MISSOURI DEPARTMENT OF
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SENIOR SERVICES

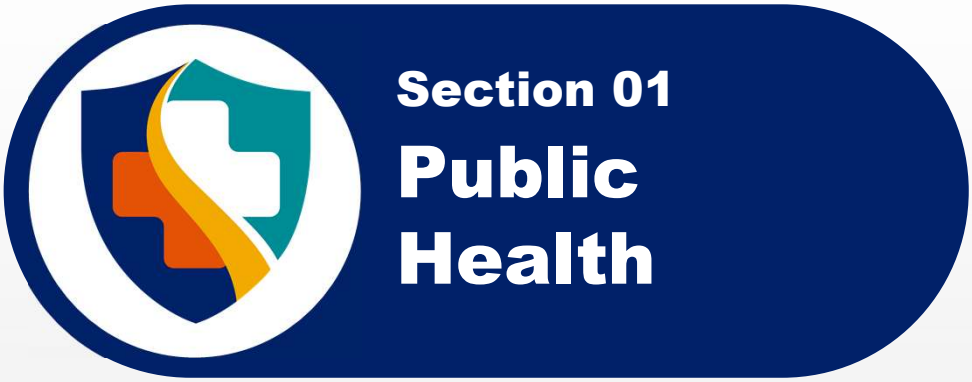
Maternal Child Health (MCH) Services Contract

Orientation for Local Public Health Agencies (LPHAs)

Provided by Maternal Child Health (MCH) Services Program

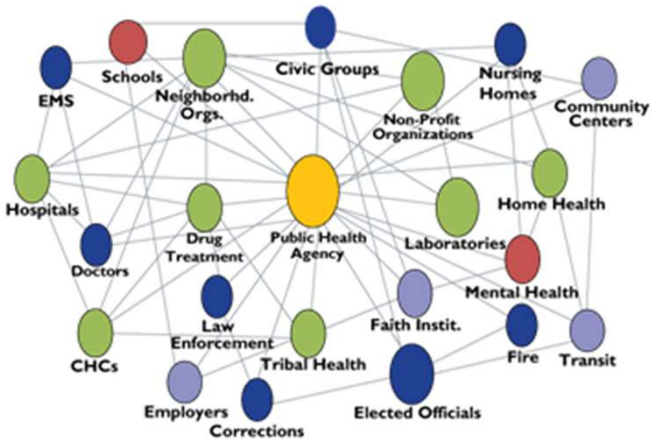
MCH Orientation

Table of Contents



Public health promotes and protects the health of all people and their communities.

https://www.apha.org/what-is-public-health



Public Health is a SYSTEM and goes beyond our buildings

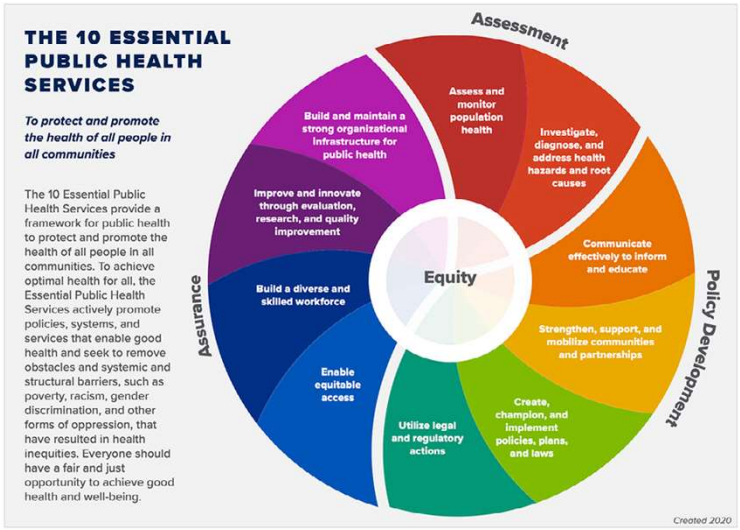
CLINICAL MEDICINE

- Individual/Family
- Emphasis on cure
- Individual rights/duties
- Single lifetime

POPULATION HEALTH

- Community/Population
- Emphasis on prevention
- Public good/social justice
- Generations/Trends

3 Core Functions and The 10 Essential Public Health Services



https://phaboard.org/wp-content/uploads/10-EPHS-One-Pager.pdf

3 Core Functions

Uses in Public Health

Assessment

Assessment of community looks at health status, gaps, and needs.

Policy Development

Policy Development is about a process to make decisions, develop goals, handle conflict, and allocate resources.

Assurance

Assurance is about seeing to it that public health services are provided, and that public health policies and programs are in place and working.

Assessment

Assessment of community looks at health status, gaps, and needs.

Examples of Public Health **assessment** activities include things such as:

- Participating in community assessments
- Identifying potential environmental hazards
- Understanding and identifying social determinants of health and disease
- Helping with case identification and treatment of persons with communicable diseases
- Developing a Community diagnosis, based on surveillance, identifying needs, analyzing causes, collecting and interpreting data, case finding, forecasting trends

Policy Development

Policy Development is about a process to make decisions, develop goals, handle conflict, and allocate resources.

Under **Policy Development**, some examples of Public Health include:

- Developing and implementing community-based health education
- Interacting regularly with many providers and services within the community
- Providing leadership to prioritize community problems and develop interventions
- Advocating for appropriate funding for needed services

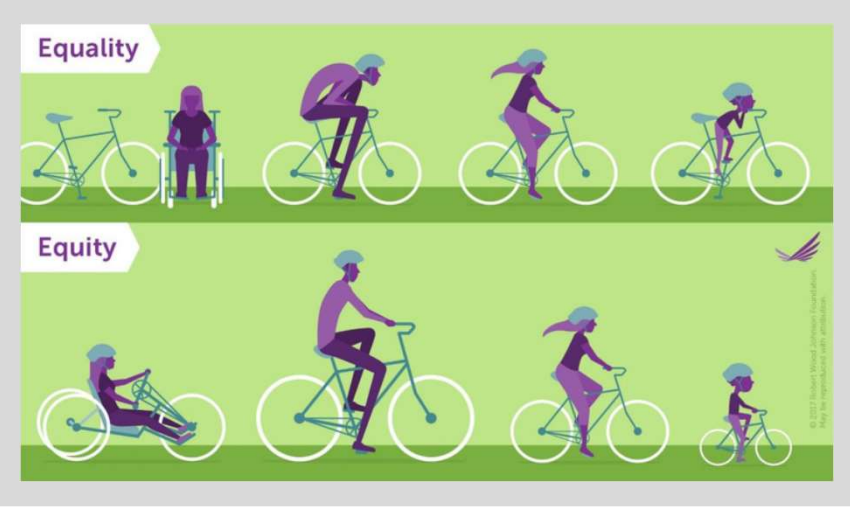
Policy development *involves interaction among organizations and individuals.*

Assurance

Assurance is about seeing to it that public health services are provided, and that public health policies and programs are in place and working.

Some examples of Public Health activities related to **assurance** include:

- Participating in the development of local regulations that protect communities and the environment from potential hazards and pollution
- Providing clinical preventive services to certain high-risk populations
- Participating in community provider coalitions and meetings to educate others and to identify service centers for community populations
- Participating in continuing education
- Collecting data and information related to community interventions



Health equity is achieved when every person has the opportunity to "attain his or her full health potential" and no one is "disadvantaged from achieving this potential because of social position or other socially determined circumstances." Health inequities are reflected in differences in length of life; quality of life; rates of disease, disability, and death; severity of disease; and access to treatment.

Principles of Public Health

1 Principle of Leadership

We must take on duties and roles which others in the community cannot or will not do.

2 Principle of Epidemiology

Relies on the principles of epidemiology as the science for inquiry and practice.

