

Local Maternal Child Health Plan Orientation FY 2025



WELCOME

RECORDING IN PROGRESS

February 28, 2024; 9:30 am – 11 am

Trudy Esch, MS, BSN, RN & Jessica Hamel, MA

MCN Nurse Consultant & LMCH Coordinator

Virtual Webinar

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Meet our Team!



Carrie Tarry, MPH

(she/her/hers)

Director

Division of Child and Adolescent Health



Trudy Esch, BSN, MS, RN

(she/her/hers)

MCN Nurse Consultant

Local Maternal Child Health Program

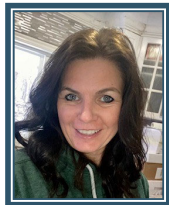


Jessica Hamel, MA

(she/her/hers)

LMCH Coordinator

Local Maternal Child Health Program



Becky Fillion

(she/her/hers)

Executive Assistant

Division of Child and Adolescent Health



Lisa Borucki

(she/her/hers)

Section Secretary

Child and Adolescent Health Services Unit



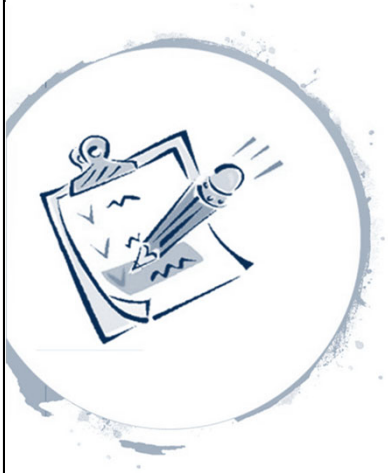
Local Health Department Staff

Please add your name, pronouns,
agency, and role in CHAT

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Agenda – For LMCH FY 2025 Plan Orientation



1. Brief Title V Overview and Federal/State Legislative Requirements
2. Brief update on MDHHS MCH NA
3. LMCH Plan notification materials
4. LMCH Annual Plan components
5. FY 2025 Budget Application
6. Other – due date and website

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Title V Overview

Legislative Requirements and Principles
Federal and State Legislative Requirements

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Title V of the Social Security Act

Title V Maternal & Child Health (MCH) Services Block Grant



- Longest lasting public health legislation in US history – original authorization in 1935
- 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 and 2024
- Administered by: Health Resources & Services Administration's (HRSA) Maternal and Child Health Bureau (MCHB).
- All US states and territories (American Samoa, Guam, Northern Marianas, Puerto Rico, Virgin Islands) receive block grant funding

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Title V MCH Block Grant

Vision

Title V envisions a nation where all mothers, infants, children, 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 including those with special health care needs, and their families.



Source: HRSA OMB NO 0915-0172 Title V Maternal and Child Health Services Block Grant to States Program, Guidance and Forms for the Title V Application/Annual Report, Page 1, Expires 12/31/2026, Available: [Resources.hrsa.gov](https://resources.hrsa.gov)

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

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Federal Fiscal & Program Requirements



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.



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



A state must report on a minimum of 5 **National Performance Measures [NPM]** (defined by HRSA), which includes two Universal NPMs, in each population domain*



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



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

* Women/Maternal, Perinatal/Infant, Child, Adolescent, CSHCN

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Federal Fiscal & Program Requirements, cont.



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



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



States must report on counts
Number of Individuals Served
(Form 5A)

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

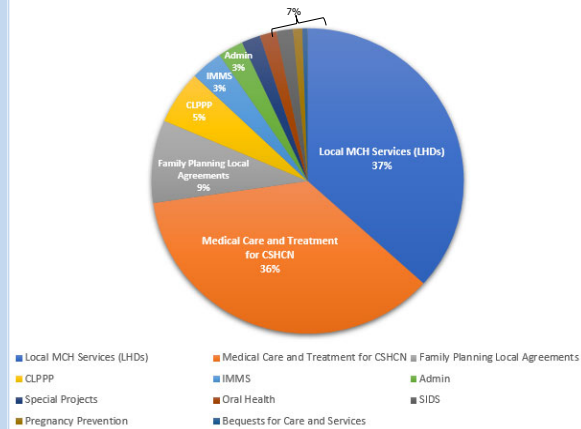
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Title V Supports an Array of MCH Work

- 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
- PRAMS
- And other MCH initiatives

Title V Funding Distribution in Michigan



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Title V 15 National Performance Measures (NPMs) 2020 - 2025

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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Title V National Performance Measures

Title V National Performance Measures (NPMs) (Excerpted from Title V Guidance and Technical Assistance Resources, OMB No. 0915-0172)

Note: All current NPMs in the FY2020-2025 cycle are indicated with an asterisk (*)

