Title V MCH Services Block Grant:
Program Enhancements for Advancing Equity and Accountability

Reviewing the Revised Title V MCH Services Block Grant Guidance
Title V MCH Federal-State Partnership Meeting

November 6, 2023

Division of State and Community Health
Maternal and Child Health Bureau (MCHB)

Vision: Healthy Communities, Healthy People

Welcome

Dr. Shirley Payne

Director, Division of State and Community Health, MCHB

Welcome

Dr. Michael D. Warren

Associate Administrator, Maternal and Child Health Bureau, HRSA

Opening Remarks

Carole Johnson

Administrator, Health Resources and Services Administration, HHS

Opening Remarks

Dr. Michael D. Warren

Associate Administrator, Maternal and
Child Health Bureau, HRSA

Opening Remarks

Terrance Moore

CEO, Association of Maternal and
Child Health Programs

AMCHP FUTURE
2027

Our Mission

→ AMCHP's mission is to advance the health of women, children, youth, families, and communities by strengthening governmental public health and deepening community partnerships through a health equity lens.

Our Vision

→ AMCHP's vision is a nation committed to the unfettered wellbeing of women, children, youth, families, and communities so that they may thrive.

HEALTH EQUITY & ANTI-RACISM

Activate health equity and anti-racism efforts.

POLICY

Educate and advocate for comprehensive policy solutions.

YOUTH, FAMILIES, PEOPLE WITH LIVED EXPERIENCE

Incorporate the voices of youth, families, and people with lived experiences.

AMCHP

JOURNEY TO 2027 EXPLORES
core areas of our work

COMMUNICATIONS & BRANDING

Communicate & tell our stories.

MATERNAL & CHILD HEALTH TALENT

Build and support talent, strengthen public health systems, and link peers in our work.

PARTNERSHIPS

Create and sustain durable, interdisciplinary partnerships.

Core Values

Innovation & Impact | Leadership, Support, & Growth | Accountability & Stewardship | Diversity, Inclusion, & Honoring Voices | Collaboration | Compassion

What's our why?

- **All In Statement**
- **Joint Organizational Commitment Statement to Anti-Racism and Racial Equity**

We intend to eliminate racism by first examining our organizational practices and identifying ways for us to be more equitable and anti-racist in our operations.

We are determined to collectively adopt a shared approach that acknowledges racism as the most significant contributor to the racial disparities in birth outcomes.

Building on these aforementioned principles, we are committing to each other in 3 areas: **internal processes, external work, and communications.**

Joint Organizational Commitment to Anti-Racism and Racial Equity

May 25, 2021

What's our why?

INFANT DEATHS RISE 3 PERCENT — After two decades of yearly declines in the rate of U.S. infant deaths, the rate increased by about 3 percent from 2021 to 2022, according to provisional data from the CDC released today.