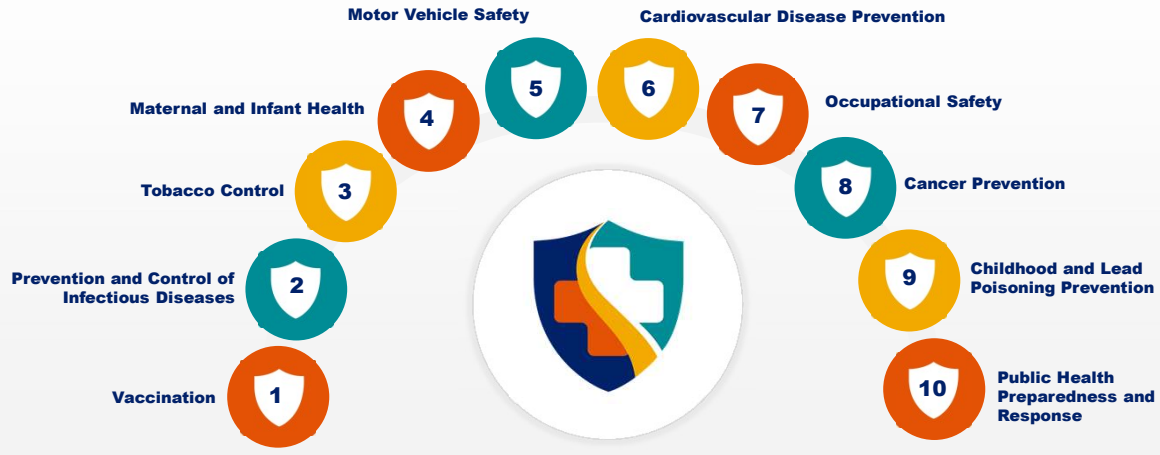
3 Principle of Community Organization

Working with our communities to identify available resources and services and organizing them to meet the public's needs.

4 Principle of the Greater Good

First consideration is given to interventions that provide for the greatest good for the greatest number of people.

Ten Great Public Health Achievements in the United States



https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6019a5.htm

Section 02

Missouri Department of Health and Senior Services

Public Health in Missouri

Federal, State and Local Partnerships

Federal	State	Local
US Department of Health and Human Services (HHS)	Missouri Department of Health and Senior Services	Local Public Health Agencies
• Has 12 operating divisions, including Centers for Disease Control and Prevention (CDC) and Health Resources and Services Administration (HRSA) • Protecting and serving all Americans	• Serves as the State's designated health agency • Provides technical support, laboratory services, a communication network, and other services to support local public health efforts	• 115 Local Public Health Agencies (LPHAs) in Missouri • Each agency operates independently of each other • LPHAs in Missouri are funded by local taxes, grants, contracts, fees and donations, state funds through contractual arrangements, and federal funds- direct or through Missouri Department of Health and Senior Services

History of Missouri Department of Health and Senior Services

MO DHSS

1883	1967	1985	2001
March 29, 1883, Missouri Legislature created a State Board of Health	October 1967, Legislature State Board of Health within Division of Health; Governor appointed the members.	July 29, 1985, Department of Health was created and empowered to manage all public health functions.	August 28, 2001, becomes Department of Health and Senior Services. Focusing on prevention and quality of life for ALL Missourians.

History of Local Public Health in Missouri

From the beginning….

1932
- 6 counties in Missouri had a health agency
- ALL 6 of them were administered by county courts

1948
- The number of health agencies increased to 21
- State law changed to allow county public health agencies to be supported by a tax levy and governed by a board of Trustees

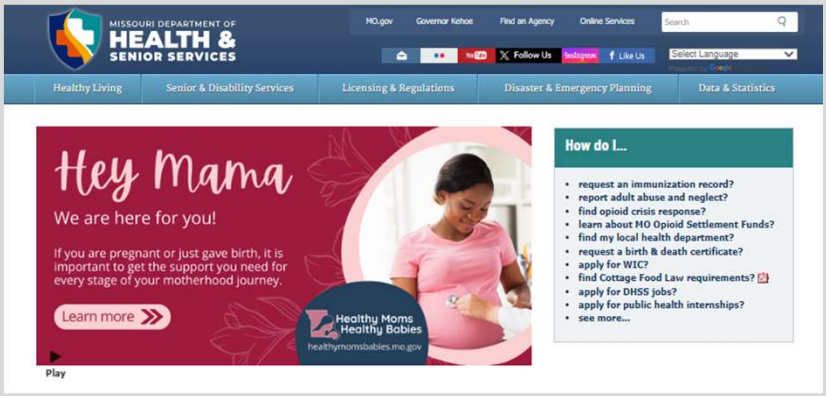
1973
- The number of health agencies increased to 77
- The state legislature appropriated approximately $2.5 million in federal funds to help counties establish public health agencies

1991
- The number of health agencies increased to 81
- The majority of the public health agencies governed by county commissions were located in the central part of the state.

2025
- Missouri has 115 local public health agencies
- All have various forms of governance
- Most (89) of the agencies are funded by a dedicated tax
- County commissions govern 18 of the agencies
- 8 have other forms of governance, including city charter, city/county agreement, or other unique agreement

Revenue Sources

- Local taxes
- Grants
- Contracts
- Fees and donations
- State funds through contractual arrangements
- Federal Funds

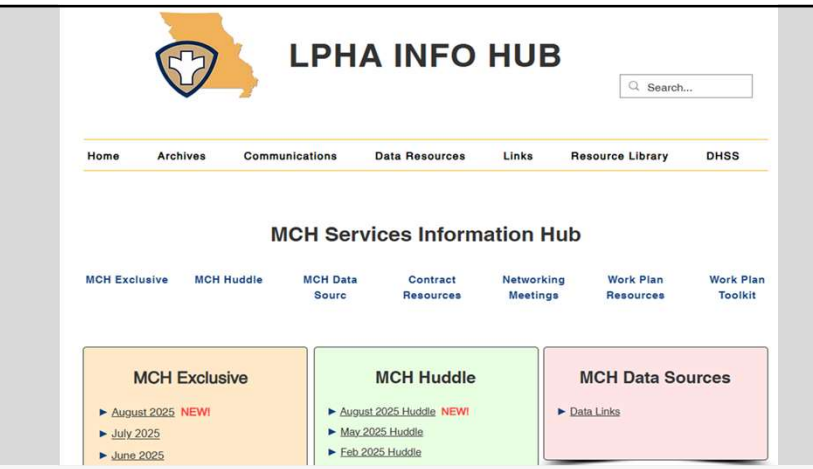


Missouri Department of Health and Senior Services Website

https://health.mo.gov/

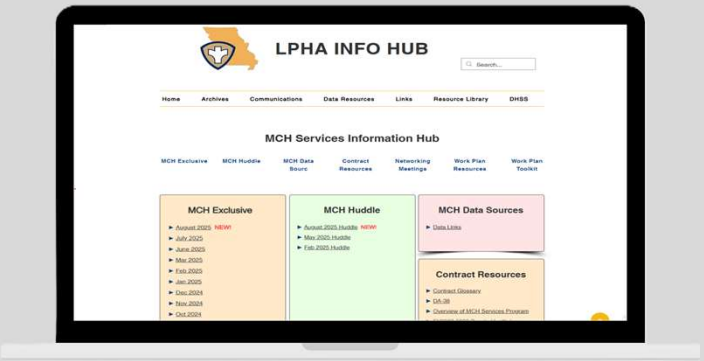
Local Public Health Agencies Website

https://health.mo.gov/living/lpha/



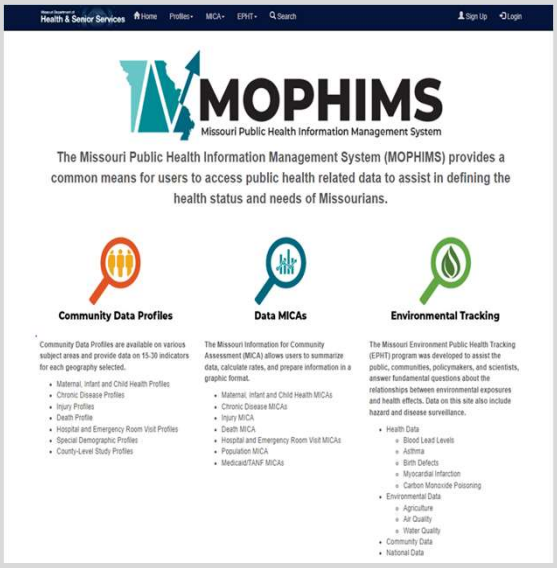
Local Public Health Agency (LPHA) Info Hub

