2021
Maternal Child Health Program
And Children and Youth with Special Health Care Needs Program
Program Parameters

The Title V Maternal and Child Health (MCH) Services Block Grant creates Federal-State-Local partnerships to develop state and local systems to meet the critical challenges facing women, children, youth, families, children with special health care needs and communities. Local health agencies and tribal agencies are encouraged to work with community and state partners to achieve common program goals as well as to assure coordination with all the CYSHCN Programs that serve children and youth with special health care needs (i.e., the Regional Centers for Children and Youth with Special Health Care Needs (CYSHCN) and others) as appropriate. States must use at least 30% of Title V Block Grant funds for preventive and primary care programs serving children; and 30% to support programs for children and youth with special health care needs.

Target Populations

The populations to be served are all infants, children and youth, including children and youth with special health care needs, and pregnant women and teens, and their family, with a special focus on those at risk for poor health outcomes.

State MCH/CYSHCN Priorities and Performance Measures

The 2020 MCH Needs Assessment led to the identification of MCH/CYSHCN priorities and performance measures for 2021-2025.

MCH Program Priority Areas:

- Foster Positive Mental Health and Associated Factors
- Enhance Identification, Access and Support for Individuals with Special Health Care Needs and their Families
- Advance Equity and Racial Justice
- Improve Perinatal Outcomes
- Cultivate Supportive Social Connections and Community Environments
- Promote Optimal Nutrition and Physical Activity
- Assure Access to Quality Health Services

National and State Performance Measures by Population Domain:

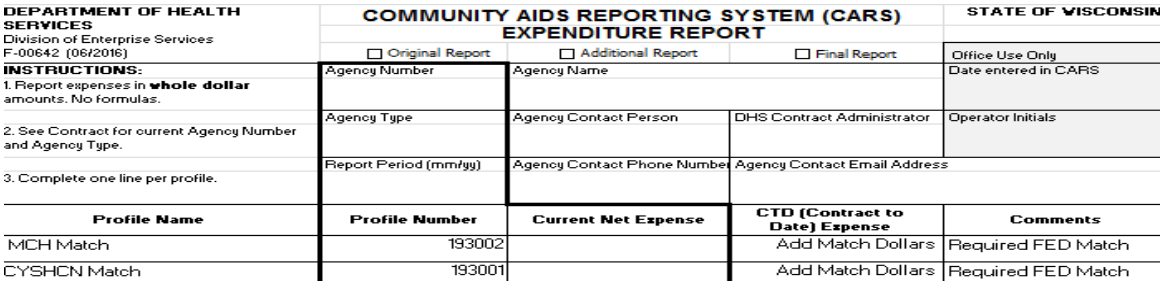
- Women/Maternal Health
    - Well Woman Visit
- Perinatal/Infant Health
    - High Quality Perinatal Care
    - African American Infant Mortality
    - Breastfeeding
- Child Health
    - Developmental Screening
    - Physical Activity – Ages 6 through 11
- Adolescent Health
    - Injury Hospitalization – Ages 10 through 19
    - Adolescent Well Visit
- Children and Youth with Special Health Care Needs
    - Medical Home
    - Transition - from pediatric to adult health care
- Cross-cutting/Life course
    - Social Connectivity
    - Representative Participation

Maternal Child Health Program (MCH)
Program Parameters: Required Activities

Local public health departments and tribal agencies receive Title V MCH funds for objectives supporting select MCH National and State Performance Measures. The objectives and strategies outlined for agencies help measure and accomplish the MCH program overall goals related to breastfeeding, child development, adolescent injury prevention, high quality perinatal care, health equity and representative participation. LHDs and tribal agencies can use local community health assessments, surveillance data, Wisconsin County Maternal and Child Health Profiles, and other data sources to assist with strategy selection systematic program planning, and policy development to implement and evaluate each selected strategy. *(See MCH Objective list with specific strategies for each area of* focus).