#	NPM (Abbreviated)	Population Domain	NPM (Full Measure)
1	Postpartum visit (New requirement)	Women/Maternal	A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth and B) Percent of women who attended a postpartum checkup and received recommended care components
2	Postpartum mental health screening	Women/Maternal	Percent of women screened for depression or anxiety following a recent live birth
3	Postpartum contraceptive use	Women/Maternal	Percent of women using a most or moderately effective contraceptive following a recent live birth
4	Perinatal care discrimination	Women/Maternal and/or Perinatal/Infant	Percent of women with a recent live birth who experienced racial/ethnic discrimination while getting healthcare during pregnancy, delivery, or at postpartum care
5	Risk-appropriate perinatal care	Perinatal/Infant	Percent of very low birth weight (VLBW) infants born in a hospital with a Level III+ Neonatal Intensive Care Unit (NICU)
6	Breastfeeding*	Perinatal/Infant	A) Percent of infants who are ever breastfed and B) Percent of children, ages 6 month through 2 years, who were breastfed exclusively for 6 months
7	Safe sleep*	Perinatal/Infant	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 room-sharing with an adult, D) Percent of infants placed to sleep without soft objects or loose bedding
8	Housing instability	Women/Maternal, Perinatal/Infant, and/or Child	Percent of women with a recent live birth who experienced housing instability in the 12 months before a recent live birth
9	Developmental screening	Child	Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year
10	Childhood vaccination	Child	Percent of children who have completed the combined 7-vaccine series (4:3:1:3*:3:1:4) by age 24 months
11	Preventive dental visit*	Women/Maternal, Child, and/or Adolescent	Percent of women who had a preventive dental visit during pregnancy Percent of children, ages 1 through 17, who had a preventive dental visit in the past year (MI)
12	Physical activity	Child	Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day
13	Food sufficiency	Child	Percent of children, ages 0 through 11, whose households were food sufficient in the past year
14	Adolescent well-visit	Adolescent	Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year
15	Mental health treatment	Adolescent	Percent of adolescents, ages 12 through 17, who receive needed mental health treatment or counseling
16	Tobacco use	Adolescent	Percent of adolescents, grades 9 through 12, who currently use tobacco products
17	Adult mentor	Adolescent	Percent of adolescents, ages 12 through 17, who have one or more adults outside the home who they can rely on for advice or guidance
18	Medical home (New requirement for CSHCN and Child Health)	CSHCN, Child, and Adolescent	Percent of children with and without special health care needs, ages 0 through 17, who have a medical home Percent of children with and without special health care needs, ages 0 through 17, who have a personal doctor or nurse Percent of children with and without special health care needs, ages 0 through 17, who have a usual source of sick care Percent of children with and without special health care needs, ages 0 through 17, who have family centered care Percent of children with and without special health care needs, ages 0 through 17, who receive needed referrals Percent of children with and without special health care needs, ages 0 through 17, who receive needed care coordination
19	Transition*	CSHCN and Adolescent	Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transition to adult health care
20	Bullying*	CSHCN and Adolescent	Percent of adolescents with and without special health care needs, ages 12 through 17, who are bullied or who bully others

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Annual State of Michigan Appropriations Bills

Act No. 119
Public Acts of 2023
Approved by the Governor*
July 31, 2023
Filed with the Secretary of State
August 1, 2023
EFFECTIVE DATE: August 1, 2023

STATE OF MICHIGAN 102ND LEGISLATURE REGULAR SESSION OF 2023

Introduced by Rep. Witwer

ENROLLED HOUSE BILL No. 4437

AN ACT to make, supplement, adjust, and consolidate appropriations for various state departments and agencies, the judicial branch, the legislative branch, and capital outlay for the fiscal years ending September 30, 2023 and September 30, 2024; to provide for certain conditions on the appropriations; to provide for the expenditure of the appropriations; and to repeal acts and parts of acts.

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Annual State of Michigan Appropriations Bills

ARTICLE 6

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PART 1

LINE-ITEM APPROPRIATIONS

Sec. 116. FAMILY HEALTH SERVICES		
Full-time equated classified positions	139.1	
Child and adolescent health care and centers		\$ 41,242,700
Dental programs—FTEs	5.3	5,034,200
Drinking water declaration of emergency		4,271,000
Family, maternal, and child health administration—FTEs	49.0	10,660,300
Family planning local agreements		15,810,700
Immunization program—FTEs	20.8	20,652,900
Local MCH services		7,018,100
Pregnancy prevention program		1,297,900
Prenatal care and premature birth avoidance grant		1,000,000
Prenatal care outreach and service delivery support—FTEs	19.0	43,335,800
Special projects		6,289,100
Sudden and unexpected infant death and suffocation prevention program		321,300
Women, infants, and children program administration and special projects—FTEs	45.0	19,520,800
Women, infants, and children program local agreements and food costs		231,285,000
GROSS APPROPRIATION		\$ 407,739,800

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State Appropriation Requirements Legislative Reporting

FAMILY HEALTH SERVICES

Sec. 1301. (1) Before April 1 of the current fiscal year, the department shall submit a report to the report recipients required in section 246 of this part 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 previous 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) As used in 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 FY2023 appropriations)

Appropriation Name	FY 2023 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/Indirect	\$403,600
MCH Special Projects	\$1,663,100
Oral Health Programs	\$335,400
Sudden Infant Death Syndrome Prevention	\$321,300
Pregnancy Prevention Services	\$185,500
Bequests for Care and Services	\$105,200
TOTAL	\$20,313,900

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MDHHS Title V Needs Assessment

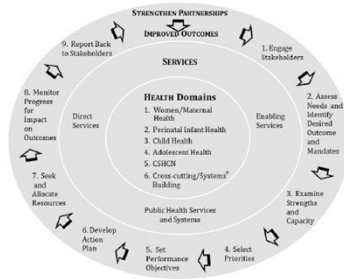
Brief Overview

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Title V MCH Needs Assessment in Michigan

State MCH Block Grant Needs Assessment, Planning, Implementation and Monitoring Process



