



Welcome!

LMCH Plan Orientation FY 2022

WE WILL BEGIN SHORTLY

March 16, 2021; 2:30 – 4 pm
Trudy Esch, MS, BSN, RN
Virtual Webinar

1

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LOCAL MATERNAL CHILD HEALTH

2 2

2

Welcome! Introductions



CARRIE TARRY, MPH
DIRECTOR,
DIVISION OF CHILD & ADOLESCENT HEALTH



TRUDY ESCH, MS, BSN, RN
MCH NURSE CONSULTANT
LOCAL MATERNAL CHILD HEALTH



LOCAL HEALTH DEPARTMENTS
PLEASE ADD NAME & AGENCY
IN CHAT

3

Virtual webinar guidelines & norms

- Please stay on mute to avoid background noise and disruptions.
- Share your video if able – we want to see one another!
- Use the chat box for comments or questions.
- Try to stay present and engaged.
- Resist multi-tasking.
- Practice patience and understanding.
- Be gracious and flexible of where each of us is at in our own learning and understanding



4

How will we work together?

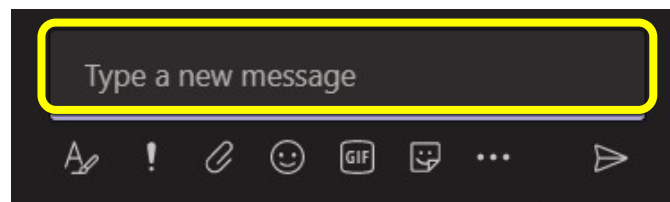
- We will use the **chat** feature for interaction.
- Feel free to **unmute** yourself for comments/discussion.
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5

Chat check-in

Use the chat box to check in. Type in your **name**, and **agency**.



6



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Today's 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. FY 2022 Budget Application
5. LMCH Annual Plan components
6. LMCH Plan notification materials

7

7

Title V Overview and Legislation Requirements

FEDERAL & STATE LEGISLATIVE REQUIREMENTS

LOCAL MATERNAL CHILD HEALTH

8

8

Federal requirements

LOCAL MATERNAL CHILD HEALTH

9

9

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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10

10

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.

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Title V Goals Include:

Access to quality healthcare for mothers and children

Health promotion efforts that reduce infant mortality and preventable diseases

Increase the number of children immunized against disease

Access to comprehensive prenatal and postnatal care for women

Increase in health assessments and follow-up diagnostic and treatment services

Access to preventive and rehabilitative services for children in need of specialized medical services

Family-centered, community-based systems of coordinated care for children with special healthcare needs

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

11

11



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



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



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



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

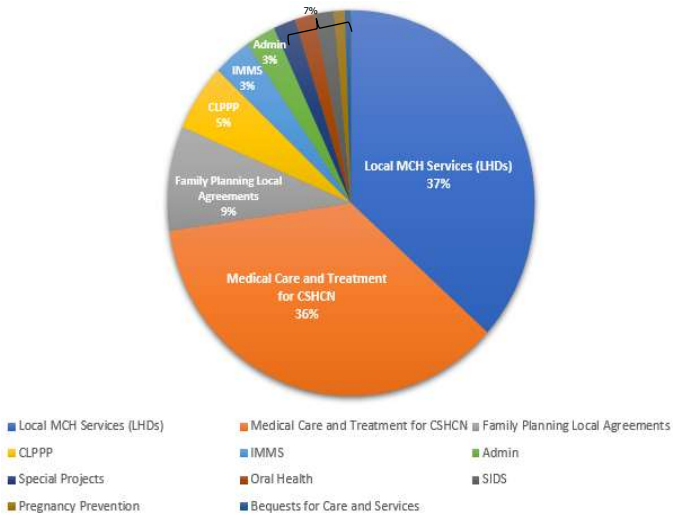
Title V
requirements
related to
funding

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12

12

Title V Funding Distribution in Michigan



Title V Supports an Array of MCH Work

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

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13

13



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



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



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



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

Title V
requirements
related to
programming

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14

14

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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15

