

Maternal and Child Health Unit 2021-2025 Title V Needs Assessment Project Charter	
Project Title:	Title V Maternal and Child Health (MCH) Block Grant Needs Assessment, 2021-2025
Charter Approval Date:	May 13, 2019

1. PROJECT ORGANIZATION: Wyoming Department of Health (WDH) MCH Unit	
1.1 PROJECT SPONSOR	<p>Stephanie Pyle (Public Health Division (PHD) Senior Administrator)</p> <p>PHD Leadership Team (Angie Van Houten, Alexia Harrist, Laura Hurst)</p>
1.2 PROJECT MANAGER	Danielle Marks
1.3 PROJECT TEAM	<p>Core Planning Team: Danielle Marks, Sapphire Heien, Jamin Johnson, Rachel Barber, Eighmey Zeeck, Lorie Chesnut, Moira Lewis, Ashley Busacker, Wiley Phillips, Joe Grandpre</p> <p>Full Project Team: Danielle Marks, Sapphire Heien, Jamin Johnson, Rachel Barber, Eighmey Zeeck, Lorie Chesnut, Moira Lewis, Ashley Busacker, Wiley Phillips, Joe Grandpre, Sheli Gonzales, Carleigh Soule, Paula Ray</p>
1.4 PROJECT TEAM RESPONSIBILITIES	<ol style="list-style-type: none"> 1. Be knowledgeable on the needs assessment process. 2. Develop and implement the needs assessment. 3. Engage membership of key stakeholder/partner groups. 4. Develop and implement the strategic plan and state action plan table. 5. Meet Title V needs assessment requirements.
1.5 RESOURCES	<ul style="list-style-type: none"> • Funding (Title V and State Systems Development Initiative (SSDI)) • Staff (MCH Unit and MCH Epidemiology Program) • WDH administration support • Meeting space • Knowledge and expertise related to public health, MCH, needs assessment, strategic planning, etc. (Sources: MCH Navigator; Title V Guidance) • Previous Title V needs assessments • Partners' completed and pending needs assessment results (e.g. MIECHV, SHA)

- Stakeholders (and their input) (e.g. state agencies, organizations, community members, clients, representatives from MCH populations)
- Operating principles and/or framework
 - Options include [Peterson](#), Bryson, or a combination of both.
- Time
- Office supplies
- Facilitators (Contract with Kim Boyd)
- Printing

1.6 CORE VALUES AND FRAMEWORK

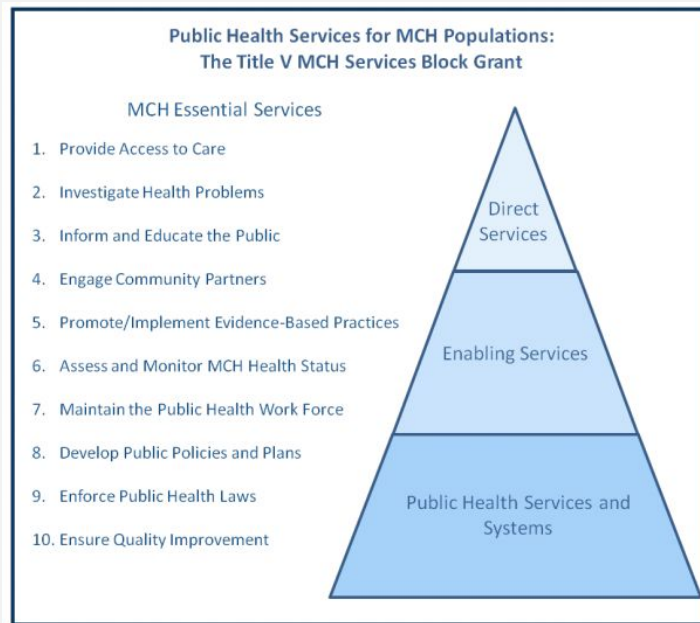
What core values and frameworks guide and inform this project?

The MCH Unit revised its core values in November 2018. The core values guide MCH Unit decisions including but not limited to priority selection, strategy selection, and resource allocation.

The core values are:

- *Data-driven*: Utilize data, evidence, and continuous quality improvement
- *Engagement*: Cultivate authentic collaboration and trust with families and community partners
- *Health Equity and Life Course Perspective*: Integrate an understanding of how differences in social, economic, cultural, and environmental factors across generations and throughout the lifespan impact health
- *Systems-Level Approach*: Prioritize work that addresses community structures, social norms, environment, and policies to maximize impact

The MCH Unit will use the 10 Essential Public Health Services to frame the selection of State Priority Needs and delivery of MCH services and activities.



The MCH Unit will use a three-tiered national performance measurement framework to address state priority needs.



The MCH Unit will organize strategies designed to address key MCH priority areas within five MCH population domains and one optional domain. The domains are:

- Women/Maternal Health
- Perinatal/Infant Health
- Child Health
- CSHCN
- Adolescent Health
- Cross-cutting/Systems Building (optional)

The MCH Unit will assure families and consumers are key partners in the completion of the needs assessment, strategic plan, and associated activities.

