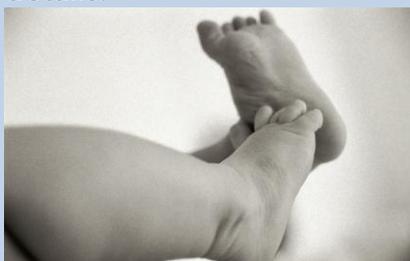


Title V / Maternal and Child Health (MCH) Block Grant – 2014



An important resource . . . Title V/Maternal and Child Health Block Grant . . . is at work in Nebraska to support the health of women and children. This overview briefly describes Title V/MCH Block Grant.

We invite you to join us in webinars to learn more, and to voice your ideas, comments, and concerns on Nebraska's annual Title V/MCH Block Grant application. See page 6 for details.



Maternal and Child Health (MCH) includes *children with special health care needs* (CSHCN) in addition to where CSHCN are specifically referenced.

History & Background

Since 1935, the federal government has pledged its support of **Title V of the Social Security Act**, making it the oldest, continuously funded public health legislation in U.S. History.

Our Nation's 50 States and 9 jurisdictions (referred to here as 'States') have much of the responsibility to carry out the requirements of Title V.

Title V operates as a federal-state partnership. This is demonstrated, in part, by the 3:4 match requirement where States invest \$3 for every \$4 of federal funds.

States receive funding based on a formula through the federal Maternal and Child Health Bureau (MCHB).

A state's acceptance of federal Title V funds puts responsibility on the State to:

- ✓ Assure the health of all mothers and children in the state;
- ✓ Provide and promote family-centered, community-based, coordinated care (including care coordination services for children with special health care needs) and to facilitate the development of community-based systems of services for such children and their families;
- ✓ Identify specific health needs of the population through a five-year statewide needs assessment and determine health priorities;
- ✓ Submit an annual plan for meeting the needs identified by the statewide needs assessment; and report annually on performance measures;
- ✓ Make the application public within the state to facilitate comment from any person during its development and after the application is submitted;
- ✓ Provide a toll-free "hotline" telephone number (Nebraska's Healthy Mothers Healthy Babies Helpline is 800-862-1889);
- ✓ Comply with all rules and regulations governing federal financial assistance.

History & Background (continued)

Title V was amended by the Omnibus Budget Reconciliation Act of 1981 (OBRA '81).

In 1981, seven previously separate grants were consolidated into a “block” of funding. This allowed the funds to more broadly address a variety of health needs of mothers and children. The Title V/MCH Block Grant was the first Block Grant.

- The MCH Block Grant became a major funding source to support a variety of programs, services, and capacity-building activities. It is not a single program.
- MCH Block Grant was designed to address the health of pregnant women, infants, children (including adolescents), children with special health care needs, women of childbearing age, and their families using a family-centered care approach.
- OBRA '81 authorized set-aside funds (15% of the federal appropriation of the Block Grant) for Special Projects of Regional and National Significance (SPRANS).

Title V was again amended by the Omnibus Budget Reconciliation Act of 1989 (OBRA '89).

- This amendment introduced stricter requirements for accountability of the use of funds and for state planning and reporting.
- It added a requirement that States conduct activities to “*improve the health of all mothers and children*”, emphasizing that there are no eligibility requirements to qualify for services paid with Title V funds.

- OBRA '89 gave States flexibility to develop solutions to meet state and local needs.

- It defined a second set-aside for discretionary funding – Community Integrated Service Systems (CISS).

In 1998, the Abstinence Education Grant Program was added as Section 510 to Title V.

This program is administered separately from the Block Grant.

The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program was added as Section 511 of Title V, as amended by the Patient Protection and Affordable Care Act of 2010.

This program is administered separately from the Block Grant.

For more information regarding the authorizing legislation (codified at 42 USC 701 - 709) visit http://www.ssa.gov/OP_Home/ssact/title05/0501.htm.