15


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

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


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16


16



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



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



States must report on
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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17

17

State requirements

State of Michigan
Legislative Requirements
for LMCH

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18

18

Annual Appropriations Bills

Act No. 166
Public Acts of 2020
Approved by the Governor
September 30, 2020
Filed with the Secretary of State
September 30, 2020
EFFECTIVE DATE: September 30, 2020

**STATE OF MICHIGAN
100TH LEGISLATURE
REGULAR SESSION OF 2020**

Introduced by Rep. Hernandez

ENROLLED HOUSE BILL No. 5396

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, 2020 and September 30, 2021; to provide for certain conditions on appropriations; and to provide for the expenditure of the appropriations; and to repeal acts and parts of acts.

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19

19

Annual Appropriations Bills

Sec. 116. FAMILY HEALTH SERVICES

Full-time equated classified positions	133.6	
Child and adolescent health care and centers		\$ 8,442,700
Dental programs—FTE positions	3.8	3,264,900
Drinking water declaration of emergency		4,621,000
Family, maternal, and child health administration—FTE positions	55.0	9,800,400
Family planning local agreements		8,810,700
Immunization program—FTE positions	15.8	19,103,100
Local MCH services		7,018,100
Pregnancy prevention program		1,464,600
Prenatal care and premature birth avoidance grant		1,000,000
Prenatal care outreach and service delivery support—FTE positions	14.0	25,258,100
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— FTE positions	45.0	18,358,700
Women, infants, and children program local agreements and food costs		231,285,000
GROSS APPROPRIATION		\$ 345,037,700

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20

20

State Appropriation Requirements

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.

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
Total	\$19,101,700



Unmute yourself to ask a question

OR

Type a question in the chat box.

What questions do you have regarding federal/state requirements?

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23

23

LMCH Workgroup Recommendations

BRIEF OVERVIEW

LOCAL MATERNAL CHILD HEALTH

24

24

Workgroup Recommendations Implemented FY 2021 and continue in FY 2022

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

25

Workgroup Recommendations, cont.

6. Eliminating the Pyramid of Services in Action Steps of Action Plan and Table of allocations; adding a table of service to capture federally required information
7. Providing technical assistance throughout the year including webinar "office hours" and an orientation to the LMCH Plan, Learning Labs and orientation to year end report
8. Offering opportunities for Peer Sharing during the 1st annual LMCH Coordinator meeting (canceled in April 2020; postponed for April 2021)
9. Developing a timeline and guidance document for LMCH Annual Plan and Year End Report

26



Unmute yourself to ask a question

OR

Type a question in the chat box.

What questions do you have regarding workgroup recommendations from FY 2020 ?

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27

27

MDHHS 2020 MCH Needs Assessment

BRIEF OVERVIEW

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28

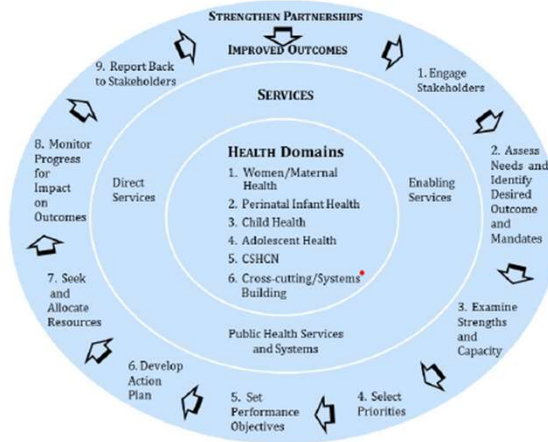
28

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



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29

29

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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30

30

Title V Pillars

Build capacity to achieve **equitable health outcomes** by understanding and addressing the role of implicit bias and macro-level forces (such as racism, gender discrimination, and environmental degradation) on the health of women, infants, children, adolescents, and children with special health care needs

Intentionally and routinely find opportunities to **seek the knowledge and expertise of communities and families** in all levels of decision-making to build trust and create policies and programs that align with family and community needs

Deliver **culturally, linguistically, and age-appropriate health education** that reflects customer feedback, effectively uses technology, and reaches multiple audiences

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31

31

Title V NPM/SPM/Priority Need for FY21-FY25

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)
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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 2022

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32

32



Unmute yourself to ask a question

OR

Type a question in the chat box.

