

# Welcome!

**We will begin shortly**

## **Local Maternal Child Health Plan Orientation FY-2023**

**March 17, 2022; 3:00 – 4:30 pm**

**Trudy Esch, MS, BSN, RN**

**Virtual Webinar**

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### **THIS MEETING IS BEING RECORDED**

- Remaining in the webinar is your consent to be recorded and subsequently have recording in public domain (LMCH web page)
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- If you do not want to be part of the recording, you can leave the session at any time.



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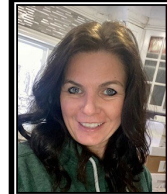
## Introductions



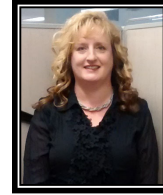
Carrie Tarry, MPH  
Director  
Division of Child and Adolescent Health



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



Becky Fillion  
Executive Assistant  
Division of Child and Adolescent Health



Lisa Borucki  
Section Secretary  
Child and Adolescent Health Services Unit



Local Health Department Staff

Please add your name, agency  
and role in CHAT

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## Happy St. Patrick's Day!



### May Your Blessing Outnumber Shamrocks

May your blessings outnumber  
The shamrocks that grow.  
And may trouble avoid you  
Wherever you go.

### May Your Thoughts Be as Glad as the Shamrocks

May your thoughts be as glad as the shamrocks.  
May your heart be as light as a song.  
May each day bring you bright happy hours,  
That stay with you all year long.

### The Banister of Life

As you slide down the banister of life,  
May the splinters never point the wrong way.

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## Agenda



1. Brief Title V Overview and Federal/State Legislative Requirements
2. Summary LMCH Workgroup Recommendations
3. Brief update on MDHHS 2020 MCH NA
4. LMCH Annual Plan components
5. LMCH Plan notification materials
6. FY 2023 Budget Application

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## Title V Overview and Legislation Requirements

Federal & State legislative requirements

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## Title V Maternal Child Health Block Grant



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

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## Title V MCH Block Grant

### Vision

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

### Mission

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



### Title V Goals Include:

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

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 1/31/2024. Available: [blockgrantguidance.pdf\(hrsa.gov\)](https://www.hrsa.gov/grants/2015/0915-0172/title-v/maternal-and-child-health-services-block-grant-to-states-program-guidance-and-forms-for-the-title-v-application-annual-report-page-1.pdf)

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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.



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

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## Federal Fiscal & Program Requirements, 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**

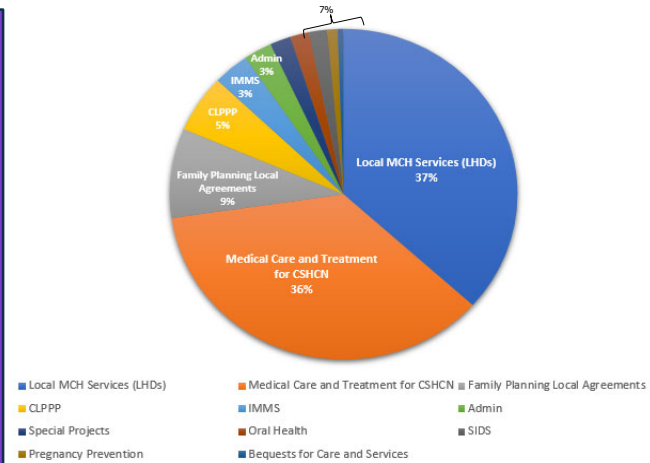
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## Title V Supports an Array of MCH Work in Michigan

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

Title V Funding Distribution in Michigan



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## Title V 15 National Performance Measures (NPMs)

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

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# Annual State of Michigan Appropriations Bills

Act No. 87  
Public Acts of 2021  
Approved by the Governor\*  
September 29, 2021  
Filed with the Secretary of State  
September 29, 2021  
EFFECTIVE DATE: September 29, 2021

Introduced by Senator Victory

## ENROLLED SENATE BILL No. 82

AN ACT to make, supplement, adjust, and consolidate appropriations for various state departments and agencies, the judicial branch, and the legislative branch for the fiscal years ending September 30, 2021 and September 30, 2022; to provide for certain conditions on 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

#### Sec. 116. FAMILY HEALTH SERVICES

Full-time equated classified positions	136.1	
Child and adolescent health care and centers		\$ 11,242,700
Dental programs—FTEs	5.3	6,723,900
Drinking water declaration of emergency		4,621,000
Family, maternal, and child health administration—FTEs	55.0	10,261,200
Family planning local agreements		8,810,700
Immunization program—FTEs	15.8	19,142,200
Local MCH services		7,018,100
Maternal navigator pilot program		2,000,000
Pregnancy prevention program		1,464,600
Pregnancy resource centers		1,500,000
Prenatal care and premature birth avoidance grant		1,000,000
Prenatal care outreach and service delivery support—FTEs	15.0	37,518,200
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	18,520,600
Women, infants, and children program local agreements and food costs		231,285,000
<b>GROSS APPROPRIATION</b>		<b>\$ 368,718,600</b>

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

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

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## Title V funding distribution in Michigan

(Based on FY2020 appropriations)

Appropriation Name	FY 2021 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	\$299,100
MCH Special Projects	\$374,100
Oral Health Programs	\$335,400
Sudden Infant Death Syndrome Prevention	\$321,300
Pregnancy Prevention Services	\$185,500
Bequests for Care and Services	\$105,200
Indirect Costs	\$90,300
<b>TOTAL</b>	<b>\$19,101,700</b>

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# MDHHS 2020 MCH Needs Assessment

