0	0			
	SUBTOTAL ALL OTHER	MCH Amount Expended \$		\$ 0	\$ 0	\$ 0	\$ 0			\$120,460
		TOTAL Amount Serve		0	0	0	0			
	тот	AL MCH Amount Expended		\$ 0	\$ 0	\$ 0	\$ 0			

Sample Completed Number/Expenditure Table

Projected Children age 1-9 years MCH Amount Expended \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	÷‡•										
Population Classifications MCH Funds Expended UNDPLICATED COUNTS MCH Monain Expended Signature Measure Measu		LMCH - Year End Number an	d Expenditure Reportin	ıg						FY-2023	
Population Classifications	ſ		Numbers Served &	N	lational/State/Lo	cal Performano	e Measure (spe	cify)	Year End Totals		FY 23 Plan
Number served Number serve		Population Classifications	MCH Funds Expended	Measure					Numbers Served		MCH Allocation \$
Projected Adolescents age 10 - 21 years age 10 - 21 years Adolescents age 10 - 21 years Adolescents		Projected Children	Number served						0		
April 10 - 21 years	ı	· · ·	•	\$	\$	\$	\$	\$		\$ 0	
Number served Number serve	١								0		
Population Based that Impacts Children 2-12 years	ı	age 10 – 21 years (<u>includes</u> teen parents)	MCH Amount Expended \$	\$	\$	\$	\$	\$		\$ 0	
Population-Based that Impacts Children 1 - 21 years		Projected CSHCN							0		
Children 1 - 21 years Services and chazation disense to purents, smile, community members, providers, staff, media analytics, det. MCH Amount Expended \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	[ages 0 – 21 years	MCH Amount Expended \$	\$	\$	\$	\$	\$		\$ 0	
SUBTOTAL CHILDREN ~ Number served 0 0 0 0 0 0 0 0 0		Population-Based that Impacts Children 1 – 21 years	Number served						0		
SUBTOTAL CHILDREN ~ MCH Amount Expended \$ \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0		members, providers, staff, media analytics, etc.	MCH Amount Expended \$	\$	\$	\$	\$	\$		\$ 0	
Number served 288		SUBTOTAL (CHILDREN ~ Number served	0	0	0	0	0	0		
MCH Amount Expended \$ \$18,000 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		SUBTOTAL CHILDREN	∼ MCH Amount Expended \$	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0	
Number served Number serve	ſ		Number served	<mark>288</mark>					288		
A person from conception to 60 days after birth, delivery, or expulsion of fetus	١		MCH Amount Expended \$	\$18,000	\$	\$	\$	\$		\$18,000	\$ 0
Projected Infants Age 0 - 364 days Number served 496 MCH Amount Expended \$ \$40,000 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	ı	Projected Pregnant / Postpartum	Number served	460					460		
Number served Number serve	١	A person from conception to 60 days after birth, delivery, or expulsion of fetus	MCH Amount Expended \$	\$42,000	\$	\$	\$	\$		\$42,000	\$ 288
Number served Number serve	ı	Projected Infants	Number served	<mark>496</mark>					496		
Men > 21, fathers, non-binary individuals, grandparents, guardians, etc. Population-Based that Impacts All Others Services and education delivered to parents, community members, providers, staff, media analytics, etc. not captured in Children 1-21 MCH Amount Expended \$ \$20,460 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	١		MCH Amount Expended \$	\$40,000	\$	\$	\$	\$		\$40,000	\$ 460
Population-Based that Impacts All Others Services and education delivered to parents, community members, providers, staff, media analytics, etc. not captured in Children 1-21 SUBTOTAL ALL OTHER ~ Number served SUBTOTAL ALL OTHER ~ Number served 1,464 SUBTOTAL ALL OTHER ~ MCH Amount Expended \$ \$120,460 \$120,460	ı		Number served						0		
All Others Services and education delivered to parents, community members, providers, staff, media analytics, etc. not captured in Children 1-21 SUBTOTAL ALL OTHER ~ Number served 1,464 0 0 0 0 1,464 SUBTOTAL ALL OTHER ~ MCH Amount Expended \$ \$120,460 \$ 0 \$ 0 \$ 0 \$120,46			MCH Amount Expended \$	\$	\$	\$	\$	\$		\$ 0	\$ 496
Services and education delivered to parents, community members, providers, staff, media analytics, etc. not captured in Children 1-21 MCH Amount Expended \$ \$20,460 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$20,460 SUBTOTAL ALL OTHER ~ Number served 1,464 0 0 0 0 1,464 SUBTOTAL ALL OTHER ~ MCH Amount Expended \$ \$120,460 \$ 0 \$ 0 \$ 0 \$ 120,460 \$120,46		·	Number served	220					220		
SUBTOTAL ALL OTHER ~ MCH Amount Expended \$ \$120,460 \$ 0 \$ 0 \$ 0 \$ 120,460 \$ 120,460		Services and education delivered to parents, community members,	MCH Amount Expended \$	\$20,460	\$	\$	\$	\$		\$20,460	\$ 0
		SUBTOTAL A	LL OTHER ~ Number served	1,464	0	0	0	0	1,464		
TOTAL Amount Serve 1464 0 0 0 0 1464	Ì	SUBTOTAL ALL OTHER ~ MCH Amount Expended \$		\$120,460	\$ 0	\$ 0	\$ 0	\$ 0		\$120,460	\$120,460
TOTAL AMOUNT Serve 1,404	Ì		TOTAL Amount Serve	1,464	0	0	0	0	1,464		
TOTAL MCH Amount Expended \$120,460 \$ 0 \$ 0 \$ 0 \$ 0 \$120,460	Ì	тот	AL MCH Amount Expended	\$120,460	\$ 0	\$ 0	\$ 0	\$ 0		\$120,460	

