

FY 2009 & FY 2010 Application for Maternal and Child Health Grant Application Procedure (GAP)

The Indiana State Department of Health (ISDH) Maternal and Children's Special Health Care Services Division (MCSHC) is requesting applications from local and statewide service providers and planning organizations to provide services and planning for Maternal and Child Health and Children with Special Health Care Needs to be funded by ISDH MCSHC through the Maternal and Child Health (MCH) Block Grant under Title V of the Social Security Act of 1934.

In Spring 2005, MCSHC identified ten health priorities (listed in the GAP) through a data driven needs assessment process with statewide citizen input. The primary MCSHC health priority is to improve infant health outcomes. Over the next three years MCSHC is emphasizing initiatives to significantly decrease the percentage of Indiana women who smoke during pregnancy.

This is a new grant application and will be open to all projects proposing to address the four ISDH Public Health Initiatives and two or more of the ten identified Maternal and Child Health priorities. Applicants will be required to identify at least one measurable deliverable related to these priorities and initiatives.

This Grant Application Procedure is integrated with the mission of the Indiana State Department of Health (ISDH): "The Indiana State Department of Health supports Indiana's economic prosperity and quality of life by promoting, protecting and providing for the health of Hoosiers in their communities."

ISDH has focused on the following priority health initiative areas:

1. Data drives efforts for both health conditions and health systems initiatives
 - Effective, efficient, and timely data collection.
 - Evidence-based and results-oriented interventions based on best practices
2. INShape Indiana
 - Promotion of prevention and individual responsibility especially in the areas of obesity prevention through good nutrition and exercise.
 - Participate in this effort with all components of communities – collaborative partners.
 - Integrate INShape opportunities in all programming and communications.
3. Integration of medical care with public health
 - Appropriately target access to care for underserved Hoosiers.
 - Opportunities for Medicaid demonstration projects to showcase successful public health-based interventions.
 - All direct and enabling services providers must be Medicaid providers
4. Preparedness
 - Continual scanning for developing public health threats regardless of cause of the threat (particularly direct medical care projects).
 - Planning and training for poised and effective response to threats that cannot be prevented.
 - Coordinate with the Local Public Health Coordinators

REQUIREMENTS

All MCSHC applicants must address either MCSHC Priority #1 and one or more of Priorities #3 - #10 **or** MCSHC Priority #2 and one or more of Priorities #3 - # 10 (see page 4). All MCSHC applicants are also required to incorporate each of the four ISDH priority health initiatives (above) into their local project efforts. For example, applicants must submit evidence-based interventions for which data will be collected that can show results-oriented outcome improvements based on MCSHC Priority #1 or #2 and one or more of the other MCSHC priorities. Projects must participate in community collaborations to promote INShape Indiana and promote individual responsibility within their project clientele, particularly for smoking cessation and obesity prevention

and weight management efforts. Projects must work within their community in establishing preparedness responses to emergencies and determining their appropriate role in emergency response.

In addition, benchmark Needs Assessment data were also used to determine focus counties (see Appendix E) in which to target resources. MCSHC will assign additional evaluation weight to projects providing services in focus counties that impact the MCSHC priorities that need to be addressed.

IMPORTANT – ISDH MCSHC will conduct two identical **grant application workshops** to provide technical assistance with the Grant Application Procedure (GAP) from **10 a.m. to 2:00 p.m., on Friday, January 25, and Monday, January 28, 2008....** in Rice Conference Room in the basement of 2 North Meridian, Indianapolis, IN 46204.

Attendance at one of these workshops is strongly recommended for all prospective applicants.

Instructions

1. An application for Maternal and Child Health Block Grant funds must be received by Maternal and Child Health Services by the close of business on **Friday, February 29, 2008.**
2. Mail application to: Indiana State Department of Health
Maternal and Child Health Services
ATTENTION: Randy Gardner
2 North Meridian Street, Section 8C
Indianapolis, IN 46204
3. Submit the original proposal and three copies. Do not bind or staple.
4. The application must be typed (no smaller than 12 pitch, printed on one side only) and double-spaced. Each page must be numbered sequentially beginning with Form A, the Applicant Information page.
5. The narrative sections of the application must not exceed 30 double spaced typed pages. Applications exceeding this limit will not be reviewed.
6. Appendices, excluding C.V.'s, must not exceed 20 pages. Appendices that serve only to extend the narrative portion of the application will not be accepted.
7. The application must follow the format and the order presented in this guidance. Applications that do not follow this format and the order will not be reviewed.
8. The application will not be reviewed if all sections are not submitted.

Note: Questions about this application should be directed to Vanessa L. Daniels, Grants Manager, at vdaniels@isdh.in.gov or 317/233-1241, or the Health Systems Development Consultant (HSD) assigned to the county in which the program is proposed. (See Appendix D - MCSHC Consultant Assignments Map).

Informing Local Health Officers of Proposal Submission

Funded projects are expected to collaborate with local health departments. If you are unable to submit a letter of support from the local health officer, at a minimum, submit copies of letters sent to the local health officers, from all jurisdictions in the proposed service area, informing them of your application. These letters should include requests for support and collaboration and indicate that the proposal was included for review by the health officer(s).

FORMS

Applicant Information (Form A)

MCH Project Description (Forms B-1 and B-2) *NOTE: B1 does not substitute for a project summary.*

Funding Currently Received by Your Agency from ISDH (Form C)

APPENDICES

Appendix A – Monitoring Data

Appendix B – Definitions

Appendix C – Indiana MCSHC Systems Development Consultant Assignments

Appendix D – MCSHC Consultant Assignments Map

Appendix E – Focus Counties

Appendix F – Health Professional Shortage Areas (HPSA)

Appendix G – Medically Underserved Areas (MUA)

Appendix H – At-Risk Lead Concentration Areas

Appendix I – ISDH and Public Health Partners Field Staff

Appendix J – Total Percent of All Women Reporting Tobacco Use during Pregnancy IN

Appendix K – Percent of IN Women who Entered Prenatal Care in First Trimester

Appendix L – Percent of Black Women in IN who Entered Prenatal Care in First Trimester

Appendix M – Percent of all Infants born in Indiana with Low Birth Weight

Appendix N – Percent of Black Infants in Indiana Born at Low Birth Weight

Appendix O – An Introduction To Family Care Coordination

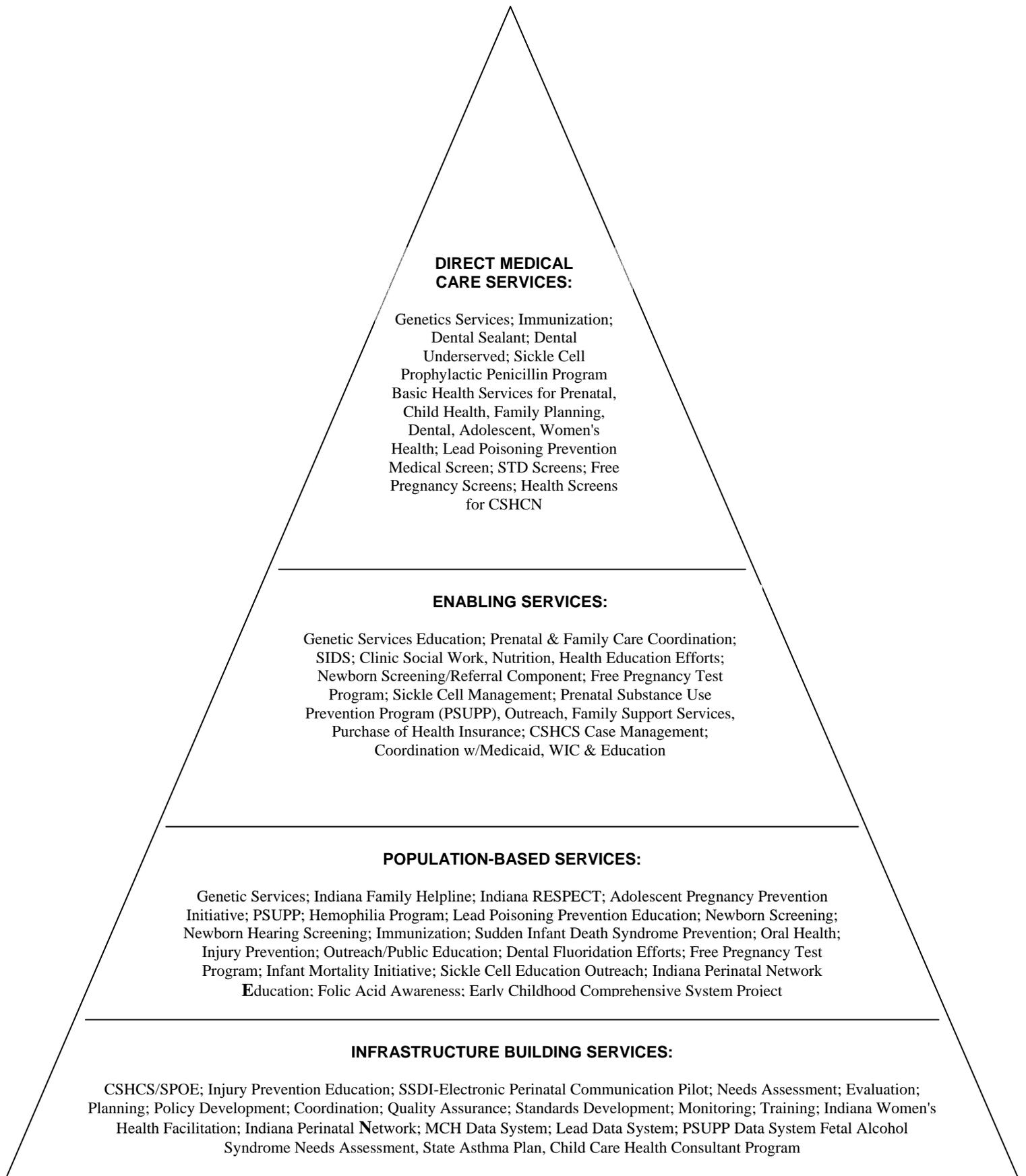
WEBSITES

- FY 2009 & FY 2010 MCH GAP:
<http://www.in.gov/isdh/programs/mch/grantopportunities/grantopportunities.htm>
- Application with linkages to data: <http://www.state.in.us/isdh/programs/mch/index.htm>
- Direct data sites for: MUA/HPSA data: <http://www.bphc.hrsa.gov/bphc/database.htm>
- Health data: http://www.in.gov/isdh/dataandstats/data_and_statistics.htm
- Poverty data: http://www.stats.indiana.edu/welfare_topic_page.html
- “Best Practice” guidelines for pregnant women: <http://www.indianaperinatal.org>
- County Fact Sheets with MCSHC Priority Counties:
<http://www.in.gov/isdh/programs/mch/countydatasheet.htm>
- Title V FY2007 – 2010 Needs Assessment:
<http://www.in.gov/isdh/programs/mch/NAwithactivitiesattachmentfinal.pdf>
- National Center for Cultural Competence: <http://gucchd.georgetown.edu/nccc/index.html>
- Indiana Department of Administration list of Minority owned Business Enterprises:
<http://www.in.gov/idoa/minority/Certifications.xls>

Priority Health Needs for the MCSHC population, 2006-2011

1. To decrease high-risk pregnancies, fetal death, low birth weight, infant mortality, and racial and ethnic disparities in pregnancy outcomes. (ISDH Priorities #1 & #3)
2. To reduce barriers to access to health care, mental health care and dental care for pregnant women, infants, children, children with special health care needs, adolescents, women and families. (ISDH Priorities #1, #3, & #4)
3. To build and strengthen systems of family support, education and involvement to empower families to improve health behaviors. (ISDH Priorities #1, #2, & #3)
4. To reduce morbidity and mortality rates from environmentally related health conditions including asthma, lead poisoning and birth defects. (ISDH Priorities #1, #2, #3 & #4)
5. To decrease tobacco use in Indiana, particularly among pregnant women. (ISDH Priorities #1, #2, & #3)
6. To integrate information systems which facilitate early identification and provision of services to children with special health care needs. (ISDH Priorities #1 & #3)
7. To reduce risk behaviors in adolescents including unintentional injuries and violence, tobacco use, alcohol and other drug use, risky sexual behavior including teen pregnancy, unhealthy dietary behaviors and physical inactivity. (ISDH Priorities #1, #2, & #3)
8. To reduce obesity in Indiana. (ISDH Priorities #1, #2, & #3)
9. To reduce the rates of domestic violence to women and children, child abuse and childhood injury in Indiana. (ISDH Priorities #1 & #3)
10. To improve racial and ethnic disparities in women of childbearing age, mothers, and children's health outcomes. (ISDH Priorities #1 & #3)

FIGURE 2: CORE PUBLIC HEALTH SERVICES



FY 2009 & FY 2010 MCH Application Guidance

1. Applicant Information Page (Form A)

This is the first page of the proposal. **Complete all items on the page provided (Form A).** The project director, and the person authorized to make legal and contractual agreements for the applicant agency must sign and date this document. If the project will not require a medical and/or dental director, write “not applicable” on the appropriate line(s). All appropriate lines must be signed and dated. While the signature of the County Health Officer is not mandatory, if there is no signature, this space should be used to note the date that letters were sent to all affected County Health Officers.

2. Table of Contents

The table of contents must indicate the page where each section begins, including appendices.

3. MCH Proposal Narrative

A. Project Summary

NOTE: This is a separate narrative section. The abstract on form B1 will be taken from this summary.

Begin this page with the Title of Project as stated on the Applicant Information Page. The summary will provide the reviewer a succinct and clear overview of the MCH proposal. The summary will be the last section written and should:

- Relate to Title V program services only;
- Identify the problem(s) to be addressed;
- Succinctly state the objectives;
- Include an overview of solutions (methods);
- Currently funded programs should emphasize accomplishments/progress made toward previously identified MCH objectives and outcomes; and
- Currently functioning services: indicate the percentage of the target population served by your project and the percentage of minority clients among your population.

B. Form Completion

All information on the MCH Project Description (Form B) must be completed. Indicate how many clients will be served for FY 2009 and for FY 2010. This summary form with its narrative will become part of the contract and will also be used as a fact sheet on the project. Page B-2 requests specific information on each clinic site. The following information should be included:

FORM B1

- Project Description section must include at a minimum history of the project, problems to be addressed, and a summary of the objectives and work plan. Any other information relevant to the project may also be included, but this should be an abstract of the Project Summary described in section A. *Hint: If it runs to more than one page, you've written too much.*
- May not be more than one page, but may be single-spaced.

FORM B2

- MCH-Target population and estimated number to be served on page B-2 is for the individual clinic site(s) and is the number to be served with MCH and local matching funds.
- Total MCH budget for site is the estimated MCH and local matching funds budgeted for the individual clinic site.
- Services provided in MCH budget site should include only those services provided with MCH and local matching funds.
- Other services provided at site should include all services offered at clinic site other than MCH and local matching funded services.

4. Applicant Agency Description

This description of the sponsoring agency should:

- Include a statement of purpose (mission statement);
- Include a brief history;
- Identify strengths and specific accomplishments pertinent to this proposal;
- Include a discussion of the administrative structure within which the project will function within the total organization. Attach an organization chart;
- Identify project locations and discuss how they will be an asset to the project; and
- Include a discussion on the collaboration that will occur between the project and other organizations and healthcare providers. The discussion should identify the role of other local agencies and specify how each collaborates with your organization. Attach Memoranda of Understanding (MOU), Memoranda of Agreement (MOA) and Letters of Support (LOS).

Note: Large organizations should write this description for the unit directly responsible for administration of the project.

5. Statement of Need

Describe and document the specific problem(s) or need(s) to be addressed by the project. This section must address those MCSHC priorities that you intend to impact. Documentation may be provided by reference – do not include copies of source material. Documentation may include current data, research, local surveys, reports from the local Health Department, United Way, and must include data available from the ISDH website. Proposals to address problems that are not adequately supported with such data will not be considered.

The problems identified should:

- Clearly relate to ISDH MCSHC Priorities (see Page 4);
- At least one problem must relate to either MCSHC Priority #1 or Priority #2;
- Specifically address one or more of MCSHC priority needs #3 - #10;
- Clearly relate to the purpose of the applicant agency;
- Include only those problems that the applicant can impact;
- Be client/consumer focused;
- Be supported by data available on the ISDH website and/or from local sources (this evidence must show that the problem(s) or need(s) exist(s) in *your* community);
- Describe the target population(s) and numbers to be served and identify catchment areas;

- Describe the system of care and how successfully the project fits into the system (identify the public service providers and the number of private providers in the area serving the same population with the same services and indicate a need for the project);
- Describe barriers to access to care;
- Address disparities if the county has significant minority populations; and
- Indicate whether the program provides services in a focus county (Appendix E), a Health Professional Shortage Area (HPSA – Appendix F), Medically Underserved Area (MUA – Appendix G), an at-risk lead concentration area (Appendix H), or provides child health services in a county with inadequate child health providers (Appendix D).

6. Outcome and Performance Objectives and Activities

MCSHC requires that grantees be accountable for some of the 18 MCHB and 8 State Negotiated Performance Measures that relate to their service category and some related Performance Measures that require direct or enabling services to make an impact (See Tables 1-11). Most of these Performance Measures have Healthy People (HP) 2010 goals that are listed in the last column.

Tables 1-13 provide the format for applicants to indicate the goal (Annual Performance Objective) for each Performance Measure, the baseline from which the project will improve or maintain the Performance Measures, and the activities on which the project will focus to impact the performance measure (Work Plan Measurable Activities). Activities must reflect a comprehensive plan to achieve the objective. Some PM tables list required activities. Projects applying for these performance measures must list additional activities to accomplish the objective.

All applicants are required to incorporate each of the four ISDH priority health initiatives into their service delivery (see page 1 for a list). Issues such as data collection, emphasis on prevention and individual responsibility, integration of INShape Indiana, targeting access to care, and scanning for public health threats should be addressed in the activities on the performance measures tables. Emphasis should be on health outcomes (e.g. smoking cessation or weight control).

For each activity on the table, the applicant must indicate a clear and objective method to measure and document the activity, what documentation will be used, and what staff position is responsible for implementing, measuring, and documenting that activity.

Applicants are to complete the Performance Measure Tables that are appropriate for the MCH Service Categories (Pregnant Women, Prenatal Care Coordination [PNCC], School-Based Adolescents [SBA], Family Planning [FP], Family Care Coordination [FCC], Child Health [CH], or Women’s Health [WH]) of the client population that the applicant intends to serve with MCH funds.

There is an additional blank table for optional project specific performance measures, objectives and activities that an applicant is expected to add based on local needs. This blank table should be copied for each additional objective and activities added by the project. Project specific activities will be evaluated as part of the quality evaluation of the project. **Applicants are strongly encouraged to discuss development of project specific performance measures with MCSHC consultants before submitting them with the grant application.**

Tables 1-13 (*see pg. 13*) are to be used by grantees to monitor progress on each activity and to submit in the Annual Performance Report for FY 2009 and FY 2010 after each year is completed. The columns on the Tables for Quarterly Results, Adjustment in Work Plan, and Problems are also to be completed and submitted with the FY 2009 and FY 2010 Annual Performance Reports. MCSHC consultants will contact projects quarterly to monitor progress on the activities and provide technical assistance.

All applicants are required to collect data for monitoring purposes. See Appendix A for required monitoring data elements. This information will be reported in the FY 2009 and FY 2010 Annual Performance Reports.

7. Evaluation Plan *NOTE: This should be a separate narrative section. Evaluation methods reflected on the Performance Measures Tables should be included in the overall Evaluation Plan.*

A project evaluation plan should have two parts: an evaluation plan to determine whether the evidence-based interventions/activities are working to impact both the specific objective goal, the priority/ies; and a quality assurance evaluation plan to ensure that services are performed well.

The first part should discuss the methodology for measuring the achievement of activities. The plan should include intermediate (e.g. monthly, quarterly) measures of activities as well as assessment at the end of the funding period. **An effective evaluation requires:**

- Project-specific activities to meet objectives are clear and measurable;
- Plan explains how evaluation methods reflected on the Performance Measures tables will be incorporated into the project evaluation;
- Staff responsible for the evaluation is identified;
- What data will be collected and how it will be collected are identified;
- How and to whom data will be reported are identified;
- What appropriate methods are used to determine whether measurable activities and objectives are on target for being met; and
- If activities and objectives are identified as not on target during an intermediate or year end evaluation and improvement is necessary to meet goals, who is responsible for revisiting activities to make changes which may lead to improved outcomes.

The second part should discuss:

- Methods used to evaluate quality assurance (e.g. chart audits, client surveys, presentation evaluations, observation); and
- Methods used to address identified quality assurance problems.

8. Staff

List all staff that will work on the project. Include name, job title, primary duties, and number of hours per week for each staff member. *Hint: Make sure the number of staff hours reflected in this list agrees with the staff hours totals listed on the Budget summary page.*

Describe the relevant education, training, and work experience of the staff that will enable them to successfully develop, implement, and evaluate the project. Submit job descriptions and curriculum vitae of key staff as an appendix. Copies of current professional licenses and certifications must be on file at the organization. This section must show:

- Staff is qualified to operate proposed program;
- Staffing is adequate; and
- Job description and curriculum vitae of key staff are included as an appendix.

9. Facilities

Describe the facilities that will house project services. Address the adequacy, accessibility for individuals with disabilities in accordance with the Americans with Disabilities Act of 1990, and assure that project facilities will be smoke-free at all times. Hours of operation must be posted and visible from outside the facility. (Include evening and weekend hours to increase service accessibility and indicate hours of operation at each site on Form B2).

In this section you must demonstrate that:

- Facilities are adequate to house the proposed program;
- Facilities are accessible for individuals with disabilities;
- Facilities will be smoke-free at all times; and
- Hours of operation are posted and visible from outside the facility.

10. Budget and Budget Narrative *NOTE: Do not combine budget information for FY 2009 and 2010. You must complete separate budget pages for each fiscal year.*

This section must demonstrate:

- All expenses are directly related to project
- Relationship between budget and project objectives is clear;
- Time commitment to project is identified for major staff categories and is adequate to accomplish project objectives

Complete this entire section providing budget information for FY 2009 and for FY 2010. The budget is an estimate of what the project will cost. Complete the standard budget forms (MCH Budget pages 1, 2, and 3) provided according to directions. Do not substitute a different format. Projects must include matching funds equaling a minimum of 30% of the MCH budget (see budget instructions for matching funds requirements).

NOTE: A Budget Narrative form is provided. Do not substitute a different format.

The budget narrative must include a justification for every MCH line item. Each narrative statement should describe what the specific item is, how the specific item relates to the project, and how the amount shown in the MCH budget was derived. Staff information must include staff name, position, hours worked on the project, salary, and a brief description of duties.

In-state travel information must include miles, reimbursement, and reason for travel. Travel reimbursement may not exceed State rates. Currently, the in-state travel reimbursement is \$0.40 per mile.

Complete Form C – List all ISDH funding received by proposing organization in FY 2007.

Check for internal consistency among the budget forms:

- Budget pages 1, 2, and 3 are complete for each year

- Budget narratives include justification for each line item and are completed for each year
- Budget correlates with project duration
- Funding received for ISDH Form C is complete
- Information on each budget form is consistent with information on all other budget forms

11. **Minority Participation**

All applicants must include a statement regarding minority participation with other entities in the planning and operation of their MCH program. Minority individuals and/or organizations should be involved in planning and evaluating the project to ensure services are adequate for the minority community. Projects are also encouraged to seek to do business with Minority-owned Business Enterprises to help provide services or operational support for the project. For a list of certified Minority owned Business Enterprises, see <http://www.in.gov/idoa/minority/Certifications.xls>

12. **Endorsements**

Submit letters of support and memoranda of understanding (MOU) that demonstrate a commitment to collaboration between the applicant agency and other relevant community organizations. Letters of support and MOU must be current. Each application must include at least three letters of support from or MOU with relevant agencies.

The local health department should be involved in planning the project. At a minimum, the local health officer in each county where services are proposed must be notified that the organization is proposing services. Signature of health officer on Form A is sufficient; if signature cannot be obtained, include copy of organization's letter to the health officer in each service county advising of proposal submission to ISDH. If a signature is not feasible, be sure to indicate in the signature space on Form A the date that the letter was sent to all affected health officers.

Projects are also strongly encouraged to work with their Local Public Health Coordinators to enhance preparedness (ISDH Priority Health Initiative #4).

