MEMORANDUM

TO: Dr. Michael Lu, Associate Administrator
    Maternal and Child Health Bureau, Health Resources and Services Administration

FROM: AMCHP Board of Directors

DATE: Sept. 11, 2013

RE: Preliminary Recommendations for the Future of the Title V Maternal and Child Health Services Block Grant

The Association of Maternal & Child Health Programs (AMCHP) Board of Directors is pleased to share its recommendations on the future of the Title V Maternal and Child Health (MCH) Services Block Grant (“Title V MCH Block Grant” and “Title V”). These recommendations aim to maintain the many strengths of the Title V MCH Block Grant program while making several fundamental changes to the current approach for Title V MCH Block Grant programming – changes that would impact the next iteration of the Title V MCH Block Grant Guidance, the Title V MCH Block Grant Application and Annual Report forms, and the Title V Information System. These changes are needed in order to ensure that Title V continues to meet the needs of MCH populations¹ given today’s health care environment and limited public health dollars, are responsive to state needs and reflective of how states use the Title V program, and linked to efforts to improve quality and assure greater accountability.

In making these recommendations, AMCHP has one clear goal: to ensure that the Title V MCH Block Grant continues to be a viable federal-state partnership and thus, a locus of accountability in every state² for our nation’s mothers, children and their families, particularly those who are the most underserved and vulnerable. AMCHP looks forward to speaking with you about these recommendations in the coming weeks and partnering with you to ensure that state Title V MCH programs are a central part of efforts to further develop recommendations and implement changes related to the future of the Title V program. Highlights of our key recommendations follow and are discussed in greater detail in this memo.

The Title V MCH Block Grant statute should be kept intact. The overall purpose and focus of the Title V statute are still crucial and relevant for today’s health care environment and the urgent and emerging needs facing MCH populations.

¹ The term ‘MCH populations’ is used throughout this memo to refer to women, children and youth, including those with special health care needs, and their families.
² The term ‘state’ is used throughout this memo to refer to the fifty states and all U.S. territories.
1. A limited set of core focus areas – areas that are essential to all states and territories in assuring the health of women, children and youth, including those with special health care needs and their families – should drive and form the basis of direction and guidance for the state Title V program and its implementation and reporting.

2. The state Title V MCH Block Grant Guidance, Application and Annual Report Forms should be revised to align with the core focus areas, which are specified later in this memo, and annual Title V reporting requirements should be reduced.

3. The Title V Pyramid should be updated to better depict the Title V role in improving overall health for MCH populations, how Title V program funds are invested overall, and the Title V role in integrating public health and health care services.

Why Significant Changes to the Title V Program Are Needed Now

As you know, the Title V MCH Block Grant is the only federal program that comprehensively supports state and territorial efforts to assess the needs of MCH populations; identify and address urgent MCH issues including those of children and youth with special health care needs (CYSHCN); and mobilize partners to address MCH challenges. The Title V MCH Block Grant is the foundation on which many programs to help our nation’s most vulnerable children and families are built. Now more than ever, particularly in an era of health reform, the activities that are supported through this historic federal-state partnership are critical to protecting and promoting the health of America’s women and children. While health insurance coverage is essential, alone it is not sufficient to improve the health of MCH populations. Indeed, the United States will not completely reduce health disparities or improve health outcomes unless there is a sustained effort to strengthen public health systems and services that address the root causes of disease and poor health in America.

As a result of the passage of the Patient Protection and Affordable Care Act (ACA), some members of Congress and the administration are questioning the ongoing and unique purpose, utility, and role of Title V within health care reform. Compounding these challenges are federal and state budget pressures and the continued erosion of federal Title V funding for over the past decade. AMCHP and its partners have always educated, affirmed and even defended the overall purpose of the Title V program and how it serves women, children and their families in a changing world. Many of the improvements – and challenges – to the program have been the result of, or were prompted by, federal system reforms such as the Omnibus Budget Reconciliation Act of 1989 (OBRA), the State Children’s Health Insurance Program passed as part of the Balanced Budget Act of 1997, and the Government Performance and Results Act.