— **Demographic differences:** Mortality rates of infants born to American Indian and Alaska Native women "increased significantly" between 2021 and 2022, from 7.46 infant deaths per 1,000 births to 9.06. The mortality rates of infants of white women also had a significant increase during that time, according to the CDC, going from 4.36 to 4.52 deaths per 1,000 births.
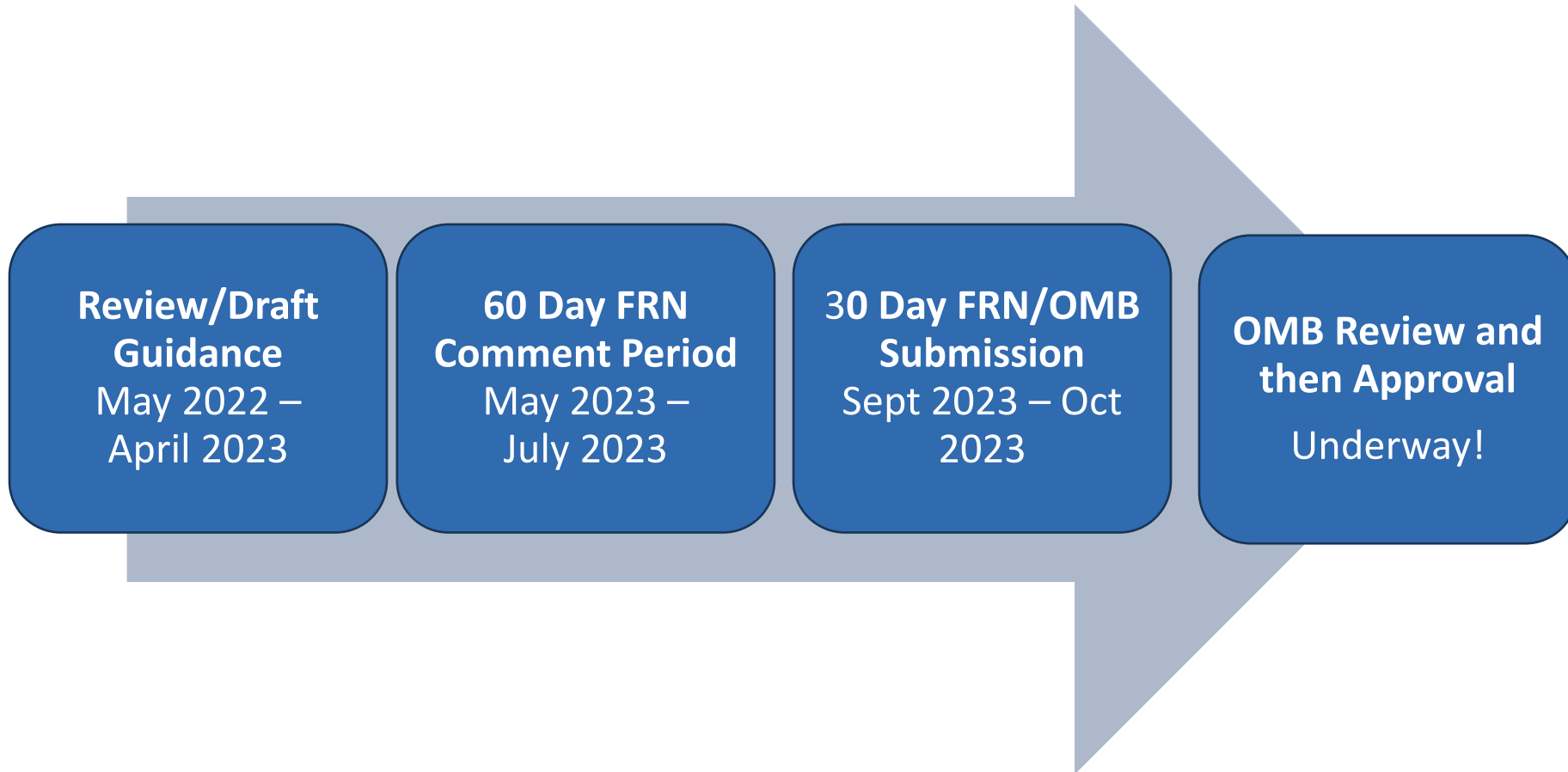
All other racial and ethnic groups — except for the infants of Asian women — had increases in the death rate in 2022, but the rises were not statistically significant, according to the report. Still, the death rate for infants of Black women remains the highest of all the groups, at 10.86 deaths per 1,000 births.

What We're Discussing Today

Revised Title V MCH Services Block Grant to the States

- How We Got Here

- Guiding Principles: Who Are We?

Guidance Timeline: How We Got Here

Review/Draft Guidance
May 2022 – April 2023

60 Day FRN Comment Period
May 2023 – July 2023

30 Day FRN/OMB Submission
Sept 2023 – Oct 2023

OMB Review and then Approval
Underway!

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Title V MCH Services Block Grant Guidance Guiding Principles

Who are we?

Delivery of Title V Services with a Public Health Service Model

Data-Driven Programming and Performance Accountability

Family and Community Partnership

Health Equity and Assurance that all MCH Populations Achieve their Full Health Potential

Christopher Dykton

Deputy Director, Division of
State and Community Health

What We're Discussing Today

Revised Title V MCH Services Block Grant to the States

- Reducing Burden: Telling The Title V Story Better

- Strengthening Family and Community Engagement: Voices Being Heard

- Equity and CSHCN Blueprint for Change: Public Health in Action

- Assessing and Strengthening the Title V MCH Workforce: Doing Our Job

- Accountability: Performance Measures and Performance Measure Framework

Reducing Burden

Telling the Title V Story Better

Full Reporting in the Year of Needs Assessment: 2025 (Year 1)

Reduced Reporting in Interim Years 2-5

Certain sections are required; others are updated as needed when states decide

Application and Annual Report Print Version will have all sections.