Checklist – Letters of Support and Memoranda of Understanding:

- Endorsements are from organizations able to effectively coordinate programs and services with applicant agency
- Memoranda of Understanding (MOU) clearly delineate the roles and responsibilities of the involved parties in the delivery of community-based health care
- Endorsements and/or MOU's are current
- Endorsement or MOU with Local Public Health Coordinator
- Letters and a summary of the proposed program have been sent to all health officers in jurisdictions within the proposed service area (unless health officer(s) has signed Form A)

13. **Sustainability of Services**

Because Title V funding from the federal government has decreased, demand for services have increased and many annual applicants for Title V funding have been receiving these funds for many

years, MCSHC staff wants to identify ways to assist grantees in reducing reliance on Title V funding while maintaining the quality and quantity of the currently funded services.

Therefore, please explain your plan or progress toward sustainability of services for which you have received or are requesting MCSHC support for FY 2009 & 2010. MCSHC wants to understand what barriers prevent projects from becoming self-supporting and what other funding sources or reimbursement opportunities are available. MCSHC staff can then assist in eliminating infrastructure barriers so that grantees can reduce reliance on Title V.

In your explanation of sustainability please discuss:

- Barriers experienced in insurance reimbursements, community support, and any other issue that makes it difficult for the service provided by the grant to be self-supporting.
- Opportunities available to the project for continuous support.
- A timeline indicating what barriers need to be eliminated and when to effect a reduction or elimination of reliance on Title V funds while maintaining the currently funded services.

Questions regarding the plan to reduce or eliminate reliance on Title V funding may be directed to your HSD consultant (see pages 54 & 55), Vanessa L. Daniels (vdaniels@isdh.in.gov / 317-233-1241) or Nancy B. Meade (nmeade@isdh.in.gov / 317-233-7827).

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PROJECT PERFORMANCE MEASURES BY SERVICE CATEGORY

Each service category has required Performance Measures that must be tracked quarterly and annually. Projects will identify a project specific Performance Objective for each Performance Measure. Each Performance Objective has some required activities listed and some blank activities that the projects will complete specific to their services. Each project must complete additional activities for each Performance Measure. Projects may choose to add additional project specific Performance Measures.

MCH REQUIRED FORMS AND TABLES By SERVICE CATEGORY

Forms and tables to be completed for each service provider category
(Shaded boxes indicate forms and tables that are NOT to be completed by the service provider.)

	PW	CH	FP	SBA	FCC	WH
FORM A						
FORMS B1, B2						
FORM C						
TABLE 1						
TABLE 2						
TABLE 3						
TABLE 4						
TABLE 5						
TABLE 6A		3-22 yr				
TABLE 6B		< 1yr				
TABLE 6C		1-3 yrs				
TABLE 6D						
TABLE 7						
TABLE 8A						
TABLE 8B						
TABLE 9 ABC						
TABLES 10-11						
TABLE 12A						
TABLE 12B						
TABLE 12C						
TABLE 12D						
TABLE 12E						
TABLE 13						
OPTIONAL						

PREGNANT WOMEN SERVICES

Prenatal Care Services, Prenatal Care Coordination

Priority Areas:

- 1. Reduce prenatal smoking rates**
- 2. Decrease low birthweight/very low birthweight births**
- 3. Number of high-risk infants born in level III hospitals**
- 4. Decrease Black to White disparity in perinatal outcomes**
- 5. Increase breastfeeding rates among all races**
- 6. Decrease infant deaths**

Required Performance Measures:

Table 1 Proportion of pregnant women who enter prenatal care in the first trimester

Table 2 Percent of Low birthweight births

Table 3 Percent of women breastfeeding at hospital discharge

Table 4 Percent of pregnant women that stop smoking prior to delivery

Table 12C percent of pregnant with a BMI >30 at time of enrollment that receive an intervention/treatment

Table 12D Percent of pregnant with a BMI <18.5 at time of enrollment that receive an intervention/treatment

Suggested Activities

1. Outreach/Access to care

- Early Start
- Medicaid enrollment center/Presumptive eligibility
- Free pregnancy testing
- Articles in local paper/Media campaign
- CHW/ Baby First community advocates/ Doulas, Promotores
- Neighborhood canvassing / health fairs
- Neighborhood based Prenatal Care Coordination
- Indiana Access Program

2. Life Course Perspective/Social determinants model

- Centering Pregnancy
- Interconception case management/preconception care
- Doulas, Promotores
- Support groups
- Collaboration with neighborhood based organizations
- Mentoring MOMS
- Prenatal education
- Reduce perinatal disparities

3. Medical Care

- Transfer high risk deliveries to a Tertiary Hospital prior to delivery
- Antenatal steroids
- Management of obese pregnant women
- Alcohol, tobacco, and substance use screening and counseling
- PPP depression screening and referral

SERVICE CATEGORIES: Prenatal Care Services, Prenatal Care Coordination (circle service category)

MCHS Performance Measure 1: Proportion of unduplicated pregnant women receiving prenatal medical care in the first trimester.

Definition: First trimester is week 1 – 13 after conception		FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	HP 2010
Annual Performance Objective : (What the project proposes to accomplish) Increase the percent of clients who receive prenatal care in the first trimester to: _____%		%	%	%	%	%	90%
Annual Performance Indicator [N/D x 100]: (What the Project accomplished)		%	%	%	%	%	
Numerator (N)	# of women newly enrolled who started receiving prenatal care in the 1 st trimester						
Denominator (D)	# of pregnant women newly enrolled in the service category.						

Quarterly Results:	1st Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No	2nd Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No	3rd Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No	4th Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No
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Work Plan Activities	How activities will be measured or monitored	What documentation will be used	Staff Responsible	FY 2009 Quarterly Results	Adjustments in Work Plan	Problems
1-1 Outreach Activity: The project will provide free pregnancy testing as a method of outreach or provide a referral for pregnancy testing.	Measured Quarterly by Numerator: #of women with a positive PT that entered prenatal care in the first trimester. Denominator: #of positive pregnancy tests completed	(Examples PT log Approved data system)		1. $\frac{N}{D}$ _____ % 2. $\frac{N}{D}$ _____ % 3. $\frac{N}{D}$ _____ % 4. $\frac{N}{D}$ _____ %		
Required Activity						
1-2 Project Outreach Activity: (list measurable activity):	Measured Quarterly by#			1. $\frac{N}{D}$ _____ % 2. $\frac{N}{D}$ _____ % 3. $\frac{N}{D}$ _____ % 4. $\frac{N}{D}$ _____ %		

SERVICE CATEGORIES: Prenatal Care Services, Prenatal Care Coordination (circle service category)

MCHS Performance Measure 1: Proportion of unduplicated pregnant women receiving prenatal care in the first trimester.

Work Plan Activities	How activities will be measured or monitored	What documentation will be used	Staff Responsible	FY 2009 Quarterly Results	Adjustments in Work Plan	Problems
1-3 Disparity activity: Increase the number of African American women entering prenatal care in the first trimester to ___%	Measured Quarterly by Numerator: # of African American women who entered prenatal care in the first trimester. Denominator: # of African American women enrolled in the project each quarter,	(Example: Chart audit, approved data system.)		1. $\frac{N}{D}$ ____% 2. $\frac{N}{D}$ ____% 3. $\frac{N}{D}$ ____% 4. $\frac{N}{D}$ ____%		
<i>Projects Must Complete At Least One Additional Project Activity</i>						
1-4 Project Activity: (List measurable activity)	Measured Quarterly by			1. $\frac{N}{D}$ ____% 2. $\frac{N}{D}$ ____% 3. $\frac{N}{D}$ ____% 4. $\frac{N}{D}$ ____%		
1-5 Project Activity: (List measurable activity)	Measured Quarterly by			1. $\frac{N}{D}$ ____% 2. $\frac{N}{D}$ ____% 3. $\frac{N}{D}$ ____% 4. $\frac{N}{D}$ ____%		

SERVICE CATEGORIES: Prenatal Care Services, Prenatal Care Coordination (circle service category)

MCHS Performance Measure 2: Proportion of low birthweight births.

Definition: LBW is live birth infants over 20 weeks gestational age, weighing less than 2500 grams or 5 lbs., 8 oz		FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	HP 2010
Annual Performance Objective : (What the project proposes to accomplish) Decrease the percent of low birthweight among infants born to women who received 3 or more encounters during the fiscal year to: _____%		%	%	%	%	%	5%
Annual Performance Indicator [N/D x 100]: (What the Project accomplished)		%	%	%	%	%	
Numerator (N)	# Of infants with LBW born to women with 3 or more visits.						
Denominator (D)	# Of women with three or more visits who had a live birth.						

Quarterly Results:	1 st Quarter	% Met <input type="checkbox"/> Yes <input type="checkbox"/> No	2 nd Quarter	% Met <input type="checkbox"/> Yes <input type="checkbox"/> No	3 rd Quarter	% Met <input type="checkbox"/> Yes <input type="checkbox"/> No	4 th Quarter	% Met <input type="checkbox"/> Yes <input type="checkbox"/> No
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Work Plan Activities	How activities will be measured or monitored	What documentation will be used	Staff Responsible	FY 2009 Quarterly Results	Adjustments in Work Plan	Problems
2-1 Education Activity: Provide education on signs of preterm labor by 24 wks gestation to all pregnant women enrolled in the project.	Measured Quarterly by Numerator: # of women with preterm labor education documented in chart by 24 wks gestation Denominator: # of pregnant women in second trimester	(Examples: Education log, approved data system)		1. $\frac{N}{D}$ _____ % 2. $\frac{N}{D}$ _____ % 3. $\frac{N}{D}$ _____ % 4. $\frac{N}{D}$ _____ %		
2-2 Referral Activity: All women at 185% of poverty will be referred to WIC.	Measured Quarterly by Numerator: # of eligible pregnant women enrolled in WIC. Denominator: # of pregnant women at 185% of poverty.			1. $\frac{N}{D}$ _____ % 2. $\frac{N}{D}$ _____ % 3. $\frac{N}{D}$ _____ % 4. $\frac{N}{D}$ _____ %		

SERVICE CATEGORIES: Prenatal Care Services, Prenatal Care Coordination (circle service category)

MCHS Performance Measure 2: Proportion of low birthweight births.

Work Plan Activities	How activities will be measured or monitored	What documentation will be used	Staff Responsible	FY 2009 Quarterly Results	Adjustments in Work Plan	Problems
<p>2-3 Referral Activity: Identify and refer all high risk pregnant women to an appropriate high-risk prenatal care provider.</p>	<p>Measured Quarterly by Numerator: # of high risk pregnant women receiving at least one assessment with a high risk prenatal care provider. Denominator: # of pregnant women identified as high risk per the Prenatal Risk Assessment Tool.</p>	<p>(Example: approved data system).</p>		<p>1. $\frac{N}{D}$ ____%</p> <p>2. $\frac{N}{D}$ ____%</p> <p>3. $\frac{N}{D}$ ____%</p> <p>4. $\frac{N}{D}$ ____%</p>		
<p>2-4 Referral Activity: All high risk pregnant women will be referred for prenatal care coordination with local PNCC team or with the client's Managed Care Organization.</p>	<p>Measured Quarterly by Numerator: # of high risk pregnant women referred for prenatal care coordination Denominator: # of pregnant women identified as high risk.</p>			<p>1. $\frac{N}{D}$ ____%</p> <p>2. $\frac{N}{D}$ ____%</p> <p>3. $\frac{N}{D}$ ____%</p> <p>4. $\frac{N}{D}$ ____%</p>		
<p>2-5 Disparity Activity: All African American clients will receive reminder/recall for scheduled appointments to facilitate adequate care.</p>	<p>Measured Quarterly by Numerator: # of African American women giving birth with adequate prenatal care visits. Denominator: # of African American women giving birth</p>			<p>1. $\frac{N}{D}$ ____%</p> <p>2. $\frac{N}{D}$ ____%</p> <p>3. $\frac{N}{D}$ ____%</p> <p>4. $\frac{N}{D}$ ____%</p>		
<p>2-6 Monitoring Activity: Complete IM/LBW report on all fetal and infant deaths and LBW births each quarter</p>	<p>Measured Quarterly by Numerator: # of log entries . Denominator: # of infant deaths and LBW births each quarter.</p>			<p>1. $\frac{N}{D}$ ____%</p> <p>2. $\frac{N}{D}$ ____%</p> <p>3. $\frac{N}{D}$ ____%</p> <p>4. $\frac{N}{D}$ ____%</p>		

SERVICE CATEGORIES: Prenatal Care Services, Prenatal Care Coordination (circle service category)

MCH PERFORMANCE MEASURE 3: Proportion of mother's breastfeeding at hospital discharge.

		FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	HP 2010
Annual Performance Objective : (What the project proposes to accomplish) Increase the percent of clients who are breastfeeding at hospital discharge during the fiscal year to: ____%		%	%	%	%	%	70%
Annual Performance Indicator [N/D x 100]: (What the Project accomplished)		%	%	%	%	%	
Numerator (N)	# of women breastfeeding at time of hospital discharge.						
Denominator (D)	# of pregnant women who have a live birth.						
Quarterly Results:	1st Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No	2nd Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No		3rd Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No		4th Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No	
Work Plan Activities	How activities will be measured or monitored	What documentation will be used	Staff Responsible	FY 2009 Quarterly Results		Adjustments in Work Plan	Problems
3-1 Education Activity: 100% of pregnant women will receive information on the advantages of breastfeeding by 28 weeks gestation.	Measured Quarterly by Numerator: # of women with documented breastfeeding education by 28 wks gestation. Denominator: # of pregnant women in their third trimester.	(Example: log, Approved data system.)		1. $\frac{N}{D}$ ____%	2. $\frac{N}{D}$ ____%	3. $\frac{N}{D}$ ____%	4. $\frac{N}{D}$ ____%
3-2 Referral Activity: All women who state they are interested in breastfeeding will be referred to a breastfeeding class / peer counselor, lactation consultant.	Measured Quarterly by Numerator: # of interested women referred to a breastfeeding class. Denominator: # of unduplicated pregnant women interested in breastfeeding each quarter.			1. $\frac{N}{D}$ ____%	2. $\frac{N}{D}$ ____%	3. $\frac{N}{D}$ ____%	4. $\frac{N}{D}$ ____%

SERVICE CATEGORIES: Prenatal Care Services, Prenatal Care Coordination (circle service category)

MCH PERFORMANCE MEASURE 3: Proportion of mother's breastfeeding at hospital discharge.

Work Plan Activities	How activities will be measured or monitored	What documentation will be used	Staff Responsible	FY 2009 Quarterly Results	Adjustments in Work Plan	Problems
3-3 Disparity Activity: Increase the number of African American pregnant women breastfeeding at hospital discharge.	Measured Quarterly by Numerator: # of African American women breastfeeding at hospital discharge. Denominator: # of African American women who deliver each quarter	(Example: Chart audit Approved data system)		1. $\frac{N}{D}$ ____% 2. $\frac{N}{D}$ ____% 3. $\frac{N}{D}$ ____% 4. $\frac{N}{D}$ ____%		
<i>Projects Must Complete At Least One Additional Project Activity</i>						
3-4 Project Activity: (List measurable activity)	Measured Quarterly by			1. $\frac{N}{D}$ ____% 2. $\frac{N}{D}$ ____% 3. $\frac{N}{D}$ ____% 4. $\frac{N}{D}$ ____%		
3-5 Project Activity: (List measurable activity)	Measured Quarterly by			1. $\frac{N}{D}$ ____% 2. $\frac{N}{D}$ ____% 3. $\frac{N}{D}$ ____% 4. $\frac{N}{D}$ ____%		

SERVICE CATEGORIES: Prenatal Care Services, Prenatal Care Coordination, (circle service category)

MCH PERFORMANCE MEASURE 4: Proportion of pregnant women who stop smoking prior to delivery..

Note: Applies only to women who smoked at time of enrollment		FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	HP 2010
Annual Performance Objective : (What the project proposes to accomplish) Increase the percent of clients who stop smoking prior to delivery _____%		%	%	%	%	%	90%
Annual Performance Indicator [N/D x 100]: (What the Project accomplished)		%	%	%	%	%	
Numerator (N)	# of pregnant women with 2 or more visits who stopped smoking prior to delivery						
Denominator (D)	# of pregnant women with 2 or more visits who smoked at time of enrollment.						

Quarterly Results:	1 st Quarter	% Met <input type="checkbox"/> Yes <input type="checkbox"/> No	2 nd Quarter	% Met <input type="checkbox"/> Yes <input type="checkbox"/> No	3 rd Quarter	% Met <input type="checkbox"/> Yes <input type="checkbox"/> No	4 th Quarter	% Met <input type="checkbox"/> Yes <input type="checkbox"/> No
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Work Plan Activities	How activities will be measured or monitored	What documentation will be used	Staff Responsible	FY 2009 Quarterly Results	Adjustments in Work Plan	Problems
4-1 Assessment Activity: 100% of clients will be asked if they smoke or are exposed to second hand smoke at time of enrollment and smoking status documented in chart.	Measured Quarterly by Numerator: # of newly enrolled clients with documented smoking status each quarter. Denominator: # of newly enrolled clients each quarter	(Examples: Smoking log Chart Audit Approved data system)		1. $\frac{N}{D}$ _____% 2. $\frac{N}{D}$ _____% 3. $\frac{N}{D}$ _____% 4. $\frac{N}{D}$ _____%		
4-2 Assessment Activity: All clients who state they are smoking at time of enrollment will be assessed using the stages of change model* and documented in chart. (*See appendices)	Measured Quarterly by Numerator: # of charts with documented stage of change per visit each quarter Denominator: # of unduplicated smoking clients per quarter .	.		1. $\frac{N}{D}$ _____% 2. $\frac{N}{D}$ _____% 3. $\frac{N}{D}$ _____% 4. $\frac{N}{D}$ _____%		

SERVICE CATEGORIES: Prenatal Care Services, Prenatal Care Coordination, (circle service category)

MCH PERFORMANCE MEASURE 4: Proportion of pregnant women who stop smoking prior to delivery.

Work Plan Activities	How activities will be measured or monitored	What documentation will be used	Staff Responsible	FY 2009 Quarterly Results	Adjustments in Work Plan	Problems
4-3 Monitoring Activity: All clients who state they are smoking at time of enrollment will be monitored at each visit for smoking status.	Measured Quarterly by Numerator: # of charts with documented smoking status. Denominator: # of unduplicated smoking clients per quarter.	(Example: Smoking log, Chart Audit, Approved data system.)		1. $\frac{N}{D}$ ____% 2. $\frac{N}{D}$ ____% 3. $\frac{N}{D}$ ____% 4. $\frac{N}{D}$ ____%		
4-4 Education Activity: 100% of pregnant women will receive information on the hazards of smoking and second-hand smoke during pregnancy.	Measured Quarterly by Numerator: # of clients with documented education during each quarter. Denominator: # of newly enrolled pregnant women each quarter.			1. $\frac{N}{D}$ ____% 2. $\frac{N}{D}$ ____% 3. $\frac{N}{D}$ ____% 4. $\frac{N}{D}$ ____%		
Required Activity						
4-5 Treatment/Referral Activity: (List measurable activity)	Measured Quarterly by			1. $\frac{N}{D}$ ____% 2. $\frac{N}{D}$ ____% 3. $\frac{N}{D}$ ____% 4. $\frac{N}{D}$ ____%		

SERVICE CATEGORIES: Prenatal Care Services, Prenatal Care Coordination, (circle service category)

MCH PERFORMANCE MEASURE 4: Proportion of pregnant women who stop smoking in the first trimester.

Work Plan Activities	How activities will be measured or monitored	What documentation will be used	Staff Responsible	FY 2009 Quarterly Results	Adjustments in Work Plan	Problems
<i>Projects Must Complete At Least One Additional Project Activity</i>						
4-6 Project Activity: (List measurable activity)	Measured Quarterly by	(Example: Chart Audit, Approved data system.)		1. $\frac{N}{D}$ ____% 2. $\frac{N}{D}$ ____% 3. $\frac{N}{D}$ ____% 4. $\frac{N}{D}$ ____%		
4-7 Project Activity: (List measurable activity)	Measured Quarterly by	.		1. $\frac{N}{D}$ ____% 2. $\frac{N}{D}$ ____% 3. $\frac{N}{D}$ ____% 4. $\frac{N}{D}$ ____%		
4-8 Project Activity: (List measurable activity)	Measured Quarterly by	.		1. $\frac{N}{D}$ ____% 2. $\frac{N}{D}$ ____% 3. $\frac{N}{D}$ ____% 4. $\frac{N}{D}$ ____%		

SERVICE CATEGORIES: Prenatal Care, Prenatal Care Coordination, (circle service category)

MCH PERFORMANCE MEASURE 12C: Proportion of pregnant women at enrollment with a BMI ≥ 30 who receive an intervention or treatment

Note: Women who are overweight are considered to be at high-risk for pregnancy problems..		FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	HP 2010	
Annual Performance Objective : (What the project proposes to accomplish)		%	%	%	%	%	%	
Annual Performance Indicator [N/D x 100]: (What the Project accomplished)		%	%	%	%	%		
Numerator (N)	Number of pregnant women with a BMI equal to or greater than 30 who receive an intervention							
Denominator (D)	Number of pregnant women with a BMI of equal to or greater than 30							
Quarterly Results:	1st Quarter	% Met <input type="checkbox"/> Yes <input type="checkbox"/> No	2nd Quarter	% Met <input type="checkbox"/> Yes <input type="checkbox"/> No	3rd Quarter	% Met <input type="checkbox"/> Yes <input type="checkbox"/> No	4th Quarter	% Met <input type="checkbox"/> Yes <input type="checkbox"/> No
Work Plan Activities	How activities will be measured or monitored	What documentation will be used	Staff Responsible	Quarterly Results	Adjustments in Work Plan	Problems		
12C-1: Assessment 100% of pregnant women will have BMI calculated at enrollment to identify women at risk due to obesity (BMI >30)	Measured Quarterly by Numerator: #of clients with BMI >30 documented. Denominator: #of enrolled clients during quarter.	(Example: Chart Audit,, Approved data system.)		1. $\frac{N}{D}$ _____ % 2. $\frac{N}{D}$ _____ % 3. $\frac{N}{D}$ _____ % 4. $\frac{N}{D}$ _____ %				
12C-2 Intervention All clients with a BMI equal to or greater than 30 will be referred to a nutritionist.	Measured Quarterly by Numerator: #clients with BMI equal to or greater than 30 who are seen by a nutritionist Denominator: #Clients with BMI equal to or greater than 30 during the quarter			1. $\frac{N}{D}$ _____ % 2. $\frac{N}{D}$ _____ % 3. $\frac{N}{D}$ _____ % 4. $\frac{N}{D}$ _____ %				

SERVICE CATEGORIES: Prenatal Care, Prenatal Care Coordination (circle service category)

MCH PERFORMANCE MEASURE 12C: Proportion of pregnant women with a BMI ≥ 30 who receive an intervention or treatment.

Work Plan Activities	How activities will be measured or monitored	What documentation will be used	Staff Responsible	Quarterly Results	Adjustments in Work Plan	Problems
12C-3 Monitoring Clients with a high BMI will be monitored on a pregnancy wt graph each visit	Measured Quarterly by <u>Numerator:</u> #of clients with a low BMI w weight charted on graph at each visit each quarter <u>Denominator:</u> #of clients with a low BMI during the quarter	(Example Chart Audit,, Approved data system.)		1. $\frac{N}{D}$ _____ % 2. $\frac{N}{D}$ _____ % 3. $\frac{N}{D}$ _____ % 4. $\frac{N}{D}$ _____ %		
<i>Projects Must Complete At Least One Additional Project Activity</i>						
12C-4: Project Activity (List measurable activity)	Measured Quarterly by <u>Numerator:</u> # <u>Denominator:</u> #			1. $\frac{N}{D}$ _____ % 2. $\frac{N}{D}$ _____ % 3. $\frac{N}{D}$ _____ % 4. $\frac{N}{D}$ _____ %		
12C-5: Project Activity (State	Measured Quarterly by <u>Numerator:</u> # <u>Denominator:</u> #			1. $\frac{N}{D}$ _____ % 2. $\frac{N}{D}$ _____ % 3. $\frac{N}{D}$ _____ % 4. $\frac{N}{D}$ _____ %		

SERVICE CATEGORIES: Prenatal Care, Prenatal Care Coordination (circle service category)

MCHS Performance Measure 12D: Proportion of pregnant women with a BMI <18.5 who receive an intervention or treatment.