Policymakers generally recognize the critical centerpieces of the Title V program: the state needs assessment, the flexibility of the block grant to address state priorities, and the leveraging of federal funds for additional state and territorial support. Unfortunately, due to current reporting definitions, policymakers often have a misunderstanding about the level of direct clinical health care services supported by the MCH Block Grant and have been unable to as easily identify the return on investment
and the direct impact of the program on MCH populations. Demonstrating this impact is anticipated to be even more complex given that many children and families will have insurance coverage in 2014.

While these factors create an uncertain future for the program in this tight fiscal climate they also provide a tremendous opportunity for state, federal and other MCH leaders to collectively: 1) develop and embrace a new approach for the Title V program and a framework to guide and describe the critical investments made by Title V; 2) better define program expectations to reflect the rapidly changing health care landscape and the unique role of the program in an era of health reform; and, 3) improve the reporting mechanisms that describe how federal Title V resources are utilized, what impact they generate, and to better tell the story of how Title V achieves its statutorily defined mission to “improve the health of all mothers and children.” Overall, there is an urgent need to better delineate the differences between population-based public health and publicly financed health care as part of the Title V program transformation.

Recommendations for the Title V Statute, Vision, Mission and Rationale
The needs of women, children, and their families and the environment in which they live, work, and play have significantly changed since the passage of Title V of the Social Security Act more than 75 years ago. However, focused leadership and accountability at the federal and state level for the health of every mother, child and family remains a critical and pressing priority. Indeed, the Title V MCH Block Grant is the essential component and backbone of a comprehensive system of programs, services and supports that are needed to assure the health of women, children and their families, particularly those who are low-income, underserved and living with chronic, complex health conditions.

The following are specific recommendations of the AMCHP Board of Directors. However, these recommendations have not been vetted by the full AMCHP membership. As such, AMCHP strongly recommends that any consideration of these and any other recommendations – from AMCHP and other groups – and eventual revisions to the Title V program involve and include further state discussion and representation, and are conducted in close partnership with AMCHP and the states. In its discussions about the Future of Title V, the AMCHP Board of Directors affirmed the following recommendations regarding the statute, vision, mission and rationale for the Title V MCH Block Grant:

- **Recommendation – Title V Statute:** The overall purpose and focus of the Title V statute is still crucial and relevant for the current health care environment and the urgent and emerging needs facing MCH populations. As such, the Title V statute should be kept intact. The need for accountability for the health of women, children, including CYSHCN, and their families remains critical and relevant in today’s health environment. Efforts to improve the Title V MCH Block Grant program should focus on the administration and implementation of the program at the federal and state levels, and not be directed at changing the Title V statute, especially given the current political environment. Furthermore, the flexibility of the block grant is critical to enabling states to continue to tailor aspects of their program investments based on their state and territorial needs assessment, which focus on improving health outcomes with greater accountability.
Recommendation – Title V Vision: The overall vision for Title V should remain the same, reflecting the role of the program in assuring healthy children, healthy families, and healthy communities. How this vision is communicated to stakeholders, policymakers and other core groups, however, needs to be improved in light of the ACA and other factors such as policymaker interest in reducing funding of federal programs that are perceived as being duplicative.

Recommendation – Title V Mission: The overall mission of Title V should remain to improve and protect the health and development of the nation’s mothers, children and youth, including those with special health care needs, and their families by assuring comprehensive systems of care to meet the population needs.

Recommendation – Title V Target Population: The target population for Title V programs, services and supports should remain the same. The target population for Title V programs, services and supports should be “all women, infants, children, and youth including children and youth with special health care needs, and their families in all states and territories in the United States.”