## Brief overview

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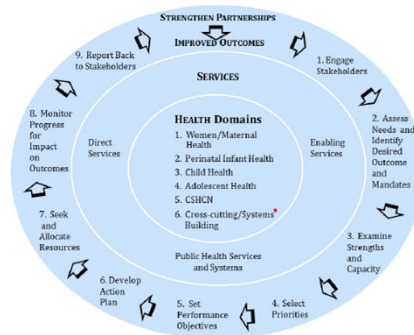
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## Title V MCH Needs Assessment in Michigan

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

Guiding Framework for  
2020 Needs Assessment:

- » Health Equity & Health Disparities Lens
- » Data-Driven Approach
- » Diverse Stakeholder Engagement



**Mobilizing for Action through Planning and Partnerships (MAPP)**

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## Title V Priority Needs: FY 2021-2025

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



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## 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

Available – Local Maternal Child Health Program Guidance for the Annual Plan and Final Report, FY 2022, FY 2023, FY 2024 – Appendix A (page 12)

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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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# Local Maternal Child Health Annual Plan Information FY-2023

Brief overview

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## Local MCH Focus

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

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## Workgroup Recommendations Retained FY 2023

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

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## LMCH Annual Plan Narrative

**Attachment B**  
MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES  
LOCAL MATERNAL CHILD HEALTH (LMCH) PLAN  
FY 2023 (10/1/2022 – 9/30/2023)

(Health to Electronic Grants Administration and Management System (HEGAMS) as one of the MCH projects (Source of Funds MCH)

**Contact Information**  
 ♦ Local Health Department Name:  
 ♦ LMCH Coordinator Contact (for additional plan information, if needed):  
 ♦ Name:  
 ♦ Email:  
 ♦ Telephone:

### 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 provide a brief needs assessment update, along with your top MCH needs, based on your most recent MCH Needs Assessment (NA). Date of most recent NA: \_\_\_\_\_

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

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.

§ Which performance measure(s) will be addressed through your Local MCH funding?  
Check all that apply 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:		
Check	No.	Priority Area
<input type="checkbox"/>	NPM 2	Low-risk cesarean delivery
<input type="checkbox"/>	NPM 4	Breastfeeding
<input type="checkbox"/>	NPM 5	Safe Sleep
<input type="checkbox"/>	NPM 9	Bullying
<input type="checkbox"/>	NPM 12	Transition
<input type="checkbox"/>	NPM 13	Preventive dental visit
<input type="checkbox"/>	SPM 1	Childhood lead poisoning prevention
<input type="checkbox"/>	SPM 2	Immunizations (Children)
<input type="checkbox"/>	SPM 3	Immunizations (Adolescents)
<input type="checkbox"/>	SPM 4	Provision of medical services & treatment for CSHCN
<input type="checkbox"/>	SPM 5	Intended pregnancy
<input type="checkbox"/>	SPM 6	Behavioral/Mental Health
Check	No.	Local Priority Area
<input type="checkbox"/>	LPM1	
<input type="checkbox"/>	LPM2	

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# LMCH Work Plan

Local Health Department Name:

LMCH Work Plan					FY 2023
NPM or SPM or LPM:					
Goal:					
Objective:					
Relevant Data	Evidence-based/informed or promising Strategies	Action Steps	Deliverables	Year End Final Reporting	
List baseline data and any trends noticed in the data. Please include the year and source of data.	Strategies with moderate, scientifically rigorous, or emerging evidence based on expert opinion.	Describe the specific steps you will use to achieve your goals and objectives. Include as many action steps as necessary to achieve the objectives. Only include activities for which you will use LMCH funds.	Estimated number of individuals to reach, number of outputs, or an anticipated product.	1. Did you meet, partially meet, or miss your targeted objective? Provide the objective metric attained. 2. Briefly describe the progress in achieving each action step. 3. State the number of deliverables achieved, which should match the numbers in the Year End Outcome & Expenditure Table. 4. Briefly describe any challenges/successes that were experienced.	

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## LMCH Count and Allocation Table

Federal & State Requirement

LMCH – Projected Count and Allocation Table							FY-2023	
Population Classifications	Projected Count & Allocation UNDULICATED COUNTS	National/State/Local Performance Measure (specify)					TOTAL Projected Count MCH	TOTAL MCH Allocat \$
		Performance Measure	Performance Measure	Performance Measure	Performance Measure	Performance Measure		
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 ages 0 – 21 years	Count / # MCH Amount Allocated \$	\$	\$	\$	\$	\$	0	\$ 0
SUBTOTAL CHILDREN							0	\$ 0
Projected Women age 22 – 44 years, (includes mothers beyond postpartum)	Count / # MCH Amount Allocated \$	\$	\$	\$	\$	\$	0	\$ 0
Projected Pregnant / Postpartum A person from conception to 60 days after birth, delivery, or expulsion of fetus	Count / # MCH Amount Allocated \$	\$	\$	\$	\$	\$	0	\$ 0
Projected Infants age 0 – 364 days	Count / # MCH Amount Allocated \$	\$	\$	\$	\$	\$	0	\$ 0
Projected Other Individual Men > 21, fathers, non-binary individuals, grandparents, guardians, etc.	Count / # MCH Amount Allocated \$	\$	\$	\$	\$	\$	0	\$ 0
Population community members, providers, staff, media analysts, etc.	Deliverable count/result MCH Amount Allocated \$	\$	\$	\$	\$	\$	0	\$ 0
SUBTOTAL ALL OTHERS							0	\$ 0
TOTAL Projected Count		0	0	0	0	0	0	
TOTAL MCH Amount Allocated		\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	