Guiding Framework for 2025 Title V Needs Assessment

- Health Equity
- Data Driven
- Diverse Stakeholder Engagement

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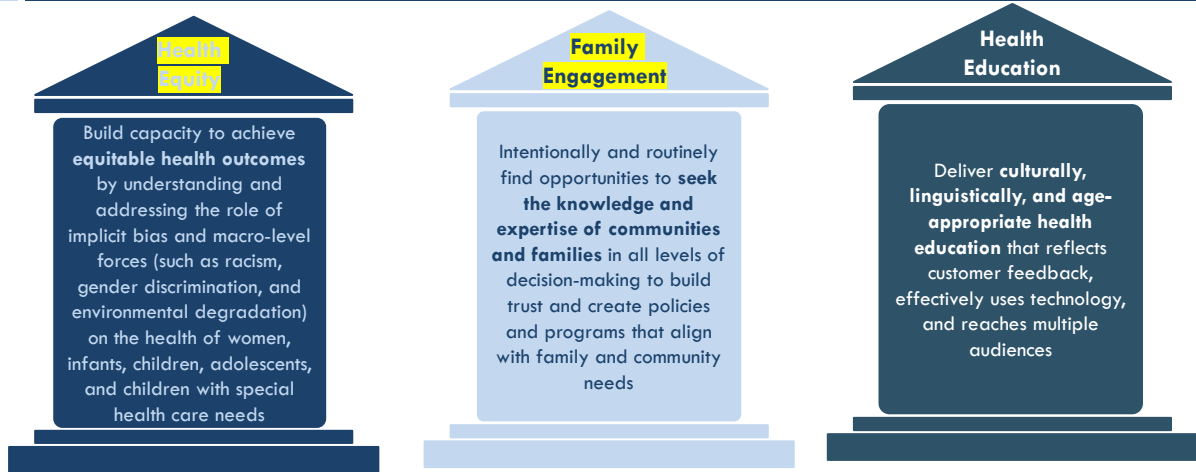
Title V State Priority Needs FY 21 – FY 25

1. Develop a proactive and responsive healthcare system that equitably meets the needs of all populations, eliminating barriers related to race, culture, language, sexual orientation, and gender identity.
2. Improve access to high-quality community health and prevention services in the places where women, children, and families live, learn, work, and play.
3. 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 learn and live.
4. Expand access to developmental, behavioral, and mental health services through routine screening, strong referral networks, well-informed providers, and integrated service delivery systems.
5. Improve oral health awareness and create an oral health delivery system that provides access through multiple systems.
6. 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.
7. 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.

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Michigan Title V Pillars from 2020 State NA



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Title V NPM/SPM/Priority Need for FY 21 – FY 25

NPM	Priority Area	National Performance Measure	SPM	Priority Area	State Performance Measure
2	Low-risk cesarean delivery (NEW)	Percent of cesarean deliveries among low-risk first births	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
4	Breastfeeding	A) Percent of infants who are ever breastfed and B) Percent of infants breastfed exclusively through 6 months	2	Immunizations (Children)	Percent of children 19 to 36 months of age who have received a completed series of recommended vaccines (4313314 series)
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	3	Immunizations (Adolescents)	Percent of adolescents 13 to 18 years of age who have received a completed series Human Papilloma Virus vaccine
9	Bullying (NEW)	Percent of adolescents, ages 12 through 17, who are bullied or who bully others	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
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	5	Intended pregnancy (NEW)	Percent of women who had a live birth and reported that their pregnancy was intended
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	6	Behavioral/ Mental Health (NEW)	Support access to developmental, behavioral, and mental health services through Title V activities and funding

Available – Appendix A of LMCH Guidance Document for FY 2025

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Local MCH Focus

Follows federal guidance to state:

- 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
- Using a health equity lens
- Increased efficiencies for LHD and program staff with LMCH workgroup recommendations

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LMCH – Maternal Child Health Needs Assessment

- LMCH does not prescribe how often LHDs must complete MCH NA
- There should be some sort of needs assessment completed periodically

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What questions do you have regarding federal/state requirements or
MCH Needs Assessment?

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

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Notification Materials

Local Maternal Child Health Plan
Brief Overview

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LMCH Plan Notification – FY 2025

- LMCH Plan notification was sent **February 14, 2024** 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 for FY 2025
 - ▣ Attachment D – Evidence-based Strategies for Local MCH for FY 2025
 - ▣ Attachment E – Technical Assistance Webinars
 - ▣ Attachment F – LMCH Timeline

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Attachment A Budget allocation

- Remains the same as previous years

Attachment A
Michigan Department of Health and Human Services
Division of Child and Adolescent Health
FY 2025 Local Block Grant Allocations

Agency Name	FY 2025 Total Local MCH Allocations
Allegan	\$ 47,794
Barry-Eaton	\$ 67,824
Bay	\$ 63,912
Benzie-Leelanau	\$ 75,430
Benzie	\$ 180,008
Branch-Hill-St. Joe	\$ 94,409
Calhoun	\$ 102,640
Central Michigan	\$ 151,075
Chippewa	\$ 25,024
Cleka-Menominee	\$ 38,799
Detroit	\$ 1,709,654
Dickinson-Iron	\$ 25,225
District #2	\$ 48,775
District #4	\$ 60,418
District #10	\$ 183,560
Genesee	\$ 322,297
Grand Traverse	\$ 38,283
Huron	\$ 32,889
Ingham	\$ 224,611
Ionia	\$ 49,740
Jackson	\$ 88,183
Kalamazoo	\$ 95,711
Kent	\$ 317,221
Lapeer	\$ 36,921
Lenawee	\$ 47,088
Livingston	\$ 39,430
LMAS	\$ 34,362
Macomb	\$ 189,488
Marquette	\$ 42,528
Midland	\$ 40,046
Mid-Michigan	\$ 85,204
Monroe	\$ 62,493
Muskegon	\$ 165,826
Northwest Michigan	\$ 55,686
Oakland	\$ 321,457
Ottawa	\$ 81,214
Saginaw	\$ 187,324
Sanilac	\$ 33,326
Shiawassee	\$ 41,111
St. Clair	\$ 90,779
Tuscola	\$ 41,867
Van Buren-Cass	\$ 78,545
Washtenaw	\$ 106,758
Wayne	\$ 1,076,335
Western U.P.	\$ 43,714
Total	\$ 6,875,050

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Attachment D Evidence-Based Strategies by Performance Measures For FY 2025

Attachment D

Evidence-Based Strategies by Performance Measures for Local MCH
For Use with FY 2025 LMCH Plans

Michigan Department of Health and Human Services
Revision January 2024

This document is intended for use with the local maternal child health program annual plans. Each annual plan has one or more action plans based on a National / State / Local performance measures. In the action plan, there is a column to identify evidence-based/informed strategies. This document provides some potential evidence-based/informed or promising practice strategies that may be used in action plans. Note that this document is not an all-inclusive list. There may be additional evidence-based/informed strategies that are not reflected in this document.

