

Local Grantee Implementation Guidelines

Background/introduction

This document provides guidance for implementing the contractual obligations for LHAs and Tribes who receive Title V MCH Block Grant funds under PE 42 and 45 related to:

- Submission of a work plan for use of Title V funds demonstrating how Title V funds support activities that are directly related to Oregon’s Title V priorities and action plan (PE 42, sec 3.b.i.);
- Provide MCAH services and activities funded by Title V which align with the Title V action plan, state and national Title V priorities and performance measures, and state-selected evidence-informed strategies and measures (PE 42, sec 3.b.ii); and
- Report on MCAH services and activities funded by Title V in an annual progress report submitted in conjunction with the LPHA Annual progress report due each year by March 1. (PE 42, sec 4).

Overview of Oregon’s Title V Block Grant 3.0 Transformation

The Maternal and Child Health Bureau (MCHB) is transforming Title V’s work to align with Federal health care transformation and the evolving role of maternal and child health. Under the new Federal guidance, Oregon is required to:

- ▶ Conduct a 5-year needs assessment
- ▶ Choose 8 of 15 national priority areas/performance measures, plus 3 state-specific priorities
- ▶ Develop strategies and strategic measures to “move the needle” on the national priorities
- ▶ Align use of funds with these priorities and strategies

Oregon’s Title V MCH program recently completed its 5-year needs assessment and stakeholder engagement to select 8 National MCH priorities and 3 state specific MCH priorities for our Title V MCH work over the next five years. Two priorities specific to children and youth with special health needs (CYSHN) are funded separately through the Oregon Center for Children and Youth with Special Health Needs and are not addressed in this guideline. Each national priority has associated performance measures which are federally determined.

(See attached list of priorities and performance measures)

Required Title V-funded activities: priorities and strategies

Each Title V Grantees is required to work on a minimum of 1-3 Title V priorities as follows:

Title V Funding level	Minimum # of priorities
Less than \$25,000 per year	1
\$25,000 - \$99,999 per year	2
\$100,000 or more per year	3

Required Title V-funded activities: priorities and strategies (continued)

Grantees may request an exemption to work on fewer than the required number of priorities in writing from OHA

- All grantees must choose at least one of the 6 national priority areas to work on.
- Grantees that work on 2 or more priorities have the option to work on state-specific priority areas once they have satisfied the requirement to select at least one national priority area. FY 2017 plans for state-specific priority area work will include locally identified strategies and measures; local grantees are encouraged to participate in the development of state strategic plan for their priority area.
- For each priority selected, grantees will select one or more evidence-informed strategies to implement from the Title V strategy menu provided for that priority.
- Grantees will report to OHA which strategies they plan to implement and collect data needed to report on each strategy annually.
- Activities for carrying out each strategy and measures for the strategies/activities will be locally identified and tailored to community and target population-specific needs.
- All grantees are encouraged to use a variety of strategies which reflect the foundations of public health and diverse levels of influence: individual/family, community, institutional, or societal.
- Grantees working on more than one priority and/or strategy must select at least one strategy at the community, institutional, or societal level. (These will be indicated in the menu of strategies for each priority.)

Level of influence	Examples (spectrum of prevention)
Individual/relationship level	Strengthening individual knowledge and skills
Community level	Promoting community education; fostering coalitions or networks
Institutional level	Changing organizational practices, educating providers
Societal level	Influencing policy and legislation

Use of Title V funds

- Title V funds must be used in alignment with Federal Title V parameters: at least 30% for child or adolescent health and no more than 10% for indirect costs.
- Up to 20% of Title V funds can be used for locally-identified MCH work that falls outside of Oregon's Title V priorities and/or strategy menu. Any Title V funded work on locally identified priorities outside of state Title V parameters must be described in the grantee's annual Title V MCH plan and approved by OHA.
- Title V funds may be used to contract with other programs or agencies, or to support cross-county or regional collaborations, so long as the work conducted aligns with identified Title V priorities and strategies. In such cases, accountability for data collection and reporting, as well as communication with OHA, will rest with the Title V grantee (not the sub-recipient).
- Local Agencies and Tribes that are recipients of Title V funds are encouraged to find ways to leverage work and resources and collaborate on strategies.
- As long as funds are used for identified Title V priorities and strategies, with appropriate tracking and reporting there are no further constraints regarding new work or use of Title V funds to support ongoing work previously funded by another source.

Planning and selection of Title V priorities and strategies

- Each local agency will select which priorities and strategies from the Title V menu to implement with their Title V funds, based on examination of local data and self-determined local need.
- An annual plan/report reflecting selected priorities, strategies, activities and measures in alignment with Oregon's Title V Block grant is required of all Title V grantees. OHA will provide a template for the MCH Title V plan. The plan will be due annually in conjunction with the March 1st county public health plan, and will reflect activities for the upcoming state fiscal year (July 1 – June 30).
- **Note: For State Fiscal Year 2017 only (July 1, 2016 – June 30 2017)**
 - ▶ The MCH Title V Plan will be due April 1, 2016 rather than March 1st to accommodate the need for more planning time. Plans due April 1 must include selected priorities, strategies and initial plans for activities measures.
 - ▶ April – June 2016 can be used as additional time to prepare for implementation of Title V program activities and refinement of measures and data collection plans.
 - ▶ Implementation of planned Title V strategies/activities and measures collection will begin July 1, 2016.
- For tribes, the annual MCH Title V plan will replace the triennial Title V plan.
- A brief description of the justification for priority/strategy selection will be included in the annual MCH Title V plan (see template).
- Local agencies will decide on an individual basis whether to continue work on a priority/strategy over multiple years or replace them with new priority/strategy work.
- Local grantees will be required to include information regarding the percent of Title V funds used in support of different priorities and strategies in their annual MCH Title V plan (see Title V plan template).

Data tracking and reporting

- Grantees must track and report on at least the one measure for each of the strategies that they choose to implement. Measures can be locally-defined to reflect the activities each grantee chooses to implement within the strategy, and will be reviewed and approved by OHA as part of the MCH plan.
- An MCH Title V progress report will be due in conjunction with the upcoming year's MCH Title V plan on March 1st. The progress report period will cover Title V activities and measures from January 1st – December 31st of the prior year (e.g. calendar year 2016 for the March 2017 report). (see template)

Questions?

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