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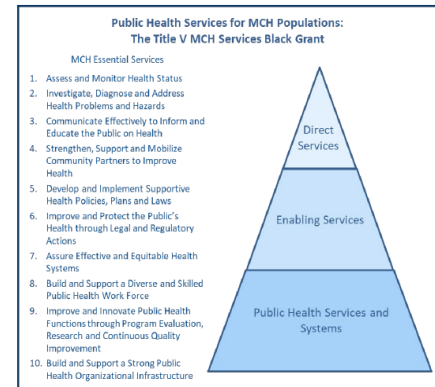
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## Reporting on Table of Services

Federal Requirement

LMCH-Types of Service by Budget Allocation		FY-2023
Type of Service	Budgeted (Plan)	Expended (Report)
1. Direct Services (sum of a, b, & c)	\$ 0	\$ 0
a. Preventive and primary care services for pregnant women, women, mothers, and infants up to age one	\$	\$
b. Preventive and primary care services for children 1-21	\$	\$
c. Services for CSHCN	\$	\$
2. Enabling Services	\$	\$
3. Public Health Services and Systems (i.e., Infrastructure)	\$	\$
TOTAL (sum of lines 1, 2, & 3)	\$ 0	\$ 0

### MCH Working Framework: MCH Pyramid of Services<sup>1</sup>



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## Evidence based/informed promising practice

### Local Health Department Name:

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


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

Evidence-based/informed References Table						FY-2023
Evidence-based/informed strategy	Authors	Year	Title	Journal/Volume/No.	DOI	Webpage, if applicable
Title V activities should be data driven and evidence-based/informed	Jacobs, JA, Jones, E, Gabella, BA, Spring, B & Brownson, RC	2012	Tools for Implementing an Evidence-Based Approach in Public Health Practice	Preventing Chronic Disease Journal, Volume 9,	<a href="http://dx.doi.org/10.5888/pcd9.110324">http://dx.doi.org/10.5888/pcd9.110324</a>	<a href="http://www.cdc.gov/pcd/issues/2012/11_0324.htm">http://www.cdc.gov/pcd/issues/2012/11_0324.htm</a>

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

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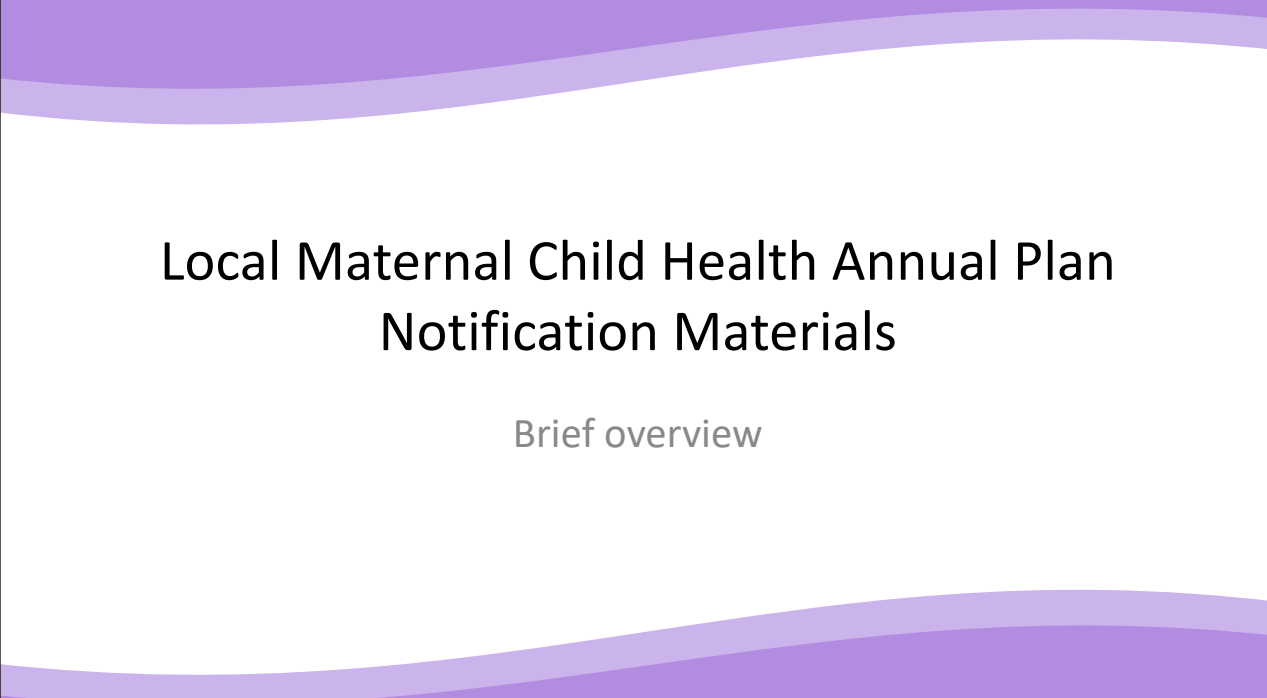


What questions do you have regarding LMCH Plan template?

