



Title V MCH Services Block Grant: Program Enhancements for Advancing Equity and Accountability

Reviewing the Revised Title V MCH Services Block Grant Guidance

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Vision: Healthy Communities, Healthy People



Title V MCH Services Block Grant Guidance Guiding Principles

Who are we?

Delivery of Title V Services with a Public Health Service Model

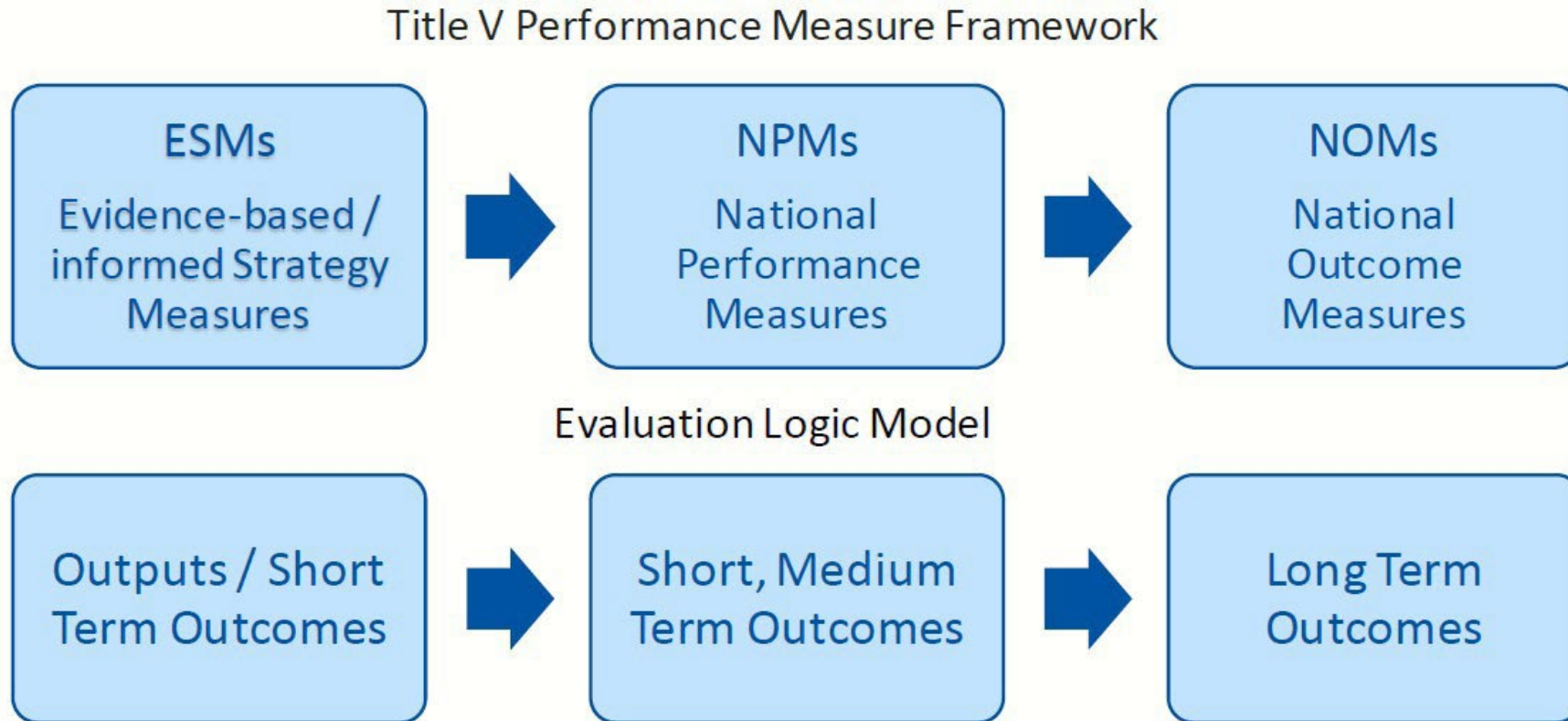
Data-Driven Programming and Performance Accountability

Family and Community Partnership

Health Equity and Assurance that all MCH Populations Achieve their Full Health Potential



Title V Performance Measure Framework



Citation...

Overview of Proposed Changes

Measure Changes

1. Revised Set of NOMs
2. Revised Set of NPMs
3. Created Standardized Measure Set to select as SPMs

Implementation Changes

1. Two Universal NPMs
2. Added ability to select Priority Populations

Overall structure of Performance Measure Framework remains intact.

Title V Performance Measure Framework



Revised Set of NOMs

Changes

- Removed measures that were not true outcome measures
- Added mental health status outcome measures for women, children, and adolescents
- Added sub-measure for women's health
- Added Stillbirth Rate

Benefits

- Consistent definition of NOMs
- Addresses emerging health issues
- Enhances application of lifecourse approach



Revised Set of NPMs

Changes

- Organized NPMs by measure domain of action
- Added measures related to social determinants of health (SDOH), mental health, and reproductive health
- Moved less frequently selected measures to Standardized Measure Set
 - Preventive Dental Visit retained as NPM

Benefits

- Targets upstream and downstream factors associated with MCH outcomes
 - Less emphasis solely on clinical care
- Addresses emerging health issues
- Increased options available to states