Source of National Performance/Standardized Measures, significance, goal, Healthy People 2030 and references: Health Resources and Services Administration (HRSA) (2023). Title V Maternal and Child Health Services Block Grant to States Program. [Technical Assistance Resources](https://www.mchevidence.org/).

Health Resources and Services Administration (HRSA). Strengthen the Evidence for MCH Programs. <https://www.mchevidence.org/>

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LMCH Evidence-based Resource, cont.

- Arranged by National, State and some Local Performance Measures
- Contains brief overview/significance
- Goals
- Healthy People 2030 Objective
- Some potential evidence-based/informed strategies
- References

SPM #1: Childhood Lead Poison Prevention
Performance Measure: 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.

Children has been identified. Lead exposure can affect the lead exposure often occurs with no obvious symptoms, are in young children is strongly associated with inattention, aggressive or violent behavior later in life and estimated 2.6-point decrease in IQ for every 10 µg/dL are linked to learning and behavioral deficits. A study in relation between early childhood lead exposure and low 3, 5, and 8. (Zhang, N., et al (2013) Early Childhood Evidence from Detroit Public Schools, 2008-2010. 72-77. doi: 10.2196/jch.2012.201195) The COVID-19 calendar years 2020-2022 by an average of 6.2%, and that the end of pandemic restrictions and Michigan's rease testing rates over the coming years.

Public Act 145 and Public Act 146 requiring universal birth of age in Michigan.

sources. Identify lead-exposed children and improve

rules for lead poison prevention
en with elevated blood lead levels greater than 3.5 µg/dL.

ing such as legal strategies (such as laws requiring lead paint), housing lead abatement, environmental risk fions)

is of children with elevated blood lead levels greater than

ers about childhood lead poisoning and other housing-

re lead testing for all children at ages 1 and 2-years old, ously tested.

to parents of children with EBLs 3.5 µg/dL.

Environmental Health (2016, Reaffirmed). Prevention of 016.138(1). e20161495...

9 Prevention of Childhood Lead Toxicity / Pediatrics | go)

Childhood Lead Poisoning Prevention Program. Program | CDC

Services. Lead Website: [M Lead Safe \(michigan.gov\)](https://mchlead.org/)

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Attachment E: LMCH Learning Labs

Attachment E
LMCH Learning Labs for Technical Assistance
All Learning Labs are OPTIONAL

Web Training Sessions	Web Training Date and Time	Training Content
LMCH Plan Orientation	Tuesday, February 28, 2024 9:30 AM – 11:00 AM EST	Orientation to LMCH Plan Intended for new users; anyone is welcome to attend! This session will be recorded. Microsoft Teams Meeting Join on your computer, mobile app, or room device
LMCH Learning Lab #1*	Tuesday, March 13, 2024 9:30 AM – 10:30 AM EDT	<ul style="list-style-type: none"> Narrative Updates Goals and Objective Refresher Relevant Data in Work Plan Open Questions <i>Slides of session will be shared, no recording</i> Microsoft Teams Meeting Join on your computer, mobile app, or room device
LMCH Learning Lab #2*	Tuesday, March 27, 2024 9:30 AM – 10:30 AM EDT	<ul style="list-style-type: none"> Evidence-based Informed Information Work Plan Work Plan – Action Steps and Deliverables Projected Count and Allocation Table Types of Services Table Open Questions <i>Slides of session will be shared, no recording</i> Microsoft Teams Meeting Join on your computer, mobile app, or room device
LMCH Learning Lab #3*	Wednesday, April 10, 2024 9:30 AM – 10:30 AM EDT	<ul style="list-style-type: none"> LMCH Budget / Must match Count and Allocation Table Open Questions <i>Slides of session will be shared, no recording</i> Microsoft Teams Meeting Join on your computer, mobile app, or room device
LMCH Annual Plan Due Date	Wednesday, May 1, 2024	

Three LMCH Learning Labs for Technical Assistance Planned

Learning Lab #1
March 13, 2024

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Attachment F LMCH Timeline

Local MCH Working Timeline Subject to change

Activities	Calendar Year 2024												Calendar Year 2025											
	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	30-Jan												30-Jan											
1st Cycle BUDGET AMENDMENT requests due to LMCH program	FY 24												FY 25 (estimated)											
Budget Allocation due to Grants (MDHHS)			FY 25												FY 26									
LMCH notification to LHD for Annual Plan			FY 25												FY 26									
LHD Webinar Orientation to LMCH Plan (Optional)			FY 25												FY 26									
"Webinar Learning Labs" (Technical Assistance to LHD for LMCH annual plan) optional			FY 25	FY 25											FY 26	FY 26								
Quarter 2 FSR due				Apr 30												Apr 30								
4th Cycle (FINAL) BUDGET AMENDMENT requests due to LMCH program					FY 24											FY 25 (estimated)								
LMCH annual plan due from LHD					FY 25											FY 26								
Grantees (LHD) complete budget application entry in EGRAMS and Authorized Official submits					FY 25 (anticipated)											FY 26 (anticipated)								
Quarter 3 FSR due						30-Jul										30-Jul								
1st Cycle AMENDMENT requests due (new only)						FY 25										FY 26								
LMCH Year End Report Notification to LHD								FY 24													FY 25			
Fully executed comprehensive agreement, Grantee Authorized Official accepts agreement								30-Sep													30-Sep			
2nd Cycle BUDGET AMENDMENT requests due to LMCH program								FY 25 (estimated)													FY 26 (estimated)			
Webinar Orientation to LHD to LMCH Year End Report (Optional)								FY 24														FY 25		
LMCH Year End Report due - LHD											FY 24											FY 25		
Final FSR due											30-Nov											30-Nov		

KEY
Orange shading = FY 24 (10/1/2023 - 9/30/2024)
Yellow shading = FY 25 (10/1/2024 - 9/30/25)
Green shading = FY 26 (10/1/2025 - 9/30/2026)

NOTE: All contracts must be fully executed by September 30, prior to the start of the new Fiscal Year before any work on the contract can begin!