What questions do you have regarding the
2020 MCH NA ?

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33

33

Local Maternal Child Health Budget Application

EGrAMS

TIMELINE DETERMINED BY GRANTS DIVISION

LOCAL MATERNAL CHILD HEALTH

34

34

LMCH Budget categories

- Reduced EGrAMS projects for MCH from 5 to 2 in 2021 for the Comprehensive Agreement
- The amount of MCH funds allocated in each project must match the allocations in the LMCH Plan

Projects:

MCH – Children

MCH – All Other

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35

35

Budget – EGrAMS & Plan table must match

Population Classifications	Projected-Count-&-Allocation UNDUPLICATED COUNTS	National/State/Local Performance-Measure (specify)					TOTAL Projected Count MCH	TOTAL MCH Allocation
		Performance Measure-1	Performance Measure-2	Performance Measure-3	Performance Measure-4	Performance Measure-5		
Projected-Children	Count/# MCH-Amount-Allocated-\$	\$	\$	\$	\$	\$	...	\$...
Projected-Adolescents	Count/# MCH-Amount-Allocated-\$	\$	\$	\$	\$	\$	...	\$...
Projected-CSHCN	Count/# MCH-Amount-Allocated-\$	\$	\$	\$	\$	\$	...	\$...
							SUBTOTAL-CHILDREN	...
Projected-Women	Count/# MCH-Amount-Allocated-\$	\$	\$	\$	\$	\$	...	\$...
Projected-Pregnant	Count/# MCH-Amount-Allocated-\$	\$	\$	\$	\$	\$	...	\$...
Projected-Infants	Count/# MCH-Amount-Allocated-\$	\$	\$	\$	\$	\$	...	\$...
Projected-Other-Individuals	Count/# MCH-Amount-Allocated-\$	\$	\$	\$	\$	\$	...	\$...
Population	Deliverable-count/result MCH-Amount-Allocated-\$	\$	\$	\$	\$	\$	...	\$...
							SUBTOTAL-ALL-OTHERS	...
	TOTAL-Projected-Counts	...	...	...	...	...	...	...
	TOTAL-MCH-Amount-Allocated	\$...	\$...	\$...	\$...	\$...	...	\$...

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

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36

36

LMCH Budget Requests

- MDHHS Programs required to submit budget allocation requests to Grants Division in early March
- Budget Allocation Requests for FY 2022 for MI Grants/EGrAMS projects to be open is based on FY 2021 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

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37

37

LMCH Budget Requests, cont.