Needs Assessment

One requirement of Title V is to conduct a statewide needs assessment every five (5) years. The assessment shall identify the need for:

- preventive and primary care services for pregnant women, mothers, and infants;

- preventive and primary care services for children; and
- services for Children with Special Health Care Needs (CSHCN)

Nebraska's Title V Five-Year Needs Assessment – 2010.

The most recent statewide Needs Assessment was conducted during the period of spring of 2009 through July 2010. DHHS called upon a large group of persons across Nebraska representing MCH and CSHCN to provide their perspectives. This Needs Assessment addresses the Maternal and Child Health (MCH) and Children with Special Health Care Needs (CSHCN) populations in Nebraska and establishes priorities for the years 2010-2014.

Nebraska's MCH/CSHCN priorities for 2010-2014.

- Increase the prevalence of the MCH/CSHCN population who are physically active, eating healthy, and are at a healthy weight.
- Improve the reproductive health of youth and women by decreasing the rates of STD's and unintended pregnancies.
- Reduce the impact of poverty on infants/children including food insecurity.
- Reduce the health disparities gap in infant health status and outcomes.
- Increase access to oral health care for children and CSHCN.
- Reduce the rates of abuse and neglect of infants and CSHCN.
- Reduce alcohol use and binge drinking among youth.
- Increase quality of and access to perinatal health services, including pre/interconception health care, prenatal care, labor and delivery services, and postpartum care.
- Increase the prevalence of infants who breastfeed exclusively through six months of age.
- Increase access to Medical Homes for CSHCN particularly for those with functional limitations.

The full report is available at <http://dhhs.ne.gov/publichealth/Pages/lifespanhealth.aspx>.

The assessment guides the priority setting to invest resources such as time, expertise, and money. However, not all priorities identified in the Needs Assessment can be addressed by MCH Block Grant funds. Priority needs are perhaps already being addressed by other resources. In that case, Block Grant funds are invested in priorities that may not have enough resources to address the needs sufficiently. Funds may also be used with strategies that will impact more than one priority. It should also be noted, that while the MCH Needs Assessment is a requirement of Title V, it informs and guides planning and program development beyond that supported by the MCH Block Grant.



Financial Overview

States are allocated funds based on a formula through the U.S. Department of Health and Human Services, Maternal and Child Health Bureau (MCHB). The annual award is available for obligation and expenditure over a two-year period. States have financial requirements.

States share in the cost.

✓ By statute, States have a cost-sharing requirement of 3:4. \$3 of State support are required for every \$4 of federal support. In Nebraska, this totals about \$7 Million.

\$3 Million State

\$4 Million Federal

\$7 Million State-Federal Partnership

Categorize finances by types of individuals served.

✓ States must budget and report expenditures of the federal-state partnership by subpopulation:

- pregnant women;
- infants < 1 year;
- children 1-22 years old (a child from 1st birthday through the 21st year);
- children with special health care needs (CSHCN);
- all others (women of childbearing age).

Expenditure requirements.

- ✓ States have statutory expenditure requirements on the federal portion that must be met for each annual allotment.
- Use at least 30% for preventive and primary care services for children.
 - Use at least 30% for services for CSHCN.
 - Limit administrative costs to no more than 10%.

MCH Pyramid: four types of core services.

The Block Grant further requires the federal-state investments be categorized by four types of core services: direct health care; enabling services; population-based services; and, infrastructure

building. The federal guidance graphically represents these in a pyramid shape (Figure 1): level 1 being the top of the pyramid and the level 4 the base of the pyramid, with the 2nd and 3rd types of services comprising the middle levels. Each level is important, although it is expected that moving down the pyramid commits increasingly greater resources.