Reducing Burden

Streamlining and Reorganizing the Guidance

Consolidated Workforce Capacity, Development and MCH Epidemiology Workforce sections into one section
Streamline Overview of the State to incorporate those sections on Health Care Delivery System, Title V Program Purpose and Design and Emergency Preparedness
Consolidate sections addressing partnership and collaboration

Reducing Burden

Streamlining and Reorganizing the Guidance

Prepopulate various narrative section for the reporting year of the five-year needs assessment, allowing optional updates as determined by the State

Prepopulated narrative sections:

Executive Summary

Overview of the State

Title V Program Capacity Partnerships

Family Partnerships

Reducing Burden

Streamlining and Reorganizing the Guidance

Maintain annual reporting for the following sections:

MCH Success Story

Needs Assessment Update

Title V-Medicaid IAA/MOU

SSDI Narrative (serves as annual progress report)

Financial Narrative

Population Domain Annual Report and Application

Narrative (required by statute)

Public Input (required by statute)

Technical Assistance (required by statute)

Reducing Burden

Streamlining and Reorganizing the Guidance

Update forms and instructions as needed

Form 7 for Workforce Data

Form 12 to capture products and publications

Require submission for five-year needs assessment with optional updates in interim years: Form 7 and Form 9

Family and Community Engagement

Voices Being Heard

Community Engagement added to Family Engagement as a Guiding Principle

Reporting on Family and Community Engagement as Partners in Needs Assessment, Programming and Evaluation to impact Outcomes

Connection with Family-to-Family Health Information Centers

Financial narrative on funding to communities.

Health Equity

Public Health in Action

Integrating Health Equity as Fourth Guiding Principle

Addressing social and structural drivers of health to reduce and eliminate inequities and reporting in the overview, needs assessment and population domains.

Centering voices of families and communities in reporting equity programming and outcomes

We are a leader and partner in health equity!

CYSHCN Blueprint for Change

Public Health in Action

Blueprint for Change: A National Framework for a System of Services for Children and Youth with Special Health Care Needs
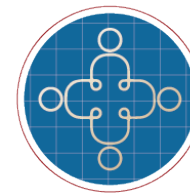
Four focus areas: health equity, quality of life and well-being, access to services, and financing of services

Reporting is about reflecting where you are in implementation of the Blueprint

Further discussion with the Division of Services for Children with Special Health Care Needs

Children and youth with special health care needs enjoy full lives and thrive in their communities from childhood through adulthood

QUALITY OF LIFE & WELL-BEING

HEALTH EQUITY

Children and youth with special health care needs enjoy a full life and thrive in their community from childhood through adulthood.

ACCESS TO SERVICES

FINANCING OF SERVICES

Every child gets the services they need,
so that they can play, go to school,
and grow up to become a healthy adult
(and so grown-ups and siblings can have fun too).