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What questions do you have regarding LMCH Notification Materials?

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

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Annual LMCH Plan

Attachment B – LMCH Plan FY 2025

Brief Overview

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LMCH Annual Plan Narrative – Page 1

Attachment B MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES LOCAL MATERNAL CHILD HEALTH (LMCH) PLAN FY 2023 (10/1/2023 – 9/30/2025)

Contact Information

- Local Health Department Name:
- LMCH Coordinator Contact (for additional plan information, if needed):
 - Name/Credentials:
 - Title:
 - Email:
 - Office phone:
 - Cell phone:
 - Fax:

Local Maternal Child Health Overview Questions

1. Provide a brief overview of your local health department jurisdiction. Include demographics, geography, economy, and health care environment. Include a description of health disparities noted in your community. Describe the unique strengths and challenges that impact the health status of your MCH population.
2. Please state your top MCH needs. Briefly provide information about your agency's most recent needs assessment (include web-based link to the assessment if available). Results of the needs assessment should be used to select local priorities and top MCH needs. If there has not been any ongoing or changes in the needs assessment, note that no changes have occurred since the previous year's report.
3. One Title V pillar identified in the 2020 state Title V MCH needs assessment is community and family engagement. This pillar includes the ability to have women, children, youth and families with lived experience partner in decision-making. Describe the extent to which families, consumers and other stakeholders are currently involved in ongoing needs assessment activities, program implementation input, quality improvement or other activities. Authentically and equitably engaging families is an important step in achieving successful outcomes.
4. Based on the Performance Measure Selection Table (next page), provide a brief narrative explanation as to why each National Performance Measure (NPM), State Performance Measure (SPM), and/or Local Performance Measure (LPM) was selected. Include a fiscal/budget justification for using MCH funds on this NPM/SPM/LPM.

Very similar to FY 2024 except colors

- ☐ Contact information
- ☐ Question 1 – demographics, geography, economy, health, disparities, strengths, challenges
- ☐ Question 2 – Top MCH Needs and updated community assessment information
- ☐ Question 3 – Current involvement of families as decision making partners
- ☐ Question 4 - Plan and budget justification

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LMCH Annual Plan Narrative – page 2

5. Which performance measure(s) will be addressed through your Local MCH funding? Put an "X" in the first column for every performance measure selected in the table below. *NPM numbers reflect the federal NPM designations and, therefore, is not sequentially numbered. State performance measures numbers also changed.

Performance Measure Selection Table		
Local Health Department Name:		
No.*	Priority Area	National Performance Measure (NPM)
NPM 2	Low-risk cesarean delivery	Percent of cesarean deliveries among low-risk first births
NPM 4	Breastfeeding	A) Percent of infants who are ever breastfed and B) Percent of infants breastfed exclusively through 6 months
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
NPM 9	Bullying	Percent of adolescents, ages 12 through 17, who are bullied or who bully others
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
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
No.	Priority Area	State Performance Measure (SPM)
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
SPM 2	Immunizations (Children)	Percent of children 19 to 36 months of age who have received a completed series of recommended vaccines (8.3.1-3.3.1.4 series)
SPM 3	Immunizations (Adolescents)	Percent of adolescents 13 to 18 years of age who have received a completed series Human Papilloma Virus (HPV) vaccine
SPM 4	Provision of medical services & treatment for CSHCN	Percent of C/SHCN enrolled in CSHCN that receive timely medical care and treatment without difficulty
SPM 5	Intended pregnancy	Percent of women who had a live birth and reported that their pregnancy was intended
SPM 6	Behavioral/Mental Health	Support access to developmental, behavioral, and mental health services through Title V activities and funding
No.	Local Priority Area	Local Performance Measure (LPM) (optional) (Please Describe)
LPM1		
LPM2		

- ☐ Table with Performance Measure Selection remains same
- ☐ Performance measures same as last year
 - 6 National Performance Measures
 - 6 State Performance Measures
 - Ability to create local performance measures
- ☐ Performance measures will be updated for next five-year cycle (2026 – 2030)

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LMCH Work Plan

- Remember one work plan per performance measure
- Five work plans are provided to use as needed

FY 2025 LMCH Work Plan				
NPM or SPM or LPM:				
Goal:				
Objective(s):				
Relevant Data	Evidence-based/informed or promising Strategies	Action Steps	Deliverables	Year End Final Reporting
<small>List baseline data and any trends noticed in the data. Please include the year and source of data.</small>	<small>Strategies with moderate scientific rigor, or emerging evidence based on expert opinion.</small>	<small>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 LMCH funds.</small>	<small>Estimated number of individuals to reach, number of outputs, or an anticipated product.</small>	<small>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.</small>

- Complete Top part (NPM/SPM), Goal and objective; complete first 4 columns (Data, EBIS, Action Steps, Deliverables)

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LMCH Count and Allocation Table