Note: women with lower than normal maternal body weight have been shown to be at increased risk for adverse prenatal outcomes such as prematurity and intrauterine growth restriction (IUGR)		FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	HP 2010
Annual Performance Objective : (What the project proposes to accomplish) Decrease the percent of pregnant women who gain less than adequate weight to _____%		%	%	%	%	%	%
Annual Performance Indicator [N/D x 100]: (What the Project accomplished)		%	%	%	%	%	
Numerator (N)	# of pregnant women with a BMI less than 18.5 who receive an intervention						
Denominator (D)	# pregnant women with a BMI less than 18.5						

Quarterly Results:	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
	% Met <input type="checkbox"/> Yes <input type="checkbox"/> No	% Met <input type="checkbox"/> Yes <input type="checkbox"/> No	% Met <input type="checkbox"/> Yes <input type="checkbox"/> No	% Met <input type="checkbox"/> Yes <input type="checkbox"/> No

Work Plan Activities	How activities will be measured or monitored	What documentation will be used	Staff Responsible	FY 2009 Quarterly Results	Adjustments in Work Plan	Problems
12D-1 100% of pregnant women will have BMI calculated at enrollment	Measured Quarterly by Numerator: # of clients with BMI documented Denominator: # of clients enrolled during the quarter	(Example: Smoking log, Chart Audit, Approved data system.)		1. $\frac{N}{D}$ _____ % 2. $\frac{N}{D}$ _____ % 3. $\frac{N}{D}$ _____ % 4. $\frac{N}{D}$ _____ %		
12D-2 All clients with a BMI <18.5 will be referred to a nutritionist	Measured Quarterly by Numerator: # clients with BMI <18.5 who are seen by a nutritionist Denominator: #clients with BMI <18.5 during the quarter.			1. $\frac{N}{D}$ _____ % 2. $\frac{N}{D}$ _____ % 3. $\frac{N}{D}$ _____ % 4. $\frac{N}{D}$ _____ %		

SERVICE CATEGORIES: Prenatal Care, Prenatal Care Coordination (circle service category)

MCH PERFORMANCE MEASURE 12D: Proportion of pregnant women with a BMI <18.5 who receive an intervention or treatment.

Work Plan Activities	How activities will be measured or monitored	What documentation will be used	Staff Responsible	Quarterly Results	Adjustments in Work Plan	Problems
<i>Projects Must Complete At Least One Additional Project Activity</i>						
12D-3: Project Activity (List measurable activity)	Measured Quarterly by	(Example: Chart Audit, Approved data system.)		1. $\frac{N}{D}$ _____ % 2. $\frac{N}{D}$ _____ % 3. $\frac{N}{D}$ _____ % 4. $\frac{N}{D}$ _____ %		
12D-4: Project Activity (List measurable activity)	Measured Quarterly by			1. $\frac{N}{D}$ _____ % 2. $\frac{N}{D}$ _____ % 3. $\frac{N}{D}$ _____ % 4. $\frac{N}{D}$ _____ %		
12D-5: Project Activity (List measurable activity)	Measured Quarterly by			1. $\frac{N}{D}$ _____ % 2. $\frac{N}{D}$ _____ % 3. $\frac{N}{D}$ _____ % 4. $\frac{N}{D}$ _____ %		

CHILD HEALTH SERVICES

Priority Areas:

1. Preventive health exams
2. Immunizations
3. Second hand smoke
4. Obesity
5. Safety

Required Performance Measures:

Table 6A Proportions of unduplicated children ages 3-22 yrs receiving one age appropriate physical/yr

Table 6B Proportion of infants receiving at least 4 preventive visits before their first birthday.

Table 6C Proportion of toddlers age 12-35 months receiving age appropriate preventive care.

Table 7 Proportion of children exposed to second hand smoke in the home.

Table 12A Percentage of children age 2-22 yrs with a height for weight BMI identifying them as at risk of overweight or obesity who have received healthy weight counseling and/or other related interventions or treatment.

Suggested Activities

- Utilize Web site www.brightfuturesforfamilies.org resources for parent education
- Mental health screening Pediatricians and PNP's consider using **Edinburgh Depression Scale** to assess Moms for Postpartum Depression and make appropriate referrals.
- Utilize "My food pyramid" for nutrition education
- Utilize **Bright Futures Healthy Weight, Healthy Nutrition, and Physical Activities** Themes in the "Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents" Manual and Pocket Guide Third Edition 2007 in addressing Childhood Obesity

SERVICE CATEGORIES: Child Health

MCHS Performance Measure 6A: Proportion of unduplicated children ages 3-22 yrs receiving age appropriate care. (one preventive physical/yr.)

Note: a preventive physical includes an unclothed exam, developmental screening, and other appropriate screenings per Bright Futures					FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	HP 2010
Annual Performance Objective : (What the project proposes to accomplish) Increase the percent of clients who have received the age appropriate number of comprehensive physical exams and screens during the fiscal year to: _____%					%	%	%	%	%	96%
Annual Performance Indicator [N/D x 100]: (What the Project accomplished)					%	%	%	%	%	
Numerator (N)	# of children age 3 through 22 years who received annual physical examinations and screens.									
Denominator (D)	# of children age 3 through 22 years enrolled in the clinic.									
Quarterly Results:	1st Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No		2nd Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No		3rd Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No		4th Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No			
Work Plan Activities	How activities will be measured or monitored	What documentation will be used	Staff Responsible	FY 2009 Quarterly Results		Adjustments in Work Plan		Problems		
6A-1 Each Quarter the project will identify clients 3 thru 22 yrs who will have their next birthday during the quarter and send reminder/recalls for annual visits	Measured Quarterly by Numerator: # Identified clients with documented PE during the quarter. Denominator: # identified children age 3 through 22 yrs due to receive age appropriate unclothed PE.	(Example: Chart Audit,, Approved data system.) .		1. <u>N</u> D _____%	2. <u>N</u> D _____%	3. <u>N</u> D _____%	4. <u>N</u> D _____%			
6A-2 Each Quarter the project will provide Blood Lead Level testing for those children age 3-6 yrs who have annual PE during the quarter	Measured Quarterly by Numerator: # clients age 3-6 years old with documented PE and Blood Lead level during the quarter. Denominator: # of identified clients age 3-6 years seen for an unclothed PE.	.		1. <u>N</u> D _____%	2. <u>N</u> D _____%	3. <u>N</u> D _____%	4. <u>N</u> D _____%			

SERVICE CATEGORIES: Child Health

MCHS Performance Measure 6A: Proportion of unduplicated children ages 3-22 years receiving age appropriate care. (one preventive physical/yr.)

Work Plan Activities	How activities will be measured or monitored	What documentation will be used	Staff Responsible	Quarterly Results	Adjustments in Work Plan	Problems
6A-3 Each Quarter the project will identify clients of all ages who have not completed age appropriate immunizations/are due for immunizations during the quarter and send reminder/recalls	Measured Quarterly by Numerator: # clients who have documentation of completion of their age appropriate immunizations Denominator: # of children with an unclothed PE each quarter.	(Example: Chart Audit,, Approved data system.) CASA Report will be provided for monitoring data at the end of the year.		1. $\frac{N}{D}$ ____% 2. $\frac{N}{D}$ ____% 3. $\frac{N}{D}$ ____% 4. $\frac{N}{D}$ ____%		
<i>Projects Must Complete At Least One Additional Project Activity</i>						
6A-4 Project Activity (List measurable activity)	Measured Quarterly by			1. $\frac{N}{D}$ ____% 2. $\frac{N}{D}$ ____% 3. $\frac{N}{D}$ ____% 4. $\frac{N}{D}$ ____%		
6A-5: Project Activity (List measurable activity)	Measured Quarterly by			1. $\frac{N}{D}$ ____% 2. $\frac{N}{D}$ ____% 3. $\frac{N}{D}$ ____% 4. $\frac{N}{D}$ ____%		

SERVICE CATEGORIES: Child Health

MCHS Performance Measure 6B: Proportion of infants receiving at least 4 preventive visits before their first birthday.

Note: Follow the Bright Futures periodicity schedule to provide age appropriate care.		FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	HP 2010
Annual Performance Objective 6B: (What the project proposes to accomplish) Increase the percent of infants who received at least 4 preventive visits before their first birthday to _____%		%	%	%	%	%	80%
Annual Performance Indicator [N/D x 100]: (What the Project accomplished)		%	%	%	%	%	
Numerator (N)	# of clients 11 months of age who have received at least 4 unclothed PE's..						
Denominator (D)	# of clients who are 11 months of age.						

Quarterly Results:	1 st Quarter		2 nd Quarter		3 rd Quarter		4 th Quarter	
	%	Met <input type="checkbox"/> Yes <input type="checkbox"/> No	%	Met <input type="checkbox"/> Yes <input type="checkbox"/> No	%	Met <input type="checkbox"/> Yes <input type="checkbox"/> No	%	Met <input type="checkbox"/> Yes <input type="checkbox"/> No
Work Plan Activities	How activities will be measured or monitored	What documentation will be used	Staff Responsible	Quarterly Results		Adjustments in Work Plan	Problems	
6B-1 Each Quarter the project will identify infants under 1 age of age who are due for an age appropriate unclothed PE and send reminder/recalls for periodic visit.	Measured Quarterly by Numerator: # of infants with 4 documented PE by 11 months of age. Denominator: # of infants 11 months of age with an unclothed PE during the quarter.	(Example: Chart audit, data system)		1. $\frac{N}{D}$ _____%	2. $\frac{N}{D}$ _____%			
6B-2 Each Quarter Provide age appropriate developmental surveillance for those clients less than 12 months of age who have unclothed PE's during the quarter	Measured Quarterly by Numerator: # Infants 11 months of age with one documented developmental screen. Denominator: # identified infants 11 months with an unclothed PE			1. $\frac{N}{D}$ _____%	2. $\frac{N}{D}$ _____%			

SERVICE CATEGORIES: Child Health

MCHS Performance Measure 6B: Proportion of infants receiving at least 4 preventive visits before their first birthday.

Work Plan Activities	How activities will be measured or monitored	What documentation will be used	Staff Responsible	Quarterly Results	Adjustments in Work Plan	Problems
<p>6B-3 Each Quarter the Project will provide Blood Lead Level testing for those clients 9 and 12 months old who have unclothed PE's during the quarter</p>	<p>Measured Quarterly by Numerator: # Infants age 12 months that had a Blood Lead Level documented in chart. Denominator: # Infants age 12 months with an unclothed PE during the quarter.</p>	<p>(Example: Chart Audit, Approved data system)</p>		<p>1. $\frac{N}{D}$ ____%</p> <p>2. $\frac{N}{D}$ ____%</p> <p>3. $\frac{N}{D}$ ____%</p> <p>4. $\frac{N}{D}$ ____%</p>		
<p>6B-4: Each quarter The project will identify those clients of all ages who have not completed age appropriate immunizations, are due for immunizations during the quarter, and send reminder/recalls</p>	<p>Measured Quarterly by Numerator: # clients who turn 12 months of age each quarter who have at least 3 Rotavirus, 3 Hep B, 3 DTAP, 3 Hib, 3 IPV, 3 PCV, and Influenza Immunizations documented. Denominator: # of clients 12 months of age with an unclothed PE during the quarter.</p>			<p>1. $\frac{N}{D}$ ____%</p> <p>2. $\frac{N}{D}$ ____%</p> <p>3. $\frac{N}{D}$ ____%</p> <p>4. $\frac{N}{D}$ ____%</p>		
<p>6B-5 Each quarter Assess number of infants still breastfed at 6 months of age.</p>	<p>Measured Quarterly by Numerator: # clients 6 months of age still breastfeeding Denominator: # of clients at least 6 months of age with an unclothed PE during the quarter.</p>			<p>1. $\frac{N}{D}$ ____%</p> <p>2. $\frac{N}{D}$ ____%</p> <p>3. $\frac{N}{D}$ ____%</p> <p>4. $\frac{N}{D}$ ____%</p>		

SERVICE CATEGORIES: Child Health

MCHS Performance Measure 6C: Proportion of toddlers age 12 – 35 months receiving age appropriate care

Note: a preventive physical includes an unclothed exam, developmental screening, and other appropriate screenings per Bright Futures		FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	HP 2010
Annual Performance Objective : (What the project proposes to accomplish) Increase the percent of toddlers who have received the age appropriate number of comprehensive physical exams and screens during the fiscal year to: _____%		%	%	%	%	%	96%
Annual Performance Indicator [N/D x 100]: (What the Project accomplished)		%	%	%	%	%	
Numerator (N)	# Of toddlers up to 35 months who received the recommended number of EPSDT visits by age (specify MCH category).						
Denominator (D)	# Of toddlers age 35 months enrolled in the project .						

Quarterly Results:	1st Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No	2nd Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No	3rd Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No	4th Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No
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Work Plan Activities	How activities will be measured or monitored	What documentation will be used	Staff Responsible	FY 2009 Quarterly Results	Adjustments in Work Plan	Problems
6C-1 Each Quarter the project will identify clients 12, 15, 18 and 24 months old who are due for an age appropriate unclothed PE and send reminder /recalls for periodic visits	Measured Quarterly by Numerator: # Toddlers who have 3 documented unclothed PE's by 35 months. Denominator: #Toddlers age 35 months that had at an unclothed PE during the quarter.	(Example: Chart Audit, Approved data system)		1. $\frac{N}{D}$ _____ % 2. $\frac{N}{D}$ _____ % 3. $\frac{N}{D}$ _____ % 4. $\frac{N}{D}$ _____ %		
6C-2 Each Quarter the Project will provide age appropriate developmental screens for those clients less than 36 months of ages who have unclothed PE's during the quarter	Measured Quarterly by Numerator: # Toddlers with 3 documented development screens by 35 months. Denominator: # Toddlers 35 months with an unclothed PE during the quarter.			1. $\frac{N}{D}$ _____ % 2. $\frac{N}{D}$ _____ % 3. $\frac{N}{D}$ _____ % 4. $\frac{N}{D}$ _____ %		

SERVICE CATEGORIES: Child Health

MCHS Performance Measure 6C: Proportion of unduplicated toddlers age 1 – 3 years receiving age appropriate care

Work Plan Activities	How activities will be measured or monitored	What documentation will be used	Staff Responsible	FY 2009 Quarterly Results	Adjustments in Work Plan	Problems
<p>6C-3 Each Quarter the Project will provide annual Blood Lead Level testing for those clients who have annual PE's during the quarter</p>	<p>Measured Quarterly by Numerator: #Toddlers age 18 months with documented Blood Lead Level. Denominator: # Toddlers age 18 months with an unclothed exam during quarter.</p>	<p>(Example: Chart Audit,, Approved data system.)</p>		<p>1. $\frac{N}{D}$ ____%</p> <p>2. $\frac{N}{D}$ ____%</p> <p>3. $\frac{N}{D}$ ____%</p> <p>4. $\frac{N}{D}$ ____%</p>		
<p>6C-4 Each quarter the project will identify those clients of all ages who have not completed age appropriate immunizations and are due for immunizations during the quarter and send reminder/recalls</p>	<p>Measured Quarterly by Numerator: # of clients 24 months who have at least 3 Rotavirus,3 Hep B, 3 DTAP, 3 Hib, 3 IPV, 3 PCV, 1 MMR, 1Varicella, and 1Hep A and influenza Immunizations documented in chart. Denominator: # clients 24 months with an unclothed PE during the quarter .</p>			<p>1. $\frac{N}{D}$ ____%</p> <p>2. $\frac{N}{D}$ ____%</p> <p>3. $\frac{N}{D}$ ____%</p> <p>4. $\frac{N}{D}$ ____%</p>		
<p>6C-5</p>	<p>Measured Quarterly by Numerator: Denominator:</p>			<p>1. $\frac{N}{D}$ ____%</p> <p>2. $\frac{N}{D}$ ____%</p> <p>3. $\frac{N}{D}$ ____%</p> <p>4. $\frac{N}{D}$ ____%</p>		

SERVICE CATEGORIES: Child Health

MCHS Performance Measure 7: Proportion of Infants & Children Exposed in Home to Second-Hand Smoke.

		FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	HP 2010
Annual Performance Objective : (What the project proposes to accomplish) Decrease the percent of infants and children who are exposed to second hand smoke in the home to: ____%		%	%	%	%	%	%
Annual Performance Indicator [N/D x 100]: (What the Project accomplished)		%	%	%	%	%	
Numerator (N)	# of Active Clients less than 22 years of age exposed to 2 nd hand smoke at last visit.						
Denominator (D)	# of Active Clients less than 22 years of age						
Quarterly Results:	1st Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No	2nd Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No	3rd Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No	4th Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No			
Work Plan Activities	How activities will be measured or monitored	What documentation will be used	Staff Responsible	FY 2009 Quarterly Results	Adjustments in Work Plan	Problems	
7-1: ASK all parents of children birth to 22 years of age if they smoke in their home and/or in the vehicle in which their children ride.	Measured Quarterly by Numerator: # of children exposed to second hand smoke at time of quarterly visit. Denominator: # of children with encounters during the quarter	(Example: Chart Audit,, Approved data system.)		1. $\frac{N}{D}$ ____% 2. $\frac{N}{D}$ ____% 3. $\frac{N}{D}$ ____% 4. $\frac{N}{D}$ ____%			
7-2 Each quarter the project will Ask parents who smoke to sign the EPA Pledge. (in appendix)	Measured Quarterly by Numerator: # Children whose parents sign the EPA Smoke Free Home Pledge. Denominator: # Children exposed to second hand smoke.			1. $\frac{N}{D}$ ____% 2. $\frac{N}{D}$ ____% 3. $\frac{N}{D}$ ____% 4. $\frac{N}{D}$ ____%			

SERVICE CATEGORIES: Child Health

MCHS Performance Measure 7: Proportion of Infants & Children Exposed in Home to Second-Hand Smoke.

Work Plan Activities	How activities will be measured or monitored	What documentation will be used	Staff Responsible	FY 2009 Quarterly Results	Adjustments in Work Plan	Problems
<i>Projects Must Complete At Least One Additional Project Activity</i>						
7-3 Project Activity: (State)	Measured Quarterly by	(Example: Chart Audit., Approved data system.)		1. <u>N</u> _____ % <u>D</u> 2. <u>N</u> _____ % <u>D</u> 3. <u>N</u> _____ % <u>D</u> 4. <u>N</u> _____ % <u>D</u>		
7-4 Project Activity: (State)	Measured Quarterly by	.		1. <u>N</u> _____ % <u>D</u> 2. <u>N</u> _____ % <u>D</u> 3. <u>N</u> _____ % <u>D</u> 4. <u>N</u> _____ % <u>D</u>		
7-5 Project Activity: (State).	Measured Quarterly by	.		1. <u>N</u> _____ % <u>D</u> 2. <u>N</u> _____ % <u>D</u> 3. <u>N</u> _____ % <u>D</u> 4. <u>N</u> _____ % <u>D</u>		

SERVICE CATEGORIES: Child Health

MCH PERFORMANCE MEASURE 12A: Percentage of Children aged 2 to 22 years with a Height for Weight BMI identifying them as at-risk of overweight or overweight who have received healthy weight counseling and/or other related interventions or treatment

		FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	HP 2010
Annual Performance Objective : (What the project proposes to accomplish)		%	%	%	%	%	%
Annual Performance Indicator [N/D x 100]: (What the Project accomplished)		%	%	%	%	%	
Numerator (N)	# Children and adolescents aged 2- 22 years with a height for weigh at or over the 85 th percentile receiving a brief intervention of treatment						
Denominator (D)	# Children and adolescents aged 2- 22 years with a height for weight ≥85 th percentile						
Quarterly Results:	1st Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No	2nd Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No		3rd Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No		4th Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No	
Work Plan Activities	How activities will be measured or monitored	What documentation will be used	Staff Responsible	Quarterly Results	Adjustments in Work Plan	Problems	
12A-1: Assessment Document appropriate weight for age for all clients using age appropriate ht/wt chart.	Measured Quarterly by Numerator: #of clients with ht/wt documented. Denominator: #of enrolled clients during quarter.	(Example: Chart Audit,, Approved data system.)		1. <u>N</u> _____ D _____ % 2. <u>N</u> _____ D _____ % 3. <u>N</u> _____ D _____ % 4. <u>N</u> _____ D _____ %			
12A-2 All clients who are at the 85th percentile will receive weight counseling and/or other related interventions or treatment (Identify intervention or treatment)	Measured Quarterly by Numerator: #of clients at 85 th percentile who received weight counseling and/or other related intervention or treatment Denominator: #of clients at 85 th percentile during the quarter			1. <u>N</u> _____ D _____ % 2. <u>N</u> _____ D _____ % 3. <u>N</u> _____ D _____ % 4. <u>N</u> _____ D _____ %			

SERVICE CATEGORIES: Child Health

MCH PERFORMANCE MEASURE 12A: Percentage of Children aged 2 to 22 years with a Height for Weight identifying them as at-risk of overweight or overweight who have received healthy weight counseling and/or other related interventions or treatment

Work Plan Activities	How activities will be measured or monitored	What documentation will be used	Staff Responsible	Quarterly Results	Adjustments in Work Plan	Problems
<i>Projects Must Complete At Least One Additional Project Activity</i>						
12A-3: Project Activity (List measurable activity)	Measured Quarterly by	(Example: Chart Audit,, Approved data system.)		1. $\frac{N}{D}$ _____ % 2. $\frac{N}{D}$ _____ % 3. $\frac{N}{D}$ _____ % 4. $\frac{N}{D}$ _____ %		
12A-4: Project Activity (List measurable activity)	Measured Quarterly by			1. $\frac{N}{D}$ _____ % 2. $\frac{N}{D}$ _____ % 3. $\frac{N}{D}$ _____ % 4. $\frac{N}{D}$ _____ %		
12A-5: Project Activity (List measurable activity)	Measured Quarterly by			1. $\frac{N}{D}$ _____ % 2. $\frac{N}{D}$ _____ % 3. $\frac{N}{D}$ _____ % 4. $\frac{N}{D}$ _____ %		

SCHOOL BASED ADOLESCENT SERVICES

Priority Areas:

1. Reduce prevalence of overweight and obesity among adolescents
2. Reduce teen pregnancy
3. Reduce smoking rates among adolescents
4. Decrease number of suicides among adolescents
5. Increase overall adolescent health and well-being

Required Performance Measures:

Table 1: Prenatal Care for Pregnant Women

Table 3: Breastfeeding

Table 8A: Tobacco Use

Table 8B: Secondhand Smoke

Table 9 (A, B, or C, choose 1 or more): A-Suicidal Ideation, B-Abusive Relationships, C-Sexual Activity

Table 12E: Body Mass Index

Table 13: Priority of the Project's Choice

Suggested Activities

- “Media campaign” in the schools, including posters, announcements, TV ads on the school news
- Presentation of health topics in various classrooms
- Referrals for free pregnancy test
- Referrals to community health centers, etc.
- Dissemination of educational materials to targeted audiences

SERVICE CATEGORIES: School-Based Adolescent Health Centers

MCHS Performance Measure 1: Proportion of unduplicated pregnant women receiving prenatal medical care in the first trimester.

Definition: First trimester is week 1 – 13 after conception		FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	HP 2010
Annual Performance Objective : (What the project proposes to accomplish) Increase the percent of clients who receive prenatal care in the first trimester to: _____%		%	%	%	%	%	90%
Annual Performance Indicator [N/D x 100]: (What the Project accomplished)		%	%	%	%	%	
Numerator (N)	# of women newly enrolled who started receiving prenatal care in the 1 st trimester						
Denominator (D)	# of pregnant women newly enrolled in the service category.						
Quarterly Results:	1st Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No	2nd Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No	3rd Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No	4th Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No			
Work Plan Activities	How activities will be measured or monitored	What documentation will be used	Staff Responsible	FY 2009 Quarterly Results	Adjustments in Work Plan	Problems	
1-1 Outreach Activity: The project will provide free pregnancy testing as a method of outreach or provide a referral for pregnancy testing.	Measured Quarterly by Numerator: #of women with a positive PT that entered prenatal care in the first trimester. Denominator: #of positive pregnancy tests completed	(Examples PT log Approved data system)		1. $\frac{N}{D}$ _____ % 2. $\frac{N}{D}$ _____ % 3. $\frac{N}{D}$ _____ % 4. $\frac{N}{D}$ _____ %			
Required Activity							
1-2 Project Outreach Activity: (list measurable activity):	Measured Quarterly by#			1. $\frac{N}{D}$ _____ % 2. $\frac{N}{D}$ _____ % 3. $\frac{N}{D}$ _____ % 4. $\frac{N}{D}$ _____ %			

SERVICE CATEGORIES: School-Based Adolescent Health Centers

MCHS Performance Measure 1: Proportion of unduplicated pregnant women receiving prenatal care in the first trimester.

