

# **MCH Transformation-Title V Block Grant Guidance: Sections in the Guidance Where Family & Consumers are Mentioned**

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# **Title V Block Grant Guidance: Sections in the guidance Where Family/Consumers are Mentioned**

- ▶ *This PowerPoint provides a brief history of Title V and;*
- ▶ *Highlights MCH Transformation of Title V;*
- ▶ *Highlights the Guidance sections where family/consumers are mentioned in the areas of involvement, engagement and partnership.*
- ▶ \*note In the MCH transformation of the block grant form 13 no longer exists (the rating of family/consumer involvement in the over all state Title V block grant program)

# Title V Block Grant Guidance: Sections in the Guidance where Families and Consumers are Mentioned

## Section 111. MCH Transformation & revision of MCH Block Grant Application/Annual Report Guidance

- ▶ Vision of Title V-Title V envisions a nation where all mothers, children and youth including CSHCN and their families are healthy and thriving. (p.3)
- ▶ Mission of Title V- The mission of Title V is to improve the health and well-being of the nation's infants, children and youth including youth with special health care needs, and their families. (p.3)



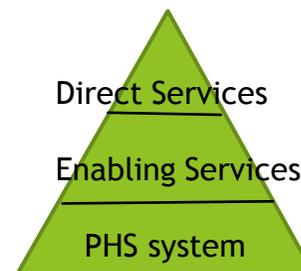
# Title V Block Grant Guidance: Where Families and Consumers are Mentioned

## ► MCH Essential Services (p.3)

1. Provide Access to Care
2. Investigate Health Problems
3. Inform and Educate the Public
4. Engage Community Partners
5. Promote/Implement Evidence-Based Practices
6. Assess and Monitor MCH Health System

## ► MCH Essential Services (p.3)

7. Maintain the Public Health Workforce
8. Develop Public Health Policies and plans
9. Enforce Public Health Laws
10. Ensure Quality Improvement



# Title V Block Grant Guidance Where Families and Consumers are mentioned

## The 10 “Essential Public Health Services

- ▶ These 10 Essential Public Health Services were cross walked with the purpose of the MCH Block Grant to States Program, as defined in Section 501(a)(1) of the Title V of the Social Security Act. The 8 Strategies presented were developed as a result of this effort.
- ▶ Mobilize partners, *including families at the federal, state and community levels* in promoting vision for leveraging resources, integrating and improving MCH systems of care, promoting quality public health services and developing supportive policies;  
(1 of 8 strategies p. 4)



# Title V Block Grant Guidance Where Families and Consumers are mentioned

## National Performance Measurement Framework (p 4-5)

The National Performance Measure system adopted in the guidance includes these measure categories:

- ▶ National Outcome Measures (NOM's)
- ▶ National Performance Measures (NPM's)
- ▶ State-initiated Evidence-based or -informed Strategy Measures (ESMs)

The national MCH Priority areas incorporate two significant concepts:

- ▶ Title V is responsible for promoting the health of all mothers and children, which includes and emphasis on CSHCN and their families.
- ▶ The development of life course theory-beginning before a child is born and continuing throughout life.

## B. National Performance Measure Framework

- ▶ States should work closely with *family/consumer partnerships* as they develop the ESMs for their NPMs.
- ▶ For Purposes of the Title V MCH Services Block Grant Program and the Guidance, Family/consumer partnership: ***“The intentional practice of working with families for the ultimate goal of positive outcomes in all areas through the life course.”*** (P.6)
- ▶ ***“Family engagement reflects a belief in the value of family leadership at all levels from an individual, community & policy level.”***
- ▶ Relevant resources include the National Consensus Standards for Systems of Care for CYHCN, released March 2014 report available on the Lucille Packard Website for Children’s Health. Examples of family/consumer partners for Title V organizations are highlighted on the Family Voices website. (P.6)