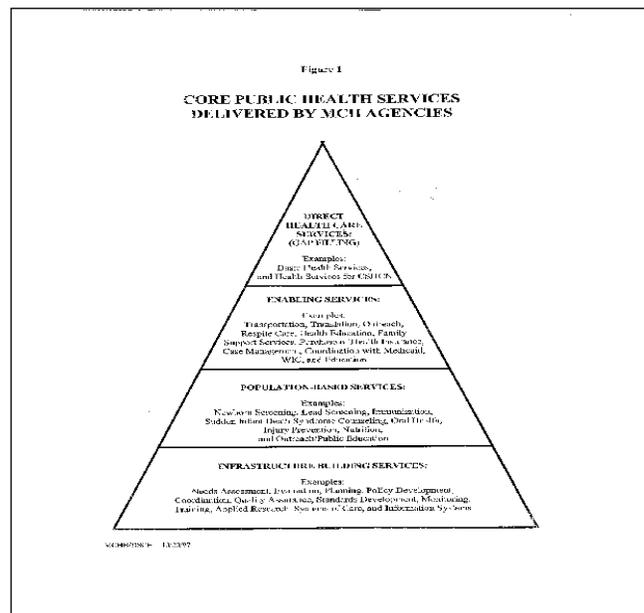


Figure 1: MCH Pyramid

- Direct services are basic health services intended to be gap filling, i.e. if the service(s) are unavailable by other means, the Block Grant funds may be used.
- Enabling services provide access to other critical services. Examples include transportation, translation, outreach, respite care, health education, family support services, case management, and coordination with Medicaid and WIC.
- Population-based services address the needs of large populations. For example, a blood test to screen all newborns to identify if they were born with a metabolic disease(s), immunizing infants and children to prevent communicable diseases (acquired from others), and prevention of injuries such as falls, motor vehicle crashes, drowning, etc.

- At the base of the pyramid are the activities to develop and/or maintain critical infrastructure to adequately support the prior three types of services. Examples of infrastructure include needs assessment, evaluation, planning, policy development, coordination, quality assurance, standards development, monitoring, training,

applied research, systems of care, and information systems.

To learn more about the federal Title V / MCH Block Grant program and other MCH topics, visit <http://mchb.hrsa.gov/>.

Title V/MCH Block Grant at Work in Nebraska

The priorities from the statewide Needs Assessment (summarized on page 3) are addressed using various strategies to improve the needs or the systems to address need. To the extent feasible, the actions taken have data evidence that it will make a difference. The largest categories of current obligations of Nebraska's federal portion are shown in Figure 2.

Community-based activities.

A portion of the Block Grant provides assistance to community-based organizations to support those strategies. Presently 22% of the federal dollars are working in local communities across Nebraska to address local needs that contribute to addressing statewide priorities. This is done primarily through subgrants to private and non-profit entities. For example, the current subgrants are awarded to local health departments, Tribal governments, and community action agencies. Subgranted organizations provide matching resources, which paired with State funds, help meet

the federal match requirement. For more information about the current subgrants, visit http://dhhs.ne.gov/publichealth/Pages/lifespanhealth_planning_index.aspx.

Subgrant opportunities are announced about every three years using a competitive Request for Applications (RFA) process. The RFA document details the purposes, goals, and defined outcomes that the subgranted Block Grant funds will support for a multi-year project period. Community-level work may also include service contracts performed for the State.

