

Plan/Report: Oregon Title V Maternal and Child Health Block Grant

Local health agency:	Sample County Health Department
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Date completed:	3/4/2016

Questions? Please contact:

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INSTRUCTIONS FOR COMPLETING YOUR MCH TITLE V PLAN - DUE APRIL 1, 2016

STEP 1. Complete the MCH funding overview table below

STEP 2. Use the TABS at the bottom of the screen to navigate to the appropriate sheet for each priority that your agency is working on

Note: Grantees funded at less than \$25,000 per year are required to work on a minimum of 1 priority areas; \$25,000-\$99,000 per year a minimum of 2 priority areas; \$100,000 or more per year a minimum of 3 priority areas. If you are unsure of your Title V funding level, please contact nurit.r.fischler@state.or.us

1. MCH Funding overview table instructions:

- In the funding overview table below, check off each priority area you plan to implement at your agency.
- For each checked priority area, indicate a minimum of one strategy you have chosen to implement. (For national priority areas choose strategies from the drop down lists; for state priority areas and other priorities type in your strategies.)
- If you would like to indicate more than three strategies for a particular priority area, please contact Nurit Fischler (nurit.r.fischler@state.or.us) for an expanded version of this plan/report template.
- Enter the percentage of your Title V funds that you have allocated to each strategy. The percentages you enter will automatically be summed into a total. This total should equal 100% once you have entered all your strategies.
- In addition to entering percentage of Title V funds, you can also enter the dollar amount of any other state MCH funds you intend to allocate to the strategy. The amounts you enter will also be automatically summed into a total.

2. Priority area tab instructions

Once you have completed funding overview table on this page, use the TABS below to complete your plan for each priority area your agency is working on.

Note: If you are using Title V funds to work on more than one priority, you will fill in information on more than one tab. Tabs are labelled with the priority name

- Click on the tab for the first priority area that you are planning to work on using Title V funds (At least one national priority area is required)
- The strategies you have selected in the funding overview table will automatically appear in the priority area tabs.
- Complete the requested information on planned activities, measures, etc. for each strategy you have selected.
- Navigate to additional priority tabs and complete as needed.
- If you cannot see the tab you need, use arrows at bottom left corner of window to scroll through all tabs.

MCH Funding Overview Table

Priority Area	Strategy	Percent of Title V funds budgeted (%)	Additional funds allocated from State MCH funds - flexible perinatal and child (\$)
National priority areas: select at least one.	Select at least one strategy from the drop down lists below for each national priority area you plan to work on.		
<input checked="" type="checkbox"/> Well Woman Care	4. Provide education/training on preconception/ interconception health for	20.0%	
	1. Case-management to improve utilization of well-woman care	40.0%	
<input type="checkbox"/> Breastfeeding			
<input type="checkbox"/> Child Physical Activity			
<input type="checkbox"/> Adolescent Well Visit			
<input type="checkbox"/> Oral Health			
<input type="checkbox"/> Smoking			
State priority areas: may be selected once at least one national priority area is selected.	Type in at least one strategy below for each state priority area that you plan to work on.		
<input type="checkbox"/> Toxic Stress/Trauma/ACEs			
<input checked="" type="checkbox"/> Nutrition/Food Insecurity	Partner and advocate for access to healthy and affordable food.	30.0%	
<input type="checkbox"/> Culturally/Linguistically Responsive Services			
Other locally identified priority areas or strategies funded by Title V: may be selected once at least one national priority area and strategy are selected (max 20% of Title V grant funding).	Type in each locally identified strategy below that you plan to work on.		
<input type="checkbox"/> Specify priority:	Specify strategy:		
<input type="checkbox"/> Specify priority:	Specify strategy:		
<input type="checkbox"/> Specify priority:	Specify strategy:		
<input checked="" type="checkbox"/> Title V indirect funds (max 10%)	Strategy not applicable	10.0%	
Total		100.0%	\$0.00

Well Woman Care

- INSTRUCTIONS**
- Each well woman care strategy that you selected on the funding overview table is shown below.
 - For each strategy, complete the requested information.
 - Once you have completed the plan for each of your selected well woman care strategies, navigate to any other priority area you plan to implement using the tabs below.
 - If you have completed the plan details for each of your priority areas, save this spreadsheet. Please include the name of your local health agency in the name of the document.
 - Once saved, send to Kalii Nettleton at kalii.p.nettleton@state.or.us.

First Strategy: 4. Provide education/training on preconception/ interconception health for providers (all types)

PLAN (Plan period: July 1, 2016 - June 30, 2017)	
Rationale for choosing this strategy (local data, partner alignment, etc.)	Our rate of low birth weight births (7.1% in 2014, Vital Stats) is higher than the state average and we want to look upstream at improving the health of mothers prior to and between pregnancies. Our local perinatal health collaborative has identified pre/interconception care as a priority.
Planned activities/milestones	April-June: Assess training needs among public health program staff July: Train all home visiting staff in pregnancy intention screening and appropriate referrals. September: Collaborate with WIC and Family Planning to provide training around pregnancy intention screening, pre/interconception health to WIC and Family Planning staff. January: Assess partnerships with FQHCs and/or primary care providers and potential collaborations around training providers.
Target populations	Public health providers (home visiting, WIC, family planning), Primary Care Providers
Measure definition (minimum of one measure per strategy)	Number of providers who have received education/training on pregnancy intention screening and pre/interconception health.
Measure target	30
Measure numerator and denominator (if applicable)	N/A
Data source for measure	Training registration/sign-in
Technical Assistance Needs	We need information about types of training available and specific trainers that may be able to provide training for us.
REPORT (Do not complete yet; report is due March 2017)	
Measure data (including numerator and denominator if applicable)	
Progress/ successes	
Challenges/ lessons learned	
Partners engaged	
In-kind or other resources leveraged	
Strategy continuing/ completed	