Complete Type of Service Expended

Use table at bottom as a worksheet if needed

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

LMCH-Types of Service by Bud	Iget Allocation	FY-2023
Type of Service	Budgeted (Plan)	Expended (Report)
 Direct Services (sum of a, b, & c) 	\$15,000	\$15,000
a. Preventive and primary care	\$15,000	\$15,000
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	\$	\$
Enabling Services	\$85,000	\$85,000
Public Health Services and Systems	\$20,460	\$20,460
(i.e., Infrastructure)		
TOTAL (sum of lines 1, 2, & 3)	\$120,460	\$120,460

Optional worksheet to help complete Type of Service table above:

PERFORMANCE MEASURE	Direct	Direct	Enabling	Enabling	PHI	PHI
NPM 4 (Breastfeeding)	IBCLC direct services support for complex issues	\$15,000	In home breastfeeding visits, peer to peer support	\$85,000	Community education FaceBook, billboard, World Breastfeeding events, staff training, staff meetings, outreach events	\$20,460
		\$		\$		\$
		\$		\$		\$
		\$		\$		\$
		\$		\$		\$
TOTAL		\$ 0		\$ 0		\$ 0

Complete Urban/Rural Table

The LMCH team at MDHHS will complete this if desired

Legislation mandates reporting a breakdown of the expenditure of funds between urban and rural communities. Please complete **Table 2.** For the purposes of this report, rural means a county with a population of 30,000 or less. [Geographic Areas of Census 2010 are provided below].

TABLE: MDHHS WILL COMPLETE THIS, IF DESIRED.

URBAN/RURAL DESIGNATION & EXPENDITURE AMOUNTS Please round expenditures to nearest whole number.

Urban Counties	Expenditures
Tero	\$120,460
Rural Counties*	Evnenditures
The second secon	Expenditures
	Expenditures

If the LMCH team completes this for multi-county jurisdictions; the total amount expended will be evenly distributed among each county