https://www.mo-lpha.com/



MCH Services Information Hub

https://www.mo-lpha.com/

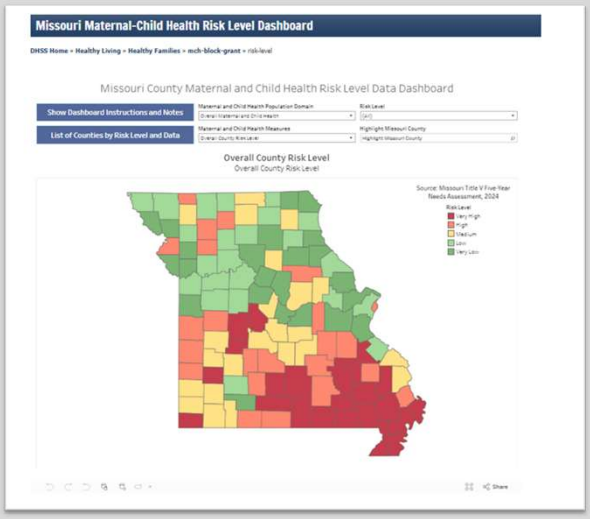


https://healthapps.dhss.mo.gov/MoPhims/MOPHIMSHome

Referencing the MCH Services Contract Scope of Work:

6.6 *The Contractor, at a minimum of twice per calendar year during the effective dates of this contract, agrees to verify which of its employees are still employed and still require partner-level access to the Department's Missouri Public Health Information Management System (MOPHIMS). The Contractor shall perform verification and updates with the MOPHIMS Program Security Officer at Division of Community and Public Health, Bureau of Health Care Analysis and Data Dissemination.*

13.2 *The Contractor shall use information from MOPHIMS for programmatic purposes and ensure that information is appropriately protected to ensure confidentiality.*



MO Maternal Child Health Risk Level Dashboard

https://health.mo.gov/living/families/mch-block-grant/risk-level.php

MPHA

Section for Public Health Nursing

Calling All Nurses! Please consider joining the Section for Public Health Nursing (SPHN)

Benefits of Membership:

- Networking with other Public Health Nurses in Missouri through quarterly meetings 3 by Zoom, 1 in-person annually
- Topic of interest presentation at each meeting
- Recognize Public Health Nurses and Public Health Nurse Leaders with annual awards
- Help create and update resources: Public Health Nursing Manual, Public Health Nursing Preceptor Orientation Manual, etc.
- Affiliation with the American Public Health Association (APHA) and their Section of Public Health Nursing
- All Public Health Nurses are welcome (including school nurses, nurse educators, students enrolled in a school of nursing)
- Advocate for Public Health Nurse issues in the state

How to Join:

You must be a member of MPHA to be a member of SPHN, but there are no additional fees to be a member of the SPHN. Go to https://mopha.org/ or scan the QR Code below to join MPHA!

If you are a nurse or nursing student and are currently a member of MPHA, please email Sandra Boeckman at sboeckman@mopha.org to be added to the SPHN membership list.

For additional questions or information, please contact Louise Bigley, SPHN Chair at lbigley@webstercohealth.com

Missouri Public Health Association, Section for Public Health Nursing

https://mopha.org/public-health-nursing-section/

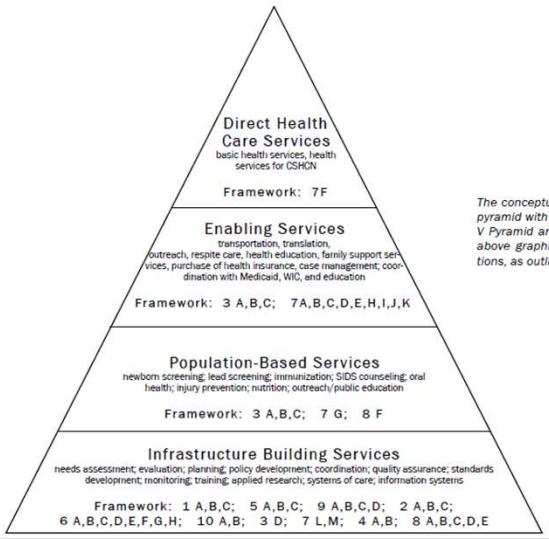
Section 03

Title V Maternal Child Health (MCH) Services Block Grant

Title V
Maternal and Child Health Services Block Grant

https://youtu.be/DMvDHW6XG3c

Relationship of the 10 MCH Essential Services to the Title V Pyramid



The conceptual basis for Title V Maternal and Child Health program activities is illustrated as a pyramid with four levels of services. The 10 MCH Essential Services and the 4 levels of the Title V Pyramid are different ways of categorizing the same public MCH program functions. In the above graphic, the number/letter combinations refer to an Essential Service and its subsections, as outlined in the previous section.

10 Essential Public Health Services to Promote Maternal and Child Health in America

1) Assess and monitor maternal and child health status to identify and address problems.

2) Diagnose and investigate health problems and health hazards affecting women, children, and youth.

3) Inform and educate the public and families about maternal and child health issues.

4) Mobilize community partnerships between policymakers, health care providers, families, the general public, and others to identify and solve maternal and child health problems.

5) Provide leadership for priority setting, planning, and policy development to support community efforts to assure the health of women, children, youth and their families.

6) Promote and enforce legal requirements that protect the health and safety of women, children and youth, and ensure public accountability for their well-being.

7) Link women, children and youth to health and other community and family services, and assure access to comprehensive, quality systems of care.

8) Assure the capacity and competency of the public health and personal health workforce to effectively and efficiently address maternal and child health needs.

9) Evaluate the effectiveness, accessibility, and quality of personal health and population-based maternal and child health services.

10) Support research and demonstrations to gain new insights and innovative solutions to maternal and child health-related problems.

Source: Grason H, Guyer B, 1995. *Public MCH Program Functions Framework: Essential Public Health Services to Promote Maternal and Child Health in America*. Baltimore, MD: The Women's and Children's Health Policy Center, The Johns Hopkins University. *www.jhsph.edu/WCHPC/publications/pubmchfx.pdf*

https://amchp.org/wp-content/uploads/2022/02/MCH.pdf

History of Title V and MCH

Overview of Title V MCH Block Grant

How did Title V and MCH in America Start?

1912

- Maternal and Child Health work are the roots of public health in so many ways that we have a shared history. Maternal and Child Health emerged from an effort to ban child labor, and the movement around social justice by women who were crusaders for ending child labor. Some of these women included Florence Kelly, Jane Addams, and Julia Lathrop who were involved in the National Child Labor Committee, and on the front lines of what was happening to children. Julia Lathrop went on to become the first Director of the Children's Bureau in 1912.
- The Children's Bureau was led by fierce women, and it was the first organized effort at the federal level to protect children. It was also the first national government office in the world that focused solely on the well-being of children to include child labor laws, education, juvenile courts, birth registration, preventing infant and maternal mortality, and endorsing activities like prenatal care, infant health clinics, visiting nurses, public sanitation, milk stations and education of mothers.