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

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# Local Maternal Child Health Annual Plan Notification Materials

Brief overview

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## LMCH Plan Notification – FY 2023

- LMCH Plan notification was sent **March 1, 2022** via email. Email Notification Included:
  - Letter from Carrie Tarry with current FY Local MCH notification
  - Attachment A – LMCH Allocations
  - Attachment B – LMCH Plan
  - Attachment C – LMCH Guidance
  - Attachment D – Evidence-based Strategies for Local MCH – version 9
  - 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 2023 Local Block Grant Allocations

Agency Name	FY 2023 Total Local MCH Allocations
Allegan	\$ 47,794
Barry-Eaton	\$ 67,324
Bay	\$ 63,912
Benzie-Leelanau	\$ 15,490
Berrien	\$ 190,008
Branch-Hill-St. Joe	\$ 94,409
Calhoun	\$ 102,640
Central Michigan	\$ 131,016
Chippewa	\$ 25,024
Delta-Menominee	\$ 38,799
Detroit	\$ 1,709,654
Dickinson-Iron	\$ 25,225
District #2	\$ 48,718
District #4	\$ 60,418
District #10	\$ 183,560
Genesee	\$ 322,297
Grand Traverse	\$ 38,283
Huron	\$ 32,689
Ingham	\$ 224,611
Ionia	\$ 49,740
Isabella	\$ 88,189
Kalamazoo	\$ 145,711
Kent	\$ 317,221
Lapeer	\$ 36,921
Lebanon	\$ 47,088
Livingston	\$ 39,490
LMAS	\$ 34,962
Macomb	\$ 189,488
Marquette	\$ 42,526
Midland	\$ 40,046
MS-Michigan	\$ 85,204
Monroe	\$ 62,463
Muskegon	\$ 165,826
Northwest Michigan	\$ 55,686
Oakland	\$ 321,457
Ottawa	\$ 81,214
Saginaw	\$ 197,324
Sanilac	\$ 33,326
Showawasee	\$ 41,111
St. Clair	\$ 90,779
Tuscola	\$ 41,867
Van Buren-Cass	\$ 78,545
Washtenaw	\$ 106,158
Wayne	\$ 1,016,595
Western U. P.	\$ 43,714
<b>Total</b>	<b>\$ 6,875,050</b>

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# Attachment B LMCH Annual Plan

**Attachment B** MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES  
LOCAL MATERNAL CHILD HEALTH (LMCH)  
FY 2023 (10/1/2022 – 9/30/2023)

(Refer to Electronic Grants Administration and Management System (EMGAS) for details on use of this form.)

**Contact Information**  
 Local Health Department Name: \_\_\_\_\_  
 LMCH Coordinator Contact (for additional plan information, if not the same as above):  
 Name: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

**Local Maternal Child Health Overview**  
 1. Provide a brief overview of your local health department jurisdictional geography, economy, and health care environment. Include a description of the unique strengths and challenges in your community. Describe the unique strengths that impact the health status of your LMCH population.  
 2. Please provide a brief needs assessment update, along with your most recent MCH Needs Assessment (NA). Date of most recent NA: \_\_\_\_\_  
 3. Building the capacity of women, children, youth, and families to prevent and address social determinants of health is an important component of the Title V program strategy. Describe the activities, program implementation input, quality improvement activities, and other stakeholders that you are working with to address these needs.  
 4. Based on the Performance Measure Selection Table (next page), explain as to why each National Performance Measure (NPM), Measure (SPM), and/or Local Performance Measure (LPM) was selected for your LMCH. Provide a brief justification for using MCH funds on this NPM/SPM/LPM.

**6. Which performance measure(s) will be addressed through your Local MCH funding?**  
 Check all that apply in the table below. \*NPM numbers reflect the federal NPM designations and therefore, all are sequentially numbered. State performance measure numbers also changed.