Women/Maternal Health

NPM Short Title	MCH Population Domains**	Measure Domain	Data Source
Postpartum Visit	Women/Maternal Health	Clinical Health Systems	PRAMS
Postpartum Mental Health Screening	Women/Maternal Health	Clinical Health Systems	PRAMS
Preventive Dental Visit – Pregnancy	Women/Maternal Health	Clinical Health Systems	PRAMS
Postpartum Contraception Use	Women/Maternal Health	Health Behavior	PRAMS
Perinatal Care Discrimination	Women/Maternal Health or Perinatal/Infant Health	Social Determinants of Health	PRAMS
Housing Instability - Pregnancy	Perinatal/Infant Health or Women/Maternal Health	Social Determinants of Health	PRAMS



Perinatal/Infant Health

NPM Short Title	MCH Population Domains**	Measure Domain	Data Source
Risk-Appropriate Perinatal Care	Perinatal/Infant Health	Clinical Health Systems	HCUP-SID/AHA
Breastfeeding	Perinatal/Infant Health	Health Behavior	NVSS/NSCH
Safe Sleep	Perinatal/Infant Health	Health Behavior	PRAMS
Housing Instability - Pregnancy	Perinatal/Infant Health or Women/Maternal Health	Social Determinants of Health	PRAMS
Perinatal Care Discrimination	Women/Maternal Health or Perinatal/Infant Health	Social Determinants of Health	PRAMS



NEW Standardized Measure Set

Changes

- Option to select Standardized Measure as SPM with existing detail sheet and pre-population of annual data and part of FAD. SPMs can also be developed by state.
- Consists of former NOMs and NPMs

Benefits

- Reduces burden to create SPMs that align with state priority needs
- Allows states to continue working on previous measures as needed

NEW Standardized Measure Set

Former NOMs

- **Early entry into prenatal care**
- **REVISED: Drinking during pregnancy**
 - **A) Any drinking during pregnancy**
 - **B) Any binge drinking during pregnancy**
- HPV vaccinations
- Flu vaccinations
- Forgone care
- Uninsurance

Former NPMs

- **Well-woman visit**
- **Low-risk Cesarean deliveries**
- Adolescent physical activity
- **Smoking during pregnancy**
- Smoking in the home
- Adequate insurance

NEW: Percent of children in kindergarten who have received at least two doses of the MMR vaccine



Universal National Performance Measures

- Required reporting of two universal NPMs for all 59 states and jurisdictions
- Purpose: Accelerate progress on priority areas at the national level
- Selection based on legislatively-defined purpose of Title V:
 - “provide and to assure mothers and children (in particular those with low income or with limited availability of health services) access to quality maternal and child health services” ([Sec 501(a)(1)(A)])
 - Focus on access and quality of primary and preventive care
- Postpartum Visit (access and quality)
 - Address maternal health crisis and drive improvement around maternal mortality
- Medical Home (with additional option to select one or more sub-components)
 - Intended to drive improvement in system of care for all children
- States must report a minimum of 5 NPMs, including 2 universal NPMs, one in each population domain



Selection of Priority Populations

Changes

- Created **option** to pick a Priority Population for each selected NPM and set annual objectives
- Pre-populated, stratified data used for annual reporting
- All stratified data for NPMs and NOMs still available for state use

Benefits

- Supports states' capacity to address health equity



Implementation Plan

Contingent on Final OMB Approval

- **Full implementation taking place over next 2 years (like the 2015 Transformation)**
 - Anticipate most changes in Needs Assessment year
- **What to know for Application FY 2025 (submitted July 2024)**
 - **Universal Measures must be incorporated into State Action Plan**
 - No requirement to change other NPMs/State Action Plan for Application FY 2025
 - FAD for current measures and new measures will be available in April 2024 to support Application FY 2025/Annual Report FY 2023 and 2025 Needs Assessment
 - Plan to have MCH Accelerators (overview of evidence-based/informed strategies) completed by May 2024



Information Overload?

U.S. Department of Health and Human Services
www.hrsa.gov

HRSA
Maternal & Child Health

Search Tips Multi-Year Narrative Text Search

Home Reporting Domains Priorities and Measures Financial Data Access/Linkage State Archive Glossary

Title V MCH Services Block Grant Program Resource Page

The Title V MCH Services Block Grant Program is authorized under Title V of the Social Security Act to ensure the health and well-being of women, mothers, infants, children (including children with special health care needs), adolescents and their families. Originally authorized in 1935, Title V is the oldest public health program in our Nation.

The Title V MCH Services Block Grant to States Program Guidance is used annually by the 59 States in applying for Block Grants and in preparing the required Annual Report. The Guidance adheres to statutory requirements and promotes the use of evidence-based public health practices by States in developing a Five-year Action Plan that addresses identified MCH priority needs.

In order to reduce burden on the States, MCHB collects and provides the Federally Available Data (FAD) for the National Outcome Measures (NOMs) and National Performance Measures (NPMs). The FAD Resource Document provides the data, detailed data notes, availability status and stratifier information for each NOM and NPM.

Additional information on the Title V MCH Block Grant Program is available on the MCHB Website.

Get Adobe Acrobat Reader

Authorizing Legislation

- Social Security Administration: Title V – Maternal and Child Health Service Block Grant

Guidance and Documents

- MCH Block Grant - Application/Annual Report Guidance
- Block Grant - Supporting Documents
- Title V Block Grant – Technical Assistance Resources (Draft)**
- Federally Available Data (FAD) Resource Document
- FAD Resource Document Data Files

Other Resources

- HRSA in Your State
- State Snapshot
- Performance Measure Framework
- State Oversampling in the National Survey of Children's Health (NSCH)

Quick Links Narrative Search Contact Us

Details available on TVIS Resources Page

- Title V Block Grant -- Technical Assistance Resources (formerly Block Grant – Supporting Document aka Appendices)
- Linked to in draft Guidance as well
- See Appendices B and C

Contact Information

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