1935

- Title V of the Social Security Act – modern day Title V Program

1981

- Title V Converted into Block Grant under President Ronald Reagan – focused solely on improving the health of al mothers and children, including children and youth with special health care needs (CYSHCN).
- Appropriates funds to states and territories (59 in total) to:
- Ensure access to quality health services
- Promote the health of children by providing preventative and primary care services
- Provide and promote family-centered, community-based, coordinated care for children and youth with and without special health care needs
- Requires that the State's Designated Health Agency administers the MCH Block Grant; hence why it comes out of Missouri DHSS
- Every 5 years, states conduct needs assessment to identify areas of greatest concern to prioritize MCH needs- required to be data driven. States select National Performance Measures (there are 15 and states must choose 5) that align with strategic priorities. States may create one or more state performance measure. Every year states submit an application that outlines strategic priorities for the year. Annually states report on these measures as a mechanism for accountability.

2015

- Block Grant Transformation

Flexibility and Constraints

- States must match every $4 of federal Title V money that they receive by at least $3 of non-federal dollars- has to be demonstrated during block grant reporting.
- 30-30-10: At least 30% of funds are used for primary and preventative care services for children; at least 30% of funds are used for children and youth with special health care needs (CYSHCN); no more than 10% towards administration.
- Reporting: Reporting requirements reflect the health of the entire MCH population and include data.

Why So Much Emphasis on Data? Evaluation? Reporting?

- Historical – using data to move forward.
- ESM- evidence based strategy measure that the State Title V Program develops to affect the National Performance Measure – required that activities had to be measurable.
- Accountability & Impact
  - A way to demonstrate the value around the investment – here is what we are hoping to achieve, here is how we are planning to get there and here is where we ended up. Accountability pertaining to the amount of funds going into this work collectively; being able to tell a story about the impact of that work. Also allows leaders to advocate at the legislative level for increased dollars by demonstrating how initial funds are used.
- 48 million children served through Title V, 2 million of those are children and youth with special health care needs.

Partnership

- The challenges we face are too large for any one individual, one organization or even one state to tackle by themselves. It is integral that Missouri collaborate with stakeholders at the local level to achieve change.

The Why Behind the Work

What the MCH Block Grant Guidance Says

1. Title V legislation (Section 505 (a)(1)) requires the state, as part of the application, to prepare and transmit a comprehensive statewide needs assessment every five years, consistent with national health objectives.

2. Findings from the five-year needs assessment serve as the cornerstone for the development of a five-year action plan for the State MCH Block Grant.

3. States will submit a five-year needs assessment summary as part of the FFY2026 application (calendar year 2025).

Title V MCH Block Grant 2021-2025 (FFY 2022-2026) Priorities

National Priority Areas:

1. Improve pre-conception, prenatal and postpartum health care services for women of child-bearing age – Well Woman Care (Women/Maternal Health)
2. Promote safe sleep practices among newborns to reduce sleep-related infant deaths – Safe Sleep (Perinatal/Infant Health)
3. Reduce intentional and unintentional injuries among children and adolescents –Injury Hospitalization (Adolescent Health)
4. Reduce obesity among children and adolescents - Physical Activity (Child Health)
5. Ensure coordinated, comprehensive and ongoing health care services for children with and without special health care needs – Medical Home (CSHCN)

State Priority Areas:

1. Enhance access to oral health care services for children – Preventive Dental Visit (Child Health)
2. Promote Protective Factors for Youth and Families – Youth Suicide & Self-Harm (Adolescent Health)
3. Address Social Determinants of Health Inequities – Training & Health Literacy (Cross-cutting)

Overarching Principles:

- Ensure Access to Care, including adequate insurance coverage, for MCH population
- Promote partnerships with individuals, families, and family-led organizations to ensure family engagement in decision-making, program planning, service delivery, and quality improvement activities

FFY2027-2031

Missouri MCH Priorities

WOMEN/MATERNAL HEALTH

National Priority Areas

- Ensure access to patient-centered, coordinated, and comprehensive postpartum care.
- Promote preventive oral health care services during pregnancy.

PERINATAL/INFANT HEALTH

National Priority Area

- Promote safe infant sleep practices and environments to reduce sleep-related infant deaths.

CHILD HEALTH

National Priority Areas

- Enhance access to holistic oral health care services for children.
- Ensure coordinated, comprehensive, and ongoing health care services for children with and without special health care needs.

ADOLESCENT HEALTH

National Priority Areas

- Promote stable and supportive relationships with a caring, non-parental adult to enhance adolescent psychological well-being and empower youth with the tools and training to reach their full potential.
- Promote a smooth and successful transition from child-centered to adult-oriented health care, promoting continuity of care, improving health outcomes, and empowering youth to manage their own health.

CHILDREN WITH SPECIAL HEALTH CARE NEEDS

National Priority Area

- Ensure coordinated, comprehensive, and ongoing health care services for children with and without special health care needs.

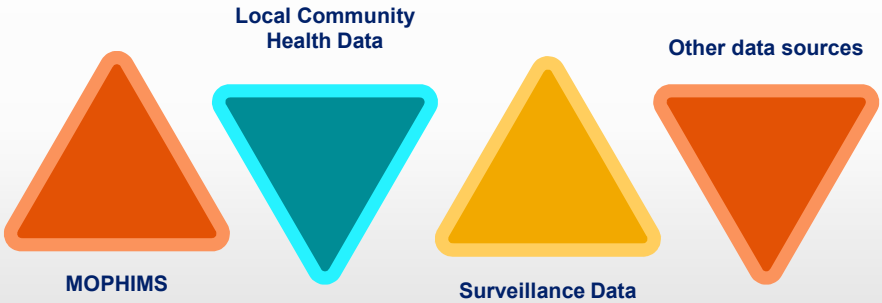
CROSS-CUTTING/SYSTEMS BUILDING

State Priority Area

- Promote strengths-based services and supports to promote healthy family relationships and functioning, enhance resilience, foster social connections, and support children's social and emotional development.

Examining State and Local

Quantitative and Qualitative Data



MOPHIMS

Missouri Public Health Information Management System (required)

MOPHIMS - MOPHIMS Home Page

Surveillance Data

https://health.mo.gov/data/

MCH Services Contract

Areas of Focus, HRSA-defined Population Domains

Women/Maternal Health	Perinatal/Infant Health	Child Health	Adolescent Health	
Women of childbearing age, 15 to 49 years old	Babies less than 1 year old	Ages 1 to 19 years old Children and Youth with Special Health Care Needs 0-21 years old	13-19 years old	Existing weaknesses/gaps in access to care

Engaging Your Community

Who is involved in this process?

Who Do We Know?	Who Can We Add?	How Can We Engage Them?	How Can they Help?
• Those experiencing needs • Health and human service providers • Government officials • Influential people • Businesses	• Who has a role to play in doing better? • Local housing or other non-traditional points of contact.	• Community Conversations • Youth Outreach • Surveys • Direct Observation • Mapping	• Community connections • Expertise • Language services • Meeting spaces • Outreach • Policy influence • Volunteers • Transportation

Section 04
Spectrum of Prevention Framework and Life Course Lens

The Spectrum of Prevention Framework

The Spectrum identifies six levels of intervention and helps people move beyond the perception that prevention is merely education. At each level, the most important activities related to prevention objectives are identified. As these activities are identified, they lead to interrelated actions at other levels of the Spectrum. All six levels are complementary and synergistic: when used together, they have a greater effect than would be possible from a single activity or initiative.