FT 22 Allocation	FT 22 Total	MCH-Children	MCH-All Other	FT 22 Allocation	FT 22 Total	MCH-Children	MCH-All Other
Agency Name	Local MCH	ESOMCH	OTHERMCHV	Agency Name	Local MCH	ESOMCH	OTHERMCHV
	Allocation	491EG7774	491EG7775		Allocation	491EG7774	491EG7775
Alcona	\$ 47,794	\$29,000	\$18,794	Lapeer	\$ 36,921	\$36,921	
Berry-Eaton	\$ 67,824		\$67,824	Leelanau	\$ 47,088	\$35,000	\$12,088
Bay	\$ 63,912	\$63,912		Livingston	\$ 39,490	\$39,490	
Benzie-Leelanau	\$ 15,490		\$15,490	LMAS	\$ 34,962	\$22,862	\$12,100
Benzie	\$ 190,008	\$105,000	\$85,008	Macomb	\$ 189,488	\$94,744	\$94,744
Branch-Hill-St. Joe	\$ 94,409	\$39,024	\$55,375	Marquette	\$ 42,526	\$3,300	\$39,226
Calhoun	\$ 102,640	\$102,640		Midland	\$ 40,046	\$16,146	\$23,900
Central Michigan	\$ 131,016	\$20,000	\$111,016	Mid-Michigan	\$ 85,204	\$10,000	\$75,204
Chippewa	\$ 25,024		\$25,024	Monroe	\$ 62,493	\$62,493	
Delta-Manninco (Pak Health)	\$ 30,799	\$16,000	\$14,799	Muskegon	\$ 165,826	\$30,000	\$135,826
Detroit	\$ 1,709,654	\$271,339	\$1,438,315	Northwest Michigan	\$ 55,686	\$28,686	\$27,000
Dickinson-Iron	\$ 25,225		\$25,225	Oakland	\$ 321,457		\$321,457
District #2	\$ 40,710	\$20,000	\$20,710	Ontonagon	\$ 81,214	\$3,640	\$77,574
District #4	\$ 60,416	\$15,000	\$45,416	Sequoia	\$ 197,324	\$157,859	\$39,465
District #10	\$ 182,560	\$55,560	\$127,000	Seneca	\$ 33,326		\$33,326
Genesee	\$ 322,297	\$224,037	\$98,260	Shiawassee	\$ 41,111	\$12,334	\$28,777
Grand Traverse	\$ 38,283		\$38,283	St. Clair	\$ 90,779	\$13,000	\$77,779
Huron	\$ 32,689		\$32,689	Tarens	\$ 41,867		\$41,867
Ingham	\$ 224,611	\$129,232	\$95,379	Van Buren-Cass	\$ 78,545	\$78,545	
Ionia	\$ 49,740		\$49,740	Washtenaw	\$ 106,150	\$58,150	\$48,000
Jackman	\$ 88,189		\$88,189	Wayne	\$ 1,016,595	\$418,354	\$598,241
Kalamazoo	\$ 145,711	\$37,711	\$108,000	Western U. P.	\$ 43,714		\$43,714
Kent	\$ 317,221		\$317,221				

LOCAL MATERNAL CHILD HEALTH

38

38



Unmute yourself to ask a question

OR

Type a question in the chat box.

What questions do you have regarding
LMCH budget allocations?

Local Maternal Child Health Annual Plan Information

FY 2022

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

41

Workgroup recommendations for LMCH Annual Plan, retained for FY 2022

- 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

42

LMCH Annual Plan Narrative

Attachment B

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

FY 2022 (10/1/2021 – 9/30/2022)

(Insert in Electronic Grant Application and Management System (E-GMS) as one of the MCH project 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.

5. 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:		
No.*	Priority Area	National Performance Measure (NPM)
<input type="checkbox"/> NPM 2	Low-risk cesarean delivery	Percent of cesarean deliveries among low-risk first births
<input type="checkbox"/> NPM 4	Breastfeeding	A) Percent of infants who are ever breastfed and B) Percent of infants breastfed exclusively through 6 months
<input type="checkbox"/> NPM 5	Safe Sleep	A) Percent of infants placed to sleep on their backs, B) Percent of infants placed to sleep on a separate approved sleep surface, and C) Percent of infants placed to sleep without soft objects or loose bedding
<input type="checkbox"/> NPM 9	Bullying	Percent of adolescents, ages 12 through 17, who are bullied or who bully others
<input type="checkbox"/> NPM 12	Transition	Percent of adolescents with special health care needs, ages 12 through 17, who received services necessary to make transitions to adult health care
<input type="checkbox"/> NPM 13	Preventive dental visit	A) Percent of women who had a dental visit during pregnancy and B) Percent of children, ages 1 through 17, who had a preventive dental visit in the past year
No.	Priority Area	State Performance Measure (SPM)
<input type="checkbox"/> SPM 1	Childhood lead poisoning	Percent of children less than 72 months of age who receive a venous confirmation testing within 30 days of an initial positive capillary test
<input type="checkbox"/> SPM 2	Immunizations (Children)	Percent of children 15 to 36 months of age who have received a completed series of recommended vaccines (4:3:1:3:1:4 series)
<input type="checkbox"/> SPM 3	Immunizations (Adolescents)	Percent of adolescents 15 to 18 years of age who have received a completed series Human Papilloma Virus (HPV) vaccine
<input type="checkbox"/> SPM 4	Provision of medical services & treatment for C-14-15	Percent of CYSHCN enrolled in CSHCNs that receive timely medical care and treatment without difficulty
<input type="checkbox"/> SPM 5	Intended pregnancy	Percent of women who had a live birth and reported that their pregnancy was intended
<input type="checkbox"/> SPM 6	Behavioral/Mental Health	Support access to developmental, behavioral, and mental health services through Title V activities and funding
No.	Local Priority Area	Local Performance Measure (LPM) (optional) (Please Describe)
<input type="checkbox"/> LPM 1		
<input type="checkbox"/> LPM 2		

