

## ***Title V Maternal and Child Health Services Block Grant to States Program: Guidance and Forms for the Title V Application/Annual Report***

### CLARIFYING INSTRUCTIONS AND FREQUENTLY ASKED QUESTIONS (FAQs): DEVELOPMENT OF EVIDENCE-BASED OR -INFORMED STRATEGY MEASURES (ESMs) AND STATE PERFORMANCE MEASURES (SPMs)

**Purpose:** The following background information, clarifying instructions and FAQs are intended to provide states/jurisdictions with a better understanding of the MCHB's reporting expectations regarding state measures that were outlined in the 2015 Application/Annual Report Guidance. These instructions have been developed by the MCHB to assist state Title V programs in working towards the continued implementation of the transformational changes contained in the seventh edition of the *Title V Maternal and Child Health Services Block Grant to States Program: Guidance and Forms for the Title V Application/Annual Report* (hence referred to as the 2015 Application/Annual Report Guidance), which was released in January 2015 and will expire in December 2017.

Over the course of the coming year, states will develop two types of measures to demonstrate its Title V program's impact and progress. States/jurisdictions will:

1. Work to identify evidence-based or -informed strategies that will be measured (i.e., the ESMs) and used to assess the impact of their Title V program efforts relative to the National Performance Measures (NPMs) that they selected in the fiscal year (FY) 2016 MCH Block Grant Application/FY 2014 Annual Report.
2. Establish three to five State Performance Measures (SPMs) in the FY 2017 Application/FY 2015 Annual Report to address any priority needs that were identified through the Five-Year Needs Assessment process but were not adequately addressed by the NPMs/ESMs.

**Background:** Consistent with the federal-state Title V partnership, the MCHB is committed to providing ongoing technical support to states/jurisdictions in working to fully implement the new performance measure framework. As summarized by Kogan et al.<sup>1</sup>, the National Outcome Measures (NOMs) are the ultimate goals that the federal and state/jurisdictional MCH programs are striving to achieve through their Title V program efforts. The NPMs generally reflect processes or programs that have been shown to affect the NOMs. Data for the NPMs are derived from nationally available sources. While retaining flexibility for states/jurisdictions to develop program strategies that address their unique priority needs, the ESMs are intended to advance Title V program accountability through actionable and evidence-based or -informed measures which will contribute to improvements in the NPMs and, ultimately, the NOMs. The SPMs allow further flexibility for states/jurisdictions to ensure that their individual and unique

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<sup>1</sup> A New Performance Measurement System for Maternal and Child Health in the United States, Michael D. Kogan, Christopher Dykton, Ashley H. Hirai, Bonnie B. Strickland, Christina D. Bethell, Iran Naqvi, Carlos E. Cano, Sheri L. Downing-Futrell, Michael C. Lu, *Matern Child Health J* (2015) 19:945–957, <http://link.springer.com/article/10.1007%2Fs10995-015-1739-5>.

priority needs are addressed. State/jurisdictional Title V MCH Block Grant programs determine the ESMs and SPMs for their individual programs.

Requirements for the development of the ESMs and SPMs are outlined in the 2015 Application/Annual Report Guidance. Included in the *Appendix of Supporting Documents* are a description of the new performance measure framework (Appendix E) and detail sheets for the new National Outcome and Performance Measures (Appendix F.) The published article by Kogan et al.<sup>1</sup> provides a detailed description of the Title V MCH Block Grant performance measure framework and the role of the ESMs in this framework.

### **Guiding Principles (Based on 2015 Application/Annual Report Guidance)**

- The new performance measure framework is intended to more clearly reflect the work of the state/jurisdictional Title V programs in addressing state and national MCH priority areas.
- The ESMs are key to understanding and monitoring the impact of Title V program activities within a state/jurisdiction on the selected NPMs and, more broadly, on the identified priority needs. The ESMs are developed by the state, and they provide accountability for improving quality and performance related to the NPMs and to the MCH public health issues for which they are intended.
- An ESM is further defined in the Glossary (Appendix H) of the *Appendix of Supporting Documents* as:

Evidence-based or –Informed Strategy Measure (ESM) – ESMs would assess the impact of State Title V strategies and activities contained in the State Action Plan. It is envisioned that the development of the ESMs will be guided through an examination of the evidence-based or evidence-informed practices on what strategies and activities are both practical and measurable. The main criteria for the ESM would be that the activities are measurable, and there is evidence that the activity is related to the performance measure chosen.