_	LMCH - Year End Number an	d Expenditure Reportin	g						FY-2023	
[Numbers Served & MCH		lational/State/Lo	cal Performanc	e Measure (spe	ecify)	Year End	Totals	FY 23 Plan
; -	Population Classifications	Funds Expended UNDUPLICATED COUNTS	Performance Measure NPM 4	Performance Measure	Performance Measure	Performance Measure	Performance Measure	TOTAL Numbers Served MCH	TOTAL MCH Expended \$	MCH Allocation \$
ŀ	Projected Children	Number served						0		
ŀ	age 1 – 9 years	MCH Amount Expended \$	\$	\$	\$	\$	\$		\$ 0	
[Projected Adolescents	Number served						0		
ŀ	age 10 – 21 years (<u>includes</u> teen parents)	MCH Amount Expended \$	\$	\$	\$	\$	\$		\$ 0	
	Projected CSHCN	Number served						0		
F	ages 0 – 21 years	MCH Amount Expended \$	\$	\$	\$	\$	\$		\$ 0	
ţ	Population-Based that Impacts Children 21 years	Number served						0		
ŀ	Services and education delivered by the families, community members, providers, staff, media tics, etc. that impact the health of children is	MCH Amount Expended \$	\$	\$	\$	\$	\$		\$ 0	
ŀ	SUBTOIA	CHILDREN ~ Number served	0	0	0	0	0	0		
ŀ	SUBTOTAL CHILDREN	∼ Mc ^mount Expended \$	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0	
ŀ	Projected Women	Number serve	<mark>288</mark>					288		
ŀ	age 22 – 44 years, (includes mothers beyond postpartum)	MCH Amount Expe. 1ed \$	\$18,000	\$	\$	\$	\$		\$18,000	\$ 0
ı	Projected Pregnant / Postpartum	Number served	<mark>460</mark>					460		
[A person from conception to 60 days after birth, delivery, or expulsion of fetus	MCH Amount Expended \$	\$42,000	\$	\$	\$	\$		\$42,000	\$ 288
ŀ	Projected Infants	Number served	<mark>496</mark>					496		
ŀ	age 0 – 364 days	MCH Amount Expended \$	\$40,000	\$	\$	\$	\$		\$40,000	\$ 460
╌	Projected Other Individual Men > 21, fathers, non-binary individuals,	Number served						0		
ŀ	grandparents, guardians, etc.	MCH Amount Expended \$	\$	\$	\$	•	\$		\$ 0	\$ 496
•	Population-Based that Impacts All Others	Number served	<mark>220</mark>					220		
	Services and education delivered to parents, community members, providers, staff, media analytics, etc. not captured in Children 1-21	MCH Amount Expended \$	\$20,460	\$	\$	\$	\$		\$20,460	\$ 0
	SUBTOTAL A	LL OTHER ~ Number served	1,464	0	0	0	0	464		
	SUBTOTAL ALL OTHER	∼ MCH Amount Expended \$	\$120,460	\$ 0	\$ 0	\$ 0	\$ 0		\$120,460	\$120,460
		TOTAL Amount Serve	1,464	0	0	0	0	1,464		
	тот	AL MCH Amount Expended	\$120,460	\$ 0	\$ 0	\$ 0	\$ 0		¥120,100	
				Roscommon		23,459				

Schoolcraft

8,047

Final FSR FY 2023

Grants Division Timeline – Final FSRs for FY 2023 due November 30, 2023

REMINDER: The FSR MCH Source of funds line must match The Numbers and Expenditure Table.



 FY 2023 LMCH Year End Report due Date is November 6, 2023

- Exceptions/extensions considered on an individual agency basis – email:
- MDHHS-Maternal-Child-Health@michigan.gov

Unmute yourself to ask a question OR Type a question in the chat box.



QUESTIONS?



Updated Information

- FY 2024 Amendment Schedule
- Timeline for FY 2025 LMCH Plans

Amendment Timeline FY 2024

FY 2024	LMCH (amended) Plans and Amendment requests due	Amendments Request due to DCAH budget liaison	Amendment Request Due Grants	Effective Date **			
Original Agreement	May 2, 2023 FY 24 LMCH Plan due		February 24, 2023	October 1, 2023			
Amendment #1 (new projects and end date changes only)	NA	July 11, 2023	August 1, 2023	November 1, 2032			
Amendment #2	September 19, 2023	September 26, 2023	October 17, 2023	January 1, 2024			
Amendment #3	January 23, 2024	January 30, 2024	February 20, 2024	May 1, 2024			
Amendment #4 (Final)	May 7, 2024	May 14, 2024	June 4, 2024	August 1, 2024			

^{**}Effective date refers to when funding will be available in EGrAMS, however, funding is considered retroactive and can be utilized at any point during the term of the contract.