Second Strategy: 1. Case-management to improve utilization of well-woman care

PLAN (Plan period: July 1, 2016 - June 30, 2017)	
Rationale for choosing this strategy (local data, partner alignment, etc.)	Some screening and referral is already done as part of home visiting programs but we want to strengthen our efforts around interconception/well woman care. Many of our clients are new to having access to health insurance after pregnancy so they need assistance navigating care. In addition, many undocumented women in our community do not have access to health insurance after 2 months post-partum so they need assistance navigating low or no-cost preventive care.
Planned activities/milestones	April-June: 1) Develop policy around pregnancy intention screening and referral to well-woman care including documentation of activities 2) Pilot screening and documentation with 1 home visitor 3) Establish baseline data July: Train all home visitors in pregnancy intention screening (see first strategy) August: All home visitors begin screening and referral (and documentation) November: Review process, review client records, revise strategy as needed
Target populations	Post-partum home visiting clients, undocumented women.
Measure definition (minimum of one measure per strategy)	1) % of post-partum home visiting clients screened for pregnancy intention 2) % referred to appropriate well woman care
Measure target	80%
Measure numerator and denominator (if applicable)	1) (N) # of women screened for pregnancy intention (D) # of post-partum home visiting clients 2) (N) # woman not already receiving well woman care who received a referral (D) Number of home visiting clients not already receiving well woman care.
Data source for measure	Client records
Technical Assistance Needs	We need assistance in developing a system that can be used for tracking our measures.
REPORT (Do not complete yet; report is due March 2017)	
Measure data (including numerator and denominator if applicable)	
Progress/ successes	
Challenges/ lessons learned	
Partners engaged	
In-kind or other resources leveraged	
Strategy continuing/ completed	

Third Strategy:

PLAN (Plan period: July 1, 2016 - June 30, 2017)	
Rationale for choosing this strategy (local data, partner alignment, etc.)	
Planned activities/milestones	
Target populations	
Measure definition (minimum of one measure per strategy)	
Measure target	
Measure numerator and denominator (if applicable)	
Data source for measure	
Technical Assistance Needs	
REPORT (Do not complete yet; report is due March 2017)	
Measure data (including numerator and denominator if applicable)	
Progress/ successes	
Challenges/ lessons learned	
Partners engaged	
In-kind or other resources leveraged	
Strategy continuing/ completed	

Nutrition/Food Insecurity

INSTRUCTIONS

- Each nutrition / food insecurity strategy that you entered onto the funding overview table is shown below.
- For each strategy, complete the requested information.
- Once you have completed the plan for each of your selected nutrition / food insecurity strategies, navigate to any other priority area you plan to implement using the tabs below.
- If you have completed the plan details for each of your priority areas, save this spreadsheet. Please include the name of your local health agency in the name of the document.
- Once saved, send to Kalii Nettleton at kalii.p.nettleton@state.or.us.

First Strategy:	Partner and advocate for access to healthy and affordable food.
PLAN (Plan period: July 1, 2016 - June 30, 2017)	
Rationale for choosing this strategy (local data, partner alignment, etc.)	The rate of child food insecurity in our County is 30.5% (Status of Oregon's Children Report, 2015). We have partnered with OSU's Extension Service around food and nutrition in the past and they are willing to work with us to host a facilitated discussion in our community.
Planned activities/milestones	With partners, plan and implement a facilitated discussion about food, education and agriculture using the FEAST model.
Target populations	Families that are food insecure
Measure definition (minimum of one measure per strategy)	Number of partners engaged in community discussion
Measure target	5 community partners
Measure numerator and denominator (if applicable)	N/A
Data source for measure	Meeting agenda, Discussion sign-in sheet
Technical Assistance Needs	We need more information about how to use the FEAST model
REPORT (Do not complete yet; report is due March 2017)	
Measure data (including numerator and denominator if applicable)	
Progress/ successes	
Challenges/ lessons learned	
Partners engaged	
In-kind or other resources leveraged	
Strategy continuing/ completed	
Second Strategy:	
PLAN (Plan period: July 1, 2016 - June 30, 2017)	
Rationale for choosing this strategy (local data, partner alignment, etc.)	
Planned activities/milestones	
Target populations	
Measure definition (minimum of one measure per strategy)	
Measure target	
Measure numerator and denominator (if applicable)	
Data source for measure	
Technical Assistance Needs	
REPORT (Do not complete yet; report is due March 2017)	
Measure data (including numerator and denominator if applicable)	
Progress/ successes	
Challenges/ lessons learned	
Partners engaged	
In-kind or other resources leveraged	
Strategy continuing/ completed	
Third Strategy:	
PLAN (Plan period: July 1, 2016 - June 30, 2017)	
Rationale for choosing this strategy (local data, partner alignment, etc.)	
Planned activities/milestones	
Target populations	
Measure definition (minimum of one measure per strategy)	
Measure target	
Measure numerator and denominator (if applicable)	
Data source for measure	
Technical Assistance Needs	
REPORT (Do not complete yet; report is due March 2017)	
Measure data (including numerator and denominator if applicable)	
Progress/ successes	
Challenges/ lessons learned	
Partners engaged	
In-kind or other resources leveraged	
Strategy continuing/ completed	