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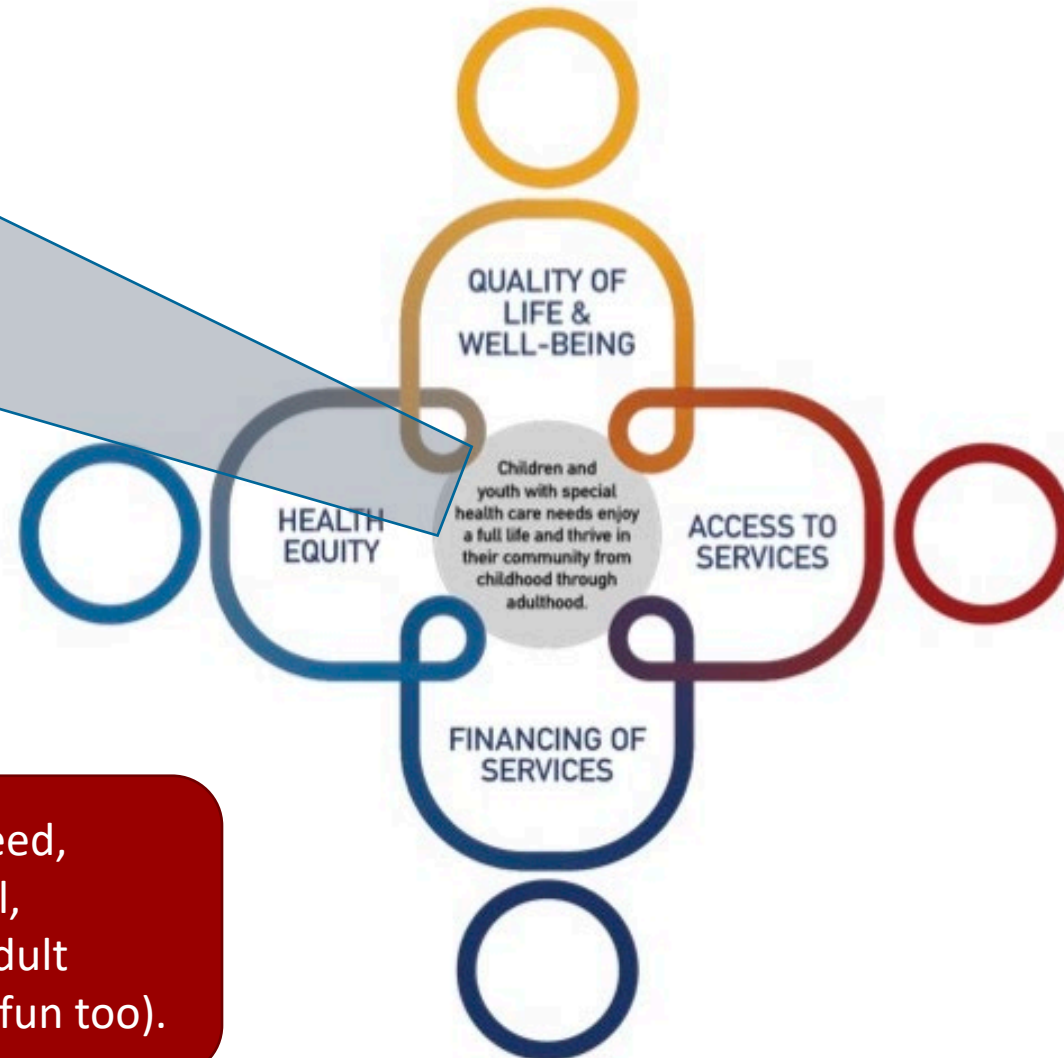
Assessing and Strengthening Workforce