Framework

Framework of strategies for addressing public health issues

Systematic Approach

Systematic approach for developing a multifaceted range of activities for effective prevention

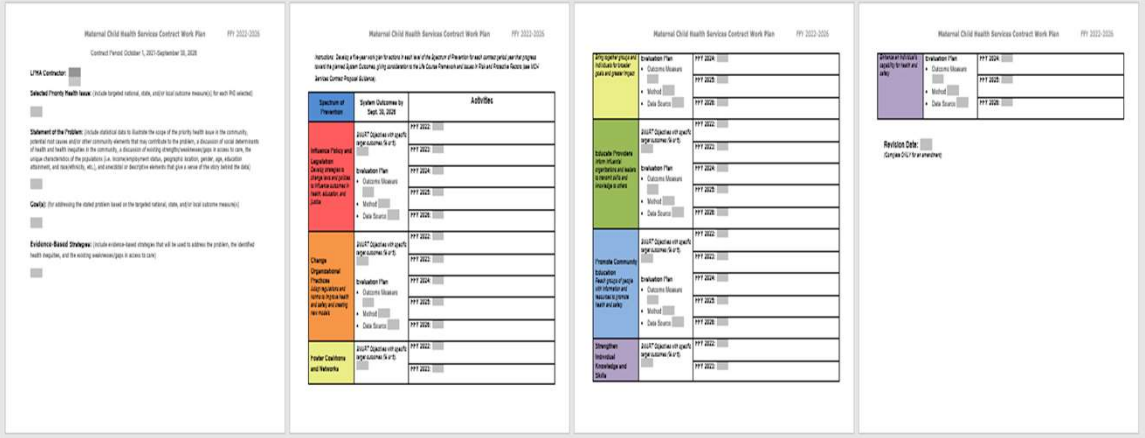
Work Plan

Helps to plan and create a clear picture of the actions that are needed to accomplish change in the social norms – knowledge, attitudes, skills, and behaviors

WHAT IS THE SPECTRUM OF PREVENTION?

- Developed in 1983 by Larry Cohen
- A framework for developing a multifaceted approach to injury prevention
- Emerged from this idea that complex problems require complex solutions
- Shifts from individually focused health education to a systems approach
- Composed of SIX interrelated action levels
- Data and evaluation inform all levels of the Spectrum- any activity should be based on data showing the issue is important, the target population is important, and the intervention is promising.

WORK PLAN TEMPLATE



What is the life course approach to public health?

https://www.youtube.com/watch?v=3OBFYIXmAwQ

Life Course Perspective

Life Course Perspective - refers to a way of looking at an individual's health over their life span, not as disconnected stages, but as an integrated whole.

- Four key concepts are fundamental to understanding and applying Life Course Framework;
  - timeline
  - timing
  - environment
  - equity
- It includes experiences in **health—physical and emotional**; exposures to **environments and social experiences** and **has long-term effects** from the earliest stages of one's life and across generations.
- ACE study - VERY large study of adults who reported one or more "adverse events" (there was a list to choose from) in their childhood. Those individuals with one or more adverse events where MUCH more likely to have specific unhealthy behaviors and specific health issues as adults.
- It holds true that health develops over a lifetime, with health improving or diminishing based in part on exposures to risk and protective factors.
- Life Course Framework emphasizes the importance of cumulative and long-term impacts both within an individual's life span and across generations.

Life Course Perspective

Protective Factors

- Nurturing Family
- Safe Neighborhoods
- Economic Security
- Strong and Positive Relationships
- Access to Primary Care and Health Services
- Access to Quality Schools and Early Childhood Education
- Prenatal/Parenting Classes

Risk Factors

- Food Insecurity
- Homelessness
- Domestic Violence
- Poverty
- Discrimination
- Low Birth Weight
- Lack of Access to Health Care Services

Learn more here:
https://www.lifecoursetools.com/

Next, you will have a meeting with your District Nurse Consultant to discuss Part Two of the presentation.

Part Two

- **Section 5** Maternal Child Health (MCH) Services Contract
- **Section 6** Learning Opportunities
- **Section 7** Contract Resources
- **Section 8** Work Plan/Progress Report Review

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Part Two

- Section 5 – Maternal Child Health (MCH) Services Contract
- Section 6 – Learning Opportunities
- Section 7 – Contract Resources
- Section 8 – Work Plan/Progress Report Review

Questions from part one?

Section 05
Maternal Child Health (MCH) Services Contract

MCH Services Program
Meet the Team

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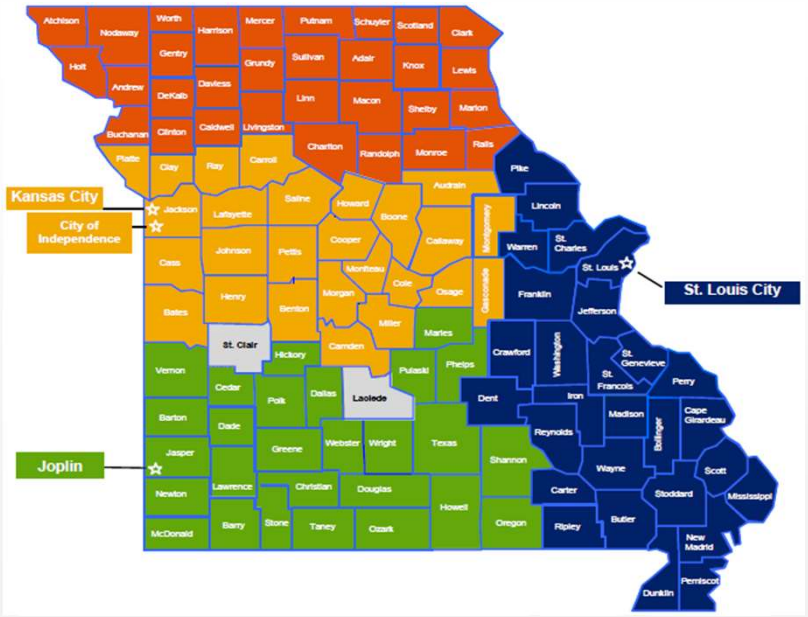
District Nurse Consultant Map



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Role of District Nurse Consultant (DNC)

Assess MCH contracting agencies capacity to work with their communities to support the MCH 10 essential promote maternal and services to child health in Missouri.

Participate in coalitions, collaborative, task-forces, and workgroups related to maternal child health outcomes.

Completes MCH Services contract site visits with LPHAs, offering technical assistance and consultation in support of their outcomes, services and programs and recommendations to encourage success.

Develop educational resources and materials for public health professionals on MCH health issues, including data collection, evidence-based practice, coalition building, and program evaluation.

Reviews, monitors, and provides feedback and technical assistance for resources, planning, and community supports.

Serve as a liaison with local public health agencies and the Department, providing technical assistance and consultation for contract fulfillment, program development and reporting.

MCH Services Contract

Purpose

State and Local partnership to support a leadership role for LPHAs at the local level

Build community-based systems and expand the resources those systems can use to respond to priority maternal child health issues

Provide and assure mothers and children (in particular those with low income or with limited availability of health services) access to quality MCH services; reduce health disparities for women, infants, and children, including those with special health care needs.

Promote the health of mothers and infants by assuring prenatal, delivery, and postpartum care for low income, at-risk pregnant women AND Promote the health of children by providing preventive and primary care services for low -income children.

MCH Services Contract

Eligibility and Funding

Eligibility

- Any LPHA is eligible to participate in the Maternal Child Health (MCH) Services Contract after completion and approval of a proposal hereinafter referred to as the FFY2022-2026 contract work plan and completion and approval of an annual contract budget.
- The FFY2022-2026 contract work plan shall be for the five-year period of October 1, 2021, through September 30, 2026.

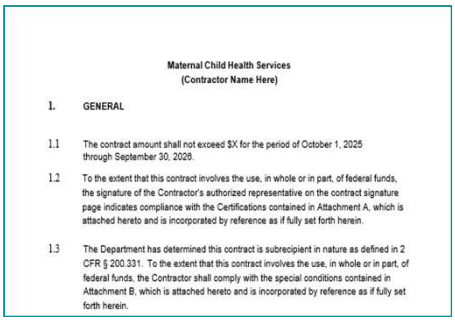
Funding

- Funding for this contract is provided by federal grant dollars from the Maternal and Child Health Services Title V Block Grant issued to the State of Missouri from the United States (U.S.) Health Resources and Services Administration (HRSA) and the U.S. Department of Health and Human Services (HHS).
- Funding for this contract is awarded annually for a one-year funding period only.
- Funding for this contract shall be expended during the applicable contract period.