The MCH Unit will make all efforts to coordinate with other state and local level needs assessments including but not limited to the State Health Assessment, Maternal, Infant, Early Childhood Home Visiting (MIECHV) needs assessment, and the State Primary Care Office needs assessment, etc.

1.7 KEY STAKEHOLDERS	Who will affect, or be affected by, the project as known to date. <i>Stakeholders</i> are those individuals or groups on which the needs assessment process will directly or indirectly impact.
<p>MCH Needs Assessment Steering Committee:</p> <p>Role: A group of senior level decision makers who will (1) approve charter, (2) inform selection of MCH Advisory Committee membership, (3) guide/inform needs assessment and strategic plan implementation through quarterly check-in meetings, (4) approve selected State Priority Needs and Strategic Plan, and (5) hold MCH Needs Assessment Planning Team accountable to plan goals and products. This group will also help the MCH Unit build awareness/understanding of Title V/MCH Unit mission and activities across the State and assure continuous leadership awareness and buy-in for the needs assessment and strategic planning process.</p> <p>Ideal size: 8-12</p> <p>Time commitment: Quarterly meetings of 1-2 hours each; Meetings twice annually after completion of strategic plan to guide implementation.</p> <p>Membership includes:</p> <ul style="list-style-type: none"> ● Public Health Division Senior Administrator ● State Health Officer/State Epidemiologist/Public Health Sciences Section Chief ● Community Health Section Chief ● Health Readiness and Response Section Chief ● Public Health Nursing State Supervisor ● Medicaid Medical Director ● DUPRE Representative ● PHD Performance Improvement Manager ● Title V and CYSHCN Director (Needs Assessment Planning Committee Representative) ● Family-Led Organization Representative (e.g. Family Voices Affiliate: UPLIFT) ● Wyoming MIECHV Representative ● Provider Representatives(s) (e.g. AAP, ACOG) ● Parent/Family/Community Representative(s) ● Youth Representative(s) or Representative from Youth Council <p>Non-members who may be in attendance include:</p> <ul style="list-style-type: none"> ● Facilitator (Kim Boyd); as needed ● Notetaker (Volunteers from the planning committee) ● Presenters (MCH Epi, etc.) ● Members of MCH and MCH Team 	

MCH Priority Action Team:

Role: A group of individuals representing an organization or their own lived experience whose work or experience directly relates to one or more MCH priority topics. The MCH Needs Assessment Planning Committee will assure membership includes diverse stakeholders representative of Wyoming communities. This group will inform selection of strategies and participate in the development and implementation of the 2021-2025 strategic plan.

Ideal size: No more than 20 per group

Time commitment: At least one virtual and one in-person meeting during Winter 2020; intention is to meet at least annually throughout the five-year grant cycle

Membership includes:

- Representative from partner agencies including but not limited to Family Services, Workforce Services, Education, etc.
- Representative from relevant Department of Health Divisions including Behavioral Health and Medicaid
- Representative from relevant Public Health Division Units including but not limited to Public Health Nursing, WIC, Immunizations, Prevention and Health Promotion, Rural and Frontier Health, etc.
- Representative from hospital and provider associations (e.g. Wyoming Hospital Association, Wyoming Primary Care Association, Wyoming Medical Society, Wyoming American Academy of Pediatrics Chapter, etc.
- Representative from Eastern Shoshone Tribe
- Representative from Northern Arapaho Tribe
- Parent/Family Representative(s)
- Youth Representative(s)
- Other members agreed upon by MCH Management Team

Parent Advisory Council: *While stakeholders continue discussions about the role a stand-alone council may serve in the State, parent representatives will be identified to serve on the MCH Priority Action Teams.

Youth Council: *While a separate council is formally developed, youth representatives will be identified to serve on the MCH Priority Action Teams.

2. SCOPE STATEMENT**2.1 BACKGROUND**

The Title V Maternal and Child Health (MCH) Services Block Grant to States Program (hereafter referred to as the MCH Block Grant) is a formula grant under which funds are awarded to 59 states and jurisdictions upon their submission of an acceptable plan that addresses the health services needs within a state for the target population of mothers, infants and children, which includes

children with special health care needs (CSHCN), and their families. Through the MCH Block Grant, each state and jurisdiction supports and promotes the development and coordination of systems of care for the MCH population, which are family-centered, community-based and culturally appropriate.

As defined in section 501(a)(1) of the Title V legislation, the purpose of the MCH Block Grant is to enable each state:

- A. To provide and to assure mothers and children (in particular those with low income or with limited availability of health services) access to quality MCH services;
- B. To reduce infant mortality and the incidence of preventable diseases and handicapping conditions among children, to reduce the need for inpatient and long-term care services, to increase the number of children (especially preschool children) appropriately immunized against disease and the number of low income children receiving health assessments and follow-up diagnostic and treatment services, and otherwise to promote the health of mothers and infants by providing prenatal, delivery, and postpartum care for low income, at-risk pregnant women, and to promote the health of children by providing preventive and primary care services for low income children;
- C. To provide rehabilitation services for blind and disabled individuals under the age of 16 receiving benefits under title XVI, to the extent medical assistance for such services is not provided under title XIX; and
- D. To provide and to promote family-centered, community-based, coordinated care (including care coordination services, as defined in subsection (b)(3)) for children with special health care needs (CSHCN) and to facilitate the development of community-based systems of services for such children and their families.