Federal & State Requirement

LMCH – Types of Individuals Served - Projected Count and Allocation Table ~ FY-2025								
Population Classifications	Projected Count & Allocation UNDULICATED COUNTS	National/State/Local Performance Measure (specify)					Count/Allocation Totals	
		Performance Measure	Performance Measure	Performance Measure	Performance Measure	Performance Measure	TOTAL Projected Count MCH	TOTAL MCH Allocation \$
Projected Children <small>age 1 – 9 years</small>	Count / # MCH Amount Allocated \$	\$	\$	\$	\$	\$	0	\$ 0
Projected Adolescents <small>age 10 – 21 years (includes both genders)</small>	Count / # MCH Amount Allocated \$	\$	\$	\$	\$	\$	0	\$ 0
Projected OSMCN <small>ages 0 – 21 years</small>	Count / # MCH Amount Allocated \$	\$	\$	\$	\$	\$	0	\$ 0
Population-Based that Impacts Children 1 – 21 years <small>Services and education delivered to parents, families, community members, activities, staff, media outreach, etc. that impact the health of children 1-21</small>	Count / # MCH Amount Allocated \$	\$	\$	\$	\$	\$	0	\$ 0
SUBTOTAL CHILDREN ~ Count/#		0	0	0	0	0	0	
SUBTOTAL CHILDREN ~ MCH Amount Allocated \$		\$ 0	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0
Projected Women <small>age 22 – 44 years (includes mothers beyond postpartum)</small>	Count / # MCH Amount Allocated \$	\$	\$	\$	\$	\$	0	\$ 0
Projected Pregnant / Postpartum <small>A person from conception to 60 days after birth, delivery, or expiration of fetus</small>	Count / # MCH Amount Allocated \$	\$	\$	\$	\$	\$	0	\$ 0
Projected Infants <small>age 0 – 364 days</small>	Count / # MCH Amount Allocated \$	\$	\$	\$	\$	\$	0	\$ 0
Projected Other Individual <small>Men > 21, fathers, non-binary individuals, grandparents, guardians, etc.</small>	Count / # MCH Amount Allocated \$	\$	\$	\$	\$	\$	0	\$ 0
Population-Based that Impacts All Others <small>Services and education delivered to parents, families, community members, providers, staff, media outreach, etc. not captured in Children 1-21</small>	Count / # MCH Amount Allocated \$	\$	\$	\$	\$	\$	0	\$ 0
SUBTOTAL ALL OTHER ~ Count/#		0	0	0	0	0	0	
SUBTOTAL ALL OTHER ~ MCH Amount Allocated \$		\$ 0	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0
TOTAL Projected Count		0	0	0	0	0	0	
TOTAL MCH Amount Allocated		\$ 0	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0

Table updated with Subtotals by project

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Reporting on Type of Services

Federal Requirement

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

Type of Service – FY 2025	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

MCH Working Framework: MCH Pyramid of Services



U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, Title V Maternal and Child Health Services Block Grant to States Program. Guidance and forms for the Title V application/annual report. Tenth Edition. OMB NO 0915-0172, Expires 12/31/2026; p.82. [Title V Block Grant Guidance and Reporting Forms, OPAE 4.13.23](#) [https://www.hrsa.gov](#)

Table same as last year; optional worksheet also included in plan **39 | LMCH**

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Evidence based/informed promising practice

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-based/informed References Table						FY-2025
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,	http://dx.doi.org/10.5888/pcd9.110324	http://www.ahrq.gov/pd/issues/2012/11_0324.htm

NOTE: If you used an EBS not in Attachment D; please give reference here.

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Definitions Direct Services

Direct services are preventive, primary, or specialty clinical services to pregnant women and children, including children with special health care needs, where MCH Services Block Grant funds are used to reimburse or fund providers for these services through a formal process similar to paying a medical billing claim or managed care contracts.

State reporting on direct services should not include the costs of clinical services which are delivered with Title V dollars but reimbursed by Medicaid, CHIP or other public or private payers.

Examples include, but are not limited to, preventive, primary or specialty care visits, emergency department visits, inpatient services, outpatient and inpatient mental and **behavioral health services**, prescription drugs, **occupational and physical therapy**, **speech therapy**, durable medical equipment and **medical supplies**, medical foods, **dental care**, and **vision care**.

Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, Title V Maternal and Child Health Services Block Grant to States Program. Guidance and forms for the Title V application/annual Report. OMB NO 0915-0172, Expires 12/31/2026, p 82.
[Title V Block Grant Guidance and Reporting Forms OPAE 4.13.23 \(hrsa.gov\)](#)

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Definitions Enabling Services

Enabling services are non-clinical services (i.e., not included as direct or public health services) that enable individuals to access health care and improve health outcomes where MCH Services Block Grant funds are used to finance these services.

Enabling services **examples** include, but are not limited to: **case management**, **care coordination**, **referrals**, **translation/interpretation**, transportation, eligibility assistance, **health education** for individuals or families, **environmental health risk reduction**, health literacy, and outreach.

State reporting on enabling services should not include the costs for enabling services that are reimbursed by Medicaid, CHIP, or other public and private payers.

Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, Title V Maternal and Child Health Services Block Grant to States Program. Guidance and forms for the Title V application/annual Report. OMB NO 0915-0172, Expires 12/31/2026, p 82.
[Title V Block Grant Guidance and Reporting Forms OPAE 4.13.23 \(hrsa.gov\)](#)

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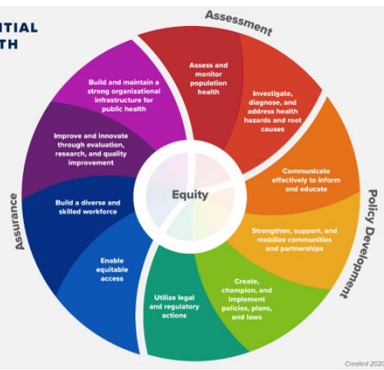


Definitions Public Health Services & Systems

THE 10 ESSENTIAL PUBLIC HEALTH SERVICES

To protect and promote the health of all people in all communities

The 10 Essential Public Health Services provide a framework for public health to protect and promote the health of all people in all communities. To achieve optimal health for all, the Essential Public Health Services actively promote policies, systems, and services that enable good health and seek to remove obstacles and systemic and structural barriers, such as poverty, racism, gender discrimination, and other forms of oppression, that have resulted in health inequities. Everyone should have a fair and just opportunity to achieve good health and well-being.