Work Plan Activities	How activities will be measured or monitored	What documentation will be used	Staff Responsible	FY 2009 Quarterly Results	Adjustments in Work Plan	Problems
1-3 Disparity activity: Increase the number of African American women entering prenatal care in the first trimester to ___%	Measured Quarterly by Numerator: # of African American women who entered prenatal care in the first trimester. Denominator: # of African American women enrolled in the project each quarter,	(Example: Chart audit, approved data system.)		1. $\frac{N}{D}$ ____% 2. $\frac{N}{D}$ ____% 3. $\frac{N}{D}$ ____% 4. $\frac{N}{D}$ ____%		
<i>Projects Must Complete At Least One Additional Project Activity</i>						
1-4 Project Activity: (List measurable activity)	Measured Quarterly by			1. $\frac{N}{D}$ ____% 2. $\frac{N}{D}$ ____% 3. $\frac{N}{D}$ ____% 4. $\frac{N}{D}$ ____%		
1-5 Project Activity: (List measurable activity)	Measured Quarterly by			1. $\frac{N}{D}$ ____% 2. $\frac{N}{D}$ ____% 3. $\frac{N}{D}$ ____% 4. $\frac{N}{D}$ ____%		

SERVICE CATEGORIES: School-Based Adolescent Health Centers

MCH PERFORMANCE MEASURE 3: Proportion of mother's breastfeeding at hospital discharge.

	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	HP 2010
Annual Performance Objective : (What the project proposes to accomplish) Increase the percent of clients who are breastfeeding at hospital discharge during the fiscal year to: ____%	%	%	%	%	%	70%
Annual Performance Indicator [N/D x 100]: (What the Project accomplished)	%	%	%	%	%	
Numerator (N)	# of women breastfeeding at time of hospital discharge.					
Denominator (D)	# of pregnant women who have a live birth.					

Quarterly Results:	1 st Quarter		2 nd Quarter		3 rd Quarter		4 th Quarter	
	%	Met <input type="checkbox"/> Yes <input type="checkbox"/> No	%	Met <input type="checkbox"/> Yes <input type="checkbox"/> No	%	Met <input type="checkbox"/> Yes <input type="checkbox"/> No	%	Met <input type="checkbox"/> Yes <input type="checkbox"/> No

Work Plan Activities	How activities will be measured or monitored	What documentation will be used	Staff Responsible	FY 2009 Quarterly Results	Adjustments in Work Plan	Problems
3-1 Education Activity: 100% of pregnant women will receive information on the advantages of breastfeeding by 28 weeks gestation.	Measured Quarterly by Numerator: # of women with documented breastfeeding education by 28 wks gestation. Denominator: # of pregnant women in their third trimester.	(Example: log, Approved data system.)		1. $\frac{N}{D}$ ____% 2. $\frac{N}{D}$ ____% 3. $\frac{N}{D}$ ____% 4. $\frac{N}{D}$ ____%		
3-2 Referral Activity: All women who state they are interested in breastfeeding will be referred to a breastfeeding class / peer counselor, lactation consultant.	Measured Quarterly by Numerator: # of interested women referred to a breastfeeding class. Denominator: # of unduplicated pregnant women interested in breastfeeding each quarter.			1. $\frac{N}{D}$ ____% 2. $\frac{N}{D}$ ____% 3. $\frac{N}{D}$ ____% 4. $\frac{N}{D}$ ____%		

SERVICE CATEGORIES: School-Based Adolescent Health Centers

MCH PERFORMANCE MEASURE 3: Proportion of mother's breastfeeding at hospital discharge.

Work Plan Activities	How activities will be measured or monitored	What documentation will be used	Staff Responsible	FY 2009 Quarterly Results	Adjustments in Work Plan	Problems
<p>3-3 Disparity Activity: Increase the number of African American pregnant women breastfeeding at hospital discharge.</p>	<p>Measured Quarterly by Numerator: # of African American women breastfeeding at hospital discharge. Denominator: # of African American women who deliver each quarter</p>	<p>(Example: Chart audit Approved data system)</p>		<p>1. $\frac{N}{D}$ ____%</p> <p>2. $\frac{N}{D}$ ____%</p> <p>3. $\frac{N}{D}$ ____%</p> <p>4. $\frac{N}{D}$ ____%</p>		
<i>Projects Must Complete At Least One Additional Project Activity</i>						
<p>3-4 Project Activity: (List measurable activity)</p>	<p>Measured Quarterly by</p>			<p>1. $\frac{N}{D}$ ____%</p> <p>2. $\frac{N}{D}$ ____%</p> <p>3. $\frac{N}{D}$ ____%</p> <p>4. $\frac{N}{D}$ ____%</p>		
<p>3-5 Project Activity: (List measurable activity)</p>	<p>Measured Quarterly by</p>			<p>1. $\frac{N}{D}$ ____%</p> <p>2. $\frac{N}{D}$ ____%</p> <p>3. $\frac{N}{D}$ ____%</p> <p>4. $\frac{N}{D}$ ____%</p>		

Project Name: _____

County: _____

FY: _____

Table 8A

SERVICE CATEGORIES: School-Based Adolescent Health Centers

MCH PERFORMANCE MEASURE 8: Proportion of clients who use tobacco products

		FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	HP 2010
Annual Performance Objective : (What the project proposes to accomplish) Decrease the proportion of clients who use tobacco products (including chew, snuff, cigarettes, cigars, cigarillos, etc.) during the fiscal year to _____%		%	%	%	%	%	21%
Annual Performance Indicator [N/D x 100]: (What the Project accomplished)		%	%	%	%	%	
Numerator (N)	# of clients who, based upon responses to the risk assessment or through conversions with clinic staff, are identified as using any tobacco products who have received information regarding the consequences of tobacco use and have been referred to a cessation program						
Denominator (D)	# of clients who, based upon responses to the risk assessment or through conversions with clinic staff, are identified as using any tobacco products						

Quarterly Results:	1st Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No	2nd Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No	3rd Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No	4th Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No
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Work Plan Activities	How activities will be measured or monitored	What documentation will be used	Staff Responsible	FY 2009 Quarterly Results	Adjustments in Work Plan	Problems
8-1 100% of clients will be asked if they use tobacco products at the initial visit (or have this information captured on the risk assessment)	Measured Quarterly by			1. <u>N</u> _____ % D _____ % 2. <u>N</u> _____ % D _____ % 3. <u>N</u> _____ % D _____ % 4. <u>N</u> _____ % D _____ %		
8-2 Clients identified as using tobacco products will have their smoking status documented at each subsequent visit	Measured Quarterly by			1. <u>N</u> _____ % D _____ % 2. <u>N</u> _____ % D _____ % 3. <u>N</u> _____ % D _____ % 4. <u>N</u> _____ % D _____ %		

SERVICE CATEGORIES: School-Based Adolescent Health Centers

MCH PERFORMANCE MEASURE 8A: Proportion of clients who use tobacco products

Work Plan Activities	How activities will be measured or monitored	What documentation will be used	Staff Responsible	FY 2009 Quarterly Results	Adjustments in Work Plan	Problems
8-3 100% of clients who were identified as using tobacco products are given educational materials about tobacco use	Measured Quarterly by			1. $\frac{N}{D}$ ____% 2. $\frac{N}{D}$ ____% 3. $\frac{N}{D}$ ____% 4. $\frac{N}{D}$ ____%		
8-4 100% of clients who were identified as using tobacco products are given a referral to a cessation program	Measured Quarterly by			1. $\frac{N}{D}$ ____% 2. $\frac{N}{D}$ ____% 3. $\frac{N}{D}$ ____% 4. $\frac{N}{D}$ ____%		
Required Activity						
8-5 Activity to be determined by the project.	Measured Quarterly by			1. $\frac{N}{D}$ ____% 2. $\frac{N}{D}$ ____% 3. $\frac{N}{D}$ ____% 4. $\frac{N}{D}$ ____%		

Project Name: _____

County: _____

FY: _____

Table 8B

SERVICE CATEGORIES: School-Based Adolescent Health Centers

MCH PERFORMANCE MEASURE 8B: Proportion of clients who are exposed to secondhand smoke		FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	HP 2010
Annual Performance Objective : (What the project proposes to accomplish) Decrease the proportion of nonsmoking clients who are exposed to second hand smoke in their homes during the fiscal year to _____%		%	%	%	%	%	N/A
Annual Performance Indicator [N/D x 100]: (What the Project accomplished)		%	%	%	%	%	
Numerator (N)	# of clients who, based upon responses to the risk assessment or through conversation with clinic staff, are identified as being nonsmokers, but are exposed to secondhand smoke in their home						
Denominator (D)	#of clients enrolled in the clinic who, based upon responses to the risk assessment or through conversation with clinic staff, are identified as being nonsmokers						

Quarterly Results:	1st Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No	2nd Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No	3rd Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No	4th Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No
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Work Plan Activities	How activities will be measured or monitored	What documentation will be used	Staff Responsible	FY 2009 Quarterly Results	Adjustments in Work Plan	Problems
8B-1 100% of clients will be asked if they are exposed to secondhand smoke in their homes	Measured Quarterly by			1. $\frac{N}{D}$ _____ % 2. $\frac{N}{D}$ _____ % 3. $\frac{N}{D}$ _____ % 4. $\frac{N}{D}$ _____ %		
8B-2 100% of NS clients identified as being exposed to secondhand smoke will have their exposure status checked at each subsequent visit	Measured Quarterly by			1. $\frac{N}{D}$ _____ % 2. $\frac{N}{D}$ _____ % 3. $\frac{N}{D}$ _____ % 4. $\frac{N}{D}$ _____ %		

Project Name: _____

County: _____

FY: _____

Table 8B

SERVICE CATEGORIES: School-Based Adolescent Health Centers

MCH PERFORMANCE MEASURE 8B: Proportion of clients who are exposed to secondhand smoke

Work Plan Activities	How activities will be measured or monitored	What documentation will be used	Staff Responsible	FY 2009 Quarterly Results	Adjustments in Work Plan	Problems
8B-3 100% of NS clients identified as being exposed to secondhand smoke will be given educational information on the health consequences of exposure	Measured Quarterly by			1. <u>N</u> _____ % D 2. <u>N</u> _____ % D 3. <u>N</u> _____ % D 4. <u>N</u> _____ % D		
8B-4 100% of NS clients identified as being exposed to secondhand smoke will be given information on cessation programs that they can share with others in their home who smoke	Measured Quarterly by			1. <u>N</u> _____ % D 2. <u>N</u> _____ % D 3. <u>N</u> _____ % D 4. <u>N</u> _____ % D		
8B-5 Activity to be determined by the project.	Measured Quarterly by			1. <u>N</u> _____ % D 2. <u>N</u> _____ % D 3. <u>N</u> _____ % D 4. <u>N</u> _____ % D		

SERVICE CATEGORIES: School-Based Adolescent Health Centers

MCH PERFORMANCE MEASURE 9A: Proportion of clients who indicate suicidal ideation

		FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	HP 2010
Annual Performance Objective : (What the project proposes to accomplish) Decrease the percent of clients who indicate suicidal ideation during the fiscal year to _____%		%	%	%	%	%	NA
Annual Performance Indicator [N/D x 100]: (What the Project accomplished)		%	%	%	%	%	
Numerator (N)	# of clients who receive counseling for mental health/suicidal ideation that were identified through responses to the risk assessment or through conversation with clinic staff as having suicidal thoughts						
Denominator (D)	# of clients that were identified through responses to the risk assessment or through conversation with clinic staff as having suicidal thoughts						

Quarterly Results:	1 st Quarter	% Met <input type="checkbox"/> Yes <input type="checkbox"/> No	2 nd Quarter	% Met <input type="checkbox"/> Yes <input type="checkbox"/> No	3 rd Quarter	% Met <input type="checkbox"/> Yes <input type="checkbox"/> No	4 th Quarter	% Met <input type="checkbox"/> Yes <input type="checkbox"/> No
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Work Plan Activities	How activities will be measured or monitored	What documentation will be used	Staff Responsible	FY 2009 Quarterly Results	Adjustments in Work Plan	Problems
9A-1 100% of clients will be asked if they have suicidal thoughts at initial visit.	Measured Quarterly by			1. $\frac{N}{D}$ _____% 2. $\frac{N}{D}$ _____% 3. $\frac{N}{D}$ _____% 4. $\frac{N}{D}$ _____%		
9A-2 100% of clients who are identified as at-risk for suicide are referred to a counselor or mental health professional	Measured Quarterly by			1. $\frac{N}{D}$ _____% 2. $\frac{N}{D}$ _____% 3. $\frac{N}{D}$ _____% 4. $\frac{N}{D}$ _____%		

SERVICE CATEGORIES: School-Based Adolescent Health Centers

MCH PERFORMANCE MEASURE: 9A: Proportion of clients who indicate suicidal ideation

Work Plan Activities	How activities will be measured or monitored	What documentation will be used	Staff Responsible	FY 2009 Quarterly Results	Adjustments in Work Plan	Problems
<i>Projects Must Complete At Least One Additional Project Activity</i>						
9A-3 Activity to be determined by the project.	Measured Quarterly by			1. $\frac{N}{D}$ ____% 2. $\frac{N}{D}$ ____% 3. $\frac{N}{D}$ ____% 4. $\frac{N}{D}$ ____%		
9A-4 Activity to be determined by the project.	Measured Quarterly by			1. $\frac{N}{D}$ ____% 2. $\frac{N}{D}$ ____% 3. $\frac{N}{D}$ ____% 4. $\frac{N}{D}$ ____%		
9A-5 Activity to be determined by the project.	Measured Quarterly by			1. $\frac{N}{D}$ ____% 2. $\frac{N}{D}$ ____% 3. $\frac{N}{D}$ ____% 4. $\frac{N}{D}$ ____%		

SERVICE CATEGORIES: School-Based Adolescent Health Centers

MCH PERFORMANCE MEASURE 9B: Proportion of clients who are involved in abusive relationships.

Abusive relationship is defined as a relationship with a boyfriend or girlfriend in which they were hit, slapped, or physically hurt on purpose during the past 12 months.		FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	HP 2010
Annual Performance Objective : (What the project proposes to accomplish) Decrease the percent of clients who indicate being in an abusive relationship during the fiscal year to _____%		%	%	%	%	%	NA
Annual Performance Indicator [N/D x 100]: (What the Project accomplished)		%	%	%	%	%	
Numerator (N)	# of clients who have received counseling for abusive relationships that were identified through responses to the risk assessment or through conversation with clinic staff as being involved in an abusive relationship						
Denominator (D)	# of clients that were identified through responses to the risk assessment or through conversation with clinic staff as being involved in an abusive relationship						

Quarterly Results:	1 st Quarter	% Met <input type="checkbox"/> Yes <input type="checkbox"/> No	2 nd Quarter	% Met <input type="checkbox"/> Yes <input type="checkbox"/> No	3 rd Quarter	% Met <input type="checkbox"/> Yes <input type="checkbox"/> No	4 th Quarter	% Met <input type="checkbox"/> Yes <input type="checkbox"/> No
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Work Plan Activities	How activities will be measured or monitored	What documentation will be used	Staff Responsible	FY 2009 Quarterly Results	Adjustments in Work Plan	Problems
9B-1 100% of clients will be asked if they are involved in an abusive relationship at initial visit.	Measured Quarterly by			1. <u>N</u> _____ % <u>D</u> 2. <u>N</u> _____ % <u>D</u> 3. <u>N</u> _____ % <u>D</u> 4. <u>N</u> _____ % <u>D</u>		
9B-2 100% of clients who are identified being in an abusive relationship are referred to a counselor or mental health professional	Measured Quarterly by			1. <u>N</u> _____ % <u>D</u> 2. <u>N</u> _____ % <u>D</u> 3. <u>N</u> _____ % <u>D</u> 4. <u>N</u> _____ % <u>D</u>		

SERVICE CATEGORIES: School-Based Adolescent Health Centers

MCH PERFORMANCE MEASURE : 9B: Proportion of clients who are involved in abusive relationships.

Work Plan Activities	How activities will be measured or monitored	What documentation will be used	Staff Responsible	FY 2009 Quarterly Results	Adjustments in Work Plan	Problems
<i>Projects Must Complete At Least One Additional Project Activity</i>						
9B-3 100% of clients who are identified as being in an abusive relationship are given information and/or educational materials on this topic	Measured Quarterly by			1. $\frac{N}{D}$ ____% 2. $\frac{N}{D}$ ____% 3. $\frac{N}{D}$ ____% 4. $\frac{N}{D}$ ____%		
9B-4 Activity to be determined by the project.	Measured Quarterly by			1. $\frac{N}{D}$ ____% 2. $\frac{N}{D}$ ____% 3. $\frac{N}{D}$ ____% 4. $\frac{N}{D}$ ____%		
9B-5 Activity to be determined by the project.	Measured Quarterly by			1. $\frac{N}{D}$ ____% 2. $\frac{N}{D}$ ____% 3. $\frac{N}{D}$ ____% 4. $\frac{N}{D}$ ____%		

SERVICE CATEGORIES: School-Based Adolescent Health Centers

MCH PERFORMANCE MEASURE 9C: Proportion of clients who are currently sexually active

Currently sexually active defined as having sexual intercourse with one or more people during the past 3 months.		FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	HP 2010
Annual Performance Objective : (What the project proposes to accomplish) Decrease the percent of clients who are currently sexually active during the fiscal year to _____%		%	%	%	%	%	NA
Annual Performance Indicator [N/D x 100]: (What the Project accomplished)		%	%	%	%	%	
Numerator (N)	# of clients who have received education or counseling regarding sexually transmitted infections, HIV, and contraceptive use that were identified as being currently sexually active through responses to the risk assessment or through conversation with clinic staff						
Denominator (D)	# of clients who are identified as being currently sexually active through responses to the risk assessment or through conversation with clinic staff						

Quarterly Results:	1st Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No	2nd Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No	3rd Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No	4th Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No
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Work Plan Activities	How activities will be measured or monitored	What documentation will be used	Staff Responsible	FY 2009 Quarterly Results	Adjustments in Work Plan	Problems
9C-1 100% of clients will be asked if they are currently sexually active at initial visit.	Measured Quarterly by			1. $\frac{N}{D}$ _____ % 2. $\frac{N}{D}$ _____ % 3. $\frac{N}{D}$ _____ % 4. $\frac{N}{D}$ _____ %		
9C-2 100% of clients who are identified as being sexually active are given educational materials on STDs, HIV, and contraceptives	Measured Quarterly by			1. $\frac{N}{D}$ _____ % 2. $\frac{N}{D}$ _____ % 3. $\frac{N}{D}$ _____ % 4. $\frac{N}{D}$ _____ %		

SERVICE CATEGORIES: School-Based Adolescent Health Centers

MCH PERFORMANCE MEASURE 9C: Proportion of clients who are currently sexually active

Work Plan Activities	How activities will be measured or monitored	What documentation will be used	Staff Responsible	FY 2009 Quarterly Results	Adjustments in Work Plan	Problems
9C-3 100% of clients who are identified as being sexually active are referred for STD/HIV testing	Measured Quarterly by			1. $\frac{N}{D}$ ____% 2. $\frac{N}{D}$ ____% 3. $\frac{N}{D}$ ____% 4. $\frac{N}{D}$ ____%		
<i>Projects Must Complete At Least One Additional Project Activity</i>						
9C-4 Activity to be determined by the project.	Measured Quarterly by			1. $\frac{N}{D}$ ____% 2. $\frac{N}{D}$ ____% 3. $\frac{N}{D}$ ____% 4. $\frac{N}{D}$ ____%		
9C-5 Activity to be determined by the project.	Measured Quarterly by			1. $\frac{N}{D}$ ____% 2. $\frac{N}{D}$ ____% 3. $\frac{N}{D}$ ____% 4. $\frac{N}{D}$ ____%		

SERVICE CATEGORIES: School-Based Adolescent Health Centers

MCH PERFORMANCE MEASURE 12E: Proportion of adolescents with a body mass index (BMI) percentile equal to or greater than the 95th percentile who have received healthy weight counseling and/or other related interventions

		FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	HP 2010
Annual Performance Objective : (What the project proposes to accomplish) Decrease the percent of clients have a BMI equal to or greater than the 95th percentile during the fiscal year to _____%		%	%	%	%	%	5%
Annual Performance Indicator [N/D x 100]: (What the Project accomplished)		%	%	%	%	%	
Numerator (N)	# of clients who have received education or counseling regarding healthy weight, nutrition and exercise that were identified through responses to the risk assessment or through conversation with clinic staff						
Denominator (D)	# of clients who are identified as having a BMI equal to or greater than the 95 th percentile through responses to the risk assessment or through conversation with clinic staff						

Quarterly Results:	1 st Quarter	%	Met <input type="checkbox"/> Yes <input type="checkbox"/> No	2 nd Quarter	%	Met <input type="checkbox"/> Yes <input type="checkbox"/> No	3 rd Quarter	%	Met <input type="checkbox"/> Yes <input type="checkbox"/> No	4 th Quarter	%	Met <input type="checkbox"/> Yes <input type="checkbox"/> No
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Work Plan Activities	How activities will be measured or monitored	What documentation will be used	Staff Responsible	FY 2009 Quarterly Results	Adjustments in Work Plan	Problems
12E-1 100% of clients will have BMI calculated at initial visit	Measured Quarterly by			1. <u> </u> N _____% D 2. <u> </u> N _____% D 3. <u> </u> N _____% D 4. <u> </u> N _____% D		
12E-2 100% of clients who are identified as having a BMI equal to or greater than the 95 th percentile are provided with educational materials regarding healthy weight, nutrition and exercise	Measured Quarterly by	.		1. <u> </u> N _____% D 2. <u> </u> N _____% D 3. <u> </u> N _____% D 4. <u> </u> N _____% D		

Project Name: _____

County: _____

FY: _____

Table
12E

SERVICE CATEGORIES: School-Based Adolescent Health Centers

MCH PERFORMANCE MEASURE: 12E: Proportion of adolescents with a body mass index (BMI) percentile equal to or greater than the 95th percentile who have received healthy weight counseling and/or other related interventions

Work Plan Activities	How activities will be measured or monitored	What documentation will be used	Staff Responsible	FY 2009 Quarterly Results	Adjustments in Work Plan	Problems
12E-3 100% of clients who are identified as having a BMI equal to or greater than the 95 th percentile will have their BMI calculated at each subsequent visit	Measured Quarterly by			1. <u> N </u> _____% D 2. <u> N </u> _____% D 3. <u> N </u> _____% D 4. <u> N </u> _____% D		
<i>Projects Must Complete At Least One Additional Project Activity</i>						
12E-4 Activity to be determined by the project.	Measured Quarterly by			1. <u> N </u> _____% D 2. <u> N </u> _____% D 3. <u> N </u> _____% D 4. <u> N </u> _____% D		
12E-5 Activity to be determined by the project.	Measured Quarterly by			1. <u> N </u> _____% D 2. <u> N </u> _____% D 3. <u> N </u> _____% D 4. <u> N </u> _____% D		

SERVICE CATEGORIES: School-Based Adolescent Health Centers

MCH PERFORMANCE MEASURE 13: TO BE DETERMINED BY THE PROJECT (Required, must include at least 3 activities)

	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	HP 2010
Annual Performance Objective : (What the project proposes to accomplish)	%	%	%	%	%	90%
Annual Performance Indicator [N/D x 100]: (What the Project accomplished)	%	%	%	%	%	
Numerator (N)						
Denominator (D)						

Quarterly Results:	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
	% Met <input type="checkbox"/> Yes <input type="checkbox"/> No	% Met <input type="checkbox"/> Yes <input type="checkbox"/> No	% Met <input type="checkbox"/> Yes <input type="checkbox"/> No	% Met <input type="checkbox"/> Yes <input type="checkbox"/> No

Work Plan Activities	How activities will be measured or monitored	What documentation will be used	Staff Responsible	FY 2009 Quarterly Results	Adjustments in Work Plan	Problems
<i>Projects Must Complete At Least Three Project Activities</i>						
13-1 Activity to be determined by the project.	Measured Quarterly by			1. <u> N </u> _____ % <u> D </u> 2. <u> N </u> _____ % <u> D </u> 3. <u> N </u> _____ % <u> D </u> 4. <u> N </u> _____ % <u> D </u>		
13-2 Activity to be determined by the project.	Measured Quarterly by			1. <u> N </u> _____ % <u> D </u> 2. <u> N </u> _____ % <u> D </u> 3. <u> N </u> _____ % <u> D </u> 4. <u> N </u> _____ % <u> D </u>		

SERVICE CATEGORIES: School-Based Adolescent Health Centers

MCH PERFORMANCE MEASURE 13: TO BE DETERMINED BY THE PROJECT

Work Plan Activities	How activities will be measured or monitored	What documentation will be used	Staff Responsible	FY 2009 Quarterly Results	Adjustments in Work Plan	Problems
13-3 Activity to be determined by the project.	Measured Quarterly by			1. <u>N</u> _____ % D 2. <u>N</u> _____ % D 3. <u>N</u> _____ % D 4. <u>N</u> _____ % D		
13-4 Activity to be determined by the project.	Measured Quarterly by			1. <u>N</u> _____ % D 2. <u>N</u> _____ % D 3. <u>N</u> _____ % D 4. <u>N</u> _____ % D		
13-5 Activity to be determined by the project.	Measured Quarterly by			1. <u>N</u> _____ % D 2. <u>N</u> _____ % D 3. <u>N</u> _____ % D 4. <u>N</u> _____ % D		

FAMILY PLANNING SERVICES

Priority Areas:

1. Reduce unintended pregnancy
2. Increase interpregnancy intervals
3. Increase women with preconception counseling prior to pregnancy
4. Reduce smoking among all women of childbearing age

Required Performance Measures:

Table 5 Proportion of women of childbearing age (14-44 yrs) who reduce or stop smoking during the fiscal year.

