

Maternal and Child Health Services Program Purpose

Funding

- A. First priority is to continue funding of local agencies that demonstrate progress toward specific objectives, meet program requirements and participate in education updates. Second priority is to provide funding equal to at least 90% of the previous year's award and to allocate the remaining 10% based on performance/need data.
- B. Awards for new projects are subject to the availability of funds and identified maternal and child health needs resulting from a recently completed community needs assessment.
- C. Local matching funds must be equal to or greater than 40% of the grant funds requested and awarded. Local program revenues may be utilized to meet the match requirement.
- D. Applicants should adhere to a service plan that utilizes 50% of the funds for activities and services directed to pregnant women and infants including materials for outreach and support and 50% of the funds for activities and services directed to children and adolescents within the community to promote health.

Specific Program Information

- A. Follow the KDHE SFY 2015 Grant Application Guidance.
- B. MCH grants address priorities identified in the current federally required 5-year MCH state needs assessment called MCH 2015. Refer to the [2012 Biennial Summary](#), [MCH 2015](#) or the [MCH Program Manual](#).
- C. Each local grantee agency will provide services in order to address the following State Priorities identified in MCH 2015:
 - Pregnant Women and Infants
 1. All women receive early and comprehensive health care before, during and after pregnancy
 2. Improve mental health and behavioral health of pregnant women and new mothers
 3. Reduce preterm and low birthweight births, and infant mortality
 4. Increase initiation, duration and exclusivity of breastfeeding
 - Children and Adolescents
 1. All children and youth receive health care through medical homes
 2. Reduce child and adolescent risk behaviors relating to alcohol, tobacco and other drugs
 3. All children and youth achieve and maintain healthy weight

SFY 2015 Program Request Form Template

- A. The template enables local agencies to copy/paste information. It may be helpful to compose narrative information in a Word document first, then copy and paste into the template form.
- B. Healthy Start Home Visitor (HSHV): Check "yes" or "no" whether the local MCH program will include Healthy Start Home Visitor services to support MCH program objectives during 7/1/14–6/30/15. A HSHV works in tandem with professional nursing staff in providing outreach and family support to pregnant women and mothers/families with newborns up to approximately one year postpartum. HSHV services are to be woven throughout the constellation of MCH health promotion and prevention services provided to pregnant/postpartum women and their infants. However, a HSHV is distinct from other home visiting services that a local MCH grantee agency may provide using nurses, social workers, or other professionals. Guidelines for HSHV services are in Section 410 of the MCH Program Manual.
- C. Service Numbers: In the boxes provided, insert estimated total numbers to be served of pregnant women, infants, and children and adolescents during 7/1/14–6/30/15.
- D. Program Objectives: Check at least **four** MCH 2015 State Priorities to address local needs during 7/1/14–6/30/15 - **two** from the Pregnant Women and Infants population group and **two** from the Children and Adolescents population group. The selections are to be based on local community health needs assessment data. For each selected priority, provide the following narrative information in the associated text box:

- a. Specific objective to address the priority.
 - b. Justification of local needs.
 - c. Planned strategies, activities, and/or work plan to address the need and objective.
 - d. Staff responsible and roles.
 - e. Collaborative partners and roles.
 - f. How outreach will be provided in the local community(ies).
 - g. How the strategies and activities will be integrated with other efforts or programs within the agency, partners, community level efforts, etc. Include how care coordination will be facilitated to assure services for the population's nursing, social service, nutrition, behavioral health, oral health and medical needs will be comprehensively addressed.
- E. **Measurement Indicators:** Check at least **four** indicators that will be measured and reported during 7/1/14–6/30/15. There should be a minimum of one indicator to measure each identified priority/objective. Selections may be made from the list provided on the form (and in Section 8 below) and/or additional indicators may be proposed (see "Optional/Additional Indicators" box on the form). For each indicator, provide the following narrative information in the associated text box:
- a. How it will be measured (e.g., data to be collected, source, collection plan, documentation, timeframes, etc.)
 - b. How progress will be assessed (e.g., baseline, comparison, improvement, etc.)
- F. **Requested Funds:** In the box provided, insert the total amount of MCH funds requested.
- G. All objectives and indicators should be written using the S.M.A.R.T. format (**S**pecific, **M**easurable, **A**chievable, **R**ealistic, and **T**ime-Based). MCH staff will assist any grantees requesting assistance in writing objectives or indicators on an individual, as-needed basis.