Public Health in Action

Baseline reporting on the Title V Workforce in Year of Needs Assessment: 2025

Reporting is optional in interim years

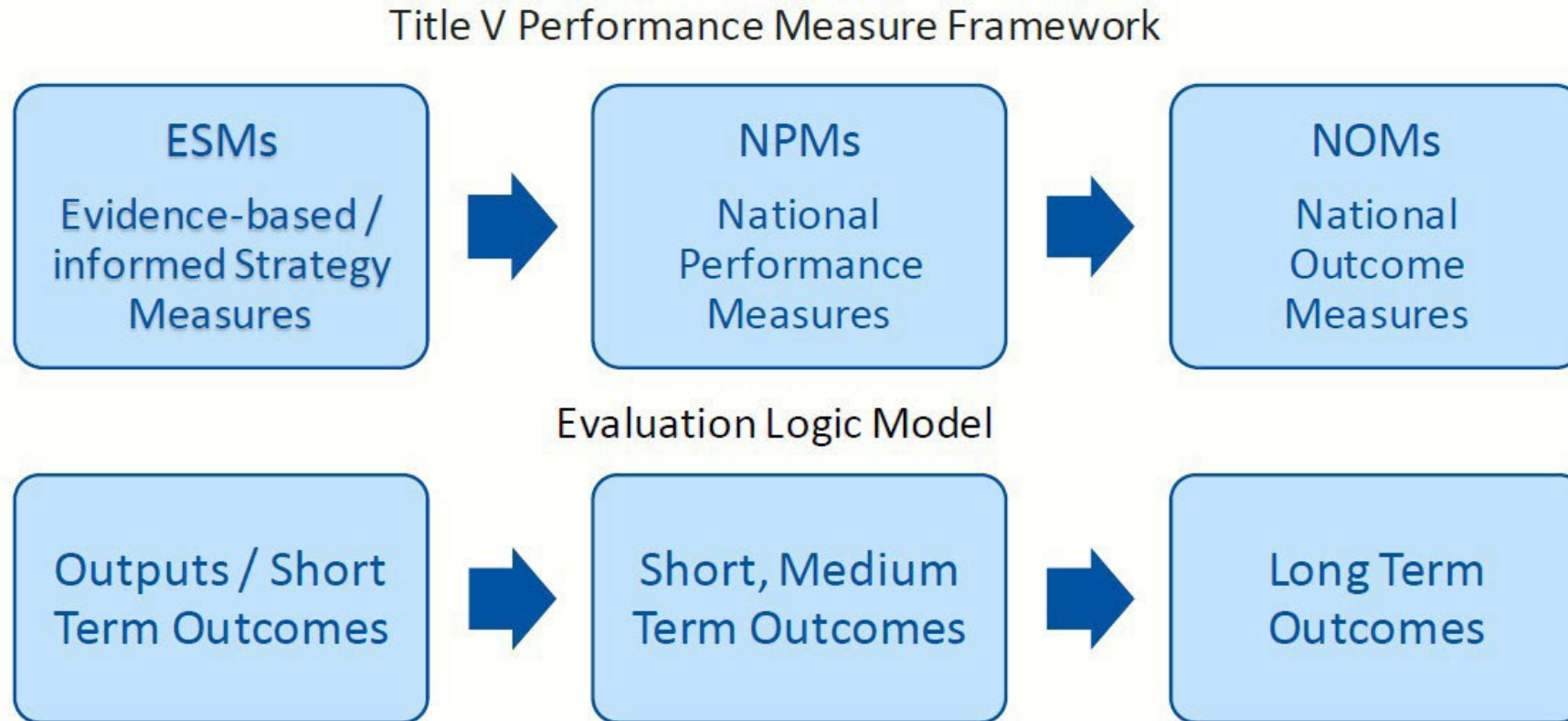Better understanding of gaps in positions to inform workforce development initiatives!

Keriann Uesugi

Health Scientist, Division of State and Community Health

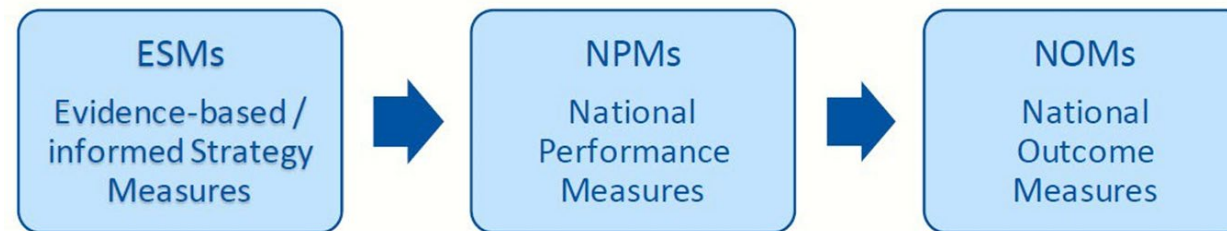# Title V Performance Measure Framework

Title V Performance Measure Framework

ESMs	NPMs	NOMs
Evidence-based / informed Strategy Measures	National Performance Measures	National Outcome Measures

Evaluation Logic Model

Outputs / Short Term Outcomes	Short, Medium Term Outcomes	Long Term Outcomes

Citation…

Overview of Proposed Changes

Measure Changes

1. Revised Set of NOMs
2. Revised Set of NPMs
3. Created Standardized Measure Set to select as SPMs

Implementation Changes

1. Two Universal NPMs
2. Added ability to select Priority Populations
3. Added ability to develop ESMs for SPMs

Overall structure of Performance Measure Framework remains intact.