Table 10 Proportion of women enrolled in Family Planning who receive preconception counseling

Table 11 Proportion of unintended pregnancies due to failed contraception or failure to use contraception

Table 12A Proportion of children ages 2-22 years with a Height for Weight identifying them as at-risk of overweight or are overweight who have received healthy weight counseling and/or related interventions or treatment.

Table 12B Proportion of women over 22 years of age with a Body Mass index indicating overweight or obesity who have received healthy weight counseling and/or other related interventions or treatment.

Suggested Activities

- Preconception care
- Increase pregnancy intervals
- Reduce incidence of Chlamydia
- Health education on HIV, STD, life style behaviors, healthy habits, contraception choices, abstinence
- Media campaign

SERVICE CATEGORIES: Family Planning

MCH PERFORMANCE MEASURE 5: Proportion of women of childbearing age (14-44 yrs) who stop or reduce smoking during the fiscal year..

Note: Applies only to women who smoked at time of enrollment		FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	HP 2010
Annual Performance Objective : (What the project proposes to accomplish) Increase the percent of clients who stop smoking during the fiscal year to: _____ %		%	%	%	%	%	NA%
Annual Performance Indicator [N/D x 100]: (What the Project accomplished)		%	%	%	%	%	
Numerator (N)	# of women smokers who have reduced or stopped smoking at the end of the fiscal year.						
Denominator (D)	# of women who smoked at enrolled in the project during the fiscal year.						
Quarterly Results:	1st Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No	2nd Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No	3rd Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No	4th Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No			
Work Plan Activities	How activities will be measured or monitored	What documentation will be used <small>(Example: Chart Audit,, Approved data system.)</small>	Staff Responsible	FY 2009 Quarterly Results	Adjustments in Work Plan	Problems	
5-1 Assessment Activity: 100% of clients will be asked if they smoke at time of enrollment and smoking documented in chart.	Measured Quarterly by Numerator: # of newly enrolled clients with documented smoking status each quarter. Denominator: # of newly enrolled clients each quarter			1. $\frac{N}{D}$ _____ % 2. $\frac{N}{D}$ _____ % 3. $\frac{N}{D}$ _____ % 4. $\frac{N}{D}$ _____ %			
5-2 Monitoring Activity: All clients who state they are smoking at time of enrollment will be monitored at each visit for smoking status	Measured Quarterly by Numerator: # of charts with documented smoking status per visit each quarter Denominator: # of unduplicated smoking clients per quarter .			1. $\frac{N}{D}$ _____ % 2. $\frac{N}{D}$ _____ % 3. $\frac{N}{D}$ _____ % 4. $\frac{N}{D}$ _____ %			

SERVICE CATEGORIES: Family Planning

MCH PERFORMANCE MEASURE 5: Proportion of women who stop or reduce smoking during the fiscal year.

Work Plan Activities	How activities will be measured or monitored	What documentation will be used	Staff Responsible	FY 2009 Quarterly Results	Adjustments in Work Plan	Problems
5-3 Education Activity: 100% of women identified as smokers at time of enrollment will receive education on the hazards of smoking..	Measured Quarterly by Numerator: # of clients with documented education during each quarter. Denominator: # of women identified as smoking each quarter.	(Example: Chart Audit,, Approved data system.)		1. $\frac{N}{D}$ ____% 2. $\frac{N}{D}$ ____% 3. $\frac{N}{D}$ ____% 4. $\frac{N}{D}$ ____%		
5-4 Referral Activity: All women identified as smoking at time of enrollment will receive a referral to the Indiana Tobacco Quitline.	Measured Quarterly by Numerator: # of clients referred to the Indiana Tobacco Quitline. Denominator: # clients who state they are smoking at time of enrollment.			1. $\frac{N}{D}$ ____% 2. $\frac{N}{D}$ ____% 3. $\frac{N}{D}$ ____% 4. $\frac{N}{D}$ ____%		
<i>Projects Must Complete At Least One Additional Project Activity</i>						
5-5 Project Activity: (List measurable activity)	Measured Quarterly by			1. $\frac{N}{D}$ ____% 2. $\frac{N}{D}$ ____% 3. $\frac{N}{D}$ ____% 4. $\frac{N}{D}$ ____%		
5-6 Project Activity: (List measurable activity)	Measured Quarterly by:			1. $\frac{N}{D}$ ____% 2. $\frac{N}{D}$ ____% 3. $\frac{N}{D}$ ____% 4. $\frac{N}{D}$ ____%		

A. service categories: Family Planning

MCH PERFORMANCE MEASURE 10: Proportion of women enrolled in Family Planning who received preconception counseling

	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	HP 2010
Annual Performance Objective : (What the project proposes to accomplish) Increase the proportion of women who want to become pregnant that receive preconception counseling to: ___%	%	%	%	%	%	%
Annual Performance Indicator [N/D x 100]: (What the Project accomplished)	%	%	%	%	%	
Numerator (N) # of enrolled women who want to become pregnant who received preconception counseling.						
Denominator (D) # of enrolled women who want to become pregnant						

Quarterly Results:	1 st Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No	2 nd Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No	3 rd Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No	4 th Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No
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Work Plan Activities	How activities will be measured or monitored	What documentation will be used	Staff Responsible	FY 2009 Quarterly Results	Adjustments in Work Plan	Problems
10-1 Assessment All women will be asked if they want to become pregnant within the FY .	Measured Quarterly by Numerator: #of women who are asked if they want to become pregnant within the FY year. Denominator: #of women enrolled in the quarter	(Example: Chart Audit,, Approved data system.)		1. $\frac{N}{D}$ _____ % 2. $\frac{N}{D}$ _____ % 3. $\frac{N}{D}$ _____ % 4. $\frac{N}{D}$ _____ %		
10-2 Counseling All women who state they want to become pregnant within the year will receive preconception counseling.	Measured Quarterly by Numerator: #of women who want to become pregnant that receive preconception counseling. Denominator: #of women who want to become pregnant			1. $\frac{N}{D}$ _____ % 2. $\frac{N}{D}$ _____ % 3. $\frac{N}{D}$ _____ % 4. $\frac{N}{D}$ _____ %		

SERVICE CATEGORIES: Family Planning

MCHS Performance Measure 10: Proportion of women enrolled in Family Planning who received preconception counseling

Work Plan Activities	How activities will be measured or monitored	What documentation will be used	Staff Responsible	FY 2009 Quarterly Results	Adjustments in Work Plan	Problems
10-3: Education All women with a negative pregnancy test will receive preconception education	Measured Quarterly by <u>Numerator:</u> #of women with a negative pregnancy test who receive preconception education. <u>Denominator:</u> # of women with a negative pregnancy test during the quarter	(Example: Chart Audit,, Approved data system.)		1. $\frac{N}{D}$ ____% 2. $\frac{N}{D}$ ____% 3. $\frac{N}{D}$ ____% 4. $\frac{N}{D}$ ____%		
10-4 Project Activity (List measurable activity)	Measured Quarterly by			1. $\frac{N}{D}$ ____% 2. $\frac{N}{D}$ ____% 3. $\frac{N}{D}$ ____% 4. $\frac{N}{D}$ ____%		

SERVICE CATEGORIES: Family Planning

MCH PERFORMANCE MEASURE 11: Proportion of pregnancies that are unintended due to failed contraception or failure to use contraception.

		FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	HP 2010
Annual Performance Objective : (What the project proposes to accomplish) Decrease the percent of women who become due to failed contraception to: ____%		%	%	%	%	%	%
Annual Performance Indicator [N/D x 100]: (What the Project accomplished)		%	%	%	%	%	
Numerator (N)	# of clients receiving contraceptive services who become pregnant.						
Denominator (D)	# of clients receiving contraceptive services						
Quarterly Results:	1st Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No	2nd Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No		3rd Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No		4th Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No	
Work Plan Activities	How activities will be measured or monitored	What documentation will be used	Staff Responsible	Quarterly Results	Adjustments in Work Plan	Problems	
11-1: Assessment Assess all clients for contraception method problems at time of method pick-up/exam.	Measured Quarterly by Numerator: #of clients assessed for contraceptive method problems during quarter. Denominator: #of enrolled clients during quarter.	(Example: Chart Audit,, Approved data system.)		1. $\frac{N}{D}$ ____% 2. $\frac{N}{D}$ ____% 3. $\frac{N}{D}$ ____% 4. $\frac{N}{D}$ ____%			
Required Activity							
11-2 Project Activity (List measurable activity)	Measured Quarterly by			1. $\frac{N}{D}$ ____% 2. $\frac{N}{D}$ ____% 3. $\frac{N}{D}$ ____% 4. $\frac{N}{D}$ ____%			

SERVICE CATEGORIES: Family Planning

MCH PERFORMANCE MEASURE 12A: Percentage of Children aged 2 to 22 years with a Height for Weight BMI identifying them as at-risk of overweight or overweight who have received healthy weight counseling and/or other related interventions or treatment

		FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	HP 2010
Annual Performance Objective : (What the project proposes to accomplish)		%	%	%	%	%	%
Annual Performance Indicator [N/D x 100]: (What the Project accomplished)		%	%	%	%	%	
Numerator (N)	# Children and adolescents aged 2- 22 years with a height for weigh at or over the 85 th percentile receiving a brief intervention of treatment						
Denominator (D)	# Children and adolescents aged 2- 22 years with a height for weight ≥85 th percentile						
Quarterly Results:	1st Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No	2nd Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No		3rd Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No		4th Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No	
Work Plan Activities	How activities will be measured or monitored	What documentation will be used	Staff Responsible	Quarterly Results	Adjustments in Work Plan	Problems	
12A-1: Assessment Document appropriate weight for age for all clients using age appropriate ht/wt chart.	Measured Quarterly by Numerator: #of clients with ht/wt documented. Denominator: #of enrolled clients during quarter.	(Example: Chart Audit,, Approved data system.)		1. $\frac{N}{D}$ ____% 2. $\frac{N}{D}$ ____% 3. $\frac{N}{D}$ ____% 4. $\frac{N}{D}$ ____%			
12A-2 All clients who are at the 85th percentile will receive weight counseling and/or other related interventions or treatment (Identify intervention or treatment)	Measured Quarterly by Numerator: #of clients at 85 th percentile who received weight counseling and/or other related intervention or treatment Denominator: #of clients at 85 th percentile during the quarter			1. $\frac{N}{D}$ ____% 2. $\frac{N}{D}$ ____% 3. $\frac{N}{D}$ ____% 4. $\frac{N}{D}$ ____%			

SERVICE CATEGORIES: Family Planning

MCH PERFORMANCE MEASURE 12A: Percentage of Children aged 2 to 22 years with a Height for Weight identifying them as at-risk of overweight or overweight who have received healthy weight counseling and/or other related interventions or treatment

Work Plan Activities	How activities will be measured or monitored	What documentation will be used	Staff Responsible	Quarterly Results	Adjustments in Work Plan	Problems
<i>Projects Must Complete At Least One Additional Project Activity</i>						
12A-3: Project Activity (List measurable activity)	Measured Quarterly by	(Example: Chart Audit,, Approved data system.)		1. $\frac{N}{D}$ _____ % 2. $\frac{N}{D}$ _____ % 3. $\frac{N}{D}$ _____ % 4. $\frac{N}{D}$ _____ %		
12A-4: Project Activity (List measurable activity)	Measured Quarterly by			1. $\frac{N}{D}$ _____ % 2. $\frac{N}{D}$ _____ % 3. $\frac{N}{D}$ _____ % 4. $\frac{N}{D}$ _____ %		
12A-5: Project Activity (List measurable activity)	Measured Quarterly by			1. $\frac{N}{D}$ _____ % 2. $\frac{N}{D}$ _____ % 3. $\frac{N}{D}$ _____ % 4. $\frac{N}{D}$ _____ %		

SERVICE CATEGORIES: Family Planning

MCH PERFORMANCE MEASURE 12B: Proportion of women over 22 years of age with a Body Mass Index indicating overweight or obesity who have received healthy weight counseling and/or other related interventions or treatment

		FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	HP 2010	
Annual Performance Objective : (What the project proposes to accomplish)		%	%	%	%	%	%	
Annual Performance Indicator [N/D x 100]: (What the Project accomplished)		%	%	%	%	%		
Numerator (N)	Number of women aged 22 years and older identified as overweight or obese by BMI 25->30 that received healthy weight counseling and/or other related interventions or treatment.							
Denominator (D)	Number of adults aged 22 years and older identified as overweight or obese by BMI 25->30							
Quarterly Results:	1st Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No	2nd Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No		3rd Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No		4th Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No		
Work Plan Activities	How activities will be measured or monitored	What documentation will be used	Staff Responsible	Quarterly Results	Adjustments in Work Plan	Problems		
12B-1: Assessment 100% of clients age 22 years or older will be assessed for BMI at time of enrollment..	Measured Quarterly by Numerator: #of clients with BMI documented. Denominator: #of enrolled clients during quarter.	(Example: Chart Audit,, Approved data system.)		1. $\frac{N}{D}$ ____% 2. $\frac{N}{D}$ ____% 3. $\frac{N}{D}$ ____% 4. $\frac{N}{D}$ ____%				
12B-2 Intervention Clients with a BMI over 29 will receive a brief intervention and/or treatment. (Identify intervention)	Measured Quarterly by Numerator: #clients with BMI over 29 who receive brief intervention and/or treatment during the quarter Denominator: #Clients with BMI over 29 during the quarter			1. $\frac{N}{D}$ ____% 2. $\frac{N}{D}$ ____% 3. $\frac{N}{D}$ ____% 4. $\frac{N}{D}$ ____%				

FAMILY CARE COORDINATION SERVICES

Priority Areas:

1. Increase breastfeeding rates
2. Reduce smoking among all women of childbearing age
3. Decrease the proportion of children exposed to secondhand smoke in their home.
4. Increase the number of infants, children and women of childbearing age that receive preventive health care.

Required Performance Measures:

Table 5 Proportion of women of childbearing age (14-44 yrs) who reduce or stop smoking during the fiscal year.

Table 6D Proportion of children ages birth-22 yrs receiving age appropriate preventative care.

Table 7 Proportion of Infants & Children Exposed in Home to Second-Hand Smoke

Table 12A Proportion of children ages 2-22 years with a Height for Weight identifying them as at-risk of overweight or are overweight who have received healthy weight counseling and/or related interventions or treatment.

Table 12B Proportion of women over 22 years of age with a Body Mass index indicating overweight or obesity who have received healthy weight counseling and/or other related interventions or treatment.

Suggested Activities

- Promote breastfeeding. Indiana Black Breastfeeding Coalition, contact Terry Curtis, clc, ph: 317.283.0120 or e-mail: tcurtis@clarian.org.
- Smoking Cessation
- Improve immunization rates
- Access to preventive care
- Interconception case management
- Family wellness education
- Parenting groups
- Referral and advocacy

SERVICE CATEGORIES: Family Care Coordination

MCH PERFORMANCE MEASURE 3: Proportion of mother’s breastfeeding at 6 months postpartum.

		FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	HP 2010
Annual Performance Objective : (What the project proposes to accomplish) Increase the percent of clients who are breastfeeding at 6 months post partum to: ____%		%	%	%	%	%	70%
Annual Performance Indicator [N/D x 100]: (What the Project accomplished)		%	%	%	%	%	
Numerator (N)	# of women continuing to breastfeed at 6 months post partum .						
Denominator (D)	# of clients that breastfed at hospital discharge.						
Quarterly Results:	1st Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No	2nd Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No		3rd Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No		4th Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No	
Work Plan Activities	How activities will be measured or monitored	What documentation will be used	Staff Responsible	FY 2009 Quarterly Results		Adjustments in Work Plan	Problems
3-1 Education Activity: 100% of new mothers will receive information on the advantages of breastfeeding for at least 6 months.	Measured Quarterly by Numerator: # of women with documented breastfeeding education. Denominator: # of new mothers enrolled in the quarter.	(Example: log, Approved data system.)		1. $\frac{N}{D}$ ____%	2. $\frac{N}{D}$ ____%	3. $\frac{N}{D}$ ____%	4. $\frac{N}{D}$ ____%
3-2 Referral Activity: All women who are breastfeeding at time of enrollment will be referred to a peer counselor, or lactation consultant for breastfeeding support.	Measured Quarterly by Numerator: # of breastfeeding women with a documented referral to breastfeeding support. Denominator: # of women breastfeeding each quarter.			1. $\frac{N}{D}$ ____%	2. $\frac{N}{D}$ ____%	3. $\frac{N}{D}$ ____%	4. $\frac{N}{D}$ ____%

SERVICE CATEGORIES: Family Care Coordination

MCH PERFORMANCE MEASURE 3: Proportion of mother's breastfeeding at 6 months postpartum.

Work Plan Activities	How activities will be measured or monitored	What documentation will be used	Staff Responsible	FY 2009 Quarterly Results	Adjustments in Work Plan	Problems
3-3 Disparity Activity: Increase the number of African American mothers breastfeeding.	Measured Quarterly by Numerator: # of African American women breastfeeding. Denominator: # of new African American mothers enrolled each quarter	(Example: Chart audit Approved data system)		1. $\frac{N}{D}$ ____% 2. $\frac{N}{D}$ ____% 3. $\frac{N}{D}$ ____% 4. $\frac{N}{D}$ ____%		
<i>Projects Must Complete At Least One Additional Project Activity</i>						
3-4 Project Activity: (List measurable activity)	Measured Quarterly by	.		1. $\frac{N}{D}$ ____% 2. $\frac{N}{D}$ ____% 3. $\frac{N}{D}$ ____% 4. $\frac{N}{D}$ ____%		
3-5 Project Activity: (List measurable activity)	Measured Quarterly by	.		1. $\frac{N}{D}$ ____% 2. $\frac{N}{D}$ ____% 3. $\frac{N}{D}$ ____% 4. $\frac{N}{D}$ ____%		

SERVICE CATEGORIES: Family Planning

MCH PERFORMANCE MEASURE 5: Proportion of women of childbearing age (14-44 yrs) who stop or reduce smoking during the fiscal year..

Note: Applies only to women who smoked at time of enrollment		FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	HP 2010
Annual Performance Objective : (What the project proposes to accomplish) Increase the percent of clients who stop smoking during the fiscal year to: _____ %		%	%	%	%	%	NA%
Annual Performance Indicator [N/D x 100]: (What the Project accomplished)		%	%	%	%	%	
Numerator (N)	# of women smokers who have reduced or stopped smoking at the end of the fiscal year.						
Denominator (D)	# of women who smoked at enrolled in the project during the fiscal year.						
Quarterly Results:	1st Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No	2nd Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No	3rd Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No	4th Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No			
Work Plan Activities	How activities will be measured or monitored	What documentation will be used <small>(Example: Chart Audit,, Approved data system.)</small>	Staff Responsible	FY 2009 Quarterly Results	Adjustments in Work Plan	Problems	
5-1 Assessment Activity: 100% of clients will be asked if they smoke at time of enrollment and smoking documented in chart.	Measured Quarterly by Numerator: # of newly enrolled clients with documented smoking status each quarter. Denominator: # of newly enrolled clients each quarter			1. $\frac{N}{D}$ _____ % 2. $\frac{N}{D}$ _____ % 3. $\frac{N}{D}$ _____ % 4. $\frac{N}{D}$ _____ %			
5-2 Monitoring Activity: All clients who state they are smoking at time of enrollment will be monitored at each visit for smoking status	Measured Quarterly by Numerator: # of charts with documented smoking status per visit each quarter Denominator: # of unduplicated smoking clients per quarter .			1. $\frac{N}{D}$ _____ % 2. $\frac{N}{D}$ _____ % 3. $\frac{N}{D}$ _____ % 4. $\frac{N}{D}$ _____ %			

SERVICE CATEGORIES: Family Planning

MCH PERFORMANCE MEASURE 5: Proportion of women who stop or reduce smoking during the fiscal year.

Work Plan Activities	How activities will be measured or monitored	What documentation will be used	Staff Responsible	FY 2009 Quarterly Results	Adjustments in Work Plan	Problems
5-3 Education Activity: 100% of women identified as smokers at time of enrollment will receive education on the hazards of smoking..	Measured Quarterly by Numerator: # of clients with documented education during each quarter. Denominator: # of women identified as smoking each quarter.	(Example: Chart Audit,, Approved data system.)		1. $\frac{N}{D}$ ____% 2. $\frac{N}{D}$ ____% 3. $\frac{N}{D}$ ____% 4. $\frac{N}{D}$ ____%		
5-4 Referral Activity: All women identified as smoking at time of enrollment will receive a referral to the Indiana Tobacco Quitline.	Measured Quarterly by Numerator: # of clients referred to the Indiana Tobacco Quitline. Denominator: # clients who state they are smoking at time of enrollment.			1. $\frac{N}{D}$ ____% 2. $\frac{N}{D}$ ____% 3. $\frac{N}{D}$ ____% 4. $\frac{N}{D}$ ____%		
<i>Projects Must Complete At Least One Additional Project Activity</i>						
5-5 Project Activity: (List measurable activity)	Measured Quarterly by			1. $\frac{N}{D}$ ____% 2. $\frac{N}{D}$ ____% 3. $\frac{N}{D}$ ____% 4. $\frac{N}{D}$ ____%		
5-6 Project Activity: (List measurable activity)	Measured Quarterly by			1. $\frac{N}{D}$ ____% 2. $\frac{N}{D}$ ____% 3. $\frac{N}{D}$ ____% 4. $\frac{N}{D}$ ____%		

SERVICE CATEGORIES: Family Care Coordination

MCHS Performance Measure 6D: Proportion of children ages birth-22 yrs receiving age appropriate preventative care.

Note: a preventive physical includes an unclothed exam, developmental screening, and other appropriate screenings per Bright Futures		FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	HP 2010
Annual Performance Objective : (What the project proposes to accomplish) Increase the percent of infants and children who receive the age appropriate number comprehensive physical exams and screens during the fiscal year to: _____%		%	%	%	%	%	96%
Annual Performance Indicator [N/D x 100]: (What the Project accomplished)		%	%	%	%	%	
Numerator (N)	# of children age birth through 22 years who received appropriate physical examinations and screens (specify MCH category).						
Denominator (D)	# of children age birth through 22 years enrolled in the project						

Quarterly Results:	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
	% Met <input type="checkbox"/> Yes <input type="checkbox"/> No	% Met <input type="checkbox"/> Yes <input type="checkbox"/> No	% Met <input type="checkbox"/> Yes <input type="checkbox"/> No	% Met <input type="checkbox"/> Yes <input type="checkbox"/> No

Work Plan Activities	How activities will be measured or monitored	What documentation will be used	Staff Responsible	FY 2009 Quarterly Results	Adjustments in Work Plan	Problems
6D-1 At initial visit the FCC will identify clients birth thru 22 yrs who are need of preventive care and refer/assist them into appropriate care.	Measured Quarterly by Numerator: # Identified clients with documented preventive care during the quarter. Denominator: # Children age birth through 22 yrs enrolled in the quarter.	(Example: Chart Audit,, Approved data system.)		1. $\frac{N}{D}$ _____ % 2. $\frac{N}{D}$ _____ % 3. $\frac{N}{D}$ _____ % 4. $\frac{N}{D}$ _____ %		
6D-2 Each Quarter the FCC will identify children ages 9-12 months and 3-6 yrs who are in need of a Blood Lead test and provide education and referral.	Measured Quarterly by Numerator: # clients age 9-12 months and 3-6 years old with documented referral for Blood Lead level during the quarter. Denominator: # of identified clients age 9-12 months and 3-6 years with at least 1 visit during the quarter	.		1. $\frac{N}{D}$ _____ % 2. $\frac{N}{D}$ _____ % 3. $\frac{N}{D}$ _____ % 4. $\frac{N}{D}$ _____ %		

SERVICE CATEGORIES: Family Care Coordination

MCHS Performance Measure 6D: Proportion of children ages birth-22 yrs receiving age appropriate preventative care.