Center For Disease Control. Public Health Professionals Gateway. The Public Health System & Best Practices. The Essential Public Health Services. Available: [CDC - 10 Essential Public Health Services - CST/LTS](https://www.cdc.gov/publichealthgateway/publichealthsystem/bestpractices/essentialpublichealthservices/)

Public health services and systems are activities and infrastructure to carry out the core public health functions of assessment, assurance, and policy development, and the 10 essential public health services.

Examples include the development of standards and guidelines, **needs assessment**, program planning, implementation, and evaluation, **policy development**, **quality assurance** and improvement, workforce development, and population-based disease prevention and **health promotion campaigns** for services such as newborn screening, immunization, injury prevention, safe-sleep education and anti-smoking. State reporting on public health services and systems should not include costs for direct clinical preventive services, such as immunization, newborn screening tests, or smoking cessation

Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, Title V Maternal and Child Health Services Block Grant to States Program. Guidance and forms for the Title V application/annual Report. OMB NO 0915-0172; Expires 1/31/2024, p. 83.
[Title V Block Grant Guidance and Reporting Forms OPAE 4.13.23 \(https.gov\)](https://www.hhs.gov/opa/4-13-23-https.gov/)

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Future LMCH Learning Labs will cover how to complete the LMCH Plan in greater detail.

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What questions do you have regarding LMCH Annual Plan Information?

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

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Budget Application

LMCH and EGrAMS Budget Application
FY 2025

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Budget requirements

- Outlined in Attachment I and Attachment III of Comprehensive Agreement
 - ▣ LMCH funding must be used to address unmet needs of MCH population
 - ▣ All other funding sources, especially third-party payers should be leveraged before utilizing LMCH funds; 3rd party fees should be listed in the budget (or an explanation noted)
 - ▣ Budget transfers and adjustments are outlined in the comprehensive agreement
 - ▣ No cost distributions from MDHHS-ELPHS
 - ▣ LMCH adopted title 2 Code of Federal Regulations 200 Cost Principles

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Local MCH funds – budget application

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> □ Local MCH funds can be used for general Maternal Child Health (MCH) activity. □ These funds are to be budgeted as a funding source under any of the appropriate program element(s) listed or a locally defined program which is defined in the LMCH Plan. | <ul style="list-style-type: none"> □ The Local MCH projects need to be budgeted separately. □ EGrAMS Projects for FY 2025: <ul style="list-style-type: none"> ▣ MCH – Children ▣ MCH – All Other □ NEW in FY 2025 – BOTH LMCH projects will be open in EGrAMS at the budget application <ul style="list-style-type: none"> ▣ Only use the projects needed |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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LMCH Budget categories

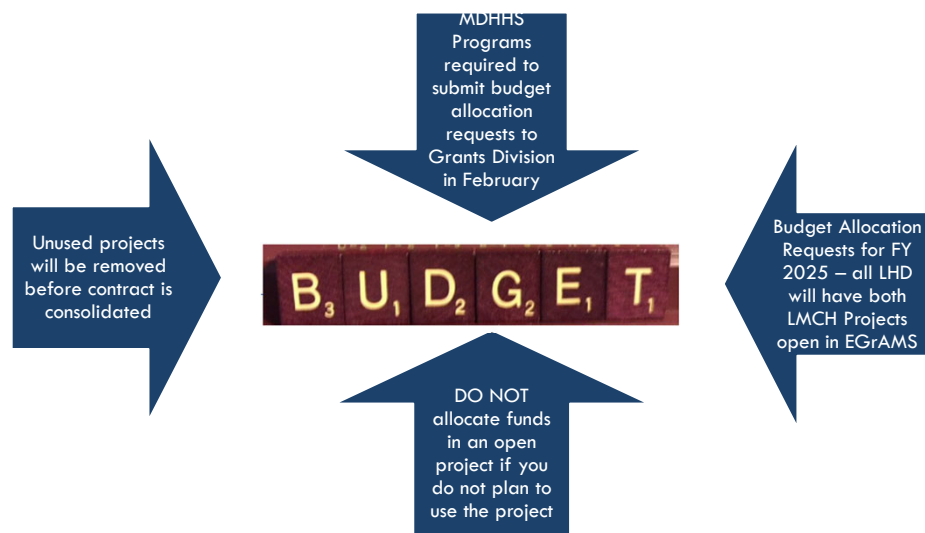
LMCH – Types of Individuals Served - Projected Count and Allocation Table – FY-2025								
Population Classifications	Projected Count & Allocation UNDULICATED COUNTS	National/State/Local Performance Measure (specify)					Count/Allocation Totals	
		Performance Measure	Performance Measure	Performance Measure	Performance Measure	Performance Measure	TOTAL Projected Count MCH	TOTAL MCH Allocation \$
Projected Children age 1 – 9 years	Count / # MCH Amount Allocated \$						0	\$ 0
Projected Adolescents age 10 – 21 years (includes teen parents)	Count / # MCH Amount Allocated \$						0	\$ 0
Projected CSHCN age 0 – 21 years	Count / # MCH Amount Allocated \$						0	\$ 0
Population-Based that Impacts Children 1 – 21 years <small>Services and education delivered to parents, families, community members, providers, staff, medical services, etc.</small>	Count / # MCH Amount Allocated \$						0	\$ 0
SUBTOTAL CHILDREN – Count/#		0	0	0	0	0	0	
SUBTOTAL CHILDREN – MCH Amount Allocated \$		\$ 0	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0
Projected Other Individual Men + 21, fathers, non-binary individuals, grandparents, guardians, etc.	Count / # MCH Amount Allocated \$						0	\$ 0
Population-Based that Impacts All Others <small>Services and education delivered to parents, community members, providers, staff, medical services, etc. not captured in Children 1-21</small>	Count / # MCH Amount Allocated \$						0	\$ 0
SUBTOTAL ALL OTHER – Count/#		0	0	0	0	0	0	
SUBTOTAL ALL OTHER – MCH Amount Allocated \$		\$ 0	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0
TOTAL Projected Count		0	0	0	0	0	0	
TOTAL MCH Amount Allocated		\$ 0	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0