Scope of Work

MCH Services Contract

- is part of the contract agreement where the work to be performed is described
- reviewed/updated each contract year, to include any changes in language, expectations and contractor award amount



Maternal Child Health Services
(Contractor Name Here)

1. GENERAL

1.1 The contract amount shall not exceed $X for the period of October 1, 2025 through September 30, 2028.

1.2 To the extent that this contract involves the use, in whole or in part, of federal funds, the signature of the Contractor's authorized representative on the contract signature page indicates compliance with the Certifications contained in Attachment A, which is attached hereto and is incorporated by reference as if fully set forth herein.

1.3 The Department has determined this contract is subrecipient in nature as defined in 2 CFR § 200.331. To the extent that this contract involves the use, in whole or in part, of federal funds, the Contractor shall comply with the special conditions contained in Attachment B, which is attached hereto and is incorporated by reference as if fully set forth herein.

FFY2026

Maternal Child Health (MCH) Services Contract FFY2026 Reminder Calendar

October 2025

1st- FFY2026 contract year begins

1st- FFY2026 Contract Kickoff Meeting, 10am-Noon

9th- Proposed Work Plan "Deep Dive", 9am-11am

15th- September 2025 Invoicing Due

31st- FFY2025 End of Year Reports Due

November 2025

15th- October 2025 Invoicing Due

12th- MCH HUDDLE, 10am-Noon

December 2025

4th- Postpartum Visit Proposed Work Plan Meeting, 10am-Noon

11th- Preventive Dental Visit in Pregnancy Proposed Work Plan Meeting, 10am-Noon

15th- November 2025 Invoicing Due

18th- Safe Sleep Proposed Work Plan Meeting, 10am-Noon

January 2026

8th- Medical Home, Family-Centered Care, Child, Proposed Work Plan Meeting, 10am-Noon

15th- Preventive Dental Visit, Child, Proposed Work Plan Meeting, 10am-Noon

15th- December 2025 Invoicing Due

22nd- Adult Mentor/Adult Transition, Proposed Work Plan Meeting, 10am-Noon

29th- Family Strengthening, Proposed Work Plan Meeting, 10am-Noon

February 2026

10th- MCH HUDDLE 10am-Noon

15th- January 2026 Invoicing Due

27th- Mid-Year Progress Report Due to DNC

March 2026

15th- February 2026 Invoicing Due

31st- Last Day to Submit FFY2026 Contract Work Plan Amendment to DNC

31st- Rough Draft of Proposed Work Plan Due to DNC

April 2026

15th- March 2026 Invoicing Due

*DNC's to complete site visits

May 2026

12th- MCH HUDDLE 10am-Noon

15th- April 2026 Invoicing Due

*DNC's to complete site visits

June 2026

15th- May 2026 Invoicing Due

*DNC's to complete site visits

July 2026

15th- June 2026 Invoicing Due

*Budget Worksheet for FFY2027 will be sent via email with guidance in July

August 2026

11th- MCH HUDDLE 10am-Noon

15th- July 2026 Invoicing Due

September 2026

15th- August 2026 Invoicing Due

30th- Contract Year Ends AND Last Day to expend FFY2026 MCH Services contract funding

LPHA INFO HUB

SCAN HERE

MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES

Contract Monitoring

- The Department reserves the right to monitor the Contractor during the contract period to ensure financial and contractual compliance.
- The Department reserves the right to monitor the Contractor through on-site visits during the contract period at a minimum of once per year to ensure contractual compliance.
- The focus of the on-site visit is consultation and technical assistance to assist the Contractor in acquiring the resources and expertise necessary to meet the contract deliverables and outcomes and implement the FFY 2022-2026 MCH Services contract work

The on-site visit will include:

- Monitoring the Contractor's compliance with the terms of the contract;
- Verifying the Contractor's progress toward meeting the contract deliverables and outcomes and accomplishing the work plan activities and system outcomes;
- Monitoring the Contractor's evaluation component included in the progress report template, including the ongoing identification, tracking and monitoring of targeted national, state, and local outcome measure(s) and other performance indicator data/measures and analysis of FFY2022-2026 contract work plan performance trends; and
- Assessing local capacity to provide maternal, child and family foundational public health services.

Publicity Statement

- The publicity statement must be included when issuing statements, press releases, requests for proposals, bid solicitations, and other Health Resources and Services Administration (HRSA) supported publications (including audiovisual items) and forums describing projects or programs funded in whole or in part with HRSA funding, including websites.
  - Examples of HRSA-supported publications include, but are not limited to the following:
    - ❑ manuals, toolkits, resource guides, case studies, issue briefs, etc.
    - ❑ Complete Publicity Statement MUST be used
    - ❑ Radio PSA is ONLY exception - Publicity Statement must be referenced by direct URL link
    - ❑ Approval MUST be obtained from the MCH Services Program via an email to the MCH Program Manager PRIOR to the release or use of such items; reimbursement may not be approved for expenditures not pre-approved
    - ❑ Anytime you create something, such as a flyer, brochure, or other promotional item, using Title V MCH Block Grant funding, for staff time spent creating, for printing or publishing, etc.
    - ❑ If you purchase educational or promotional items OR are adding messaging to an existing item with Title V MCH Block Grant funding.
    - ❑ If you host or attend an event, such as having a booth at a health fair, and you are utilizing any Title V MCH Block Grant funding for staff time you should have the MCH Publicity Statement visible (it does not have to be grandiose, it can be as simple as printing and displaying in a flyer holder or laminating and placing at your booth).

Publicity Statement

Updated each federal fiscal year (FFY)

This project is/was funded in part by the Missouri Department of Health and Senior Services *MCH Services* Contract # ___*enter contract number, contract number will stay the same all five years of the work plan* and is/was supported by the Health Resources Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant #B04MC47428, Maternal and Child Health Services for $12,834,718, of which $0 is from non-governmental sources. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

Funding Formula

MCH Services Contract

Component 1	Component 2	Component 3	Result
• Combined Poverty Index Score determined for each county/city in Missouri by the Bureau of Vital Statistics (1) Maternal-Infant Indicator (the unduplicated count of births to mothers younger than 18, infant and fetal deaths, and low birth weight births) (2) (2) Female/Child Poverty Proportions (estimated population of women of childbearing age (15-44), males under age 18, and females under age 15 at 185% of the federal poverty level)	• The base-funding amount of $15,000 is multiplied by 113 (# of LPHAs accepting the contract) and subtracted from the total funding amount for the contract	• The difference is then multiplied by the Combined Poverty Index Score for each county and added to the base-funding	• Total FFY Contract Award for each LPHA is determined

Budget and Funding Provisions

MCH Services Contract

Funding for this contract is awarded for a one-year funding period only (October 1-September 30) and shall be expended during the applicable contract period.

Funding for this contract shall be used to expand or enhance activities that improve the health of the maternal and child health population, and to address local maternal and child health issues.

Cost-reimbursement contract NOT fixed price contract.

Payor of last resort.

The Contractor shall invoice and be reimbursed for actual and reasonable travel expenses either at the Contiguous US Per Diem Rates (CONUS) or the travel reimbursement rates set by the Contractor's internal policy, whichever is lower.

The Contiguous US Per Diem Rates (CONUS) can be found by clicking on the link for "Per Diem Rates" at the following Internet address: http://www.gsa.gov .

Funds must be used to expand or enhance activities that improve the health of the maternal and child health population, and to address local maternal and child health issues.