- In addition to the selected NPMs, each state/jurisdiction is required to develop between three and five SPMs to address its unique MCH needs to the extent that these needs have not been addressed by the national measures and ESMs. As with the NPMs, determination of the SPMs should be based on the findings of the Five-Year Needs Assessment.
- A state/jurisdiction may also develop (but is not required to develop) one or more State Outcome Measures (SOMs) based on the MCH priorities that were determined as a result of the Five-year Needs Assessment, provided that none of the NOMs address the same priority area for the state. A SOM should be linked with a performance measure to show the impact of performance on the intended outcome.

## Performance Measure Reporting Requirements

### ESMs:

- States/jurisdictions will develop detail sheets and establish a performance objective for each ESM as part of the FY 2017 Application/FY 2015 Annual Report.
- States can determine the number of ESMs that they will use for addressing the selected NPMs, but there is a required minimum of one ESM for each NPM. Most issues in MCH are multifactorial; therefore, states and jurisdictions are strongly encouraged to develop multiple strategies, each with a related ESM.
- States/jurisdictions will begin reporting annual performance indicators for the ESMs with the FY 2018 Application/FY 2016 Annual Report. Annual performance data for the NPMs and the NOMs will be pre-populated by the MCHB from federally available data as defined on the measure detail sheet. In contrast, states/jurisdictions will report data for their selected ESMs.
- During the five-year reporting period, states/jurisdictions can replace or revise one or more of the ESMs based on its effectiveness in achieving the targeted progress for the corresponding National Performance and/or Outcome Measures. A state/jurisdiction may choose to introduce a new ESM to reflect new, emerging or promising practices. With justification, the state can also change the NPM that it selected based on the Five-year Needs Assessment findings during the five-year reporting cycle.

### SPMs:

- States/jurisdictions will develop detail sheets and establish a performance objective for each SPM as part of the FY 2017 Application/FY 2015 Annual Report.
- States/jurisdictions will begin reporting annual performance indicators for the SPMs with the FY 2018 Application/FY 2016 Annual Report.

## State Action Plan Reporting Requirements

- In the FY 2016 Application/FY 2014 Annual Report, states/jurisdictions created an interim State Action Plan Table. This table honored the logic model that was outlined in the Application/Annual Report Guidance, which called for the identification of seven to ten priority needs based on the comprehensive Five-Year Needs Assessment conducted by each state/jurisdiction. These priority needs then served to inform the development of SMART (**S**pecific, **M**easurable, **A**chievable, **R**elevant and **T**ime-phased) objectives and program strategies, and they ultimately drove the selection of the eight NPMs.

- In the FY 2017 Application/FY 2015 Annual Report, each state/jurisdiction will add at least one ESM for every selected NPM to the State Action Plan Table.
- In the FY 2017 Application/FY 2015 Annual Report, each state/jurisdiction will identify three to five SPMs on the State Action Plan Table to address their unique priority needs, to the extent that these needs have not been addressed by the NPMs and ESMs.
- As they finalize the State Action Plan Table in the FY 2017 Application/Annual Report, states/jurisdictions will review and revise, as needed, the priority needs, SMART Objectives, program strategies and selected NPMs that they submitted as part of the FY 2016 Application/FY 2014 Annual Report.

### **Frequently Asked Questions (FAQs)**

- Q1. Describe how the new performance measure framework will contribute to increased Title V program accountability?

Central to the aim of improving accountability in the Title V MCH Block Grant program is the new performance measurement system. This three-tiered framework consists of National Outcome Measures (NOMs), National Performance Measures (NPMs) and Evidence-based or –Informed Strategy Measures (ESMs). The NOMs primarily include population-level measures (many of which are legislatively mandated) of longer-term health outcomes for which Title V programs are expected to drive improvements over the five-year reporting period through NPMs and SPMs. The NPMs are considered to be more directly modifiable by state/jurisdictional Title V program efforts, and they primarily reflect short and medium-term outcomes of health behaviors and health care access/quality measures that can show progress on the path toward longer-term NOMs. Out of the 15 NPMs, States choose eight measures across the six population health domains for programmatic focus based on the findings of their Five-Year Needs Assessment and their State priority needs. States then establish at least one ESM for each of the eight NPMs they selected. The ESMs are intended to demonstrate how State Title V programs have evidence-supported strategies, policies and systems in place to deliver results that are measurable and impactful for their MCH population. States set five-year performance targets for each of the ESMs, and they report annual indicators for each of them. The expectation is that the implementation of evidence-based or –informed strategies/practices will bring about improvements in structures or processes, which will then drive improvements in performance and, in turn, improvements in outcome, thus demonstrating impact and accountability.