Required Core Activities Include:

1. Implement and evaluate selected/contracted strategies and activities.
2. Collaborate with community partners.
3. Participate in all quarterly Learning Community meetings/calls.
4. Report in REDCap quarterly.
5. Exhibit and/or advance knowledge in the following areas: basic quality improvement concepts and terminology, family engagement and leadership, cultural competence, life course theory, Adverse Childhood Experiences (ACE's), trauma informed care principles and application including resilience.
6. Participate in MCH Program evaluation efforts throughout the contract year.
7. Request technical assistance as needed from the MCH contract administrator.
8. Maintain a link to the Well Badger Resource Center website and searchable directory at: www.WellBadger.com. Display and provide marketing information and referral resources and services for Well Badger. Provide a voice message for the Well Badger MCH/First Step Resource Line:
   - Call 1-800-642-7837
   - Text 608-360-9328
   - Email help@wellbadger.org
   - WEB www.wellbadger.org
9. All materials for public distribution developed by a grantee funded by the Title V MCH Block Grant must identify the funding source as follows: "Funded in part by the MCH Title V Services Block Grant, Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services."
10. FEDERAL MCH MATCH: Report 75% match in GAC AND in CARs using the Community AIDs Reporting System Expenditure Report (F-00642) form by January 31st 2022. Please use profile ID # 193002. (See example below)



DEPARTMENT OF HEALTH SERVICES
Division of Enterprise Services
F-00642 (06/2016)

COMMUNITY AIDS REPORTING SYSTEM (CARS) EXPENDITURE REPORT

STATE OF WISCONSIN

☐ Original Report ☐ Additional Report ☐ Final Report

INSTRUCTIONS:
1. Report expenses in **whole dollar** amounts. No formulas.
2. See Contract for current Agency Number and Agency Type.
3. Complete one line per profile.

Agency Number	Agency Name		Office Use Only
			Date entered in CARS
Agency Type	Agency Contact Person	DHS Contract Administrator	Operator Initials
Report Period (mm/yy)	Agency Contact Phone Number	Agency Contact Email Address	

Profile Name	Profile Number	Current Net Expense	CTD (Contract to Date) Expense	Comments
MCH Match	193002		Add Match Dollars	Required FED Match
CYSHCN Match	193001		Add Match Dollars	Required FED Match

Federal Match Requirement: Grantees receiving federal funds must provide 75% match ($0.75 local contribution for every $1.00 federal) for all Title V MCH Block grant funds. Agencies that do not meet their MCH match

requirements may be subject to repayment of grant funds. (*Tribal Agencies are not required to report match).*

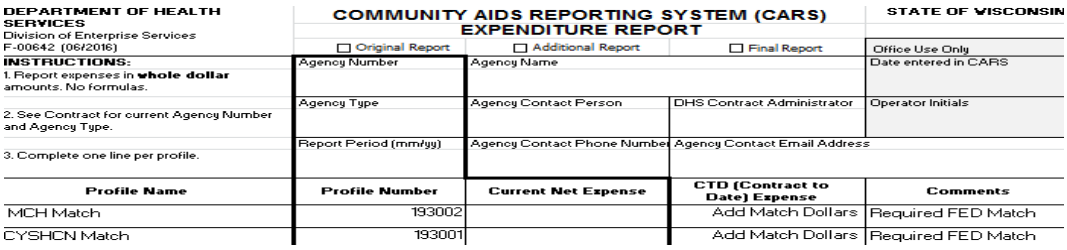
Children and Youth with Special Health Care Program (CYSHCN) Program Parameters: Required Activities

The Wisconsin MCH Title V Program funds five Regional Centers for CYSHCN, 5 statewide hubs of expertise, and quality improvement grants to tribal health centers (through the Wisconsin Medical Home Initiative). Objectives and strategies support national performance measures for CYSHCN which are medical home and youth transition from pediatric to adult health care. In addition, there is a focus on strengthening youth/family/consumer engagement and leadership and health equity. *(See CYSHCN objectives list with specific strategies).*