Recommendation – Title V Rationale: The unique needs of women, children and families should be emphasized in all materials, a framework, and communications about the rationale and need for the Title V MCH Block Grant. Historically in this country, as well as in most other nations, the MCH population has been singled out for special public interest and responsibility. The reasons include, but are not limited to, the following:3

- Infancy, early childhood and childhood are important and unique times for promoting lifelong health and wellness, reducing disparities, preventing and minimizing chronic conditions, and, ultimately, reducing health care costs.
- Prevention and early intervention in women of child bearing age, and with children and youth result in proven long-term benefits in school readiness, adult productivity, life expectancy as well as cost savings for more intensive services (e.g., special education services).
- The special needs of children and youth with chronic conditions warrant specific and careful attention in policy and program development. Unfortunately, health reforms and efforts to improve health systems historically have not always considered the unique needs of CYSHCN.
- Services should be tailored to the specific needs of women and youth, including different physiological and developmental characteristics that influence risk for and progression of disease and disability, as well as utilization of services.
- Children and youth do not have political power and women still have limited political power.

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• Children and youth depend on families as well as on community and social institutions.
• The health status of children and youth, their educational achievement and social development, as well as the importance and influence of family and community are all interrelated.

Recommendations for a New Title V Program Approach, Guiding Framework and Reporting Requirements
AMCHP recommends utilizing future Title V MCH Block Grant guidance and budget justifications to better define core public MCH functions and essential services, and to highlight the continuing urgent MCH needs that will not be addressed solely through the expansion of public and private health insurance. At the same time, any changes to the program should continue to preserve state flexibility in determining priority needs based on the five-year needs assessment and other information, and in utilizing Title V resources for gap-filling, culturally sensitive safety net services. This section describes the AMCHP recommendations for transforming the overall approach to the Title V program and its reporting requirements.

➢ Recommendation – The Title V Pyramid and a Guiding Framework: The Title V Pyramid should be updated to better depict the Title V role in improving overall health for MCH populations, how Title V program funds are invested, and the Title V role in integrating public health and health care systems. Since its development in 1997, the Title V MCH pyramid has been a useful tool for states, AMCHP and the federal government. However, a revised Title V Pyramid that integrates the Public MCH Program Functions Framework: Essential Services to Promote Maternal and Child Health in America (1995) should be developed to modernize the current one. Use of the Public MCH Program Functions Framework would help state Title V programs better delineate the difference between public health and publicly financed health care, better describe essential services and investments needed in addition to health insurance, and ensure alignment with public health accreditation efforts in state health agencies. Essential services of the Public MCH Program Functions Framework are outlined below and a schematic depicting how they could be integrated into the Title V Pyramid is included at the end of this memorandum.

Essential MCH Services:
• Access to Health Care Services. Link women, children, youth and families to needed personal health services and assure the provision of health care when otherwise unavailable.
• Investigate Health Problems. Diagnose and investigate health problems and health hazards affecting women, children and youth.
• Inform and Educate the Public. Inform and educate the public and families about maternal youth, and child health issues.
• **Engage Community Partners.** Mobilize community partnerships between health care providers, families, child and youth advocates, the general public, and others to identify and solve maternal and child health problems within the cultural context of the state.

• **Promote and Implement Evidence-based Practices.**

• **Assess and Monitor MCH Health Status.** Assess and monitor maternal and child health status to identify and address health problems.

• **Maintain the Public Health Work Force.** Assure the capacity and competency of the public health workforce to effectively address maternal and child health needs.

• **Develop Public Health Policies and Plans.** Develop policies and plans that support individual, provider (e.g., pediatricians, nurse and nurse practitioners), and community health efforts.

• **Enforce Public Health Laws.** Promote and enforce legal requirements that protect the health and safety of women, children and youth and ensure public accountability for their well-being.

• **Assure Quality Improvement.** Monitor, research and evaluate health status, and service effectiveness, accessibility and quality to identify and solve community health problems.