Title V Performance Measure Framework

ESMs	NPMs	NOMs
Evidence-based / informed Strategy Measures	→ National Performance Measures	→ National Outcome Measures

Revised Set of NOMs

Changes

- Removed measures that were not true outcome measures
  - Moved to either Standardized Measure Set or Form 11
- Moved Injury Hospitalization to NOMs
- Added mental health status outcome measures for women, children, and adolescents
- Added Child Flourishing, Adverse Childhood Experiences, Adolescent Firearm Mortality
- Added sub-measure for women's health
- Health and Ready to Learn aka School Readiness no longer developmental – Breakout Tuesday am, 11:30-12:15
- Added Stillbirth Rate
- Numbers are gone

Benefits

- Consistent definition of NOMs
- Addresses emerging health issues
- Enhances application of lifecourse approach

Removed NOMs

- **Moved to Standardized Measure Set** (included in FAD)
  - Early entry to prenatal care
  - Drinking during pregnancy (REVISED)
  - Flu Vaccination
  - HPV Vaccination
  - Uninsurance
  - Forgone health care

- **Moved to Form 11** (included in FAD)
  - CSHCN
  - Autism
  - ADD/ADHD

- **Retired** (FAD will no longer be provided, **most** available elsewhere)
  - Early term birth
  - Early elective delivery
  - Newborn screening timely follow-up
  - Mental health treatment (modified measure is new NPM)
  - Tdap vaccination
  - Meningitis vaccination

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Revised Set of NPMs

Changes

- Organized NPMs by measure domain of action
- Added measures related to social determinants of health (SDOH), mental health, and reproductive health
- Moved less frequently selected measures to Standardized Measure Set
  - Preventive Dental Visit retained as NPM
- Numbers are gone

Benefits

- Targets upstream and downstream factors associated with MCH outcomes
  - Less emphasis solely on clinical care
- Addresses emerging health issues
- Increased options available to states

Women/Maternal Health

NPM Short Title	MCH Population Domains**	Measure Domain	Data Source
Postpartum Visit	Women/Maternal Health	Clinical Health Systems	PRAMS
Postpartum Mental Health Screening	Women/Maternal Health	Clinical Health Systems	PRAMS
Preventive Dental Visit – Pregnancy	Women/Maternal Health	Clinical Health Systems	PRAMS
Postpartum Contraception Use	Women/Maternal Health	Health Behavior	PRAMS
Perinatal Care Discrimination	Women/Maternal Health or Perinatal/Infant Health	Social Determinants of Health	PRAMS
Housing Instability - Pregnancy	Perinatal/Infant Health or Women/Maternal Health	Social Determinants of Health	PRAMS

Perinatal/Infant Health

NPM Short Title	MCH Population Domains**	Measure Domain	Data Source
Risk-Appropriate Perinatal Care	Perinatal/Infant Health	Clinical Health Systems	HCUP-SID/AHA
Breastfeeding	Perinatal/Infant Health	Health Behavior	NVSS/NSCH
Safe Sleep	Perinatal/Infant Health	Health Behavior	PRAMS
Housing Instability - Pregnancy	Perinatal/Infant Health or Women/Maternal Health	Social Determinants of Health	PRAMS
Perinatal Care Discrimination	Women/Maternal Health or Perinatal/Infant Health	Social Determinants of Health	PRAMS

Child Health

NPM Short Title	MCH Population Domains**	Measure Domain	Data Source
Developmental Screening	Child Health	Clinical Health Systems	NSCH
Childhood Vaccination	Child Health	Clinical Health Systems	NIS
Preventive Dental Visit – Child	Child Health	Clinical Health Systems	NSCH
Physical Activity	Child Health	Health Behavior	NSCH
Food Sufficiency	Child Health	Social Determinants of Health	NSCH
Housing Instability – Child	Child Health	Social Determinants of Health	NSCH

*Medical Home included

Adolescent Health

NPM Short Title	MCH Population Domains	Measure Domain	Data Source
Adolescent Well-Visit	Adolescent Health	Clinical Health Systems	NSCH
Mental Health Treatment	Adolescent Health	Clinical Health Systems	NSCH
Tobacco Use	Adolescent Health	Health Behavior	YRBSS
Adult Mentor	Adolescent Health	Social Determinants of Health	NSCH/NSDUH

*Medical Home, Transition, and Bullying included

Children with Special Health Care Needs

NPM Short Title	MCH Population Domains	Measure Domain	Data Sources

Medical Home – Overall
   Medical Home – Personal Doctor or Nurse
   Medical Home – Usual Source of Sick Care
   Medical Home – Family Centered Care
   Medical Home – Referrals
   Medical Home – Care Coordination
	Children with Special Health Care Needs (CSHCN), Child Health, and Adolescent Health	Clinical Health Systems	NSCH

Transition	Children with Special Health Care Needs (CSHCN) and Adolescent Health	Clinical Health Systems	NSCH
Bullying	Children with Special Health Care Needs (CSHCN) and Adolescent Health	Social Determinants of Health	NSCH

NEW Standardized Measure Set

Changes

- Option to select Standardized Measure as SPM with existing detail sheet and pre-population of annual data and part of FAD. SPMs can also be developed by state.