A **minimum** of 60% of contract funding MUST be spent on implementing the approved FFY2022-2026 contract work plan to address the selected priority health issue(s).

A **maximum** of 40% of contract funding may be spent to expand or enhance other specific MCH initiatives/activities that improve the health of the maternal and child health population and address local maternal and child health issues.

Funding for this contract shall NOT be used for:

- Cash payments to intended recipients of MCH services (cash, check, gift cards, gift certificates, etc.).
- Purchase of land, buildings, or major medical equipment.
- The purpose of performing, assisting, or encouraging abortion.
- To directly, or indirectly, subsidize abortion services.

Time Accounting

- Time worked on the MCH Services contract should be delineated by hours worked toward the priority health issue *and* hours worked to expand or enhance other specific MCH initiatives
- Is necessary for accurate cost allocation
- Compliance and audit readiness
- Responsible fund management

________________ County Health Department Time Sheet

MCH Services Program

Month of:

Date	Notes	Category- MCH Priority OR MCH Other	# of Hours
		Total Time	

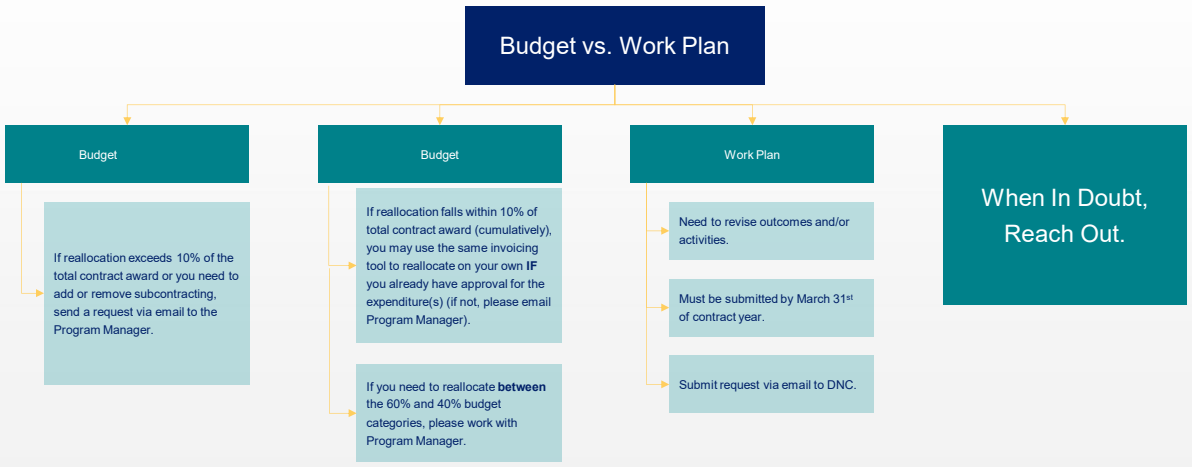
Employee Name & Signature — Date

Supervisor Name & Signature — Date

	Name:				Month:											
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Total
Case Mgmt																0.00
CCHC																0.00
Delta																0.00
CHIP/HSI IMM																0.00
CHIP/HSI LEAD																0.00
MCH Priority																0.00
MCH Other																0.00
PHEP																0.00
Quest Lab																0.00
SOCC																0.00
Mental Health Health Ed																0.00
VITAL RECORDS																0.00
Admin																0.00
Environmental CD																0.00
WIC-PROG Mgmt																0.00
WIC-CLIENT SVCS																0.00
WIC-NUTR Ed																0.00
WIC-BF Ed																0.00
WIC BFP Counselor																0.00
Behavioral Health																0.00
ADULT VAX																0.00
COVID19																0.00
Total HR Work	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
PTO																0.00
Sick Leave																0.00
Other																0.00
Total HR Paid	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.00

Contract Amendments

MCH Services Contract



Contract Work Plan Amendment

- The selected priority health issue(s) may NOT be amended
- May request to amend the FFY2022-2026 contract work plan activities and/or system outcome(s)
- Proposed work plan amendment requests must be submitted by March 31
- The proposed amendment request should be submitted to your DNC via email and include the following:
- An amendment request letter (dated and on agency letterhead) stating the reason(s) for the proposed change(s) and an effective date for this change to begin - MUST include an original or legal electronic signature of authorization
- An attached revised work plan using the template for the Maternal Child Health Services Contract Work Plan (with completed Revision Date section)

Outcome Measurement

Why Measure Outcomes?

In growing numbers, service providers, governments, other funders, and the public are calling for clearer evidence that the resources they expend actually produce benefits for people. Consumers of services and volunteers who provide services want to know that programs to which they devote their time really make a difference. That is, they want better accountability for the use of resources. One clear and compelling answer to the question of "why measure outcomes?" is to see if programs really make a difference in the lives of people.

Although improved accountability has been a major force behind the move to outcome measurement, there is an even more important reason: to help programs improve services. Outcome measurement provides a learning loop that feeds information back into programs on how well they are doing. It offers findings they can use to adapt, improve, and become more effective.

This dividend doesn't take years to occur. It often starts appearing early in the process of setting up an outcome measurement system. Just the process of focusing on outcomes--on why the program is doing what it's doing and how participants will be better off--gives program managers and staff a clearer picture of the purpose of their efforts. That clarification alone frequently leads to more focused and productive service delivery.

Down the road, being able to demonstrate that their efforts are making a difference for people pays important dividends for programs. It can, for example, help programs:

- Recruit and retain talented staff
- Enlist and motivate able volunteers
- Attract new participants
- Engage collaborators
- Garner support for innovative efforts
- Win designation as a model or demonstration site
- Retain or increase funding
- Gain favorable public recognition

Results of outcome measurement show not only where services are being effective for participants, but also where outcomes are not as expected. Program managers can use outcome data to:

- Strengthen existing services
- Target effective services for expansion
- Identify staff and volunteer training needs
- Develop and justify budgets
- Prepare long-range plans
- Focus board members' attention on programmatic issues

To increase its internal efficiency, a program needs to track its inputs and outputs. To assess compliance with service delivery standards, a program needs to monitor activities and outputs. But to improve its effectiveness in helping participants, to assure potential participants and funders that its programs produce results, and to show the general public that it produces benefits that merit support, an agency needs to measure its outcomes.

These and other benefits of outcome measurement are not just theoretical. Scores of human service providers across the country attest to the difference it has made for their staff, their volunteers, their decision makers, their financial situation, their reputation, and, most important, for the public they serve.

*Reference point for activities and outputs in the narrative of the report template

			OUTCOMES		
INPUTS	ACTIVITIES	OUTPUTS	SHORT-TERM	INTERMEDIATE	LONG-TERM
RESOURCES **needed to implement and/or run the program/project**	**What you'll *DO* with the resources**	**The *RESULTS* of your activities (things that can be counted)**	**What will *CHANGE* in the short-term**	**What will *CHANGE* in the intermediate term**	**Long-term *CHANGES* resulting from the program/ project**
Think about key staff, equipment, partner organizations, volunteers, funding, physical space (owned, rented, donated), and program supplies (think about things like curriculum, food/snacks, participation incentives).	For example: offer sessions, provide referrals, coordinate community events, collaborate with other organizations, develop curriculum, conduct research, post a position and hire, plan routes, promote the program.	Number of referrals made, number of referrals completed, surveys completed, brochures distributed, meetings/ appointments attended, number of people who participate in an event or activity, number of meals served.	The meaningful changes in lives and/or communities that result from your program or project. The outcomes are possible when you have the INPUTS to perform the ACTIVITIES, the activities result in specific OUTPUTS (showing progress toward outcomes), and those outputs are logically connected to the OUTCOMES—or changes—you believe the program will produce.		