Compiled August 1, 2023

LMCH Timeline – Amended 8/1/2023

Local MCH Working Timeline Subject to change

A 41 101		Calendar Year 2023										Calendar Year 2024												
Activities	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan.	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Quarter 1 FSR due	Jan 30												Jan 30											T
3rd Cycle BUDGET AMENDMENT requests due	FY23												FY 24 (a)	nticipated)										
Budget Allocation due to Grants (MDHHS)		FY 24												FY 25										\top
LMCH notification to LHD for Annual Plan			FY 24											FY 25										
LHD Webinar Orientation to LMCH Plan (Optional)			FY 24											FY 25										
"Webinar Learning Labs" (Technical Assistance to LHD for LMCH annual plan) optional			FY 24	FY24										FY 25	FY 25									T
Quarter 2 FSR due				Ap 30												Ap 30								T
4th Cycle BUDGET AMENDMENT, FY 23 (category changes only)				FY 23											N/A									
FINAL BUDGET AMENDMENT CYCLE requests due					FY 23												FY	124						
LMCH annual plan due from LHD					FY 24											FY 25								\top
Grantees (LHD) complete budget application entry in EGrAMS and Authorized Official submit					FY	24 (anticipa	ted)										FY	25 (anticipa	ited)					
Quarter 3 FSR due							July 30												July 30					T
1st Cycle AMENDMENT requests due (new only)								FY 24												FY 25				T
MCH Year End Report Notification to LHD									FY23												FY 24			
Fully executed comprehensive agreement. Grantee Authorized Official accepts agreement.									Sept. 30												Sept. 30			
2nd Cycle BUDGET AMENDMENT requests due, FY 24									FY 24 (an	ticipated)											FY 25 (an	nticipated)		T
Webinar Orientation to LHD to LMCH Year End Report (Optional)										FY 23											FY 24			
MCH Coordinator Meeting - virtual										Oct. 10														
MCH Year End Report due - LHD											FY 23												FY 24	
Final FSR due											Nov. 30												Nov. 30	

Purple shading = FY 23 (10/1/2022 - 9/30/2023)

Orange shading = FY 24 (10/1/2023 - 9/30/2024)

Yellow shading = FY 25 (10/1/2024 - 9/30/2025

NOTE:

LMCH Year End Report is due November 6, 2023 Final FSRs are due on November 30, 2023

08/01/2023



Grants Division has earlier timeline in FY 2024 and anticipated in FY 2025

Activity	Responsible	Anticipated Dates *
Complete FY 25 Rollover spreadsheets	Program (LMCH)	February 23, 2024
FY 2025 LMCH Plan Due	LHD LMCH Coordinator	TO BE DETERMINED April 1, 2024 May 1, 2024 Rolling due date
System Configuration	BGP Grants Division	April 12, 2024
Grantees complete budget application; Authorized Officials submit	LHD Grantee	Mid-May – budget applications released in EGrAMS
Review/approve/return for corrections application – level 1	Program (LMCH)	As projects are submitted in EGrAMS
Grantee signs agreement	LHD Grantee	August - September
Contract Executed		September 30, 2024

* Based on FY 2024 timeline;
Adjusted LMCH to be in alignment with the timeline



- Three LMCH Proposals for timeline of FY 2025 LMCH plan due date.
- Discussed proposals, pros/cons with LMCH Coordinators on September 13
- LMCH Coordinators VOTE via survey by 9/29 for best due date
 - April 1
 - May 1
 - Rolling due date
- I hope to discuss further with Admin Forum in October

Unmute yourself to ask a question OR Type a question in the chat box.



QUESTIONS?

Contact Information

Trudy Esch, MS, BSN, RN

Pronouns: she/her/ella

MCH Nurse Consultant

Michigan Department of Health and Human Services

Division of Child and Adolescent Health

Elliott Larsen Building 5-N

320 S. Walnut, Lansing, MI 48933

517-243-3087 [Call or text]

MDHHS-Maternal-Child-Health@michigan.gov

<u>■ escht@michigan.gov</u>

www.michigan.gov/lmch

Thank You for your Time and Attention!



Please contact me if you have questions!