- Consists of former NOMs and NPMs

Benefits

- Reduces burden to create SPMs that align with state priority needs

- Allows states to continue working on previous measures as needed

NEW Standardized Measure Set

Former NOMs

- Early entry into prenatal care
- REVISED: Drinking during pregnancy
  - A) Any drinking during pregnancy
  - B) Any binge drinking during pregnancy
- HPV vaccinations
- Flu vaccinations
- Forgone care
- Uninsurance

Former NPMs

- Well-woman visit
- Low-risk Cesarean deliveries
- Adolescent physical activity
- Smoking during pregnancy
- Smoking in the home
- Adequate insurance

NEW: Percent of children in kindergarten who have received at least two doses of the MMR vaccine

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Universal National Performance Measures

- Required reporting of two universal NPMs for all 59 states and jurisdictions
- Purpose: Accelerate progress on priority areas at the national level
- Selection based on legislatively-defined purpose of Title V:
  - "provide and to assure mothers and children (in particular those with low income or with limited availability of health services) access to quality maternal and child health services" ([Sec 501(a)(1)(A)])
  - Focus on access and quality of primary and preventive care
- Postpartum Visit (access and quality)
  - Address maternal health crisis and drive improvement around maternal mortality
- Medical Home (with additional option to select one or more sub-components)
  - Required reporting in Children and CSHCN domains, **only 1 ESM required**
  - Intended to drive improvement in system of care for all children
- States must report a minimum of 5 NPMs, including 2 universal NPMs, one in each population domain
- Standardized ESMs will be available for optional use

Medical Home FAQs

- All states will have Medical Home – Overall selected automatically for Child Health and CSHCN domains
  - Expectation is that state action plan strategies address full age range of children and adolescents, but do not have to repeat reporting in Adolescent Domain
- States have the **option to add** a sub-component as a focus area
  - Ex 1. Medical Home – Overall
  - Ex 2. Medical Home – Overall *plus* Family Centered Care
- **Only 1 ESM Required – Can use same ESM for Child and CSCHN domains**
  - **ESM can be related to sub-component if one is selected**
- States have the option to select Medical Home for Adolescent Domain

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Selection of Priority Populations

Changes

- Created **option** to pick a Priority Population for each selected NPM and set annual objectives
- Pre-populated, stratified data used for annual reporting
- All stratified data for NPMs and NOMs still available for state use

Benefits

- Supports states' capacity to address health equity

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Developing ESMs for SPMs

Changes

- Option to develop one or more ESMs for SPMs developed by the state or using a Standardized Measure

Benefits

- Increases flexibility to utilize 3-tiered performance measure framework

Implementation Plan
Contingent on Final OMB Approval

- **Full implementation taking place over next 2 years (like the 2015 Transformation)**
  - More details will be provided later
  - Anticipate most changes in Needs Assessment year
  - Standardized, example ESMs available for Universal Measures in 2025
- **What to know for Application FY 2025 (submitted July 2024)**
  - **Universal Measures must be incorporated into State Action Plan**
    - ✓ No ESM required this year
  - No requirement to change other NPMs/State Action Plan for Application FY 2025
  - FAD for current measures and new measures will be available in April 2024 to support Application FY 2025/Annual Report FY 2023 and 2025 Needs Assessment
  - Removing requirement to complete new (from 2021 guidance) detail sheet for all ESMs
  - Plan to have MCH Accelerators (overview of evidence-based/informed strategies) completed by April 2024

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Information Overload?

Details available on TVIS Resources Page

- Title V Block Grant -- Technical Assistance Resources (formerly Block Grant – Supporting Document aka Appendices)
- Linked to in draft Guidance as well
- See Appendices B and C

Next Step: Guidance Implementation Timeline

Timeline

December 2023-January 2024 – OMB Approval

November 2023 – April 2024 – TVIS System development and enhancements

January 2024-3 – April 2024 – TVIS Training on Reporting

April 2024 - Application and Reporting Period Open

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