Program Requirements

- A. The local grantee agency will develop and maintain written program policies and procedures that are based on program standards and guidelines as in Section 3, "Specific Program Information" above.
 - (1) Income and family size of all MCH clients must be determined and documented at least annually.
 - (2) A sliding fee scale with a minimum of four increments must be established and implemented for all MCH services provided. This program does not require the fee scale to slide to zero.
- B. Agencies will submit client encounter data by a paper Client Visit Record (CVR) or by electronic means **at least once a month**.
- C. Grantees will provide at least 20% of the families visited with a client satisfaction survey card. Survey cards may be mailed individually or collected and sent to KDHE prior to the end of each quarter. An electronic summary will be returned to the local health agency for program self-evaluation.
- D. The local grantee agency will use a billing system to maximize revenues from third party sources including Medicaid.
- E. Compliance Monitoring/Site Visits are conducted and technical assistance will be provided as needed to MCH grantees by KDHE MCH program staff. An improvement plan will be jointly developed to address issues as identified during the monitoring site visit.
- F. A 10% penalty of total grant award amount will be assessed for delinquent year-end reports beyond August 15th.
- G. For multi-agency grants only, the local grantee agency shall provide each agent/subcontractor with a completed grant application, contract, and reporting instructions and will have on file a signed memorandum of agreement (MOA) with each agent/subcontractor which includes provisions for record keeping and providing matching funds if required. **A copy of the signed MOAs shall be submitted to Jamie Klenklen, MCH Administrative Consultant, at KDHE no later than April 15.**

Continuing Education

- A. An Individual Professional Development Plan or other system of documenting educational updates, such as KS-TRAIN, will be maintained for all MCH professional staff members at each agency.
- B. Training on MCH services is provided for MCH staff and Administrators at the annual Governor's Public Health Conference including a MCH 101 pre-conference session. Important updates are provided that benefit MCH staff and administrators therefore attendance is strongly encouraged. All new MCH program staff and administrators are required to attend.
- C. Newly hired Healthy Start Home Visitors (HSHVs) will attend the Kansas Home Visitation Training within the first six months of employment.
- D. All Healthy Start Home Visitors will attend the Fall Regional HSHV training and one statewide conference of the local agency's choice. Attendance at the Governor's Public Health Conference is highly recommended for all Healthy Start Home Visitors. If the HSHV position is vacant, the supervisor must attend.

Reporting Requirements

Refer to the KDHE "SFY 2015 Grant/Contract Reporting Instructions."

Measurement Indicators

- Number of (women, infants, children and adolescents) served by the local MCH program who receive health care through medical homes.
- Number of women served by the local MCH program who receive prenatal care in the first, second, or third trimester.
- Number of pregnant women and new mothers served by the MCH program screened for (depression, substance use, tobacco use, behavioral disorders, etc.).
- Number of infants with low birth weight born to women served by the local MCH program.
- Number of women served by the local MCH program who breastfed their infants for (3, 6 or 12) months.
- Number of women served by the local MCH program provided "Safe Sleep" education.
- Number of children and adolescents who receive preventive education on use of (alcohol, tobacco and other substances).
- Number of children and adolescents served by the local MCH program with BMI's less than the 85th percentile.
- Number of births by adolescents age 10-19 years served by the local MCH program.
- Number of children and adolescents served by local MCH program who receive preventive safety education (car passenger, fire, home, etc.).
- Number of children and adolescents served by local MCH program screened and/or referred for oral health issues.

References

Children and Families website: www.kdheks.gov/c-f/index.html

MCH Block Grant website: www.kdheks.gov/c-f/mch.htm

Population Health Impact Pyramid:

www.idph.state.ia.us/adper/common/pdf/healthy_iowans/health_pyramid.pdf

MCH Program Manual: http://www.kdheks.gov/c-f/downloads/MCH_Manual.pdf

Program Contact Persons

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Form required: Program Request and Detailed Budget