YOUR PLANNED WORK — YOUR INTENDED/EXPECTED RESULTS

Example

INCREASE SCHOOL READINESS OF KINDERGARTENERS			OUTCOMES		
INPUTS	ACTIVITIES	OUTPUTS	SHORT-TERM	INTERMEDIATE	LONG-TERM
NOUNS (THINGS)	VERBS	COUNTABLE RESULTS	SHOWS DIRECTIONAL CHANGE		
Parents as Teachers Model	Home-Visiting 1 hr/week	30 families 1,200 visits	More children are developmentally ready for kindergarten		
ASQ Assessment	Children screened for developmental milestones	41 children screened	More children with identified developmental access appropriate services		

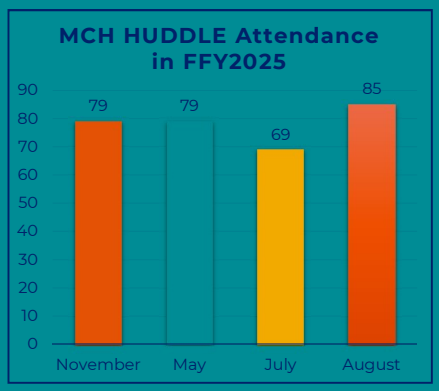
Section 06 Learning Opportunities

Opportunities for Learning
MCH Services Program

MCH HUDDLE | MCH LPHA Networking Meetings | MCH Exclusive | Contract Work Plan Toolkit | New MCH Coordinator Orientation | Contract Monitoring

MCH Services Program HUDDLE

- ***Huddles*** help individuals work together rather than alone. People talk about issues they have been struggling with and compare notes about possible solutions while making a commitment to work toward improvements, specifically working to achieve Maternal Child Health (MCH) contract deliverables and outcomes.
- Each MCH Services Program Huddle hosts a content expert on a maternal child health issue followed by a facilitated discussion by MCH Services Program DNCs in breakout rooms. Breakouts alternate by region and by priority health issue.

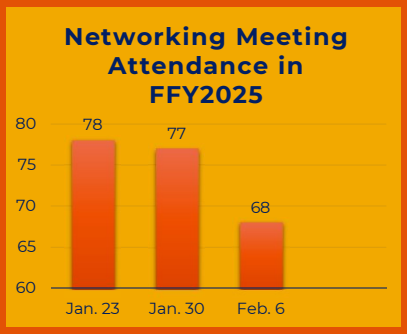


Opportunities for Learning
MCH Services Program

MCH HUDDLE | **MCH LPHA Networking Meetings** | MCH Exclusive | Contract Work Plan Toolkit | New MCH Coordinator Orientation | Contract Monitoring

MCH LPHA Networking Meetings

- Topics/Content expert speaker choices are guided by feedback received LPHAs provide on the annual Program Evaluation Survey
- An opportunity to network with other LPHAs based on both geographic location as well as selected priority health issue



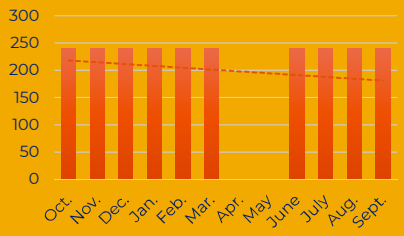
Opportunities for Learning
MCH Services Program

MCH HUDDLE | MCH LPHA Networking Meetings | **MCH Exclusive** | Contract Work Plan Toolkit | New MCH Coordinator Orientation | Contract Monitoring

MCH Exclusive- Monthly Email

- An additional opportunity to build rapport between the DNC and MCH Coordinator/Administrator
- Using email as a platform that includes resources and answers commonly asked questions
- DNCs shared the responsibility of compiling and reviewing content on a monthly-basis

# of Monthly Emails Sent by DNCs in FFY2025

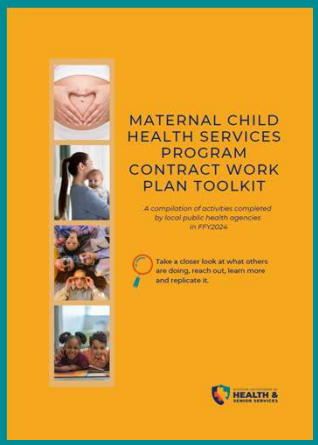


Opportunities for Learning
MCH Services Program

MCH HUDDLE | MCH LPHA Networking Meetings | MCH Exclusive | **Contract Work Plan Toolkit** | New MCH Coordinator Orientation | Contract Monitoring

MCH Services Program, Contract Work Plan Toolkit

- Increases the visibility of LPHA work
- Opportunity for peer-to-peer sharing
- Increase knowledge of evidence-based strategies



Opportunities for Learning
MCH Services Program

MCH HUDDLE | MCH LPHA Networking Meetings | MCH Exclusive | Contract Work Plan Toolkit | **New MCH Coordinator Orientation** | Contract Monitoring

New MCH Coordinator Orientation

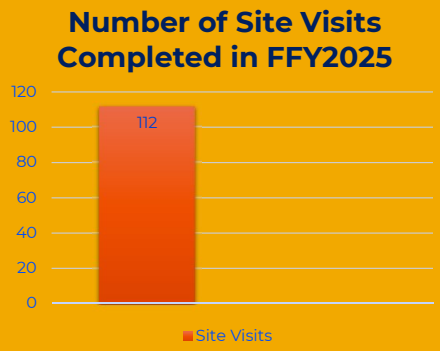
- MCH Orientation is provided to all new staff working with the MCH Services contract to ensure staff are appropriately trained and understand the Scope of Work

Opportunities for Learning
MCH Services Program

MCH HUDDLE | MCH LPHA Networking Meetings | MCH Exclusive | Contract Work Plan Toolkit | New MCH Coordinator Orientation | **Contract Monitoring**

Contractor Monitoring (Site Visit)

- Opportunity for program staff to step into the environment of the MCH Coordinator
- Opportunity for rich conversations to take place regarding successes and challenges between the DNC and MCH Coordinator
- Opportunity to provide assistance where needed to move work plan forward and increase contract spending
- Opportunity for DNC and MCH Coordinator/Administrator to have detailed discussion regarding amount of budget spent/unspent for the FFY and ways to ensure 100% of contract award can be expended



Section 07
Contract Resources

Contract Resources

MCH Services Information Hub
https://www.mo-lpha.com/mch-services-info-hub

ACES (Adverse Childhood Events)
https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime?language=en
https://burkefoundation.org/what-drives-us/adverse-childhood-experiences-aces/
https://www.acesaware.org/learn-about-screening/screening-tools/

Healthy People 2030- Social Determinants of Health
Healthy People 2030 | health.gov

Healthy People 2030- Health Care Access and Quality
https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/health-care-access-and-quality

DHSS Literature Warehouse
https://health.mo.gov/warehouse/index.php
https://dhssnet.state.mo.us/Warehouse/litprocedure.html

10 MCH Essential Services
https://amchp.org/wp-content/uploads/2022/02/MCH.pdf

10 Public Health Essential Services
https://phaboard.org/wp-content/uploads/EPHS-English.pdf

Contract Resources

MCH Data Sources

Missouri Public Health Information Management System (MOPHIMS)
MOPHIMS - MOPHIMS Home Page

MCH Risk Level Dashboard
MCH Risk Level Dashboard | Health & Senior Services

Missouri Maternal Child Health Data Platform
Maternal Child Health | Health & Senior Services

Pregnancy- Associated Mortality Review Dashboard (PAMR)
Dashboard | Pregnancy Associated Mortality Review | MRSA and VRE Reporting | Health & Senior Services

Missouri Early Hearing Detection and Intervention (EHDI) Dashboard
EHDI Dashboard | Health & Senior Services

Missouri Pregnancy Risk Assessment Monitoring System (PRAMS) Dashboard
Missouri Pregnancy Risk Assessment Monitoring System (PRAMS) | Health & Senior Services


UP NEXT
WORK PLAN/
PROGRESS REPORT
REVIEW