Additionally, AMCHP recommends that these essential MCH services replace the current description of the purpose of the MCH Block Grant on page 13 of the current Block Grant Guidance. The goal here is to clarify that the primary purpose of Title V, especially in light of the ACA, is not to provide comprehensive health care services – services that were needed when the Title V MCH Block Grant was originally passed in 1935. Rather the primary purpose of Title V is to support core population-based and systems-building services. We believe use of this framework will help policymakers better understand how Title V funds are being spent while remaining consistent with the Title V federal statute to “provide quality MCH services.”

- **Recommendation – Core Focus Areas:** Core focus areas essential to all states in assuring the health of MCH populations should form the basis of new guidance for the Title V MCH Block Grant. Within those core focus areas, state flexibility to determine strategies and activities and their implementation – based on the findings of their five-year needs assessment and other related information and the unique needs of the state – should be assured and maintained.

AMCHP recommends the following six core focus areas in which all states are investing Title V resources. An emphasis on the Title V role in reducing health disparities should be an explicit and common thread within each of these areas. These focus areas were chosen based on connection to the Title V statute, synthesis of leading issues identified in current state needs assessments, alignment with the life course approach, integration with chronic disease programs, and potential resonance with policymakers.

1) **Improving Pregnancy Outcomes including Reducing Maternal and Infant Mortality**
2) **Improving Women’s Health**
3) **Promoting Child and Adolescent Health**
4) Preventing Chronic Diseases in Women, Children and Youth, including CYSHCN, and Their Families
5) Assuring Comprehensive Systems of Care for All Children, including CYSHCN
6) Other State Defined Priorities

AMCHP recommends this list for preliminary consideration and strongly recommends that the Maternal and Child Health Bureau, in partnership with AMCHP, create an inclusive process to allow all states the opportunity to provide feedback on these core areas.

➤ Recommendation – Title V Roles in Health Reform: Future Title V program guidance should include clear expectations that state Title V programs have a complementary role in advancing and implementing health reform and that each state may include support for health reform-related activities including, but not limited to, those areas outlined below, in their annual applications and reports, based on the findings of their needs assessment and as capacity and resources allow. Furthermore, states should incorporate considerations for health reform and the ACA in their five-year needs assessment. For decades the Title V MCH Block Grant has supported a federal-state partnership that assures a foundation within every state health agency to assess, provide, and assure a system of services focused on improving the health of all women and children. Title V MCH programs can help promote and support successful implementation of federal and state health reform activities by adapting the essential MCH services in those areas related to health reform. AMCHP recommends that areas for Title V focus relative to the ACA include but not be limited to the following:

- **Promote Outreach and Enrollment to Public and Private Insurance Coverage and Other Public Programs.** State MCH programs often operate or support service delivery sites where individuals seek services such as WIC clinics, family planning services, local health departments, community health centers, school-based health centers, Early Intervention (Part C) programs, and other programs for CYSHCN. With appropriate resources, state MCH programs could help ensure these vulnerable and sometimes hard to reach populations are informed of new coverage options and provide them assistance in applying and enrolling by linking to statewide resources (e.g., 1-800 help and hotline numbers required by Title V programs, websites and other venues).
- **Promote Utilization of Clinical Preventive Services.** State MCH programs could build on experience promoting the Bright Futures preventive services guidelines for children, which would help ensure that families and providers know about and are supported in providing the full range of preventive services covered by ACA without cost sharing. These services include Bright Futures for Children, the newly required preventive services for women, recommendations of the U.S. Preventive Health Services Task Force, and all recommended immunizations defined by the Advisory Committee on Immunization Practices.
- **Collaborate to Assess and Address Shortages in Primary, Preventive and Specialty Care Capacity.** State MCH programs have statutory requirements to assess the statewide capacity for preventive and primary care services for all MCH populations. These assessments could
be leveraged with state primary care office designations of medically underserved areas and health professional shortage areas; state primary care association plans for community health center expansions; local health agency needs assessments; provider association workforce projections; and the newly required nonprofit hospital community needs assessments to identify and target resources to areas with the greatest projected service capacity gaps. State MCH programs also could collaborate with partners to share assessment resources and reduce duplication.