Required Core Activities Include:

1. Staffing minimum for the Regional Centers: a project director and at least one staff who is a parent/caregiver of a child with special health care needs staff member or a person with lived experience. Parent(s) in a leadership administrative capacity is strongly encouraged. Any exceptions to this staffing requirement should be approved by the Regional Center contract administrator.
2. Assure all staff is orientated to develop the knowledge and skills for advancing professional skills, knowledge and understanding in the following areas: Wisconsin children with special health care needs survey data, quality improvement concepts and terminology, medical home and youth health transition model and concepts, Got Transition domains, family engagement and leadership, CYSHCN standards, cultural competence, disability and healthcare disparities, health equity, life course theory and application (including trauma informed principles and application including resilience), and population health. See attached list of links to information for each of the knowledge areas.
3. Attend and participate in Network Directors Meetings, Information & Referral Specialists call, Transition Learning Community, Advancing Care Coordination Learning Community calls, REDCap Data and Reporting Group, and other required meetings or trainings.
4. Collaborate with the CYSHCN Statewide Coordinator to identify issues and discuss technical assistance needs. (Additional training activities and or education planning shall be done in collaboration with the state CYSHCN staff).
5. Complete annual competency assessments (ABC for Health's Health Benefits Competency assessment; Medical Home and Youth Health Transitions competency assessment).
6. In consultation with the DHS CYSHCN Program, serve in leadership roles on statewide committees and boards to advance and promote awareness of CYSHCN mission and goals.
7. Assure Regional Center and Hub staff is trained in the use of developed curriculum, use the standardized evaluation form for trainings, distribute the family questionnaire at trainings or other events and, provide links to resources.
8. Maintain an agency webpage including a link to the Well Badger Resource Center website at: www.wellbadger.org and to the CYSHCN Networks of Support for Families one-pager. Provide a voice message for Well Badger when not in the office.
   Call 1-800-642-7837
   Text 608-360-9328
   Email help@wellbadger.org
   Web www.wellbadger.org
9. Promote and distribute CYSHCN Network partner program information. Display and provide marketing information, referral resources and services for Network partners.
10. Report in REDCap quarterly, participate in mid-year review and produce an EOY work plan report on items not collected in REDCap.

11. Participate in CYSHCN Program evaluation efforts throughout the contract year.
12. Use quality improvement practices throughout your efforts.
13. All materials for public distribution developed by a grantee funded by the Title V MCH Block Grant must identify the funding source as follows: "Funded in part by the MCH Title V Services Block Grant, Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services."
14. **FEDERAL CYSHCN MATCH**: Report 75% match in GAC AND in CARs using the Community AIDs Reporting System Expenditure Report (F-00642) form by **January 31st 2022**. Please use profile **ID # 193001**. (See example below)



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Professional and Workforce Development Information and Resources

Trauma Informed Care

- https://www.samhsa.gov/nctic/trauma-interventions

Quality Improvement Concepts and Terminology

- Basic understanding of the Model for Improvement Institute for Healthcare Improvement Resources – How to Improve pages describe the Model for Improvement http://www.ihi.org/resources/Pages/HowtoImprove/default.aspx
- Dr. Mike Evans Video: An Illustrated Look at Quality Improvement in Health Care (8:09) http://www.ihi.org/resources/Pages/AudioandVideo/MikeEvansVideoQIHealthCare.aspx
- National Institute for Children's Health Quality – Model for Improvement http://static.nichq.org/quality-improvement-101/
- Population Health Improvement Partners' Toolbox of e-modules and videos on quality improvement https://improvepartners.org/toolbox/toolbox-details/qi-videos-tools/