**Local Health Department Name:** \_\_\_\_\_ **LMCH Work Plan NPM or SPM or LPM:** \_\_\_\_\_ **FY 2023**

Local Health Department Name	NPM No.	Priority Area	National Performance Measure (NPM)	Objective	Evidence-based/Innovative or Promising Strategies	Action Steps	Deliverables	Year End Final Reporting
	NPM 2	Low-risk cesarean delivery	Percent of cesarean deliveries among low-risk women	Reduce the rate of cesarean delivery among low-risk women	Review the local data and review the evidence base for cesarean delivery. Develop a plan to reduce the rate of cesarean delivery.	Review the local data and review the evidence base for cesarean delivery. Develop a plan to reduce the rate of cesarean delivery.	Review the local data and review the evidence base for cesarean delivery. Develop a plan to reduce the rate of cesarean delivery.	1. Did you meet your goal? If not, what was your targeted objective? 2. Did you meet your goal? If not, what was your targeted objective? 3. Did you meet your goal? If not, what was your targeted objective? 4. Did you meet your goal? If not, what was your targeted objective?
	NPM 4	Breastfeeding	A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively C) Percent of infants breastfed for 12 months or longer	Increase the rate of breastfeeding	Review the local data and review the evidence base for breastfeeding. Develop a plan to increase the rate of breastfeeding.	Review the local data and review the evidence base for breastfeeding. Develop a plan to increase the rate of breastfeeding.	Review the local data and review the evidence base for breastfeeding. Develop a plan to increase the rate of breastfeeding.	1. Did you meet your goal? If not, what was your targeted objective? 2. Did you meet your goal? If not, what was your targeted objective? 3. Did you meet your goal? If not, what was your targeted objective? 4. Did you meet your goal? If not, what was your targeted objective?
	NPM 5	Safe Sleep	A) Percent of infants placed to sleep on their backs B) Percent of infants placed to sleep on a firm, flat surface C) Percent of infants placed to sleep in a crib, bassinet, or play yard	Reduce the rate of SIDS	Review the local data and review the evidence base for safe sleep. Develop a plan to reduce the rate of SIDS.	Review the local data and review the evidence base for safe sleep. Develop a plan to reduce the rate of SIDS.	Review the local data and review the evidence base for safe sleep. Develop a plan to reduce the rate of SIDS.	1. Did you meet your goal? If not, what was your targeted objective? 2. Did you meet your goal? If not, what was your targeted objective? 3. Did you meet your goal? If not, what was your targeted objective? 4. Did you meet your goal? If not, what was your targeted objective?
	NPM 9	Bullying	Percent of adolescents, ages 12 to 17, who were bullied or who bullied others	Reduce the rate of bullying	Review the local data and review the evidence base for bullying. Develop a plan to reduce the rate of bullying.	Review the local data and review the evidence base for bullying. Develop a plan to reduce the rate of bullying.	Review the local data and review the evidence base for bullying. Develop a plan to reduce the rate of bullying.	1. Did you meet your goal? If not, what was your targeted objective? 2. Did you meet your goal? If not, what was your targeted objective? 3. Did you meet your goal? If not, what was your targeted objective? 4. Did you meet your goal? If not, what was your targeted objective?
	NPM 12	Transition	Percent of adolescents with special health care needs who received services in a coordinated manner	Improve the transition of care for adolescents with special health care needs	Review the local data and review the evidence base for transition of care. Develop a plan to improve the transition of care.	Review the local data and review the evidence base for transition of care. Develop a plan to improve the transition of care.	Review the local data and review the evidence base for transition of care. Develop a plan to improve the transition of care.	1. Did you meet your goal? If not, what was your targeted objective? 2. Did you meet your goal? If not, what was your targeted objective? 3. Did you meet your goal? If not, what was your targeted objective? 4. Did you meet your goal? If not, what was your targeted objective?
	NPM 13	Preventive dental visit	A) Percent of children who had a dental visit during the past year B) Percent of children, ages 1 through 11, who had a preventive dental visit in the past year	Increase the rate of preventive dental visits	Review the local data and review the evidence base for preventive dental visits. Develop a plan to increase the rate of preventive dental visits.	Review the local data and review the evidence base for preventive dental visits. Develop a plan to increase the rate of preventive dental visits.	Review the local data and review the evidence base for preventive dental visits. Develop a plan to increase the rate of preventive dental visits.	1. Did you meet your goal? If not, what was your targeted objective? 2. Did you meet your goal? If not, what was your targeted objective? 3. Did you meet your goal? If not, what was your targeted objective? 4. Did you meet your goal? If not, what was your targeted objective?
	SPM 1	Childhood lead poisoning	Percent of children less than 12 months of age who received a blood lead level test	Reduce the rate of childhood lead poisoning	Review the local data and review the evidence base for childhood lead poisoning. Develop a plan to reduce the rate of childhood lead poisoning.	Review the local data and review the evidence base for childhood lead poisoning. Develop a plan to reduce the rate of childhood lead poisoning.	Review the local data and review the evidence base for childhood lead poisoning. Develop a plan to reduce the rate of childhood lead poisoning.	1. Did you meet your goal? If not, what was your targeted objective? 2. Did you meet your goal? If not, what was your targeted objective? 3. Did you meet your goal? If not, what was your targeted objective? 4. Did you meet your goal? If not, what was your targeted objective?
	SPM 2	Immunizations (Children)	Percent of children 19 to 36 months of age who have received a completed series of recommended vaccines (4, 3, 1, 3, 3, 1, 4 series)	Increase the rate of immunizations	Review the local data and review the evidence base for immunizations. Develop a plan to increase the rate of immunizations.	Review the local data and review the evidence base for immunizations. Develop a plan to increase the rate of immunizations.	Review the local data and review the evidence base for immunizations. Develop a plan to increase the rate of immunizations.	1. Did you meet your goal? If not, what was your targeted objective? 2. Did you meet your goal? If not, what was your targeted objective? 3. Did you meet your goal? If not, what was your targeted objective? 4. Did you meet your goal? If not, what was your targeted objective?
	SPM 3	Immunizations (Adolescents)	Percent of adolescents 13 to 18 years of age who have received a completed series of recommended vaccines (4, 3, 1, 3, 3, 1, 4 series)	Increase the rate of immunizations	Review the local data and review the evidence base for immunizations. Develop a plan to increase the rate of immunizations.	Review the local data and review the evidence base for immunizations. Develop a plan to increase the rate of immunizations.	Review the local data and review the evidence base for immunizations. Develop a plan to increase the rate of immunizations.	1. Did you meet your goal? If not, what was your targeted objective? 2. Did you meet your goal? If not, what was your targeted objective? 3. Did you meet your goal? If not, what was your targeted objective? 4. Did you meet your goal? If not, what was your targeted objective?
	SPM 4	Provision of medical services & treatment for CSHCN	Percent of CSHCN enrolled in CSHCNs that receive medical care and treatment without difficulty	Improve the provision of medical services & treatment for CSHCN	Review the local data and review the evidence base for provision of medical services & treatment for CSHCN. Develop a plan to improve the provision of medical services & treatment for CSHCN.	Review the local data and review the evidence base for provision of medical services & treatment for CSHCN. Develop a plan to improve the provision of medical services & treatment for CSHCN.	Review the local data and review the evidence base for provision of medical services & treatment for CSHCN. Develop a plan to improve the provision of medical services & treatment for CSHCN.	1. Did you meet your goal? If not, what was your targeted objective? 2. Did you meet your goal? If not, what was your targeted objective? 3. Did you meet your goal? If not, what was your targeted objective? 4. Did you meet your goal? If not, what was your targeted objective?
	SPM 5	Intended pregnancy	Percent of women who had a live birth and reported that their pregnancy was intended	Reduce the rate of unintended pregnancy	Review the local data and review the evidence base for intended pregnancy. Develop a plan to reduce the rate of unintended pregnancy.	Review the local data and review the evidence base for intended pregnancy. Develop a plan to reduce the rate of unintended pregnancy.	Review the local data and review the evidence base for intended pregnancy. Develop a plan to reduce the rate of unintended pregnancy.	1. Did you meet your goal? If not, what was your targeted objective? 2. Did you meet your goal? If not, what was your targeted objective? 3. Did you meet your goal? If not, what was your targeted objective? 4. Did you meet your goal? If not, what was your targeted objective?
	SPM 6	Behavioral/Mental Health	Percent of children 19 to 36 months of age who have received a behavioral/mental health assessment	Improve the behavioral/mental health assessment	Review the local data and review the evidence base for behavioral/mental health assessment. Develop a plan to improve the behavioral/mental health assessment.	Review the local data and review the evidence base for behavioral/mental health assessment. Develop a plan to improve the behavioral/mental health assessment.	Review the local data and review the evidence base for behavioral/mental health assessment. Develop a plan to improve the behavioral/mental health assessment.	1. Did you meet your goal? If not, what was your targeted objective? 2. Did you meet your goal? If not, what was your targeted objective? 3. Did you meet your goal? If not, what was your targeted objective? 4. Did you meet your goal? If not, what was your targeted objective?
	LPM 1	Local Priority Area	Local Performance Measure (LPM) (optional) (Please describe)					
	LPM 2	Local Priority Area	Local Performance Measure (LPM) (optional) (Please describe)					