- **Partner with Other State Agencies (e.g., Medicaid) to Measure Health System Performance and Promote Quality Improvement.** State MCH programs can play integral roles in collecting, analyzing, reporting, and using health data to assess performance of the health system and health outcomes for MCH populations, and to drive evaluation and quality improvement initiatives. Many states also are poised to leverage opportunities for integrated health information systems linked to electronic medical records.

- **Provide Assistance to Individuals and Families in Appropriately Accessing Services. Especially for low-income individuals and families with CYSHCN.** MCH programs will need to continue several roles including: 1) identify gaps in services and access to care; 2) provide translation and transportation services, and, 3) in some states, serve as the payer of last resort for direct clinical services not covered by any other programs even as the ACA expands coverage.

**Recommendations for Improving the Block Grant Guidance, Reporting Requirements and Title V Information System**

Ultimately, final decisions about the vision and framework of the Title V MCH Block Grant will drive changes to the Title V MCH Block Grant Guidance, reporting requirements, and Title V Information System. With that in mind, AMCHP developed the following list of principles and recommendations to inform revisions to the guidance.

Central to our recommendations is the point that the Title V MCH Block Grant Guidance and reporting requirements need to better delineate the work and core functions of state Title V programs that are not necessarily captured by the current set of performance measures or reporting requirements. The need to capture this information in light of the changing health care system is critical to the future funding and understanding about the Title V MCH Block Grant role in an ACA environment. This information will be imperative to counter misperceptions about duplication of efforts and describe how Title V is unique and different from other public health programs.

- **Ensure that changes to the Block Grant Guidance and forms for the Title V Application and Annual Report are grounded in the Title V statute, updated to address the concern of policymakers, and revised to more accurately capture how states are using the federal allocation portion of the Title V MCH Block Grant.** As previously discussed policymakers want to know:
  - How is the ACA being implemented in states and what is the impact on the MCH population?
How is the Title V MCH Block Grant unique and different from other public health programs?

What services or functions will no longer need to be funded because of the ACA?

The current financial reporting does not allow for the easy tracking of the federal funding portion of the Title V partnership budget. The budget narrative and reporting forms are focused on the spending relative to the population and the 30/30 requirement, but they do not allow for reporting on specific programs funded by the federal allocation. Rather, the focus has been on any funding that falls under the purview of the state Title V director thereby portraying Title V as a much larger investment by states than the federal allocation alone. This approach to financial reporting creates an erroneous perception of the amount of funding that is directed to improved health for mothers and children. The report should continue to focus on the unique needs of mothers, children, including CYSHCN, and their families, and clearly articulate the need for specific federal and state roles for this population. The annual report and annual plan should be: 1) a report of program activities accomplished, 2) a description of activities specifically planned to address the national and state performance measures, 3) the extent to which the state has met its goals and objectives, and 4) financial reporting and description of how the use of the federal Title V funds are consistent with the state application.

Provide greater clarity and direction on specific definitions included in the guidance. Lack of clarity and direction on specific definitions has resulted in misperceptions that a significant allocation of Title V funding is used for the provision of direct services that would in theory be picked up by the Affordable Care Act. Greater clarity on the definition of direct services – only when direct clinical services are actually provided – will minimize confusion and enhance understanding. These updates should include but not be limited to definitions for “direct services,” “assurance,” and “primary and preventive care.” The suggested AMCHP recommendations for these definitions follow:

Access to Care: Having insurance may increase access to health care but it is not sufficient to ensure appropriate use of high-quality services or care, or that services are available in all communities. A well-functioning health care system that ensures access to quality health care provides: 1) enrollment in health insurance; 2) access to and delivery of preventive health services, as well as primary care and specialty care services that are shown to maintain or improve overall health, and 3) timeliness, quality, and accessible geographic location of these services.

