**MCH Title V Block Grant 3.0: Priority and Strategy 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 |

* + - * 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.
* Part of the plan should be to contribute to development of the state strategies.
* For each priority selected, grantees will select one or more evidence-informed strategies/measures to implement from the Title V strategy menu provided for that priority.
	+ Grantees will report to OHA which strategies/measures they are implementing and collect data needed to report on each strategy/measure annually.
	+ Activities for carrying out each strategy 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 structural/policy/systems.

***Note:*** *2 possible options are being considered as guidelines to ensure that local level Title V MCH work aligns with modernization of public health and the Federal MCH bureau. See below:*

* All grantees must select at least one strategy at the community, institutional, or structural/policy/systems level. (These will be indicated in the menu of strategies for each priority.)

***OR***

* Grantees working on more than one strategy must select at least one at the community, institutional, or structural/policy/systems level. (These will be indicated in the menu of strategies for each priority.)

**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).
* Title V funds may be used to contract with other programs or agencies who are currently not recipients of Title V funds, 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(s) (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/measures, and activities 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:**

* + The SFY 2017 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 OHA-approved measure for the strategies that they choose to implement. Additional locally-defined measures may be used, but collection of the one OHA-approved measure is a minimum.
* 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)