Family Engagement and Leadership

- Core Competencies of Family Leaders: A Guide for Families and Organizations http://mofamilytofamily.org/wp-content/uploads/CORE%20COMPETENCIES%20for%20family%20leaders.pdf
- Patient and Family Engagement: A Framework For Understanding The Elements And Developing Interventions And Policies https://www.healthaffairs.org/doi/10.1377/hlthaff.2012.1133
- AUCD Family Competencies https://www.aucd.org/template/news.cfm?news_id=114&parent=119&parent_title=Family&url=/template/page.cfm?id%3D119
- DHS Civil Rights Compliance

https://www.dhs.wisconsin.gov/civil-rights/index.htm

Health Equity

- HRSA Office of Health Equity https://www.hrsa.gov/about/organization/bureaus/ohe/
- NACCHO Health Equity and Social Justice http://www.naccho.org/programs/public-health-infrastructure/health-equity
- HRSA: Foundational Practices for Health Equity: www.health.state.mn.us/communities/practice/resources/equitylibrary/coiin-hrsa-foundational.html
- Resource Library for Advancing Health Equity in Public Health https://www.health.state.mn.us/communities/practice/resources/equitylibrary/index.html

Cultural Competence

- National Center for Cultural Competence https://nccc.georgetown.edu/index.php

Life Course Theory and Application

- HRSA MCH Life Course Resource Guide https://mchb.hrsa.gov/training/lifecourse.asp
- AUCD Life Course Perspective: http://www.aucd.org/template/page.cfm?id=768

Population Health

- David Kindig's 2003 population health article http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1447747

CYSHCN Regional Center Specific Resources

Wisconsin Children and Youth with Special Health Care Needs Survey Data

- National Survey for CSHCN (Data Resource Center for Child & Adolescent Health -2018: Percent of CSHCN: https://www.childhealthdata.org/browse/survey/results?q=7559&r=1
- Wisconsin CSHCN National Performance Measures:
  Medical Home: https://www.childhealthdata.org/browse/survey/results?q=7274&r=51
  Youth Health Transition: https://www.childhealthdata.org/browse/survey/results?q=7276&r=51

Medical Home Model and Concepts

- Wisconsin Statewide Medical Home Initiative: https://www.chawisconsin.org/initiatives/medical-home/wisconsin-medical-home-initiative/
- National Resource Center For Patient/Family-centered Medical Home: https://medicalhomeinfo.aap.org/Pages/default.aspx

Youth Health Transition Concepts and Got Transitions Domains

- Health Transition Wisconsin http://www.healthtransitionwi.org
- Got Transitions http://www.gottransition.org

Family Experience in health care:

- *In Their Own Words: Improving the Care Experience of Families with Children with Special Health Care Needs, June 2015:* http://www.lpfch.org/publication/their-own-words-improving-care-experience-families-children-special-health-care-needs
- *Patient Engagement in Redesigning Care* from Center for Patient Partnerships https://www.hipxchange.org/PatientEngagement
- Welcome Booklet: An introduction for families and health care teams working together on Advancing Family-Centered Care Coordination for Children and Youth with Special Health Care Needs using a Shared Plan of Care to transform health care, February, 2019, P-02349.

CYSHCN Standards

- Standards for Systems of Care for Children and Youth with Special Health Care Needs Version 2.0, June 2017
  http://www.amchp.org/programsandtopics/CYSHCN/Documents/Standards%20for%20Systems%20of%20Care%20for%20Children%20and%20Youth%20with%20Special%20Health%20Care%20Needs%20Version%202.0.pdf

Disability and Health Disparities

- Healthiest Wisconsin 2020 Baseline and Health Disparities Report – People with Disabilities
  https://www.dhs.wisconsin.gov/hw2020/baseline.htm

Centers for Disease Control Disability and Health Promotion

- http://www.cdc.gov/ncbddd/disabilityandhealth/index.html

National Center on Birth Defects and Developmental Disabilities, Centers for Disease Control and Prevention

- https://www.cdc.gov/ncbddd/index.html

Other CYSHCN Training Resources

- Federal MCHB supported MCH Navigator located at Georgetown University
  http://mchnavigator.org/trainings/cyshcn.php