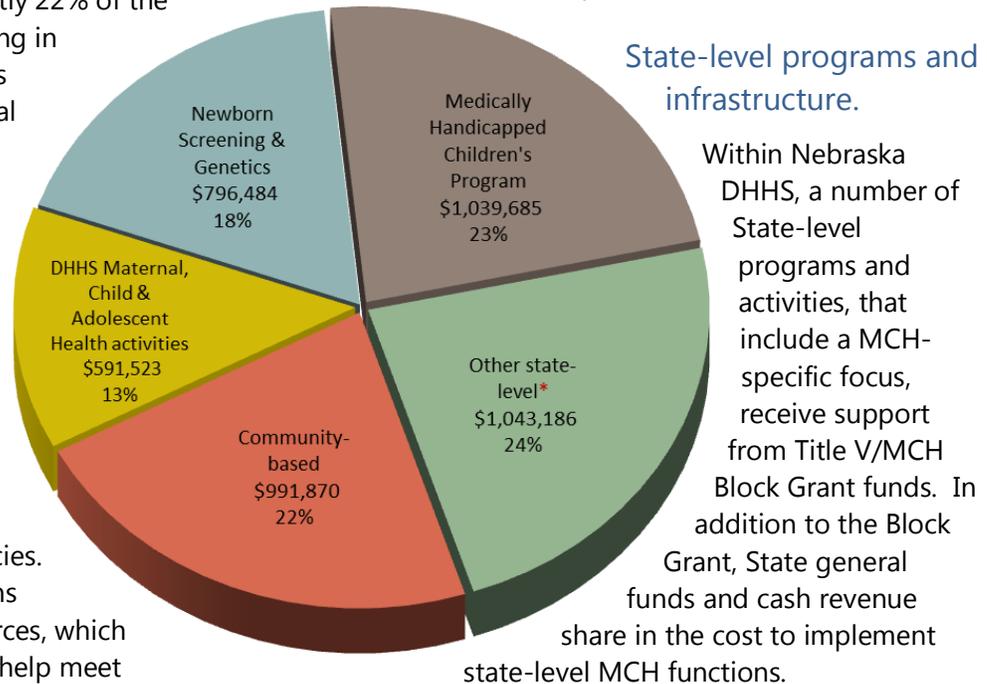


Figure 2: Current obligations (October 1, 2012–September 30, 2013) of the federal portion

* The category 'other state-level' includes partial MCH funding for these DHHS programs/units:

- Birth Defects Registry
- Health Disparities & Health Equity
- Immunization Program
- Child Death Review
- Oral Health & Dentistry
- Pregnancy Risk Assessment Monitoring System (PRAMS)
- Reproductive Health Program
- Women's Health

Public Input on the 2014 State Plan

Webinars

The link to each webinar is <https://connect.unl.edu/mch/>. Enter as a guest if you do not have an existing account.

A presentation of Title V/MCH Block Grant will start each of four webinars. Get more information and ask questions during each two-hour event.

Voice your ideas, comments and concerns.

After the brief presentation, each webinar will focus a discussion on different population(s). We invite you to provide your input about that particular subpopulation, as indicated in the announcement. This exchange of information and ideas helps guide the annual plan.

Thursday, May 2

9:00 to 11:00 a.m. CDT

A brief presentation of Title V/MCH Block Grant will be followed by dialogue statewide via webinar. This session will focus on **pregnant women/women of childbearing age**.

Tuesday, May 7

1:00 to 3:00 p.m. CDT

A brief presentation of Title V/MCH Block Grant will be followed by dialogue statewide via webinar. This session will focus on **children with special health care needs (CSHCN)**.

Monday, May 13

9:00 to 11:00 a.m. CDT

A brief presentation of Title V/MCH Block Grant will be followed by dialogue statewide via webinar. This session will focus on **infants**.

Wednesday, May 15

1:00 to 3:00 p.m. CDT

A brief presentation of Title V/MCH Block Grant will be followed by dialogue statewide via webinar. This session will focus on **children and adolescents**.



Written Comments

If you are unable to join in a webinar, there is another way to provide your ideas, comments, or concerns. Please send your written comments to us, using the contact information below. Comments received by June 7, 2013 will be reviewed for inclusion in the 2014 annual state plan.

Email: dhhs.lifespanhealth@nebraska.gov

Mail: Nebraska Department of Health and Human Services
Division of Public Health
Lifespan Health Services
P.O. Box 95026
Lincoln NE 68509-5026

Fax: (402) 471-7049

Phone: (402) 471-2907 (local) or
Toll-free (800) 801-1122

A Note to Family Members

If you need help to access the webinar or to send your written comments, you may want to ask employees at your health facility if they can assist you. If you need more information, or just want to learn more about the Title V/Maternal and Child Health Block Grant, we hope you will contact us.

A Note to Providers, Organizations, and Agencies

We appreciate your help in providing access to the webinar and gathering comments from people and families in your community. Here is how you can help:

- Ask your organization's consumer advisory board to submit comments directly to us.
- Actively involve your clients and patients in developing your organization's comments.
 - Share this information with your clients and patients, and others in your community.
 - Offer internet access to the webinars for persons needing or wanting to gather at your facility.
 - Help people and families prepare and submit their written comments.

Thank you for your interest, your time, and your input.