## C. Changes to the Application/Annual Report Guidance: Needs Assessment Change

- ▶ In reporting on their Five-year Needs Assessments, a Needs Assessment Summary will replace the more comprehensive, standalone document previously submitted by states. The Needs Assessment Summary will be integrated into the yearly MCH Block Grant Applications/Annual Reports. This integration will serve to reduce the duplication in reporting. (p.6)
- ▶ The states will organize the discussion of their Title V program activities for each of the three legislatively-defined MCH populations (i.e. preventive and primary care services for pregnant women, mothers, and infants up to age 1; preventive and primary care services for children; and services for CSHCN) in the context of these six identified MCH population health domains. (p. 6)
- ▶ At least 30% of block grant funds must be spent on children, and at least 30% must be spent on CSHCN

## C. Changes to the Application/Annual Report Guidance: Needs Assessment Change

For the first time, states will be required to include an Executive Summary for each Application/Annual Report that they will submit during the five-year reporting cycle. The Executive Summary shall briefly describe the key points presented in the states' Application/Annual Report and include, at a minimum, a brief summary of the following discussion points:

- ▶ Emergent needs based on the Five-year/ongoing needs assessment efforts & linked with the Title V program priorities and development of a five-year State Action Plan;
- ▶ Highest ranked priority needs for the state Title V program, including a discussion of key SPMs and ESMs which the state developed to address, respectively, the identified priority needs and selected NPMs and
- ▶ Accomplishments relative to addressing the identified needs and a plan for the coming year that assures continued progress in achieving the desired health status and performance outcomes (P.7)

## C. Changes to the Application/Annual Report Guidance: Needs Assessment Change

- ▶ In addition to providing a summary overview of the state Title V program and the gains that have been realized relative to the state priority needs, the Executive Summary can serve as a stand-alone document for the state in marketing its Title V programs achievements to other, state, community and **family agencies** and in **soliciting programmatic input from families** and other MCH stakeholders. (p.7)

## B. Five-Year needs Assessment Summary

### iii MCH workforce Development & Capacity

(p.23)

- ▶ (b) Provide examples of the mechanisms that the state had developed and utilized to promote and provide culturally competent approaches in its service delivery. Six examples are given on page 23; 2 and 3 relate to **families and family organizations**.
  - ▶ (2) Ensure the provision of training, both in orientation and ongoing professional development, for staff, *family leaders*, volunteers, contractors and subcontractors in the area of cultural and linguistic competence.
  - ▶ (3) Collaborate with informal community leaders/groups (e.g. natural networks, informal leaders, spiritual leaders, ethnic media and *family advocacy groups*) and *families of culturally diverse groups* in needs/assets assessments, program planning, service delivery and evaluation/monitoring/quality improvement activities.

## B. Five-Year needs Assessment Summary

### iii MCH workforce Development & Capacity

(p.26)

#### C. State Selected Priorities

- ▶ In this section, states shall list the seven to ten highest priority needs they identified based on the finding of the Five-Year Needs Assessment.
- ▶ In addition to listing the seven to ten selected priority needs on Form 9, states should provide a rationale for how these priority needs were determined. *This rationale should include pertinent discussion on other priority needs that were strongly considered by the state and its stakeholders and why these needs were not included among the final priority list.*
- ▶ In addition, states should describe the methodologies that were used for ranking the broad set of defined needs and the process for selecting its final seven to ten priorities.

## B. Five-Year needs Assessment Summary

### iii MCH workforce Development & Capacity

(p.23-24)

#### C. Partnerships, Collaboration and Coordination

- ▶ Based on the Five-year Needs Assessment finding, states shall describe relevant organizational relationships which serve the legislatively-defined MCH populations and contribute to, or expand, the capacity and reach of the State Title V and CSHCN programs.
- ▶ Specifically, the discussion in this sections should focus on the partnerships, collaborations, and cross-program coordination established by the state Title V program with public and private sector entities: federal, state & local government programs, Tribes, Tribal Organizations, & Urban Indian organizations, *families/consumers*; primary care associations, tertiary care facilities' academia and other primary and public health organizations across the state that address the priority needs of the MCH population but are not funded by the state Title V program.