The amount of MCH funds allocated in each EGrAMS project must match the allocations in the LMCH Plan

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LMCH Budget Requests



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Common budget challenges

Incentive example

Work Plan Incentives for NPM #5 Safe Sleep

Item	No	Unit Cost	Total
Pack-n-Plays	25	\$50.00	\$1,250
Fitted Sheets	25	\$7.00	\$175
Total			\$1,425

More budget detail information is covered in LMCH Learning Lab #3.

Some budget challenges

- The approved LMCH Plan is NOT attached in the budget application in EGrAMS. It MUST be attached.
- The LMCH Plan Allocation/Count Table (Subtotal of MCH-Children and Subtotal of MCH-All Other) does NOT match the EGrAMS Source of Funds in the budget. They MUST match.
- The budget needs to support the action steps within the Work Plan by performance measure and population
- The LMCH Plan must specify certain supplies including incentives/prevention tools; these must match in the budget application

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What questions do you have regarding LMCH Budget Allocations?

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

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Other

LMCH Website


Due Date

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Local Maternal Child Health Website

www.michigan.gov/lmch



Michigan Department of Health & Human Services

Assistance Programs

Adult & Children's Services

Safety & Injury Prevention

Keeping Michigan Healthy

Doing Business with MDHHS

Inside MDHHS

Adult & Children's Services

Abuse & Neglect

Adoption

Adults & Seniors

Child Fatality Registry

Child Support

Children & Families

Developmental Delays - Early On

Early Hearing Detection and Intervention

Healthy Children & Healthy Families

Hereditary Disorders

Immunization Info for Families & Providers

Maternal & Child Health Epidemiology

Pregnancy Risk Assessment Monitoring

MDHHS / ADULT & CHILDREN'S SERVICES / CHILDREN & FAMILIES / CHILD & ADOLESCENT HEALTH

Michigan's Local Maternal Child Health Program

LMCH Program Overview: Local Maternal Child Health (LMCH) funding is made available to local health departments to support the health of women, children, and families in communities across Michigan. Funding is made available through the Title V Maternal and Child Health (MCH) Services Block Grant to address national and state priority areas and/or a local MCH priority need identified through a needs assessment process. Local health departments complete an annual LMCH plan, which describes the jurisdiction's priority maternal and child health needs; the action steps that will be used to address these needs; and the service categories from the MCH pyramid of services. Target populations are women of childbearing age, mothers, infants, children ages 1-21 and their families, and children with special health care needs. Michigan's MCH focus areas for 2021-2025 include low-risk cesarean delivery, infant safe sleep, breastfeeding, bullying prevention, oral health for women and children, transition to adult health care for children with special health care needs, childhood lead poisoning prevention, immunizations, medical care, and treatment for children with special health care needs, intended pregnancy, and behavioral/mental health services. The focus of local programming is to provide the target population with increased access to and provision of gap-filling services; enabling services such as case management and epidemiologic support, public health services and systems; and interventions to address community-specific MCH needs.

Legal Basis: PA 368 of 1978, Part 23 basic health services; Federal Title V Sec 501[42 U.S.C. 701]

Program Effectiveness: Local health departments are required to provide an annual year-end report which includes a summary of the fiscal year's activities, a brief description of any challenges and successes, the number of individuals served and the amount of MCH funds expended. MCH funds provide critical gap-filling services at the local level; increase availability of existing services; expand the number of individuals receiving services; and support public health infrastructure costs to deliver essential public health services.

Title V Maternal and Child Health Services Block Grant

Title V Pyramid of Services*

Title V State Priorities

Michigan's National and State Performance Measures

Local MCH Needs Assessment

Local MCH Program Requirements

Data and Surveillance Links


Resources and Related Links

Webinars


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FY 2025 LMCH Plan Due May 1, 2024



Early submissions are allowable and encouraged.

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Any additional questions about LMCH?

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

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	<div data-bbox="461 304 704 396">  <p>MDHHS Michigan Department of Health & Human Services</p> </div> <div data-bbox="444 396 730 514"> <p>Division of Child and Adolescent Health Local Maternal Child Health (LMCH) Program</p> </div> <div data-bbox="457 522 716 609"> <p>Elliott-Larsen Building 5-N 320 S. Walnut Street Lansing, MI 48933</p> </div> <div data-bbox="760 310 1029 457"> <p>Trudy Esch, MS, BSN, RN (she/her/hers) MCH Nurse Consultant Cell Phone: 517-243-3087 Business Hours: M-Th 7:00am-5:30pm; OFF Fridays</p> </div> <div data-bbox="1062 310 1341 441"> <p>Jessica Hamel, MA (she/her/hers) MCH Coordinator Cell Phone: 517-230-2774 Business Hours: M-F 8:30am-5:00pm</p> </div> <div data-bbox="787 522 1310 581"> <p>Email: MDHHS-Maternal-Child-Health@michigan.gov Website: www.michigan.gov/lmch</p> </div>
	<p>Thank You for your Time and Attention!</p>
	<p>Please contact us if you have questions!</p> <p>57 LMCH</p>