**LMCH – Projected County and Allocation Table**

Population Classifications	Count / #	Projected Count & Allocation (UNDUPLICATED COUNTS)	Performance Measure (NPM)	Performance Measure (SPM)	Performance Measure (LPM)	Performance Measure (NPM)	Performance Measure (SPM)	Performance Measure (LPM)	TOTAL MCH Allocation
Projected Children (Age 0 – 17 years)	Count / #	MCH Amount Allocated \$	\$	\$	\$	\$	\$	\$	\$
Projected Adolescents (Age 12 – 17 years)	Count / #	MCH Amount Allocated \$	\$	\$	\$	\$	\$	\$	\$
Projected CSHCN (Age 0 – 17 years)	Count / #	MCH Amount Allocated \$	\$	\$	\$	\$	\$	\$	\$
Projected Women (Age 18 – 44 years)	Count / #	MCH Amount Allocated \$	\$	\$	\$	\$	\$	\$	\$
Projected Pregnant / Postpartum (Age 18 – 44 years)	Count / #	MCH Amount Allocated \$	\$	\$	\$	\$	\$	\$	\$
Projected Infants (Age 0 – 12 months)	Count / #	MCH Amount Allocated \$	\$	\$	\$	\$	\$	\$	\$
Projected Other Individual (Age 0 – 17 years)	Count / #	MCH Amount Allocated \$	\$	\$	\$	\$	\$	\$	\$
Population	Count / #	MCH Amount Allocated \$	\$	\$	\$	\$	\$	\$	\$
TOTAL Projected Count	0	0	0	0	0	0	0	0	0
TOTAL MCH Amount Allocated	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

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## Attachment C LMCH Guidance for Annual Plan & Year End Report FY 2022, FY 2023, FY 2024

**Attachment C**

**Local Maternal Child Health Program  
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, 2nd Floor  
1500 W. Michigan Ave., Lansing, MI 48911  
[Michigan.MaternalChildHealth@mdhhs.gov](mailto:Michigan.MaternalChildHealth@mdhhs.gov)  
Revision February 2023  
Page 10/10/2023

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 measure.

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## Attachment D Evidence-Based Strategies by Performance Measures For FY 2022, FY 2023 and FY 2024

<p>Attachment D</p> <p>Evidence-Based Strategies by Performance Measures for Local MCH FY 2022, FY 2023, FY 2024</p> <p>Michigan Department of Health and Human Services Version 9 - Revised February 2021 Revised 02/02/2024</p> <p>This document is intended for use with the local maternal child health program annual plan. 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.</p>		<p>Table of Contents</p> <p>Overview..... 1</p> <p>AMCHP's Best Practice..... 3</p> <p>NPM #2 Low-Risk Cesarean Delivery..... 4</p> <p>NPM #4: Breastfeeding..... 6</p> <p>NPM #5: Safe Sleep..... 8</p> <p>NPM #6: Bullying..... 10</p> <p>NPM #12: Transition..... 11</p> <p>NPM #13 A: Oral Health in Pregnancy..... 12</p> <p>NPM #13 B: Oral Health in Childhood..... 13</p> <p>SPM #1: Childhood Lead Poison Prevention..... 14</p> <p>SPM #2: Immunization - Childhood..... 16</p> <p>SPM #3: Immunization - Adolescent..... 17</p> <p>SPM #4: Medical services and treatment for CSHCN..... 18</p> <p>SPM #5: Intended Pregnancy..... 19</p> <p>SPM #6: Behavioral/Mental Health..... 20</p> <p>Local Performance Measure: Adolescent Well-visit (SOM Retired NPM)..... 22</p> <p>Local Performance Measure: Childbirth/Parenting Education..... 24</p> <p>Local Performance Measure: Developmental Screening (SOM retired NPM)..... 25</p> <p>Local Performance Measure: Fetal Infant Mortality Review (FIMR)..... 26</p> <p>Local Performance Measure: Hearing/Vision..... 27</p> <p>Local Performance Measure: Injury Prevention/Child Safety..... 28</p> <p>Local Performance Measure: MCH Needs Assessment..... 29</p> <p>Local Performance Measure: Medical Home (SOM retired NPM)..... 30</p> <p>Local Performance Measure: Neonatal Abstinence Syndrome..... 31</p> <p>Local Performance Measure: Outreach..... 32</p> <p>Local Performance Measure: Physical Activity/Childhood Obesity..... 33</p> <p>Local Performance Measure: Risk Appropriate Perinatal Care (SOM retired NPM)..... 35</p> <p>Local Performance Measure: Suicide Prevention..... 36</p> <p>Local Performance Measure: Tobacco Cessation..... 36</p> <p>Local Performance Measure: Trauma Informed Care..... 38</p> <p>Local Performance Measure: Well-Woman Visit (SOM Retired NPM)..... 39</p>
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## LMCH Evidence-based Resource, cont.