LOCAL MATERNAL CHILD HEALTH

43

43

LMCH Work Plan

LMCH Work Plan

FY 2022

Local Health Department Name:

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 <u>MCH funds</u> .	Estimated number of individuals to reach, number of outputs, or an anticipated product.	1. Did you meet, partially meet or miss your targeted objective? Provide the objective metric attained. 2. Briefly describe the progress in achieving each action step. 3. State the number of deliverables achieved, which should match the numbers in the Year End Outcome & Expenditure Table. 4. Briefly describe any challenges/successes that were experienced.

LOCAL MATERNAL CHILD HEALTH

44

44

LMCH Count and Allocation Table

Federal & State Requirement

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

LOCAL MATERNAL CHILD HEALTH

45

45

45

Reporting on Table of Services

LMCH - Types of Service by Budget Allocation

FY 2022

Local Health Department Name:

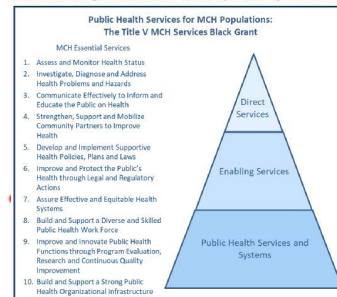
Instructions: Complete the "Budget" column with your LMCH annual plan. Complete the "Expended" column with your LMCH year-end report.

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

Optional worksheet to help complete Type of Service table above:

PERFORMANCE MEASURE	Direct	Direct	Enabling	Enabling	PHI	PHI
		3		3		3
		3		3		3
		3		3		3
		3		3		3
TOTAL		\$ 0		\$ 0		\$ 0

MCH Working Framework: MCH Pyramid of Services¹



LOCAL MATERNAL CHILD HEALTH

46

46

Evidence based/informed promising practice

Evidence based/Informed References Table

FY 2022

Local Health Department Name:

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

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

EVIDENCE-BASE/INFORMED REFERENCE TABLE						
Evidence-based/Informed strategy	Authors	Year	Title	Journal/Volume/No.	DOI	Webpage, if applicable
Title V activities should be data driven and evidence-based/informed	Jacobs, JA, Jones, E, Gaskin, BA, Spring, B & ...	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.cdc.gov/pcd/issues/2012/11_0324.htm

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

47



Unmute yourself to ask a question

OR

Type a question in the chat box.

What questions do you have regarding LMCH Annual Plan?