Direct Services: Title V federal funds should only be used to purchase or reimburse providers directly for clinical services that are not covered by any third party payer, including Medicaid, CHIP, other governmental payment sources such as Indian Health Service or Tri Care, or private insurance. (Federal Title V MCH Formula Block Grant funds provided to a state contractor or partners, such as a clinic or local health department.

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http://www.health.ny.gov/prevention/prevention_agenda/access_to_health_care/
for salary or operations support are not considered direct services for the purpose of this definition.) For purposes of the definition of direct services and reporting in those cases where state Title V program funds are expended, direct services would include, but are not limited to, primary and specialty care; emergency department visits; inpatient services; outpatient and inpatient mental health and substance abuse services; prescription drugs; occupational and physical therapy; speech therapy; durable medical equipment/medical supplies; medical foods; preventive care screenings; dental care; vision care; case management; and transportation for which a claim for payment has been generated.\(^5\)

- **Assurance:** It is the role of public health departments to monitor access and link people to needed personal health services, guarantee the provision of health care when otherwise unavailable, assist in the development of a competent public health workforce, mobilize community partnerships to identify and solve health problems and evaluate the delivery services to MCH populations.\(^6\)

- **Preventive and Primary Care:** These definitions should be separate and distinct from each other and not combined in future reporting requirements.
  - **Primary Care Services:** The provision of comprehensive personal health services that include health maintenance and preventive services, initial assessment of health problems, and the overall management of an individual’s or family’s health care.\(^8\)
  - **Preventive Services:** Activities aimed at promoting health and preventing disease, reducing the incidence of health problems, disease prevalence or injuries in the community including the personal risk factors for diseases or conditions, as well as prevention of secondary conditions among those with special needs.\(^9\) State reporting should delineate between clinical preventive services that are often covered by health insurance and community-based preventive services, which are virtually never covered by insurance.

- **Update the National Performance Measures to capture changes in the health care system and the impact on the population Title V serves.** Developed in the 1990s, many of the national performance measures do not accurately reflect current needs. At present, none of the national performance measures is dedicated to assessing the impact of health care reform. Moreover, some of the performance measures are actually outcome measures. Suggestions include substituting current measures with performance measures that are inclusive of the health of

\(^5\)Title V Maternal and Child Health State Formula Block Grant Services Survey. Federal Fiscal Year 2011
\(^8\)Health Resources and Services Administration. Guidance and Forms for the Title V Application/Annual Report. Rockville, MD (pg 201)
\(^9\)Health Resources and Services Administration. Guidance and Forms for the Title V Application/Annual Report. Rockville, MD (pg 200)
women, preconception, interconception and maternal mortality and aligned with the core focus area on improving women’s health.

- **Minimize the reporting burden on the states. Revise the State Title V MCH Block Grant Guidance and reporting requirements to align with the six core focus areas.** The Title V reporting requirement measures should be significantly reduced and streamlined, delinked from reporting by pyramid level, and existing and/or new measures created to align with the core focus areas. Streamlining the MCH Block Grant application and reporting process would help better reflect how states utilize Title V resources. Additionally, this would allow states to more accurately describe activities specifically supported with Title V dollars, reduce duplicative reporting, clearly delineate federal funding and state funding, and create a national picture of collective action and impact on a focused number of leading MCH issues.

State Title V staff spend countless hours drafting, finalizing and reviewing their annual applications and reports. The overly burdensome process should be minimized while at the same time maximizing the value of the documents. States suggest reducing the application size and submitting the full report during a key time—potentially after the needs assessment year—with annual reporting on any significant changes from the previous year. Additionally, states suggest improving the in-person annual block grant review process to take place in their state or utilize existing electronic communications to maximize opportunities for inclusiveness, quality improvement, and technical assistance.