- Q2. Can you clarify the role of the ESM relative to the larger performance measure framework and provide an example?

As part of the performance measure framework, the ESMs serve to bring the National Outcome and Performance Measure data into action by the state Title V program. Safe sleep position provides an example of how the ESM leads to improvements in the National Performance and Outcome Measures. By focusing on improvements in practice, the ESM(s) contributes to improved sleep behavior (NPM #5). An increased percent of infants placed to sleep on their backs ultimately is expected to lead to reduced SUID mortality (NOM #9.5), post-neonatal mortality (NOM #9.3) and infant mortality (NOM #9.1.)

- Q3. Given the history of performance data reporting and accountability in Title V MCH programs, can you clarify why new NOMs and NPMs were developed?

The identification of the new NOMs and NPMs followed a comprehensive examination of the changing national health care landscape, state/jurisdictional priority needs, data requirements specified in the Title V legislation and the 18 NPMs, 6 Outcome Measures and health indicators that had been previously used in the MCH Block Grant program. While states/jurisdictions reported performance measure and indicator data annually, comparability across states/jurisdictions was impossible for many measures due to the use of different data sources. Given the lack of standardized and reliable national data, it was difficult to assess and demonstrate the impact of federal and state Title V program efforts. The new NOMs and NPMs are drawn from national data sources. In an effort to reduce reporting burden for states, these data are compiled by the MCHB and pre-populated for states in the Title V Information System (TVIS) as part of the yearly Application/Annual Report process.

- Q4. What if the NPMs do not align with a state/jurisdiction's identified priority needs?

The 2015 Application/Annual Report Guidance outlines a re-designed performance measure system, which is intended to better demonstrate the contributions of Title V programs in addressing state/jurisdictional and national MCH priority areas. The ESMs (process/inputs/outputs) are intended to drive improvements in short- and medium-term outcomes (NPMs), which in turn drive improvements in long-term outcomes (NOMs). While the NOMs are considered to be sentinel health measures for the MCH populations, notable improvements may be difficult to demonstrate on an annual basis. The selected NPMs have a national data source, which is essential for consistent and reliable reporting across states, and they are considered to be modifiable by Title V program activities with improvements that can be documented annually.

Given the logic model in which state/jurisdictional-identified priority needs drive the development of program objectives, strategies and NPM selection, it is possible that some NPMs may not directly align with the identified priority needs. Public health needs are multi-faceted, and they can be impacted by a wide range of interventions. In addressing an identified priority need, a state/jurisdiction may select the most closely associated

NPM for the outcome (NOM) that they are trying to achieve. The ESM may provide an opportunity for the state/jurisdiction to implement a more tailored approach for impacting the identified priority need as well as the NPM. The NPM will serve as the marker for demonstrated impact; however, a state/jurisdiction may see value in working to achieve an expanded outcome which would better address an identified priority need.

For example, NPM #5 measures the percent of infants placed to sleep on their backs. A state/jurisdiction is likely to implement strategies that promote safe sleep environments more broadly (e.g., bed-sharing, soft bedding), which would influence practices beyond sleep position. Another example could be NPM #4. A state/jurisdiction may have relatively high breastfeeding initiation rates overall, but these rates may not be reflective of all populations. A state/jurisdiction may choose to target its ESM on the promotion of breastfeeding among populations that have lower initiation rates. Addressing disparities may be one way to improve overall rates; federally available data for the NPMs were provided by various demographic stratifiers for this reason.

- Q5. Could the approach described in Q.4 be applied to the NPMs that are focused on improving access (e.g., well woman visit (NPM #1) and adolescent well visit (NPM #10))?

More than just increasing the number of women and adolescents who have had a preventive medical visit in the past year, a state/jurisdiction may decide that improved quality of the preventive health visit is essential to its making progress in addressing the identified priority need. A state/jurisdiction may choose to improve both the access and quality/content of care.

For example, some states/jurisdictions that identified unintended pregnancy as a priority need have included strategies in their State Action Plans to incorporate reproductive health planning as part of the well woman/adolescent health visits. Strategies that improve the content and quality of care, in addition to strategies that improve utilization of well-visits, may enable a state/jurisdiction to address its identified priority needs while also addressing the NPM(s) that serves to measure its progress. States/jurisdictions have the flexibility to include these indirectly related strategies among the ESMs that they develop for addressing a NPM, or they may choose to develop a SPM or SOM that more directly captures its focus on the content/quality of care of such visits.