Work Plan Activities	How activities will be measured or monitored	What documentation will be used	Staff Responsible	Quarterly Results	Adjustments in Work Plan	Problems
6D-3 Each Quarter the project will identify clients of all ages who have not completed age appropriate immunizations/are due for immunizations during the quarter and send reminder/recalls	Measured Quarterly by Numerator: # clients who have documentation of complete of their age appropriate immunizations Denominator: # clients seen at least once during the quarter	(Example: Chart Audit,, Approved data system.) CASA Report will be provided for monitoring data. At the end of the year.		1. $\frac{N}{D}$ ____% 2. $\frac{N}{D}$ ____% 3. $\frac{N}{D}$ ____% 4. $\frac{N}{D}$ ____%		
<i>Projects Must Complete At Least One Additional Project Activity</i>						
6D4 Project Activity (List measurable activity)	Measured Quarterly by			1. $\frac{N}{D}$ ____% 2. $\frac{N}{D}$ ____% 3. $\frac{N}{D}$ ____% 4. $\frac{N}{D}$ ____%		
6D-5: Project Activity (List measurable activity)	Measured Quarterly by			1. $\frac{N}{D}$ ____% 2. $\frac{N}{D}$ ____% 3. $\frac{N}{D}$ ____% 4. $\frac{N}{D}$ ____%		

SERVICE CATEGORIES: Family Care Coordination

MCHS Performance Measure 7: Proportion of Infants & Children Exposed in Home to Second-Hand Smoke.

		FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	HP 2010
Annual Performance Objective : (What the project proposes to accomplish) Decrease the percent of infants and children who are exposed to second hand smoke in the home to: ____%		%	%	%	%	%	%
Annual Performance Indicator [N/D x 100]: (What the Project accomplished)		%	%	%	%	%	
Numerator (N)	# of Active Clients less than 22 years of age exposed to 2 nd hand smoke at last visit.						
Denominator (D)	# of Active Clients less than 22 years of age						
Quarterly Results:	1st Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No	2nd Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No	3rd Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No	4th Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No			
Work Plan Activities	How activities will be measured or monitored	What documentation will be used	Staff Responsible	FY 2009 Quarterly Results	Adjustments in Work Plan	Problems	
7-1: ASK all parents of children birth to 22 years of age if they smoke in their home and/or in the vehicle in which their children ride.	Measured Quarterly by Numerator: # of children exposed to second hand smoke at time of quarterly visit. Denominator: # of children with encounters during the quarter	(Example: Chart Audit., Approved data system.)		1. <u>N</u> _____ D _____ % 2. <u>N</u> _____ D _____ % 3. <u>N</u> _____ D _____ % 4. <u>N</u> _____ D _____ %			
7-2 Each quarter the project will Ask parents who smoke to sign the EPA Pledge. (in appendix)	Measured Quarterly by Numerator: # Children whose parents sign the EPA Smoke Free Home Pledge. Denominator: # Children exposed to second hand smoke.			1. <u>N</u> _____ D _____ % 2. <u>N</u> _____ D _____ % 3. <u>N</u> _____ D _____ % 4. <u>N</u> _____ D _____ %			

SERVICE CATEGORIES: Family Care Coordination

MCHS Performance Measure 7: Proportion of Infants & Children Exposed in Home to Second-Hand Smoke.

Work Plan Activities	How activities will be measured or monitored	What documentation will be used	Staff Responsible	FY 2009 Quarterly Results	Adjustments in Work Plan	Problems
<i>Projects Must Complete At Least One Additional Project Activity</i>						
7-3 Project Activity: (State)	Measured Quarterly by	(Example: Chart Audit., Approved data system.)		1. <u>N</u> _____ % <u>D</u> 2. <u>N</u> _____ % <u>D</u> 3. <u>N</u> _____ % <u>D</u> 4. <u>N</u> _____ % <u>D</u>		
7-4 Project Activity: (State)	Measured Quarterly by	.		1. <u>N</u> _____ % <u>D</u> 2. <u>N</u> _____ % <u>D</u> 3. <u>N</u> _____ % <u>D</u> 4. <u>N</u> _____ % <u>D</u>		
7-5 Project Activity: (State).	Measured Quarterly by	.		1. <u>N</u> _____ % <u>D</u> 2. <u>N</u> _____ % <u>D</u> 3. <u>N</u> _____ % <u>D</u> 4. <u>N</u> _____ % <u>D</u>		

SERVICE CATEGORIES: Family Care Coordination

MCH PERFORMANCE MEASURE 12B: Proportion of women over 22 years of age with a Body Mass Index indicating overweight or obesity who have received healthy weight counseling and/or other related interventions or treatment

		FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	HP 2010	
Annual Performance Objective : (What the project proposes to accomplish)		%	%	%	%	%	%	
Annual Performance Indicator [N/D x 100]: (What the Project accomplished)		%	%	%	%	%		
Numerator (N)	Number of women aged 22 years and older identified as overweight or obese by BMI 25->30 that received healthy weight counseling and/or other related interventions or treatment.							
Denominator (D)	Number of adults aged 22 years and older identified as overweight or obese by BMI 25->30							
Quarterly Results:	1st Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No	2nd Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No		3rd Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No		4th Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No		
Work Plan Activities	How activities will be measured or monitored	What documentation will be used	Staff Responsible	Quarterly Results	Adjustments in Work Plan	Problems		
12B-1: Assessment 100% of clients age 22 years or older will be assessed for BMI at time of enrollment..	Measured Quarterly by Numerator: #of clients with BMI documented. Denominator: #of enrolled clients during quarter.	(Example: Chart Audit,, Approved data system.)		1. $\frac{N}{D}$ ____% 2. $\frac{N}{D}$ ____% 3. $\frac{N}{D}$ ____% 4. $\frac{N}{D}$ ____%				
12B-2 Intervention Clients with a BMI over 29 will receive a brief intervention and/or treatment. (Identify intervention)	Measured Quarterly by Numerator: #clients with BMI over 29 who receive brief intervention and/or treatment during the quarter Denominator: #Clients with BMI over 29 during the quarter			1. $\frac{N}{D}$ ____% 2. $\frac{N}{D}$ ____% 3. $\frac{N}{D}$ ____% 4. $\frac{N}{D}$ ____%				

WOMEN'S HEALTH SERVICES

Priority Areas:

1. Reduce smoking among all women of childbearing age
2. Reduce obesity among all women of childbearing age

Required Performance Measures:

Table 5 Proportion of women of childbearing age (14-44 yrs) who reduce or stop smoking during the fiscal year.

Table 12B Proportion of women over 22 years of age with a Body Mass index indicating overweight or obesity who have received healthy weight counseling and/or other related interventions or treatment.

Table – Required Project Specific Performance Measure

Suggested Activities

- Health Promotion Activities
- Smoking cessation
 - Women and Smoking Fact Sheet, June 2007, www.lungusa.org
 - Office of Women's Health. <http://www.4women.gov/owh/ichp/>
- Cardiovascular health
- Self breast exam
- Physical activity
- My Food Pyramid, www.mypyramid.gov/
- Mental Health
- Substance use,
- Chronic disease
- Office of Women's Health. <http://www.4women.gov/owh/ichp/> ICHP encompasses gender responsive and cultural competent programs that address [HIV/AIDS](#), [Violence Against Women](#), [Minority Women's Health](#), [Obesity](#), [Pre-Diabetes](#), [Lupus Awareness and Education Program](#), Young Women's Health, [Mental health](#) and [Regional Women's Health Programs](#).
- INShape Indiana. INShape Indiana promotes three simple health messages:
 - Better nutrition
 - Increased physical activity
 - Stopping smoking

SERVICE CATEGORIES: Women's Health

MCH PERFORMANCE MEASURE 5: Proportion of women of childbearing age (14-44 yrs) who stop or reduce smoking during the fiscal year..

Note: Applies only to women who smoked at time of enrollment		FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	HP 2010
Annual Performance Objective : (What the project proposes to accomplish) Increase the percent of clients who stop smoking during the fiscal year to: _____ %		%	%	%	%	%	NA%
Annual Performance Indicator [N/D x 100]: (What the Project accomplished)		%	%	%	%	%	
Numerator (N)	# of women smokers who have reduced or stopped smoking at the end of the fiscal year.						
Denominator (D)	# of women who smoked at enrolled in the project during the fiscal year.						
Quarterly Results:	1st Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No	2nd Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No	3rd Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No	4th Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No			
Work Plan Activities	How activities will be measured or monitored	What documentation will be used (Example: Chart Audit,, Approved data system.)	Staff Responsible	FY 2009 Quarterly Results	Adjustments in Work Plan	Problems	
5-1 Assessment Activity: 100% of clients will be asked if they smoke at time of enrollment and smoking documented in chart.	Measured Quarterly by Numerator: # of newly enrolled clients with documented smoking status each quarter. Denominator: # of newly enrolled clients each quarter			1. $\frac{N}{D}$ _____ % 2. $\frac{N}{D}$ _____ % 3. $\frac{N}{D}$ _____ % 4. $\frac{N}{D}$ _____ %			
5-2 Monitoring Activity: All clients who state they are smoking at time of enrollment will be monitored at each visit for smoking status	Measured Quarterly by Numerator: # of charts with documented smoking status per visit each quarter Denominator: # of unduplicated smoking clients per quarter .			1. $\frac{N}{D}$ _____ % 2. $\frac{N}{D}$ _____ % 3. $\frac{N}{D}$ _____ % 4. $\frac{N}{D}$ _____ %			

SERVICE CATEGORIES: Women's Health

MCH PERFORMANCE MEASURE 5: Proportion of women who stop or reduce smoking during the fiscal year.

Work Plan Activities	How activities will be measured or monitored	What documentation will be used	Staff Responsible	FY 2009 Quarterly Results	Adjustments in Work Plan	Problems
5-3 Education Activity: 100% of women identified as smokers at time of enrollment will receive education on the hazards of smoking..	Measured Quarterly by Numerator: # of clients with documented education during each quarter. Denominator: # of women identified as smoking each quarter.	(Example: Chart Audit,, Approved data system.)		1. $\frac{N}{D}$ ____% 2. $\frac{N}{D}$ ____% 3. $\frac{N}{D}$ ____% 4. $\frac{N}{D}$ ____%		
5-4 Referral Activity: All women identified as smoking at time of enrollment will receive a referral to the Indiana Tobacco Quitline.	Measured Quarterly by Numerator: # of clients referred to the Indiana Tobacco Quitline. Denominator: # clients who state they are smoking at time of enrollment.			1. $\frac{N}{D}$ ____% 2. $\frac{N}{D}$ ____% 3. $\frac{N}{D}$ ____% 4. $\frac{N}{D}$ ____%		
<i>Projects Must Complete At Least One Additional Project Activity</i>						
5-4 Project Activity: (List measurable activity)	Measured Quarterly by			1. $\frac{N}{D}$ ____% 2. $\frac{N}{D}$ ____% 3. $\frac{N}{D}$ ____% 4. $\frac{N}{D}$ ____%		
5-5 Project Activity: (State)	Measured Quarterly by Numerator: #. Denominator: #.			1. $\frac{N}{D}$ ____% 2. $\frac{N}{D}$ ____% 3. $\frac{N}{D}$ ____% 4. $\frac{N}{D}$ ____%		

SERVICE CATEGORIES: Women’s Health

MCH PERFORMANCE MEASURE 12B: Proportion of women over 22 years of age with a Body Mass Index indicating overweight or obesity who have received healthy weight counseling and/or other related interventions or treatment

		FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	HP 2010	
Annual Performance Objective : (What the project proposes to accomplish)		%	%	%	%	%	%	
Annual Performance Indicator [N/D x 100]: (What the Project accomplished)		%	%	%	%	%		
Numerator (N)	Number of women aged 22 years and older identified as overweight or obese by BMI 25->30 that received healthy weight counseling and/or other related interventions or treatment.							
Denominator (D)	Number of adults aged 22 years and older identified as overweight or obese by BMI 25->30							
Quarterly Results:	1st Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No	2nd Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No		3rd Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No		4th Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No		
Work Plan Activities	How activities will be measured or monitored	What documentation will be used	Staff Responsible	Quarterly Results	Adjustments in Work Plan	Problems		
12B-1: Assessment 100% of clients age 22 years or older will be assessed for BMI at time of enrollment..	Measured Quarterly by Numerator: #of clients with BMI documented. Denominator: #of enrolled clients during quarter.	(Example: Chart Audit,, Approved data system.)		1. $\frac{N}{D}$ ____% 2. $\frac{N}{D}$ ____% 3. $\frac{N}{D}$ ____% 4. $\frac{N}{D}$ ____%				
12B-2 Intervention Clients with a BMI over 29 will receive a brief intervention and/or treatment. (Identify intervention)	Measured Quarterly by Numerator: #clients with BMI over 29 who receive brief intervention and/or treatment during the quarter Denominator: #Clients with BMI over 29 during the quarter			1. $\frac{N}{D}$ ____% 2. $\frac{N}{D}$ ____% 3. $\frac{N}{D}$ ____% 4. $\frac{N}{D}$ ____%				

Project Name: _____ County: _____ FY: _____ Table

SERVICE CATEGORIES: Women's Health

REQUIRED PROJECT SPECIFIC PERFORMANCE MEASURE:

	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	HP 2010
Annual Performance Objective : (What the project proposes to accomplish)	%	%	%	%	%	%
Annual Performance Indicator [N/D x 100] : (What the Project accomplished)	%	%	%	%	%	
Numerator (N)						
Denominator (D)						

Quarterly Results:	1st Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No	2nd Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No	3rd Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No	4th Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No
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Work Plan Activities	How activities will be measured or monitored	What documentation will be used	Staff Responsible	Quarterly Results	Adjustments in Work Plan	Problems
<i>Projects Must Complete At Least Three Project Activities</i>						
		(Example: Chart Audit,, Approved data system.)		1. <u>N</u> _____ % D		
				2. <u>N</u> _____ % D		
				3. <u>N</u> _____ % D		
				4. <u>N</u> _____ % D		
				1. <u>N</u> _____ % D		
				2. <u>N</u> _____ % D		
				3. <u>N</u> _____ % D		
				4. <u>N</u> _____ % D		

Additional Performance Measure Table Template

Project Name: _____ County: _____ FY: _____ Table

SERVICE CATEGORIES:

PERFORMANCE MEASURE:

	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	HP 2010
Annual Performance Objective : (What the project proposes to accomplish)	%	%	%	%	%	%
Annual Performance Indicator [N/D x 100] : (What the Project accomplished)	%	%	%	%	%	
Numerator (N)						
Denominator (D)						

Quarterly Results:	1st Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No	2nd Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No	3rd Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No	4th Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No
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Work Plan Activities	How activities will be measured or monitored	What documentation will be used	Staff Responsible	Quarterly Results	Adjustments in Work Plan	Problems
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Projects Must Complete At Least Three Project Activities

		(Example: Chart Audit,, Approved data system.)		1. <u>N</u> _____ % <u>D</u> _____ % 2. <u>N</u> _____ % <u>D</u> _____ % 3. <u>N</u> _____ % <u>D</u> _____ % 4. <u>N</u> _____ % <u>D</u> _____ %		
				1. <u>N</u> _____ % <u>D</u> _____ % 2. <u>N</u> _____ % <u>D</u> _____ % 3. <u>N</u> _____ % <u>D</u> _____ % 4. <u>N</u> _____ % <u>D</u> _____ %		
				1. <u>N</u> _____ % <u>D</u> _____ % 2. <u>N</u> _____ % <u>D</u> _____ % 3. <u>N</u> _____ % <u>D</u> _____ % 4. <u>N</u> _____ % <u>D</u> _____ %		

SERVICE CATEGORIES:

MCH PERFORMANCE MEASURE :

Work Plan Activities	How activities will be measured or monitored	What documentation will be used <small>(Example: Chart Audit,, Approved data system.)</small>	Staff Responsible	FY 2009 Quarterly Results	Adjustments in Work Plan	Problems
				1. $\frac{N}{D}$ ____% 2. $\frac{N}{D}$ ____% 3. $\frac{N}{D}$ ____% 4. $\frac{N}{D}$ ____%		
				1. $\frac{N}{D}$ ____% 2. $\frac{N}{D}$ ____% 3. $\frac{N}{D}$ ____% 4. $\frac{N}{D}$ ____%		
				1. $\frac{N}{D}$ ____% 2. $\frac{N}{D}$ ____% 3. $\frac{N}{D}$ ____% 4. $\frac{N}{D}$ ____%		
				1. $\frac{N}{D}$ ____% 2. $\frac{N}{D}$ ____% 3. $\frac{N}{D}$ ____% 4. $\frac{N}{D}$ ____%		

Project Name: _____ County: _____ FY: _____ Table

SERVICE CATEGORIES:

REQUIRED PROJECT SPECIFIC PERFORMANCE MEASURE:

	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	HP 2010
Annual Performance Objective : (What the project proposes to accomplish)	%	%	%	%	%	%
Annual Performance Indicator [N/D x 100] : (What the Project accomplished)	%	%	%	%	%	
Numerator (N)						
Denominator (D)						

Quarterly Results:	1st Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No	2nd Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No	3rd Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No	4th Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No
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Work Plan Activities	How activities will be measured or monitored	What documentation will be used	Staff Responsible	Quarterly Results	Adjustments in Work Plan	Problems
<i>Projects Must Complete At Least Three Project Activities</i>						
		(Example: Chart Audit,, Approved data system.)		1. <u>N</u> _____ % D		
				2. <u>N</u> _____ % D		
				3. <u>N</u> _____ % D		
				4. <u>N</u> _____ % D		
				1. <u>N</u> _____ % D		
				2. <u>N</u> _____ % D		
				3. <u>N</u> _____ % D		
				4. <u>N</u> _____ % D		

SERVICE CATEGORIES:

MCH PERFORMANCE MEASURE :

Work Plan Activities	How activities will be measured or monitored	What documentation will be used <small>(Example: Chart Audit,, Approved data system.)</small>	Staff Responsible	FY 2009 Quarterly Results	Adjustments in Work Plan	Problems
				1. <u> </u> D ___% 2. <u> </u> D ___% 3. <u> </u> D ___% 4. <u> </u> D ___%		
				1. <u> </u> D ___% 2. <u> </u> D ___% 3. <u> </u> D ___% 4. <u> </u> D ___%		
				1. <u> </u> D ___% 2. <u> </u> D ___% 3. <u> </u> D ___% 4. <u> </u> D ___%		
				1. <u> </u> D ___% 2. <u> </u> D ___% 3. <u> </u> D ___% 4. <u> </u> D ___%		

Project Name: _____ County: _____ FY: _____ Table

SERVICE CATEGORIES:

PERFORMANCE MEASURE:

	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	HP 2010
Annual Performance Objective : (What the project proposes to accomplish)	%	%	%	%	%	%
Annual Performance Indicator [N/D x 100] : (What the Project accomplished)	%	%	%	%	%	
Numerator (N)						
Denominator (D)						

Quarterly Results:	1st Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No	2nd Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No	3rd Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No	4th Quarter % Met <input type="checkbox"/> Yes <input type="checkbox"/> No
---------------------------	--	--	--	--

Work Plan Activities	How activities will be measured or monitored	What documentation will be used	Staff Responsible	Quarterly Results	Adjustments in Work Plan	Problems
<i>Projects Must Complete At Least Three Project Activities</i>						
		(Example: Chart Audit,, Approved data system.)		1. <u>N</u> _____ % D		
				2. <u>N</u> _____ % D		
				3. <u>N</u> _____ % D		
				4. <u>N</u> _____ % D		
				1. <u>N</u> _____ % D		
				2. <u>N</u> _____ % D		
				3. <u>N</u> _____ % D		
				4. <u>N</u> _____ % D		

SERVICE CATEGORIES:

MCH PERFORMANCE MEASURE :

Work Plan Activities	How activities will be measured or monitored	What documentation will be used <small>(Example: Chart Audit,, Approved data system.)</small>	Staff Responsible	FY 2009 Quarterly Results	Adjustments in Work Plan	Problems
				1. $\frac{N}{D}$ ____% 2. $\frac{N}{D}$ ____% 3. $\frac{N}{D}$ ____% 4. $\frac{N}{D}$ ____%		
				1. $\frac{N}{D}$ ____% 2. $\frac{N}{D}$ ____% 3. $\frac{N}{D}$ ____% 4. $\frac{N}{D}$ ____%		
				1. $\frac{N}{D}$ ____% 2. $\frac{N}{D}$ ____% 3. $\frac{N}{D}$ ____% 4. $\frac{N}{D}$ ____%		
				1. $\frac{N}{D}$ ____% 2. $\frac{N}{D}$ ____% 3. $\frac{N}{D}$ ____% 4. $\frac{N}{D}$ ____%		

BUDGET INSTRUCTIONS

Materials Provided: The following materials are included in this packet:

Instructions
Definitions-Revenue Accounts
Chart of Account Codes
Non-allowable Expenditures
Budget Narrative Form (MCH Budgets for FY 2009 & FY 2010)
Section I - Sources of Anticipated Revenue (MCH Budgets for FY 2009 & FY 2010)
Section II - Estimated Costs and Clients to be Served (MCH Budgets for FY 2009 & FY 2010)
Anticipated Expenditures (MCH Budgets for FY 2009 & FY 2010)

INSTRUCTIONS

Review all materials and instructions before beginning to complete your budget. If you have any questions relative to completing your project's budget, contact:

Vanessa Daniels vdaniels@isdh.in.gov **317/233-1241**
Or contact your MCSHC Systems Development Consultant assigned to your county-See Appendix C.

In completing the packet, remember that all amounts should be rounded to the nearest dollar.

Completing the Budget Narrative Form

NOTE: Create a separate budget for Fiscal Year (FY) 2009 and for FY 2010. FY 2009 runs October 1, 2008 through September 30, 2009. FY 2010 runs October 1, 2009 through September 30, 2010.

The Budget Narrative Form does not provide a column for MCH Matching Funds but does provide a column for Total MCH + MCH Matching.

Schedule A

For each individual staff, provide the name of the staff member and a brief description of their role in the project. If multiple staff are entered in one row (for instance, 111.400 Nurses) a single description may be provided if applicable. Each staff member must be listed by name. Calculations must be provided for each staff member in the Calculations column. This calculation should be in the form Salary = \$/hr; X hours per week, X weeks per year. Fringe may be calculated for all staff. If different fringe rates are used for different categories of staff, Fringe may be calculated by category.

Schedule B

List each contract, each piece of equipment, general categories of supplies (office supplies, medical supplies, etc.), travel by staff member, and significant categories in Other Expenditures (such as Indirect) in the appropriate column. Provide calculations as appropriate. Calculations are optional for Contractual Services. Travel must be calculated for each staff member who will be reimbursed and may not exceed \$0.40 per mile.

Completing Section I - Sources of Anticipated Revenue

List all anticipated revenue according to source. If the project was funded in previous years with Maternal and Child Health funds, estimate the cash you expect to have available from the previous year. This estimated cash-on-hand should be indicated by 400.1 and/or 400.2, respectively. If the estimated cash balance is negative, please list the estimate as \$0. All revenue used to support the project operations must be budgeted.

Projects must include matching funds equaling a minimum of 30% of the MCH budget. **"In-kind" contributions are not to be included in the budget. Projects that cannot meet these requirements must provide written justification in the budget narrative.** Matching funds are subject to the same guidelines as MCH funds (i.e., no equipment, food, entertainment or legislative lobbying). Costs of a modem line for each of your MCH computers and costs of Internet access are allowable.

Non-matching funds are additional sources of support that are not included in the match. These funds are not subject to MCH guidelines. *Hint: Do not overmatch. Funds supporting the program that are above the minimum 30% match requirement may be listed as "Other Nonmatching".*

In the space at the bottom of Section I, please be sure to indicate how many hours are worked in a "normal" work week. This is usually determined by the applicant agency's policies.

Completing Section II - Estimated Cost and Clients to be Served

It is essential that this form be completed accurately because the information will be used in your contract. Your project will be accountable for the services that are listed and the number estimated to be served.

Estimate the MCH Cost per Service listed e.g. how much of your MCH grant you propose to expend in each service. Figures for this, by service category, are listed in the column entitled **MCH COST PER SERVICE**". The total at the bottom of this column should equal the MCH grant award request.

Estimate the MCH Matching Funds allocated per service listed e.g., how much of the MCH match you propose to expend in each service. The total at the bottom of this column should equal the total match you are adding to the MCH award to fund this program.