## B. Five-Year needs Assessment Summary

### iii MCH workforce Development & Capacity

(p.24-25)

In reporting on the Title V programs ongoing commitment and efforts to build sustain and expand partnerships, to work collaboratively and to coordinate relationships with such programs as: (out of the 10 points vii. and ix. Involve family/consumers. (p.25)

- ▶ Vii. Tribes, Tribal Organizations and Urban Indian Organizations
- ▶ ix. *Family/consumer partnership and leadership programs*

## B. Five-Year needs Assessment Summary

### iii MCH workforce Development & Capacity

(p.25)

In their Five-year Needs Assessment Summary, state should include qualitative and quantitative information on their established *family/consumer partnerships*.

- ▶ *i. Nature & substance of the established family/consumer partnership;*
- ▶ *ii. Diversity of members engaged in the family/consumer partnership;*
- ▶ *iii. Number of families/consumers engaged in the family/consumer partnership, the degree of their engagement, the compensation that is provided to them and the number of family/consumers that were trained on MCH core competencies;*

## B. Five-Year needs Assessment Summary

### iii MCH workforce Development & Capacity

(p.25)

Continued

- ▶ *iv. Evidence and range of issues being addressed through the family/consumer partnership;*
- ▶ *v. Impact of family/consumer partnership on programs and policies, including the development of promising practices and;*
- ▶ *vi. Description of the state's efforts to build and strengthen family consumer partnerships for all MCH populations, including CSHCN*

## B. Five-Year needs Assessment Summary

### iii MCH workforce Development & Capacity

(p.26)

Cont.

► States should also discuss factors that have contributed to changes in the priority needs since the previous five-year reporting cycle and note if:

- (1) Priorities were continued.
- (2) Priorities were replaced; or
- (3) Priorities were added.

For each priority need the state should discuss why a priority need was continued, replaced or added.

### 3. Family/Consumer Partnership (p.33)

- ▶ *Building the capacity of women, children, children and youth including those with SHCN and families to partner in decision making with Title V programs at the federal, state, and community levels is a critical strategy in helping states to achieve national outcomes.* State should include a description of the state's efforts and initiatives to *build and strengthen family/consumer partnerships for all MCH populations*, to assure cultural and linguistic competence and to promote health equity in the work of the of the state Title V program. For purposes of the Title MCH Services Block Grant program and this guidance, as previously notes, family/consumer partnership is defined as: “The intentional practice of working with families for the ultimate goal of positive outcomes in all areas through the life course.

# 3. Family/Consumer Partnership (p.33-34)

Family engagement reflects a belief in the value of the family leadership at all levels from an individual, community and policy level.” **States will describe efforts to support *Family/Consumer Partnerships*, including family/consumer engagement in the following strategies and activities:**

- ▶ Advisory Committees;
- ▶ Strategic and Program Planning;
- ▶ Quality Improvement
- ▶ Workforce Development
- ▶ Block Grant Development and Review
- ▶ Materials Development; and
- ▶ Advocacy.

## 6. Public Input [section 505a] (p.34)

- ▶ In its Application/Annual Report, the state shall describe its process for making the Application/Annual Report available to the public for comment during its development and after its transmittal. This discussion should include efforts by the state to solicit public comments during the development of the Application/Annual Report. The number and nature of the comments received and how they were addressed in the final Application/Annual Report should be noted for each year.

## 6. Public Input [section 505a] (p.35)

The state should clearly identify *specific activities for engaging families and other stakeholders* prior to, during and after the Application process. Such activities may include:

- ▶ Public Hearings
- ▶ Advisory Council Review
- ▶ Web Posting
- ▶ Social Media
- ▶ Public notices
- ▶ Other use of media
- ▶ Outreach to specific stakeholders

Further information regarding public input can be found by opening the section titled “Technical Assistance to States” on the MCHB website, <http://www.mchb.hrsa.gov> See the resource document entitled “Facilitating Public Comment on the Title V Block Grant.”

# Thank You

- ▶ Ending needed here