- **Continue to emphasize the formal and informal collaboration process with the public and private sector, provider groups, state and local levels of government, families and others.** Currently, the unique role that Title V programs have within a state is not always clearly depicted in reporting requirements and communications. Additionally, it is sometimes unclear how Title V partners, leverages and intersects with other programs and other key partners. Emphasizing the collaboration will ensure an understanding about the interconnectivity of Title V with other federal programs, initiatives and focus areas (e.g., Medicaid, WIC, MIECHV, Early Comprehensive Childhood Systems, chronic disease, medical home and care coordination) that are expected to link with Title V.

- **Ensure that any changes to the reporting requirements and TVIS consider the environment and messaging for key audiences including policymakers.** Historic misperceptions of the Title V MCH Block Grant are exacerbated by the changing health care landscape, the need to define the role of public health, and the current budget environment. Specifically, changes to the guidance should reflect the return on investment of the specific federal allocation, summarize and analyze the impact health reform has on the MCH population, and articulate the unmet needs in the state that will not be solved by health insurance expansion alone.

- **Delineate and clarify the role of the Title V needs assessment.** Current guidance requires that the state needs assessment process determines the needs of the MCH population groups, using
Title V indicators, performance measures and other quantitative and qualitative data available in the state. The Title V needs assessment should be aligned with assessments required by the ACA and other federal programs as has been required for the Maternal, Infant and Early Childhood Home Visiting program. Additionally, the statewide needs assessment may be used to capitalize on other assessments done for accreditation. In addition, there is significant content overlap in the needs assessment sections and the annual application and report that are duplicative. Efforts need to be made to streamline the duplication of focus areas, such as coordination or collaboration, etc.

**Process and Melding of the AMCHP Recommendations with Other Efforts and Partner Input**

This memorandum represents the thinking, input and recommendations of the AMCHP Board of Directors – state leaders who are elected to represent the AMCHP membership, particularly the Title V MCH and CYSHCN program directors, family leadership, and staff in states and territories. In that regard, they have not been vetted with all state Title V MCH and CYSHCN program directors or the full AMCHP membership.

Much more remains to be accomplished in order to collectively achieve and advance a vision for the future of Title V and assure state buy-in and support for implementation of the final changes. Again, we look forward to speaking with you about these recommendations and to working with you to ensure that state Title V MCH programs are a central part of efforts to further develop recommendations and implement changes related to the Future of Title V. **In particular, we are interested in partnering with the Maternal and Child Health Bureau to convene a process for obtaining further input into recommended changes to the Title V program, including helping to organize listening sessions during the fall months of 2013 and presentations at the AMCHP fall board meeting and AMCHP Annual Conference.**

Again, we thank you for considering our recommendations and look forward to working with you and other key stakeholders in assuring the health of women, children and their families, and continuing a strong and viable federal-state partnership through the Title V MCH Block Grant.
Appendix A: (Title V Pyramid Graphic)

Public Health Services for MCH Populations: The Title V MCH Services Block Grant

MCH Essential Services/Public Health Standards
- Provide Access to Care
- Investigate Health Problems
  - Inform and Educate the Public
  - Engage Community Partners
  - Promote and Implement Evidence-based Practices
- Assess and Monitor MCH Health Status
  - Maintain the Public Health Work Force
  - Develop Public Health Policies and Plans
  - Enforce Public Health Laws
  - Ensure Quality Improvement

Access to Care
- Transportation
- Medical home
- Care coordination
- Outreach/enrollment
- Translation services
- Health care capacity
- Family support services
- Payment for services not covered by Public or private insurance

Population-based Public Health Services
- Home visiting
- Newborn screening
- Infant and maternal mortality reviews
- Lead poisoning screening and prevention
- Childhood injury prevention
- School-based health promotion and education
- Public health education and promotion (e.g., SIDS & SUID, oral health, breastfeeding promotion, teen pregnancy prevention)

Public Health System Capacity Services
- Policy development
- Workforce development and provider training
- Integrated systems of health care services, programs and supports
- Public engagement/public input
- Data collection, monitoring, tracking and reporting
- Quality improvement

Access | Quality Improvement | Equity | Accountability | Integration