48

Local Maternal Child Health Annual Plan Notification Materials

EMAILED TO HEALTH OFFICERS, LMCH COORDINATORS
AND FINANCE ADMINISTRATORS

LOCAL MATERNAL CHILD HEALTH

49

49

LMCH Plan Notification – FY 2022

LMCH Plan notification was sent March 1, 2021 via email. Email Notification Included:

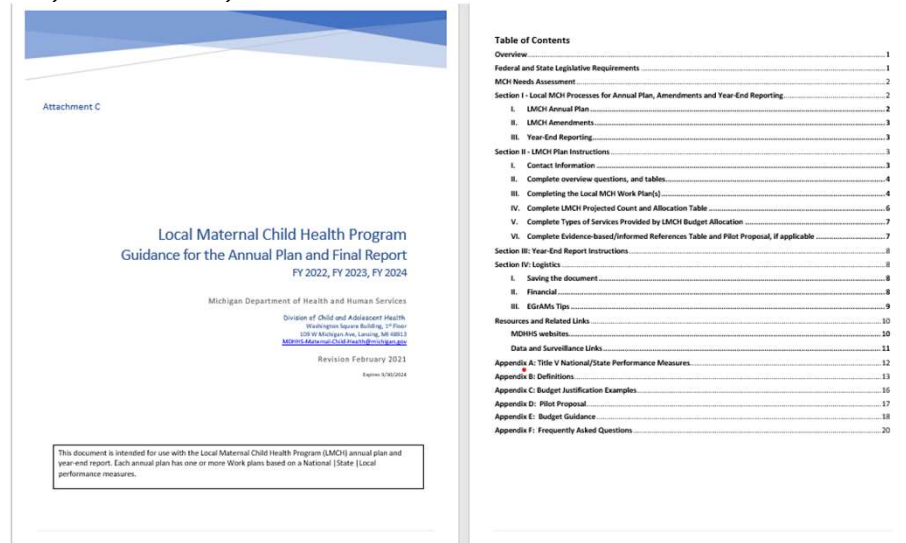
- Letter from Carrie Tarry with current FY Local MCH notification
- Attachment A – LMCH Allocations
- Attachment B – LMCH Plan
- Attachment C – LMCH Guidance
- Attachment D – Evidence-based Strategies for Local MCH – version 9
- Attachment E – Technical Assistance Webinars
- Attachment F – LMCH Timeline

LOCAL MATERNAL CHILD HEALTH

50

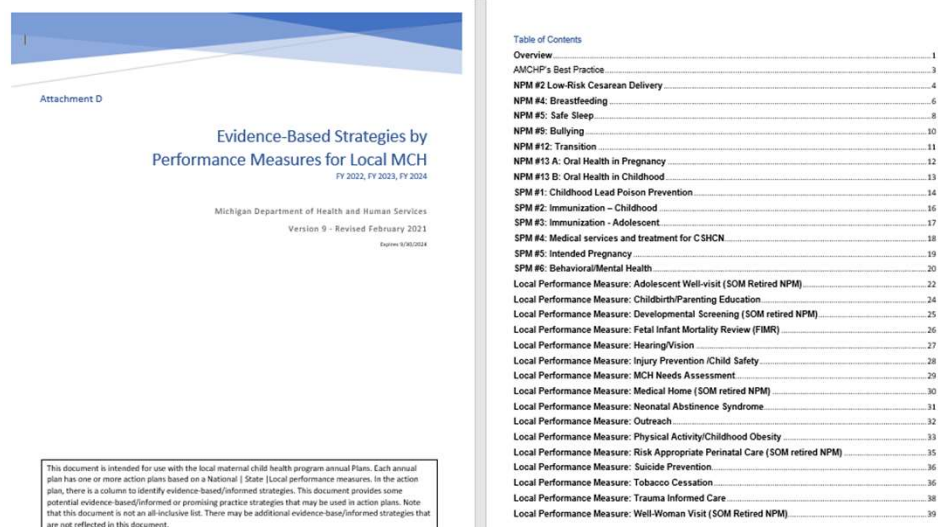
50

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



53

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



54

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/parent/topics/sleep).¹⁰ [Source: MCH Evidence. Strengthening the evidence for maternal and child health programs. <https://www.mchevidence.org/tools/>]