- Arranged by National, State and some Local Performance Measures
- Contains brief overview
- Some potential evidence-based/informed strategies
- References

### NPM #5: Safe Sleep

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

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

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

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### LMCH Learning Labs for Technical Assistance

All Learning Labs are OPTIONAL

Web Training Sessions	Web Training Date and Time	Training Content
LMCH Plan Orientation	March 17, 2022 3:00 PM-4:30 PM ET	<b>Orientation to LMCH Plan</b> Intended for new users; anyone is welcome to attend! This session will be recorded. <a href="#">Microsoft Teams Meeting – See Outlook appointment or click here to join the meeting</a>
LMCH Learning Lab #1*	March 31, 2022 1:00 PM – 2:00 PM ET	<ul style="list-style-type: none"> <li>Narrative Updates</li> <li>Goals and Objective Refresher</li> <li>Relevant Data in Work Plan</li> <li>Open Questions</li> </ul> Slides of session will be shared, no recording <a href="#">Microsoft Teams Meeting – See Outlook appointment or click here to join the meeting</a>
LMCH Learning Lab #2*	April 14, 2022 1:00 PM – 2:00 PM ET	<ul style="list-style-type: none"> <li>Evidence-based/informed Information Work Plan</li> <li>Work Plan – Action Steps and Deliverables</li> <li>Projected Count and Allocation Table</li> <li>Types of Services Table</li> <li>Open Questions</li> </ul> Slides of session will be shared, no recording <a href="#">Microsoft Teams Meeting – See Outlook appointment or click here to join the meeting</a>
LMCH Learning Lab #3*	April 28, 2022 1:00 PM – 2:00 PM ET	<ul style="list-style-type: none"> <li>LMCH Budget / Must match Count and Allocation Table</li> <li>Open Questions</li> </ul> Slides of session will be shared, no recording <a href="#">Microsoft Teams Meeting – See Outlook appointment or click here to join the meeting</a>
LMCH Annual Plan Due Date	May 2, 2022	

## Attachment E LMCH Learning Labs for Technical Assistance

**Learning Lab #1  
March 31, 2022**

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## Attachment F LMCH Timeline

Local MCH Working Timeline Subject to change

Activities	Calendar Year 2022												Calendar Year 2023											
	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											
2nd Cycle BUDGET AMENDMENT requests due		FY 22												FY 23										
Budget Allocation due to Grants (MDHHS)			FY 23												FY 24									
LMCH notification to LHD for Annual Plan			FY 23												FY 24									
LHD Webinar Orientation to LMCH Plan (Optional)			FY 23												FY 24									
Quarter 2 FSR due				Ap 30												Ap 30								
"Webinar Learning Labs" (Technical Assistance to LHD for LMCH annual plan) optional			FY 23	FY 23											FY 24	FY 24								
FINAL BUDGET AMENDMENT CYCLE requests due					FY 22											FY 23								
LMCH annual plan due from LHD					FY 23											FY 24								
Grantees (LHD) complete budget application entry in EGRAMS and Authorized Official submit						FY 23 (anticipated)										FY 24 (anticipated)								
Quarter 3 FSR due							30-Jul												30-Jul					
1st Cycle AMENDMENT requests due (new only)								FY 23													FY 23			
LMCH Year End Report Notification to LHD									FY 22															
Fully executed comprehensive agreement. Grantee Authorized Official accepts agreement.									30-Sep												30-Sep			
Webinar Orientation to LHD to LMCH Year End Report (Optional)										FY 22												FY 23		
LMCH Year End Report due - LHD											FY 22												FY 23	
Final FSR due											30-Nov												30-Nov	
KEY																								
Green shading = FY 22 (10/1/2021 - 9/30/2022)																								
Purple shading = FY 23 (10/1/2022 - 9/30/2023)																								
Orange shading = FY 24 (10/1/2023 - 9/30/2024)																								

**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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# Local Maternal Child Health Website

[www.michigan.gov/lmch](http://www.michigan.gov/lmch)

**MDHHS**  
Michigan Department of Health & Human Services

Search

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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**DUE DATE**

## FY 2023 LMCH Plan due Date is May 2, 2022

Exceptions/extensions considered on an individual agency basis

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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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## Local Maternal Child Health Budget Application

Brief overview  
EGrAMS  
TIMELINE DETERMINED BY GRANTS DIVISION



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# LMCH Budget categories

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

EGrAMS Projects for FY 2023:

- MCH – Children
- MCH – All Other

LMCH – Projected County and Allocation Table		National/State/Local Performance Measure (specify)					FY-2023	
Population Classifications	Projected Count & Allocation UNDUPLICATED COUNTS	Performance Measure	Performance Measure	Performance Measure	Performance Measure	Performance Measure	TOTAL Projected Count MCH	TOTAL MCH Allocation \$
<b>Projected Children</b> age 1 – 9 years	Count / # MCH Amount Allocated \$	\$	\$	\$	\$	\$	0	\$ 0
<b>Projected Adolescents</b> age 10 – 21 years (includes teen parents)	Count / # MCH Amount Allocated \$	\$	\$	\$	\$	\$	0	\$ 0
<b>Projected CSHCN</b> age 6 – 21 years	Count / # MCH Amount Allocated \$	\$	\$	\$	\$	\$	0	\$ 0
<b>SUBTOTAL CHILDREN</b>							0	\$ 0
<b>Projected Women</b> age 22 – 44 years (includes mothers beyond postpartum)	Count / # MCH Amount Allocated \$	\$	\$	\$	\$	\$	0	\$ 0
<b>Projected Pregnant / Postpartum</b> A person from conception to 90 days after birth, delivery, or resuscitation of fetus	Count / # MCH Amount Allocated \$	\$	\$	\$	\$	\$	0	\$ 0
<b>Projected Infants</b> age 0 – 364 days	Count / # MCH Amount Allocated \$	\$	\$	\$	\$	\$	0	\$ 0
<b>Projected Other Individual</b> Men > 21, fathers, non-biased individuals, grandparents, guardians, etc.	Count / # MCH Amount Allocated \$	\$	\$	\$	\$	\$	0	\$ 0
<b>Population</b> community members, providers, staff, media analytics, etc.	Deliverable count/result MCH Amount Allocated \$	\$	\$	\$	\$	\$	0	\$ 0
<b>SUBTOTAL ALL OTHERS</b>							0	\$ 0
<b>TOTAL Projected Count</b>		0	0	0	0	0	0	
<b>TOTAL MCH Amount Allocated</b>		\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

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## LMCH Budget Requests

- MDHHS Programs required to submit budget allocation requests to Grants Division in early March
- Budget Allocation Requests for FY 2023 for MI Grants/EGrAMS projects to be open is based on FY 2022 Allocations
- If LHD need another project not requested, let LMCH Team know
- DO NOT allocate funds in an open project if you do not plan to use the project

LMCH FY 2023 Allocations	FY 2023 Total LMCH Allocations	MCH-Children EGrAMS (Project Code) 43EG7774	MCH-All Other OTHER MCH (Project Code) 43EG7775
Allegan County Health Department	\$47,734	\$29,000	\$18,734
Barry – Eaton District Health Department	\$67,824		\$67,824
Bay County Health Department	\$63,312	\$63,312	
Benton-Leelanau District Health Department	\$15,490		\$15,490
Benzie County Health Department	\$130,000	\$185,008	\$5,000
Branch/Hillsdale/St. Joseph Community Health	\$94,403	\$39,034	\$55,375
Calhoun County Health Department	\$102,640	\$71,848	\$30,792
Central Michigan District Health Department	\$131,016	\$20,000	\$111,016
Chippewa County Health Department	\$25,024	\$5,750	\$19,274
Detroit Health Department	\$1,709,654	\$271,339	\$1,438,315
Dickinson – Iron District Health Department	\$25,225		\$25,225
District Health Department #2	\$48,718	\$45,718	\$3,000
District Health Department #4	\$80,416	\$75,000	\$45,416
District Health Department #10	\$183,560	\$55,560	\$128,000
Genesee County Health Department	\$322,237	\$231,087	\$91,210
Grand Traverse County Health Department	\$38,283		\$38,283
Health Department of Northwest Michigan	\$55,686	\$28,686	\$27,000
Huron County Health Department	\$32,689		\$32,689
Ingham County Health Department	\$224,611	\$131,300	\$93,311
Ionia County Health Department	\$43,740	\$13,335	\$30,405
Jackson County Health Department	\$88,183		\$88,183
Kalamazoo County Health and Comm. Service	\$145,711	\$37,711	\$108,000
Kent County Health Department	\$317,221		\$317,221
Lapeer County Health Department	\$36,321	\$28,366	\$7,955
LeNawee County Health Department	\$47,088	\$35,000	\$12,088
Livingston County Department of Public Health	\$39,430	\$39,430	
LMAS District Health Dept.	\$34,362	\$22,862	\$12,000
Macomb County Health Department	\$183,488	\$94,744	\$88,744
Marquette County Health Department	\$42,526	\$15,872	\$26,654
Midland County Health Department	\$40,046	\$16,146	\$23,900
Mid-Michigan District Health Department	\$85,204	\$51,504	\$33,700
Monroe County Health Department	\$62,433	\$62,433	
Muskegon County Health Department	\$165,826	\$40,000	\$125,826
Oakland County Health Department	\$321,457		\$321,457
Ottawa County Health Department	\$81,214	\$7,185	\$74,029
Public Health, Delta & Menominee Counties	\$38,793	\$18,239	\$20,500
Saginaw County Health Department	\$137,324	\$157,859	\$33,465
Sanilac County Health Department	\$33,326		\$33,326
Shiawassee County Health Department	\$41,111	\$22,429	\$18,682
St. Clair County Health Department	\$30,779		\$30,779
Tuscola County Health Department	\$41,867		\$41,867
Van Buren – Cass County District Health Department	\$78,545	\$78,545	
Washtenaw County Public Health Department	\$106,158		\$106,158
Wayne County Health Department	\$1,076,595	\$418,854	\$657,741
Western Upper Peninsula Health Department	\$43,714		\$43,714
<b>Total</b>	<b>\$6,875,050</b>	<b>\$2,303,602</b>	<b>\$4,486,244</b>

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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; 3<sup>rd</sup> 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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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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