This legislative purpose is further affirmed through the Title V Vision and Mission statements, as shown below.

- Vision of Title V: Title V envisions a nation where all mothers, infants, children aged 1 through 21 years, including CSHCN, and their families are healthy and thriving.
- Mission of Title V: The Mission of Title V is to improve the health and well-being of the nation's mothers, infants, children and youth, including children and youth with special health care needs, and their families.

The Title V legislation (Section 505(a)(1)) requires the state, as part of the Application, to prepare and transmit a comprehensive statewide Needs Assessment every five years that identifies (consistent with the health status goals and national health objectives) the need for:

- Preventive and primary care services for pregnant women, mothers and infants up to age one;
- Preventive and primary care services for children; and
- Services for children with special health care needs.

This Needs Assessment includes a comprehensive review of MCH population needs, program capacity, and partnerships/collaborations that are critical components of a state's system of care for addressing the needs of its MCH population. Based on the findings of the Five-Year Needs Assessment, the state identifies 7-10 Title V MCH priority needs and develops a five-year Action

Plan which includes strategies and overarching five-year objectives to address the identified priority needs.

The 2016-2020 MCH Needs Assessment identified the following priorities:

1. Prevent infant mortality
2. Improve breastfeeding duration
3. Improve access to and promote use of effective family planning
4. Reduce and prevent childhood obesity
5. Promote preventive and quality care for children and adolescents
6. Promote healthy and safe relationships in adolescents
7. Prevent injury in children

2.2 PURPOSE

2.2a BUSINESS NEED	The Needs Assessment is a requirement for receipt of Title V funds. The MCH Unit biennium budget (inclusive of the MCH Epidemiology Program budget, Newborn Screening Program budget, MCH State General Funds, non-Title V federal grants) totals approximately seven million dollars, of which approximately 30% is Title V federal funding. An <i>additional</i> 30% (or \$2,375,591) non-federal funds represents the State's required Maintenance of Effort.
2.2b PUBLIC HEALTH IMPACT	Routinely assessing and evaluating progress on meeting the health needs of the MCH population in Wyoming assures the development and implementation of appropriate programs to improve health outcomes for Wyoming women, infants, children, youth, and families, including those with special health care needs.
2.2c STRATEGIC ALIGNMENT	Efforts will be made to align Wyoming priority needs with Wyoming Department of Health (WDH) goals, Healthy People 2020 goals, and CDC Winnable Battles.

2.3 GOALS

- Identify and engage MCH stakeholders, including parents/consumers/youth who will provide input on priority selection and strategic plan development
- Identify and select state MCH priority needs through assessment of the following:
 - MCH population health status
 - MCH program resources and capacity
 - MCH partnerships, collaboration, and coordination
- Develop a strategic plan (e.g. State Action Plan) which includes evidence-based strategies and evaluation plan

2.4 DELIVERABLES

- 7-10 Wyoming MCH Priority Needs
- At least five National Performance Measures (NPM) (one per domain) and State Performance Measures (SPM) (as needed)

<ul style="list-style-type: none"> • Evidence-Based Strategy Measure (ESM) for each NPM • Five Year Needs Assessment Summary Report which includes: 1) Process Description, 2) Findings (MCH population health status, Title V program capacity, and Title V program partnerships, collaboration and coordination), and 3) Priority Needs • State Action Plan Table and Strategic Plan 		
2.5 OUT OF SCOPE		
<ul style="list-style-type: none"> • World peace • Status quo • Fulfilling individual pet projects • Specific priorities at local level (keep state perspective) • Address every identified MCH need 		
3. ASSUMPTIONS/CONSTRAINTS/RISKS		
3.1 ASSUMPTIONS	<i>These are items which are uncertain and are presumed about the project</i>	
<ul style="list-style-type: none"> • Focus is on the population¹ • Emphasis is on prevention¹ • Orientation is toward the community¹ • Efforts are directed at systems¹ • Overarching role is one of leadership¹ • Basic knowledge/understanding of Title V and its purpose • Basic knowledge of maternal and child health 		
3.2 CONSTRAINTS	<i>These are items which are known and impose restrictions on the project, i.e. Time, Resources, Cost, ...</i>	
<ul style="list-style-type: none"> • Time of staff and stakeholders • Timeline • Political will • Exposure of stakeholders to Title V • Availability of data • What MCH has authority/ability to change • Budget 		
3.3 RISKS	<i>A risk is any item outside of the projects direct control which may affect the successful delivery of the project, or may impact negatively on the project timescale, cost or quality.</i>	
<ul style="list-style-type: none"> • Completion of this project is in addition to the “normal” workload • Staff capacity and/or turnover 		
4. PROJECT CHARTER APPROVAL		
I have read the information contained in the charter document and recommend approval to proceed:		
Name	Signature	Date
Approval signature (sponsor)		
Approval signature (manager)		