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

Attachment E LMCH Learning Labs for Technical Assistance

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 16, 2021 2:30PM-4:00PM ET	Orientation to LMCH Plan Intended for new users; anyone is welcome to attend! This session will be recorded.
LMCH Learning Lab #1*	March 23, 2021 9:00 AM – 10:00 AM ET	<ul style="list-style-type: none"> • Narrative Updates • Goals and Objective Refresher • Relevant Data in Work Plan • Open Questions <p>Sides of session will be shared, no recording Microsoft Teams Meeting – See Outlook appointment</p>
LMCH Learning Lab #2*	March 30, 2021 9:00 AM – 10:00 AM ET	<ul style="list-style-type: none"> • Strengthen the Evidence for MCH Programs • Work Plan – Action Steps and Deliverables • Open Questions <p>Sides of session will be shared, no recording Microsoft Teams Meeting – See Outlook appointment</p>
LMCH Learning Lab #3*	April 6, 2021 9:00 AM – 10:00 AM ET	<ul style="list-style-type: none"> • Projected Count and Allocation Table • Types of Services Table • Open Questions <p>Sides of session will be shared, no recording Microsoft Teams Meeting – See Outlook appointment</p>
LMCH Learning Lab #4*	April 13, 2021 3:00 PM – 4:00 PM ET	<ul style="list-style-type: none"> • LMCH Budget • Open Questions <p>Sides of session will be shared, no recording Microsoft Teams Meeting – See Outlook appointment</p>
LMCH Virtual Office Hours	April 20, 2021	• Open Questions
LMCH Coordinator Meeting		Postponed due to Covid-19
LMCH Annual Plan Due Date	May 3, 2021	

Attachment F LMCH Timeline

Local MCH Working Timeline Subject to change

Activities	Calendar Year 2021												Calendar Year 2022											
	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											
3rd Cycle BUDGET AMENDMENT requests due																								
Budget Allocation due to Grants (MDHHS)																								
LMCH notification to LHD for Annual Plan																								
Technical Assistance to LHD Orientation to LMCH Plan (Optional); Learning Labs																								
Quarter 2 FSR due																								
LMCH Coordinator Meeting																								
Technical Assistance to LHD for LMCH annual plan "Webinar Learning Labs" optional																								
FINAL BUDGET AMENDMENT CYCLE requests due																								
LMCH annual plan due from LHD																								
Grantees (LHD) complete budget application entry in EGRAMS and Authorized Official submit																								
Quarter 3 FSR due																								
1st Cycle AMENDMENT requests due (new only)																								
LMCH Year End Report Notification to LHD																								
Fully executed comprehensive agreement. Grantee Authorized Official accepts agreement.																								
2nd Cycle BUDGET AMENDMENT requests due																								
Technical Assistance Orientation to LHD to LMCH Year End Report (Optional)																								
LMCH Year End Report due - LHD																								
Final FSR due																								

KEY
Blue shading = FY 21 (10/1/2020 - 9/30/2021)
Green shading = FY 22 (10/1/2021 - 9/30/2022)
Orange shading = FY 23 (10/1/2022 - 9/30/2023)
Yellow shading = LMCH coordinator meetings

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!

LOCAL MATERNAL CHILD HEALTH

57

57

DUE DATE

FY 2022 LMCH Plan due Date is May 3, 2021

Exceptions/extensions considered on an individual agency basis

LOCAL MATERNAL CHILD HEALTH

58

58



Unmute yourself to ask a question

OR

Type a question in the chat box.

What questions do you have regarding LMCH notification materials?

59



60

Contact Information

Local Maternal Child Health Program

MDHHS-Maternal-Child-Health@michigan.gov

Carrie Tarry, MPH
Director, Child and Adolescent
Health Division
517-335-8906
tarryc@michigan.gov

Trudy Esch, MS, RN
MCH Nurse Consultant
517-241-3593
escht@michigan.gov

Michigan Department of Health and Human Services
Division of Child and Adolescent Health
Washington Square Building
109 West Michigan Ave | P.O. Box 30195, Lansing, MI 48909

Please contact us if you have questions!