Given that most issues in MCH are multifactorial, states and jurisdictions are encouraged to develop multiple strategies to address each of the selected NPMs. Ideally, each strategy would have a related ESM. States/jurisdictions are required to develop only one ESM for each selected NPM. While the ESMs may be either directly or indirectly related to the NPM, states/jurisdictions are encouraged to select at least one ESM that directly corresponds to the selected NPM.

Q6. What if a state/jurisdiction has a priority need that is not addressed through the NPMs?

Priority needs not adequately addressed by the NPMs/ESMs are intended to be addressed through the development of three to five SPMs by the state/jurisdiction. Upon completion of the State Action Plan Table in the FY 2017 Application/FY 2015 Annual Report, a state/jurisdiction should have identified either a NPM/ESM or an SPM for each of the seven to ten identified priority needs. A state/jurisdiction may choose to use a NPM that was not selected as one of its eight NPMs as a SPM, if the measure addresses a priority need.

Q7. Are states /jurisdictions required to develop an ESM for each strategy or for the selected NPM?

While states/jurisdictions may choose to develop an ESM for each identified strategy, they must develop at least one ESM for each of the selected NPMs. If multiple strategies were created to address a NPM, states/jurisdictions have discretion in determining which strategy (or strategies) they will track through an ESM. It is encouraged, but not required, that states/jurisdictions develop corresponding ESMs for strategies in which they are investing the most activity and/or funding.

Q8. Does a state/jurisdictions need to create at least one ESM for each of the SPMs?

States/jurisdictions may choose, but are not required, to develop an ESM for any of the SPMs.

Q9. Can you clarify what is meant by evidence-informed?

Evidence-informed is meant to convey that there is information suggesting that a certain strategy could be effective in addressing a NPM. These are strategies that have not yet been rigorously tested or evaluated but that incorporate a theoretical model from other effective public health practices or apply a novel approach grounded in scientific theory.

## Timeline

Submission Date	Application Year	Annual Report Year
July 15, 2015	<p><input checked="" type="checkbox"/> <b>Fiscal Year (FY) 2016</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> (First Application Year of New Five-year Reporting Cycle.)</li> <li><input checked="" type="checkbox"/> Complete Application for Federal Assistance (Standard Form - 424)</li> <li><input checked="" type="checkbox"/> Develop Executive Summary for Application</li> <li><input checked="" type="checkbox"/> Include Needs Assessment Summary in the Application</li> <li><input checked="" type="checkbox"/> Identify 7-10 Priority Needs (Form #9)</li> <li><input checked="" type="checkbox"/> Select 8 National Performance Measures (NPMs) and Enter Five-year Performance Objectives on Form #10A</li> <li><input checked="" type="checkbox"/> Prepare Interim Five-Year State Action Plan Table</li> <li><input checked="" type="checkbox"/> Complete Narrative Sections of Application, including Presentation of the State's Five-year Action Plan by Population Health Domain</li> <li><input checked="" type="checkbox"/> Enter Budgeted Data for Application Year on Forms #2, #3a and #3b</li> <li><input checked="" type="checkbox"/> List Names of MCH Director, CSHSN Director and Family/Youth Leader on Form #8</li> <li><input checked="" type="checkbox"/> Review Other State Data (OSD) on Form #11 and Form #10A for National Outcome Measures (NOMs)</li> </ul>	<p><input checked="" type="checkbox"/> <b>FY 2014</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> (Interim Year 04 of Previous Reporting Cycle)</li> <li><input checked="" type="checkbox"/> Enter the FY 2014 Annual Indicator Data (specifically, the Numerator, Denominator, Data Source and Data Note) for the 18 NPMs and State Performance Measures (SPMs) from the Previous Reporting Cycle on Form #10D</li> <li><input checked="" type="checkbox"/> Report on FY 2014 Program Activities and Analyze Performance, by Population Health Domain, using New Narrative Format</li> <li><input checked="" type="checkbox"/> Enter Expenditure Data on Forms #2, #3a, and #3b</li> <li><input checked="" type="checkbox"/> Enter Required Data (i.e., Newborn and Others Screening, Unduplicated Count and Total Encounters of Individuals Served, Deliveries and Infants Served by Title V and Entitled to Benefits Under Title XIX and State Toll-free Hotline and Other Appropriate Methods Data) on Forms #4, #5a, #5b, #6 and #7 for the Reporting Year.</li> </ul>
July 15, 2016	<p><b>FY 2017</b></p> <p>(Second Year Application, or Interim Year 01, of Five-year Reporting Cycle)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Complete SF-424</li> <li><input type="checkbox"/> Update Executive Summary</li> </ul>	<p><b>FY 2015</b></p> <p>(Last Annual Report Year, or Interim Year 05, of Previous Five-year Reporting Cycle)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Enter the FY 2015 Annual Indicator Data (specifically, the Numerator, Denominator,</li> </ul>