Estimate the number of unduplicated clients by service category who will receive each service in the column titled **"TOTAL UNDUPLICATED # ESTIMATED TO BE SERVICED"** by both MCH and MCH Matching Funds.

(The rest of this page left blank intentionally)

DEFINITIONS - REVENUE ACCOUNTS

Account	Account Title	Description
413	MCH Grant Request	Funds requested as reimbursement from the Indiana State Department of Health for project activities.
Matching Funds*		<i>Cash used for project activities that meet the matching requirements.*</i>
417	Local Appropriations	Monies appropriated from the local government to support project activities, e.g., local health maintenance fund.
419	First Steps	Monies received from First Steps for developmental disabilities services.
421	Donations – Cash	Monies received from donors to support project activities.
424	United Way/March of Dimes	Monies received from a United Way/March of Dimes agency to support project activities.
432	Title XIX – Hoosier Heathwise and Title XXI, CHIP	Monies received from Hoosier Healthwise and CHIP as reimbursement provided for services to eligible clients.
434	Private Insurance	Monies received from public health insurers for covered services provided to participating clients.
436	Patient Fees	Monies collected from clients for services provided based on Maternal and Child Health Services approved sliding fee schedule, including walk-ins.
437	Other Matching	Other income directly benefiting the project and not classified above which meets matching requirements.
Nonmatching Funds		<i>Funds that do not meet matching requirements.</i>
433	Title XX	Monies received from State Title XX agency (Family and Social Services Administration) for reimbursement provided for family planning services to eligible clients.
439	Other Nonmatching	Other income directly benefiting the project and not classified above which does not meet matching requirements.
Estimated Cash on Hand as of September 30, of last FY		<i>Monies received by the project during the previous fiscal years and not yet used for project expenditures.</i>
400.1	Matching Cash on Hand	Those monies received during previous years from sources classified as matching.
400.2	Nonmatching Cash on Hand	Those monies received during previous years from sources classified as non-matching.

* Matching requirements include:

1. Amounts are verifiable from grantee's records.
2. Funds are not included as a matching source for any other federally assisted programs.
3. Funds are allocated in the approved current budget.
4. Funds are spent for the Maternal and Child Health project as allocated and the expenditure of these funds is reported to Maternal and Child Health Services.
5. Funds are subject to the same guidelines as MCH grant funds (i.e., no food, entertainment or legislative lobbying).

SCHEDULE A - CHART OF ACCOUNT CODES

111.000	<u>PHYSICIANS</u>	
	Clinical Geneticist	OB/GYN
	Family Practice Physician	Other Physician
	General Family Physician	Pediatrician
	Genetic Fellow	Resident/Intern
	Medical Geneticist	Substitutes/Temporaries
	Neonatologist	Volunteers
111.150	<u>DENTISTS/HYGIENISTS</u>	
	Dental Assistant	Substitutes/Temporaries
	Dental Hygienist	Volunteers
	Dentist	
111.200	<u>OTHER SERVICE PROVIDERS</u>	
	Audiologist	Outreach Worker
	Child Development Specialist	Physical Therapist
	Community Educator	Physician Assistant
	Community Health Worker	Psychologist
	Family Planning Counselor	Psychometrist
	Genetic Counselor (M.S.)	Speech Pathologist
	Health Educator/Teacher	Substitutes/Temporaries
	Occupational Therapist	Volunteers
111.350	<u>CARE COORDINATION</u>	
	Licensed Clinical Social Worker (L.C.S.W.)	Social Worker (B.S.W.)
	Licensed Social Worker (L.S.W.)	Social Worker (M.S.W.)
	Physician	Substitutes/Temporaries
	Registered Dietitian	Volunteers
	Registered Nurse	
111.400	<u>NURSES</u>	
	Clinic Coordinator	Other Nurse
	Community Health Nurse	Other Nurse Practitioner
	Family Planning Nurse Practitioner	Pediatric Nurse Practitioner
	Family Practice Nurse Practitioner	Registered Nurse
	Licensed Midwife	School Nurse Practitioner
	Licensed Practical Nurse	Substitutes/Temporaries
	OB/GYN Nurse Practitioner	Volunteers
111.600	<u>SOCIAL SERVICE PROVIDERS</u>	
	Caseworker	Social Worker (B.S.W.)
	Licensed Clinical Social Worker (L.C.S.W.)	Social Worker (M.S.W.)
	Licensed Social Worker (L.S.W.)	Substitutes/Temporaries
	Counselor	Volunteers
	Counselor (M.S.)	

111.700 NUTRITIONISTS/DIETITIANS

Dietitian (R.D. Eligible)	Registered Dietitian
Nutrition Educator	Substitutes/Temporaries
Nutritionist (Master Degree)	Volunteers

111.800 MEDICAL/DENTAL/PROJECT DIRECTOR

Dental Director	Project Director
Medical Director	

111.825 PROJECT COORDINATOR

111.850 OTHER ADMINISTRATION

Accountant/Finance/Bookkeeper	Laboratory Technician
Administrator/General Manager	Maintenance/Housekeeping
Clinic Aide	Nurse Aide
Clinic Coordinator (Administration)	Other Administration
Communications Coordinator	Programmer/Systems Analyst
Data Entry Clerk	Secretary/Clerk/Medical Record
Evaluator	Substitutes/Temporaries
Genetic Associate/Assistant	Volunteers
Laboratory Assistant	

115.000 FRINGE BENEFITS

200.700 TRAVEL

Conference Registrations	Out-of-State Staff Travel (only available with non-matching funds)
In-State Staff Travel	

200.800 RENTAL AND UTILITIES

Janitorial Services	Rental of Space
Other Rentals	Utilities
Rental of Equipment and Furniture	

200.850 COMMUNICATIONS

Postage (including UPS)	Reports
Printing Costs	Subscriptions
Publications	Telephone

200.900 OTHER EXPENDITURES

Insurance and Bonding	Insurance premiums for fire, theft, liability, fidelity bonds, etc. Malpractice insurance premiums cannot be paid with grant funds. However, matching and nonmatching funds can be used.
Maintenance and Repair	Maintenance and repair services for equipment, furniture, vehicles, and/or facilities used by the project.
Other	Approved items not otherwise classified above.

EXAMPLES OF EXPENDITURE ITEMS THAT WILL NOT BE ALLOWED

The following may not be claimed as project cost for Maternal and Child Health projects and may not be paid for with MCH or MCH Matching Funds:

1. Construction of buildings, building renovations;
2. Depreciation of existing buildings or equipment;
3. Contributions, gifts, donations;
4. Entertainment, food;
5. Automobile purchase;
6. Interest and other financial costs;
7. Costs for in-hospital patient care;
8. Fines and penalties;
9. Fees for health services;
10. Accounting expenses for government agencies;
11. Bad debts;
12. Contingency funds;
13. Executive expenses (car rental, car phone, entertainment);
14. Client travel; and
15. Legislative lobbying.

The following may be claimed as project cost for Maternal and Child Health projects and may only be paid for with specific permission from the Director of Maternal and Children's Special Health Care:

1. Equipment;
2. Out-of-state travel; and
3. Dues to societies, organizations, or federations.

All equipment costing \$1,000 or more that is purchased with MCH and/or MCH Matching Funds, shall remain the property of the State and shall not be sold or disposed of without written consent from the State.

For further clarification on allowable expenditures please contact:

Vanessa Daniels, Grants Manager, MCSHC, vdaniels@isdh.in.gov 317/233-1241

FY 2009 Budget Narrative

The budget narrative must include a justification for every MCH line item. Each narrative statement should describe what the specific item is, how the specific item relates to the project, and how the amount shown in the MCH budget was derived. Staff information must include staff name, position, hours worked on the project, salary, and a brief description of duties. In-state travel information must include miles, reimbursement (\$.40 per mile), and reason for travel. All travel reimbursement must be within ISDH travel policy (available on request).

Account Number and Item	Description and Justification	Calculations	Total MCH	Total MCH + MCH MATCHING
	<p>For each personnel entry, include name, title and brief description of their role in the project (i.e. Provides Direct Services)</p> <p>List all appropriate staff in the box provided. If there are 4 Nurses, list all 4 in the same box.</p>	<p>Personnel = \$/hr X hrs per week X weeks per year</p> <p>Fringe = salary X fringe rate</p>	Total to be charged to MCH	Total cost charged to MCH and MCH Matching funds
Schedule A				
111.000 Physicians				
111.150 Dentists / Hygienists				
111.200 Other Service Providers				
111.350 Care Coordination				
111.400 Nurses				
111.600 Social Service Providers				
111.700 Nutritionists / Dietitians				
111.800 Medical/Dental / Project Director				
111.825 Project Coordinator				
111.850 Other Administration				
115.000 Fringe Benefits				

Account Number and Item	Description and Justification	Calculations	Total MCH	Total MCH + MCH MATCHING
	List each contract and explain its purpose. List each piece of equipment separately along with price for one. List travel entries by the staff that will be reimbursed for travel and explain how this travel serves the project. List rent and utilities costs separately for each facility. If possible, itemize projected other expenditures.	Equipment = price for 1 X number required. Travel = \$0.40 X miles for each staff being reimbursed for travel.	Total to be charged to MCH	Total cost charged to MCH and MCH Matching funds
Schedule B				
200.000 Contractual Services				
200.500 Equipment				
200.600 Consumable Supplies				
200.700 Travel				
200.800 Rental and Utilities				
200.850 Communications				
200.900 Other Expenditures				
		SUBTOTAL SCHEDULE A		
		SUBTOTAL SCHEDULE B		
		TOTAL SCHEDULES A&B		

FY 2010 Budget Narrative

The budget narrative must include a justification for every MCH line item. Each narrative statement should describe what the specific item is, how the specific item relates to the project, and how the amount shown in the MCH budget was derived. Staff information must include staff name, position, hours worked on the project, salary, and a brief description of duties. In-state travel information must include miles, reimbursement (\$.40 per mile), and reason for travel. All travel reimbursement must be within ISDH travel policy (available on request).

Account Number and Item	Description and Justification	Calculations	Total MCH	Total MCH + MCH MATCHING
	<p>For each personnel entry, include name, title and brief description of their role in the project (i.e. Provides Direct Services)</p> <p>List all appropriate staff in the box provided. If there are 4 Nurses, list all 4 in the same box.</p>	<p>Personnel = \$/hr X hrs per week X weeks per year</p> <p>Fringe = salary X fringe rate</p>	Total to be charged to MCH	Total cost charged to MCH and MCH Matching funds
Schedule A				
111.000 Physicians				
111.150 Dentists / Hygienists				
111.200 Other Service Providers				
111.350 Care Coordination				
111.400 Nurses				
111.600 Social Service Providers				
111.700 Nutritionists / Dietitians				
111.800 Medical/Dental / Project Director				
111.825 Project Coordinator				
111.850 Other Administration				
115.000 Fringe Benefits				

Account Number and Item	Description and Justification	Calculations	Total MCH	Total MCH + MCH MATCHING
	List each contract and explain its purpose. List each piece of equipment separately along with price for one. List travel entries by the staff that will be reimbursed for travel and explain how this travel serves the project. List rent and utilities costs separately for each facility. If possible, itemize projected other expenditures.	Equipment = price for 1 X number required. Travel = \$0.40 X miles for each staff being reimbursed for travel.	Total to be charged to MCH	Total cost charged to MCH and MCH Matching funds
Schedule B				
200.000 Contractual Services				
200.500 Equipment				
200.600 Consumable Supplies				
200.700 Travel				
200.800 Rental and Utilities				
200.850 Communications				
200.900 Other Expenditures				
		SUBTOTAL SCHEDULE A		
		SUBTOTAL SCHEDULE B		
		TOTAL SCHEDULES A&B		

SECTION I - BUDGET
SOURCES OF ANTICIPATED REVENUE FOR FISCAL YEAR 2009

Project Title: _____ Project # _____

Applicant Agency: _____

413 Maternal and Child Health Grant Request (A) \$ _____

MATCHING FUNDS - CASH

417 Local Appropriations \$ _____

419 First Steps \$ _____

421 Cash Donations \$ _____

424 United Way/March of Dimes \$ _____

432 Hoosier Heathwise/CHIP (Titles XIX / XXI) \$ _____

434 Private Insurance \$ _____

436 Patient Fees \$ _____

437 Other Matching \$ _____

TOTAL MATCHING FUNDS (Cash) (B) \$ _____

NONMATCHING FUNDS - CASH

433 Title XX \$ _____

439 Other \$ _____

TOTAL NONMATCHING FUNDS (C) \$ _____

ESTIMATED CASH ON HAND AS OF SEPTEMBER 30, 2006

400.1 Matching \$ _____

400.2 Nonmatching \$ _____

TOTAL ESTIMATE (400.1 + 400.2) (D) \$ _____

TOTAL PROJECT REVENUE (A)+(B)+(C)+(D) (E) \$ _____

A Full-Time Employee Works _____ Hours Per Week.

SECTION I - BUDGET
SOURCES OF ANTICIPATED REVENUE FOR FISCAL YEAR 2010

Project Title: _____ Project # _____

Applicant Agency: _____

413 Maternal and Child Health Grant Request (A) \$ _____

MATCHING FUNDS - CASH

417 Local Appropriations \$ _____

419 First Steps \$ _____

421 Cash Donations \$ _____

424 United Way/March of Dimes \$ _____

432 Hoosier Heathwise/CHIP (Titles XIX / XXI) \$ _____

434 Private Insurance \$ _____

436 Patient Fees \$ _____

437 Other Matching \$ _____

TOTAL MATCHING FUNDS (Cash) (B) \$ _____

NONMATCHING FUNDS - CASH

433 Title XX \$ _____

439 Other \$ _____

TOTAL NONMATCHING FUNDS (C) \$ _____

ESTIMATED CASH ON HAND AS OF SEPTEMBER 30, 2007 (may use estimate for 2006)

400.1 Matching \$ _____

400.2 Nonmatching \$ _____

TOTAL ESTIMATE (400.1 + 400.2) (D) \$ _____

TOTAL PROJECT REVENUE (A)+(B)+(C)+(D) (E) \$ _____

A Full-Time Employee Works _____ Hours Per Week.

SECTION II - BUDGET
MCH AND MATCHING FUNDS ESTIMATED COST AND CLIENTS TO BE SERVED FISCAL YEAR 2009

Project Title: _____ Project # _____

Applicant Agency: _____

Service	MCH Cost Per Service ¹	MCH Matching Funds Allocated Per Service ³	Total Unduplicated # Estimated To Be Served by MCH and MCH Matching Funds ⁵
Prenatal Care Coordination			
Prenatal Medical Care			
Infant Health Care ⁶			
Child Health Care ⁷			
Family Planning			
School Based Adolescent Health			
Family Care Coordination			
Other (List):			
TOTAL	\$ ²	\$ ⁴	

¹ Cells in this column should reflect the amount of the MCH grant award that is estimated to be spent on specific services, e.g., prenatal care, family planning. Do not enter a per client cost.

² This cell should reflect the total grant request (line A from MCH Budget – 1).

³ Cells in this column should reflect the amount of MCH matching funds estimated to be spent on specific services.

⁴ This cell should reflect total MCH matching funds estimated to be spent on MCH services (line B from MCH Budget –1)

⁵ Cells in this column should reflect the unduplicated number of clients you estimated to be served with MCH and MCH matching funds during the fiscal year

⁶ Infant - under 1 year of age.

⁷ Child Health - ages 1 year to 22 years.

SECTION II - BUDGET
MCH AND MATCHING FUNDS ESTIMATED COST AND CLIENTS TO BE SERVED FISCAL YEAR 2010

Project Title: _____ Project # _____

Applicant Agency: _____

Service	MCH Cost Per Service ¹	MCH Matching Funds Allocated Per Service ³	Total Unduplicated # Estimated To Be Served by MCH and MCH Matching Funds ⁵
Prenatal Care Coordination			
Prenatal Medical Care			
Infant Health Care ⁶			
Child Health Care ⁷			
Family Planning			
School Based Adolescent Health			
Family Care Coordination			
Other (List):			
TOTAL	\$ ²	\$ ⁴	

¹ Cells in this column should reflect the amount of the MCH grant award that is estimated to be spent on specific services, e.g., prenatal care, family planning. Do not enter a per client cost.

² This cell should reflect the total grant request (line A from MCH Budget – 1).

³ Cells in this column should reflect the amount of MCH matching funds estimated to be spent on specific services.

⁴ This cell should reflect total MCH matching funds estimated to be spent on MCH services (line B from MCH Budget –1)

⁵ Cells in this column should reflect the unduplicated number of clients you estimated to be served with MCH and MCH matching funds during the fiscal year

⁶ Infant - under 1 year of age.

⁷ Child Health - ages 1 year to 22 years.

ANTICIPATED EXPENDITURES FOR FISCAL YEAR 2009

Project Title: _____ Project # _____ Applicant Agency: _____

Acct. Number	Description Number	Total Funds	GRANT FUNDS	MATCHING FUNDS								
			MCH Funds 413	Local Approp. 417	First Steps 419	Cash Donations 421	United Way/ March of Dimes 424	Hoosier Heathwise & CHIP XIX & XXI 432	Private Insurance 434	Patient Fees 436	Other Matching 437	Cash on Hand 400.1
Schedule A												
111.000	Physicians											
111.150	Dentists/Hygienists											
111.200	Other Service Providers											
111.350	Care Coordination											
111.400	Nurses											
111.600	Social Service Providers											
111.700	Nutritionists/Dietitians											
111.800	Medical/Dental/ Project Director											
111.825	Project Coordinator											
111.850	Other Administration											
115.000	Fringe Benefits											
Schedule B												
200.000	Contractual Services											
200.500	Equipment											
200.600	Consumable Supplies											
200.700	Travel											
200.800	Rental and Utilities											
200.850	Communications											
200.900	Other Expenditures											
SUBTOTAL SCHEDULE A												
SUBTOTAL SCHEDULE B												
TOTAL												

¹ Cells in this column should reflect the number of hours worked in a week by all staff in each job classification, e.g., a project with two nurses working 40 hours per week and one nurse working 20 hours per week should enter 100 hours for 111.400

ANTICIPATED EXPENDITURES FOR FISCAL YEAR 2010

Project Title: _____ Project # _____ Applicant Agency: _____

Acct. Number	Description Number	Total Funds	GRANT FUNDS	MATCHING FUNDS								
			MCH Funds 413	Local Approp. 417	First Steps 419	Cash Donations 421	United Way/ March of Dimes 424	Hoosier Heathwise & CHIP XIX & XXI 432	Private Insurance 434	Patient Fees 436	Other Matching 437	Cash on Hand 400.1
Schedule A												
111.000	Physicians											
111.150	Dentists/Hygienists											
111.200	Other Service Providers											
111.350	Care Coordination											
111.400	Nurses											
111.600	Social Service Providers											
111.700	Nutritionists/Dietitians											
111.800	Medical/Dental/ Project Director											
111.825	Project Coordinator											
111.850	Other Administration											
115.000	Fringe Benefits											
Schedule B												
200.000	Contractual Services											
200.500	Equipment											
200.600	Consumable Supplies											
200.700	Travel											
200.800	Rental and Utilities											
200.850	Communications											
200.900	Other Expenditures											
SUBTOTAL SCHEDULE A												
SUBTOTAL SCHEDULE B												
TOTAL												

1 Cells in this column should reflect the number of hours worked in a week by all staff in each job classification, e.g., a project with two nurses working 40 hours per week and one nurse working 20 hours per week should enter 100 hours for 111.400

TITLE V MATERNAL AND CHILD HEALTH
APPLICATION
FY 2009 & FY 2010

Title of Project _____ Federal I.D. # _____

Medicaid provider Number: _____ FY 2008 MCH Contract Amount \$ _____

FY 2009 MCH Amount Requested: \$ _____ FY 2009 Matching Funds Contributed \$ _____

FY 2010 MCH Amount Requested: \$ _____ FY 2010 Matching Funds Contributed \$ _____

Legal Agency /Organization Name: _____

Street _____ City _____ Zip Code _____

Phone _____ FAX _____ E-Mail Address _____

Project Director (type name) _____ Phone _____ E-Mail Address _____

Board President/Chairperson (type name) _____ Phone _____

Project Medical Director (type name) _____ Phone _____

Agency CEO or Official Custodian of Funds
(type name) _____ Title _____ Phone _____

Signature of Project Director _____ Date _____

Signature of person authorized to make legal
And contractual agreement for the applicant agency _____ Title _____ Date _____

Signature of County Health Officer
(or date letter sent to County Health Officers) _____ County _____ Date _____

Are you registered with the Secretary of State? Yes No

Note: All arms of local and State government are registered with the Secretary of State. Applicants must be registered with the Secretary of State to be considered for funding.

MCH Project Name:		Project Number:	# Clinic Sites
Clinic Site Address:	Clinic Schedule: (days & times)	Total MCH Budget for Site (include matching funds):	
Counties Served:	Services Provided in MCH Budget for site (include matching funds):		
Target Population and estimated number to be served with MCH and matching funds:	Other services provided at site (non-MCH or non-Match):		
Clinic Site Address:	Clinic Schedule: (days & times)	Total MCH Budget for Site (include matching funds):	
Counties Served:	Services Provided in MCH Budget for site (include matching funds):		
Target Population and estimated number to be served with MCH and matching funds:	Other services provided at site (non-MCH or non-Match):		
Clinic Site Address:	Clinic Schedule: (days & times)	Total MCH Budget for Site (include matching funds):	
Counties Served:	Services Provided in MCH Budget for site (include matching funds):		
Target Population and estimated number to be served with MCH and matching funds:	Other services provided at site (non-MCH or non-Match):		
Clinic Site Address:	Clinic Schedule: (days & times)	Total MCH Budget for Site (include matching funds):	
Counties Served:	Services Provided in MCH Budget for site (include matching funds):		
Target Population and estimated number to be served with MCH and matching funds:	Other services provided at site (non-MCH or non-Match):		
Clinic Site Address:	Clinic Schedule: (days & times)	Total MCH Budget for Site (include matching funds):	
Counties Served:	Services Provided in MCH Budget for site (include matching funds):		
Target Population and estimated number to be served with MCH and matching funds:	Other services provided at site (non-MCH or non-Match):		

MCH Monitoring Data

In addition to the data collection for the objectives, projects are required to collect data for monitoring purposes. The monitoring data will relate to specific objectives and will be reported in the Annual Performance Report. Following is a list of the monitoring data to be collected for each service category.

Family Care Coordination:Monitoring Data:

Projects are expected to report:

- percent of referrals completed
- 5 leading education topics
- 5 leading supplemental problems

Family Planning:Monitoring Data:

Projects are expected to report:

- % of clients who received a PAP test within last 12 months
- % of female clients with breast examination within last 12 months
- % of clients tested who have gonorrhea
- % of clients tested who have syphilis
- % of clients tested who have chlamydia trachomatis infection

Women's HealthMonitoring Data:

Projects are expected to report:

- % of clients who received a PAP test within last 12 months
- % of female clients with breast examination within last 12 months

School-based Adolescents:

Monitoring Data:

Projects are expected to report:

- % of clients with risk factor of substance abuse
- % of clients with risk factor of sexual activity
- % of clients with risk factor of overweight/nutritional problem
- % of clients with risk factor of depression/suicide attempts
- % of clients with risk factor of violence problems
- % of cases of gonorrhea
- % of cases of syphilis
- % of cases of chlamydia trachomatis infection
- % of clients with any risk factor identified
- % of clients with relationship issues identified
- % of clients who reduce or stop smoking

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MCH DEFINITIONS FY 2009 & FY 2010

Client – a recipient of services that are supported by program expenses funded in whole or in part by the Title V (MCH Block Grant) or local Title V (MCH) matching dollars

Program Expenses – any expense included in the budget that the MCH project proposes to be funded by MCH or MCH matching dollars (includes staff, supplies, space costs, etc.)

Matching Funds – At least 30% of the Title V award. Whatever dollars the project assigns to support the MCH funded service (includes Medicaid or other income generated by service provision)

Types of Clients – pregnant women, infants, children, adolescents, adult women and families

MCH Supported Services –

- Direct medical and dental care: Family Planning, Prenatal Care, Child Health (infant, child adolescent), Women’s Health,
- Enabling services: Prenatal Care Coordination, Family Care Coordination

These definitions will allow MCH projects to include all clients seen that are funded by Title V or Title V match dollars in their client count. They will also allow projects to enroll all clients that are served by staff paid with Title V or Title V matching funds.