	<ul style="list-style-type: none"><li><input type="checkbox"/> Update Needs Assessment Summary</li><li><input type="checkbox"/> Incorporate Ongoing Needs Assessment Activities/Findings into Annual Update on State Priority Needs</li><li><input type="checkbox"/> Add FY 2021 Performance Objective for Each Selected NPMs on Form #10A</li><li><input type="checkbox"/> Develop Evidence-based or -informed Strategy Measures (ESMs) for Each Selected NPM; Prepare Detail Sheet for each ESM on Form #10C; and Enter Five-year Performance Objectives for Each ESM on Form #10A</li><li><input type="checkbox"/> Develop 3-5 SPMs to Address Priority Needs Not Addressed Through the NPMs and ESMs; Prepare Detail Sheet for Each SPM on Form #10B; and Enter Five-year Performance Objectives for Each SPM on Form #10A</li><li><input type="checkbox"/> Add Strategies, ESMs and SPMs to Finalize the Five-Year State Action Plan Table</li><li><input type="checkbox"/> Complete Narrative Sections of Application, including Presentation of the State's Five-year Action Plan by Population Health Domain</li><li><input type="checkbox"/> Enter Budgeted Data for Application Year on Forms #2, #3a and #3b</li><li><input type="checkbox"/> Update Listed Names of MCH Director, CSHSN Director and Family/Youth Leader on Form #8</li><li><input type="checkbox"/> Review Other State Data (OSD) on Form #11 and Form #10A for NOMs</li></ul>	<p>Data Source and Data Note) for the 18 NPMs and SPMs from the Previous Reporting Cycle on Form #10D</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Report on FY 2015 Program Activities and Analyze Performance, by Population Health Domain, using New Narrative Format</li><li><input type="checkbox"/> Enter Expenditure Data on Forms #2, #3a, and #3b</li><li><input type="checkbox"/> Enter Required Data (i.e., Newborn and Others Screening, Unduplicated Count and Total Encounters of Individuals Served, Deliveries and Infants Served by Title V and Entitled to Benefits Under Title XIX and State Toll-free Hotline and Other Appropriate Methods Data) on Forms #4, #5a, #5b, #6 and #7 for the Reporting Year.</li></ul>
<p>July 15, 2017</p>	<p style="text-align: center;"><b>FY 2018</b> (Interim Year 03 Application)</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Complete SF-424</li><li><input type="checkbox"/> Update Executive Summary</li><li><input type="checkbox"/> Update Needs Assessment Summary</li><li><input type="checkbox"/> Incorporate Ongoing Needs Assessment</li></ul>	<p style="text-align: center;"><b>FY 2016</b> (First Annual Report of New Five-year Reporting Cycle)</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Enter the FY 2016 Annual Indicator Data (specifically, the Numerator, Denominator, Data Source and Data Note) for the Selected NPMs, ESMs and SPMs</li></ul>

	<p>Activities/Findings into Annual Update on State Priority Needs</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Add FY 2022 Performance Objective for Each Selected NPMs, ESMs and SPMs on Form #10A</li><li><input type="checkbox"/> Update the State Action Plan, as Needed</li><li><input type="checkbox"/> Complete Narrative Sections of Application, including Presentation of the State's Five-year Action Plan by Population Health Domain</li><li><input type="checkbox"/> Enter Budgeted Data for Application Year on Forms #2, #3a and #3b</li><li><input type="checkbox"/> Update Listed Names of MCH Director, CSHSN Director and Family/Youth Leader on Form #8</li><li><input type="checkbox"/> Review Other State Data (OSD) on Form 11 and Form #10A for NOMs</li></ul>	<ul style="list-style-type: none"><li><input type="checkbox"/> Report on FY 2016 Program Activities and Analyze Performance, by Population Health Domain, in the State Action Plan</li><li><input type="checkbox"/> Enter Expenditure Data on Forms #2, #3a, and #3b</li><li><input type="checkbox"/> Enter Required Data (i.e., Newborn and Others Screening, Unduplicated Count and Total Encounters of Individuals Served, Deliveries and Infants Served by Title V and Entitled to Benefits Under Title XIX and State Toll-free Hotline and Other Appropriate Methods Data) on Forms #4, #5a, #5b, #6 and #7 for the Reporting Year</li></ul>
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