Cultural Competence -

Cultural competence requires that organizations:

- have a defined set of values and principles, and demonstrate behaviors, attitudes, policies and structures that enable them to work effectively cross-culturally.
- have the capacity to (1) value diversity, (2) conduct self-assessment, (3) manage the dynamics of difference, (4) acquire and institutionalize cultural knowledge and (5) adapt to diversity and the cultural contexts of the communities they serve.
- incorporate the above in all aspects of policy making, administration, practice, service delivery and involve systematically consumers, key stakeholders and communities.

Cultural competence is a developmental process that evolves over an extended period. Both individuals and organizations are at various levels of awareness, knowledge and skills along the cultural competence continuum. (adapted from Cross et al., 1989)

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INDIANA MCSHC SYSTEMS DEVELOPMENT CONSULTANT ASSIGNMENTS

Carolyn Waller, Ph.D., Team Leader
317/233-1257, cwaller@isdh.in.gov

Larry Nelson, Team Leader
317/233-1356, lnelson@isdh.in.gov

Andrea L. Wilkes Team Leader
317/233-1246, awilkes@isdh.in.gov

Maternal & Child Health Division

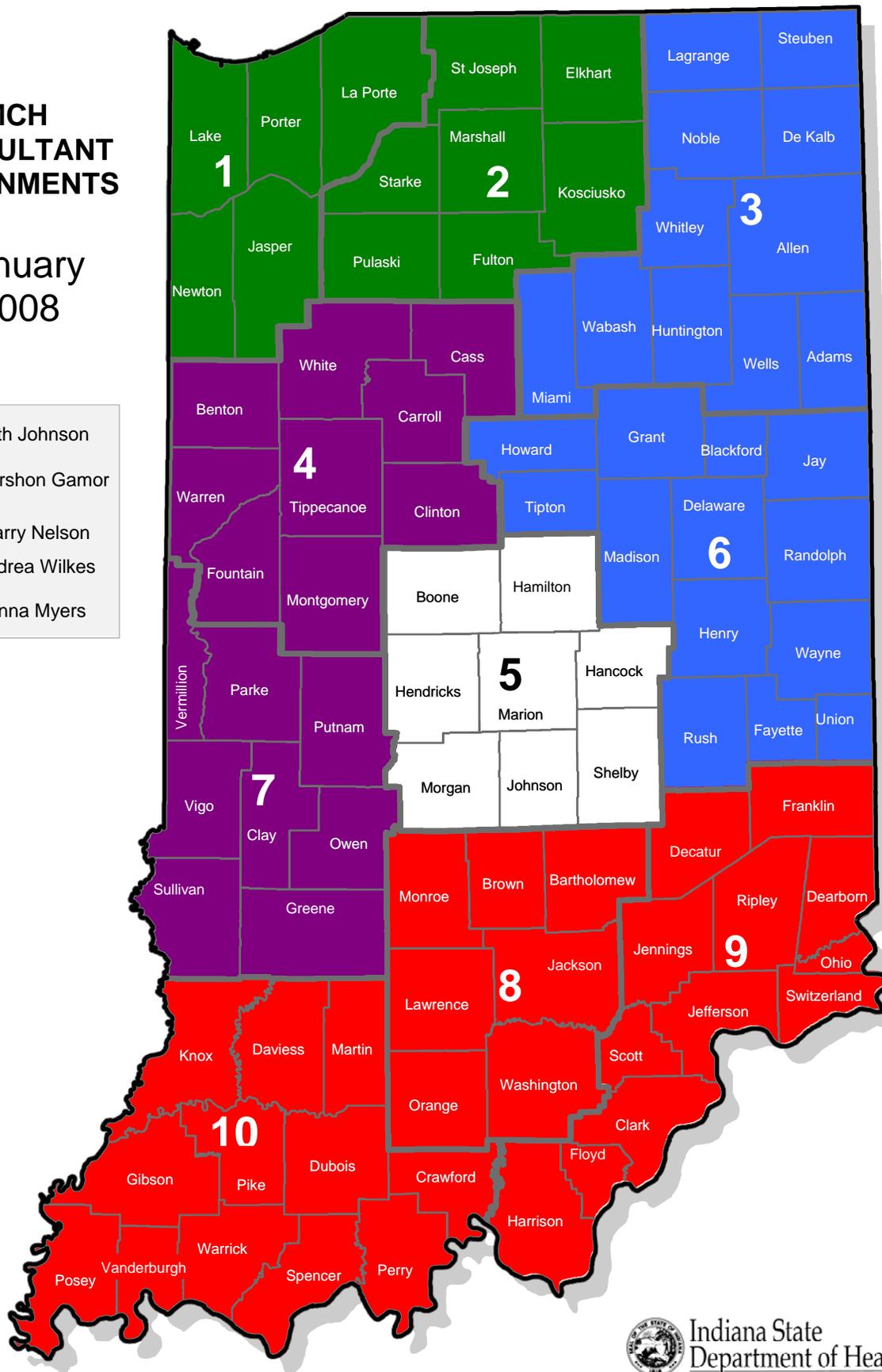
<u>CONSULTANT NAMES</u>	<u>COUNTIES COVERED</u>
LARRY NELSON, Team Leader 317/233-1256 lnelson@isdh.in.gov	Benton, Carroll, Cass, Clay, Clinton, Fountain, Greene, Montgomery, Parke, Putnam, Owen, Sullivan, Tippecanoe, Vermillion, Vigo, Warren and White Counties
ANDREA L. WILKES, Team Leader 317/233-1246 awilkes@isdh.in.gov	Boone, Hamilton, Hancock, Hendricks, Johnson, Marion, Morgan, and Shelby Counties
CAROLYN WALLER, Ph.D., Team Leader 317/233-1257 cwaller@isdh.in.gov	Prenatal Substance Use Prevention Program Grantees in Allen, Clark, Delaware, Dubois, Elkhart, Lake, LaPorte, Madison, Marion, Putnam, Ripley, St. Joseph, Tippecanoe, and Vigo Counties
BETH JOHNSON, R.N., M.S.N. 317/233-1344 bmjohnson@isdh.in.gov	Elkhart, Fulton, Jasper, Kosciusko, Lake, LaPorte, Marshall, Newton, Porter, Pulaski, St. Joseph, and Starke Counties
DONNA MYERS, R.N., M.S. 317/233-5596 (ISDH Office) dmyers@isdh.in.gov	Bartholomew, Brown, Clark, Crawford, Daviess, Dearborn, Decatur, Dubois, Floyd, Franklin, Gibson, Harrison, Jackson, Jefferson, Jennings, Knox, Lawrence, Martin, Monroe, Ohio, Orange, Perry, Pike, Posey, Ripley, Scott, Spencer, Switzerland, Vanderburgh, Warrick, and Washington
GERSHON GAMOR, M.S.W., L.C.S.W 317/233-1239 ggamor@isdh.in.gov	Statewide Social Worker and Statewide Free Pregnancy Test Program Adams, Allen, Blackford, Delaware, DeKalb, Fayette, Grant, Henry, Howard Huntington, Jay, LaGrange, Madison, Miami Noble, Randolph, Rush, Steuben, Tipton, Union, Wabash, Wayne, Wells, and Whitely Counties
Stephanie Woodcox 317/233-1374 swoodcox@isdh.in.gov	Statewide Adolescent Coordinator Grantees in Allen, Dubois, Lake, Marion, and St. Joseph Counties
COURTNEY EDDY Genetics Specialist 317/233-9620 CEddy@isdh.in.gov	Statewide Genetics Program Grantees in Allen, Clark, Delaware, Jefferson, Harrison, Lake, LaPorte, Marion, Monroe, St. Joseph, Tippecanoe, Vanderburgh and Vigo Counties

DISCIPLINE SPECIFIC KEY

Upon request, each county consultant will provide programmatic discipline-specific consultation to grantees and other agencies in their assigned counties in the discipline for which they are trained.

MCH CONSULTANT ASSIGNMENTS

January 2008



**INDIANA STATE DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH SERVICES
GRANT APPLICATION SCORING TOOL**

FY 2009 & FY 2010 MCH Application Review Score: _____

Applicant Agency: _____
Project Title: _____
Reviewer: _____
Date of Review _____

Content Assessment

1.0 Applicant Information – Form A is complete (3 points)

Includes *all* of the following elements

- _____ Title of Project
- _____ Federal I.D. #
- _____ Medicaid Provider #
- _____ FY 2008 MCH contract amount
- _____ Funds requested, matching funds contributed FY 2009 & FY 2010
- _____ Complete sponsoring agency data
- _____ Project Director signature
- _____ Authorized legal signature
- _____ County Health Officer signature
- _____ Secretary of State registration

NOTE: Primary and Secondary Reviewers do not need to evaluate section 1.0. Business Management staff will evaluate this section.

1.0 Score: _____
(3 points maximum)

2.0 Table of Contents

Table indicates the pages where each Section begins including appendices. Yes No

NOTE: Primary and Secondary Reviewers do not need to evaluate section 2.0. Business Management staff will evaluate this section.

*This document is an adaptation of an instrument by Dr. Wendell F. McBurney, Dean, Research and Sponsored Programs, Indiana University-Purdue University at Indianapolis. Doctor McBurney has granted permission of use of this adaptation.

3.0 MCH Proposal Narrative (15 points)

3.1 Project Summary includes *all* of the following elements (3.1 = 10 points max.)

- Relates to Title V services only
- Identifies problem(s) to be addressed
- Objectives are stated
- Overview of solutions (methods) is provided

3.2 Form B (**5 points**) (3.2 = 5 points maximum)

- MCH Project Description (B-1)
 - Brief history is included
 - Problems to be addressed are identified
 - Objectives and workplan are summarized
- Clinic Site information (B-2)
 - Project locations are identified
 - Target population and numbers to be served by site are identified
 - MCH and Non-MCH Budget information per site is included

Comments:

3.0 Score: _____
(15 points maximum)

4.0 Applicant Agency Description

Flows from general to specific and includes *all* of the following elements:

4.1 Description of sponsoring agency

- Mission statement
- Brief history
- Description of administrative structure (organization chart is included)
- Project locations

4.2 Discussion of proposer’s role in community and local collaboration (MOU’s and MOA’s attached if not previously submitted)

Comments:

4.0 Score: _____
(5 points maximum)

5.0 Statement of Need

Must address MCSHC priorities for which applicant agency is requesting funding:

- Clearly Relates to ISDH MCSHC Priorities
- At least one problem statement addresses either MCSHC Priority #1 or Priority #2
- Specifically address one or more of MCSHC priority needs #3 - #10
- Relates to purpose of applicant agency
- Problem(s)/need(s) identified are ones that applicant can impact
- Client/consumer focused
- Supported by statistical data, available on ISDH website and local sources. Data indicates the problem(s) or need(s) exist in the community
- Target populations/catchment areas are identified
- Describes systems of care
- Barriers to care are described

_____ Disparities are addressed if county has significant numbers of minority population(s)

Comments:

5.0 Score: _____
(18 points maximum)

5.1 Statement of Need – Clinic or Service Provision Locations

- _____ Services located in a focus county (See Attachment E)
- _____ Services located in a HPSA (See Attachment F)
- _____ Services located in a MUA (See Attachment G)
- _____ Services located in an at-risk lead concentration area (See Attachment H)
- _____ Child health clinic(s) located in a county with inadequate child health providers as identified by OMPP (See Attachment D)
- _____ Services located in a former focus county and is a previously funded clinic location or in-home services project

NOTE: Primary and Secondary Reviewers do not need to evaluate section 5.1. ISDH GIS/ERC staff will evaluate this section.

5.0 Score: _____
(7 points maximum)

6.0 Tables

- _____ MCH service forms and tables are completed for one or more of the proposed services.
 - _____ Pregnant women
 - _____ Child health
 - _____ Family planning
 - _____ School-based adolescent health
 - _____ Family care coordination
 - _____ Women’s health
- _____ Performance objectives are included
- _____ Appropriate activities are included
- _____ Appropriate measures, documentation, and staff responsible for measuring activities are included
- _____ Project identifies how ISDH priority health initiatives will be incorporated into service delivery (activities on PM tables)

NOTE: Projects do not need to apply for every service (or even more than one) to receive full points for this section. Evaluators should verify that the application contains all required Performance Measure Tables for each service proposed and evaluate the quality of those tables.

Comments:

6.0 Score: _____
(15 points maximum)

7.0 Evaluation Plan Narrative

- _____ Project-specific objectives are measurable and related to improving health outcomes
- _____ Plan explains how evaluation methods reflected on the Performance Measures tables will be incorporated into the project evaluation
- _____ Staff responsible for the evaluation is identified
- _____ What data will be collected and how it will be collected are identified
- _____ How and to whom data will be reported are identified
- _____ Appropriate methods are used to determine whether measurable activities and objectives are on target for being met
- _____ If activities and objectives are identified as not on target during an intermediate or year end evaluation and improvement is necessary to meet goals, who is responsible for revisiting activities to make changes which may lead to improved outcomes
- _____ Methods used to evaluate quality assurance (e.g. chart audits, client surveys, presentation evaluations, observation); and
- _____ Methods used to address identified quality assurance problems.

Comments:

7.0 Score:_____
(10 points maximum)

8.0 Staff

- _____ Staff is qualified to operate proposed program
- _____ Staffing is adequate
- _____ Job description and curriculum vitae of key staff are included as an appendix

Comments:

8.0 Score:_____
(4 points maximum)

9.0 Facilities

- _____ Facilities are adequate to house the proposed program
- _____ Facilities are accessible for individuals with disabilities
- _____ Facilities will be smoke-free at all times
- _____ Hours of operation are posted and visible from outside the facility

Comments:

9.0 Score:_____
(4 points maximum)

10.0 Budget and Budget Narrative

- ___ Relationship between budget and project objectives is clear
- ___ All expenses are directly related to project
- ___ Time commitment to project is identified for major staff categories and is adequate to accomplish project objectives

Comments:

10.0 Score: _____
(8 points maximum)

10.1 Budget and Budget Narrative Forms

- ___ Budget pages 1, 2, and 3 are complete for each year
- ___ Budget narratives include justification for each line item and are completed for each year
- ___ Budget correlates with project duration
- ___ Funding received from ISDH (Form C) is complete
- ___ Information on each budget form is consistent with information on all other budget forms

NOTE: Primary and Secondary Reviewers do not need to evaluate section 10.1. Business Management staff will evaluate this section.

10.1 Score: _____
(4 points maximum)

11.0 Minority Participation

- ___ Statement regarding minority participation in program design and evaluation

Comments:

11.0 Score: _____
(2 points maximum)

12.0 Endorsements

- _____ Endorsements are from organizations able to effectively coordinate programs and services with applicant agency
- _____ Memoranda of Understanding (MOU) clearly delineate the roles and responsibilities of the involved parties in the delivery of community-based health care
- _____ Endorsements and/or MOU's are current
- _____ Endorsement or MOU with Local Public Health Coordinator
- _____ Letters and a summary of the proposed program have been sent to all health officers in jurisdictions within the proposed service area (unless health officer(s) has signed Form A)

Comments:

11.0 Score: _____
(5 points maximum)

TOTAL SCORE (To be calculated by Business Management staff): _____
(100 points maximum)

CHECKLIST To be completed by Business Management Staff

The following forms are completed:

Application Information – **Form A** Yes No

MCH Project Description – **Form B**, (B1, B2) Yes No

Funding Received thru ISDH – **Form C** Yes No

Informing Local Health Officers of Proposed Submission

- Includes letters to all health officers in jurisdictions included in proposed service area(s) or signature(s) of health officer(s) on Form A Yes No

Project Performance During FY 2007

The Regional Health Systems Development Consultant (primary reviewer) should describe below performance achievements and/or problems/concerns identified in review of the FY 2007 Annual Performance Report that are relevant to this proposal.

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1. FY 2006 Focus Counties

Allen
Clark
Daviess
DeKalb
Delaware
Elkhart
Fayette
Grant
Howard
Jackson
Knox
Lake
LaPorte
Madison
Marion
Monroe
Montgomery
Noble
Putnam
Scott
St. Joseph
Tippecanoe
Vanderburgh
Vigo
Wayne

2. Indiana Counties with highest rates of percentage of mothers who smoked during pregnancy (2005):

Crawford
Scott
Switzerland
Blackford
Fulton

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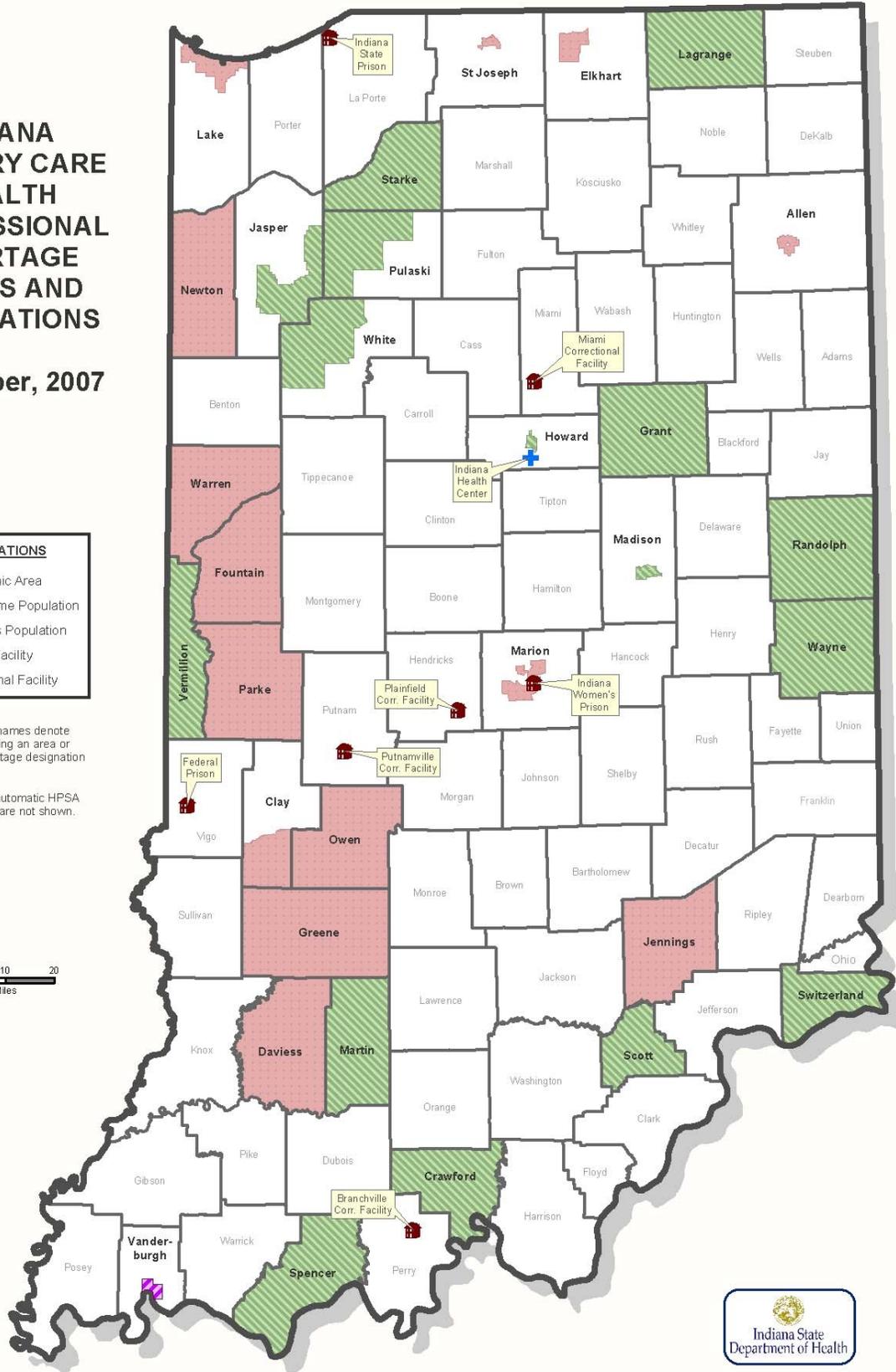
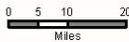
INDIANA PRIMARY CARE HEALTH PROFESSIONAL SHORTAGE AREAS AND POPULATIONS

December, 2007

DESIGNATIONS	
	Geographic Area
	Low-Income Population
	Homeless Population
	Medical Facility
	Correctional Facility

Bold county names denote counties having an area or population shortage designation

Facilities with automatic HPSA designations are not shown.



Source: Shortage Designation Branch, HRSA, U.S. Department of Health and Human Services

INDIANA DENTAL HEALTH PROFESSIONAL SHORTAGE AREAS AND POPULATIONS

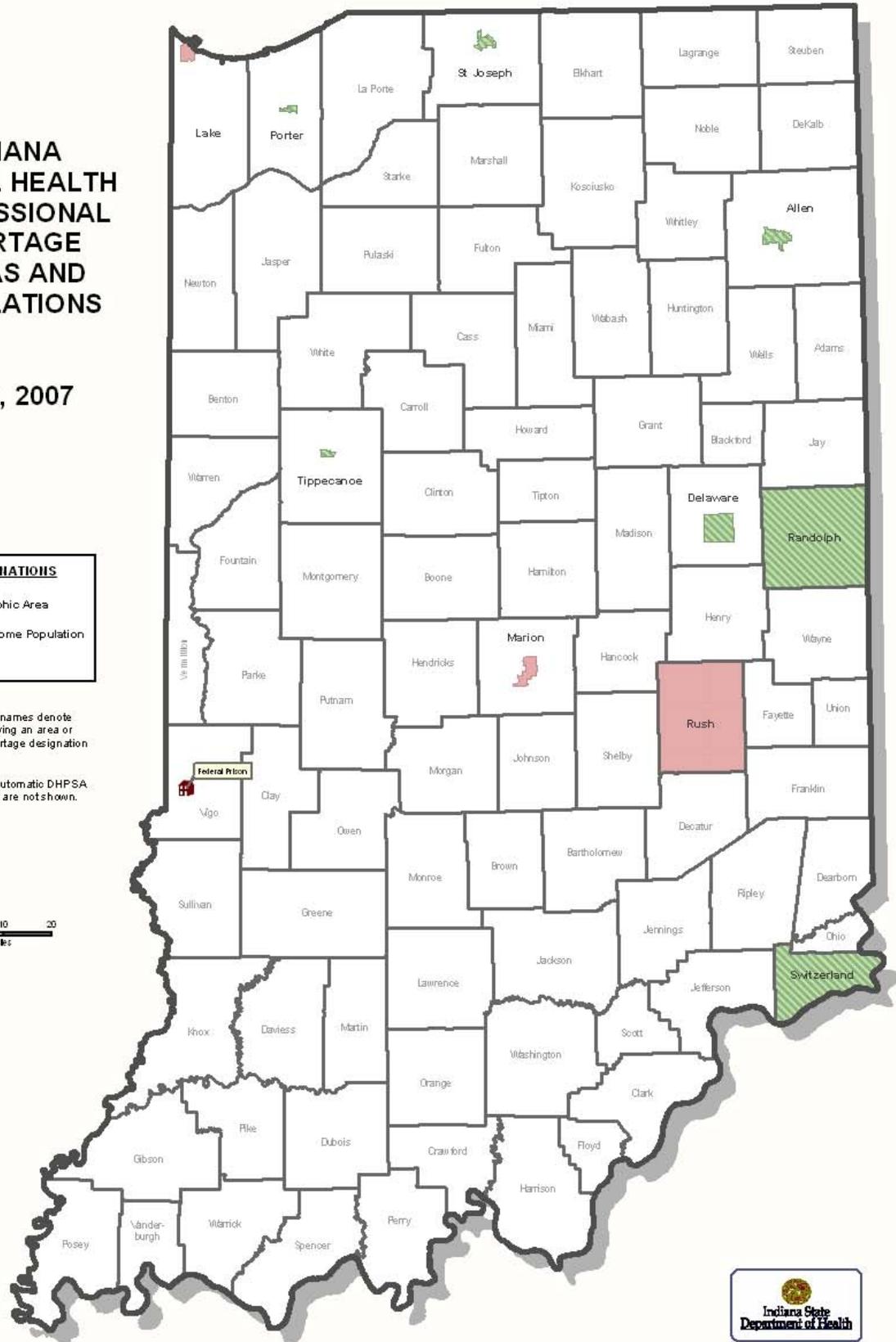
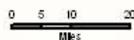
April, 2007

DESIGNATIONS

-  Geographic Area
-  Low Income Population
-  Facility

Bold county names denote counties having an area or population shortage designation

Facilities with automatic DHPSA designations are not shown.



Source: Shortage Designation Block, HRSA, U.S. Department of Health and Human Services

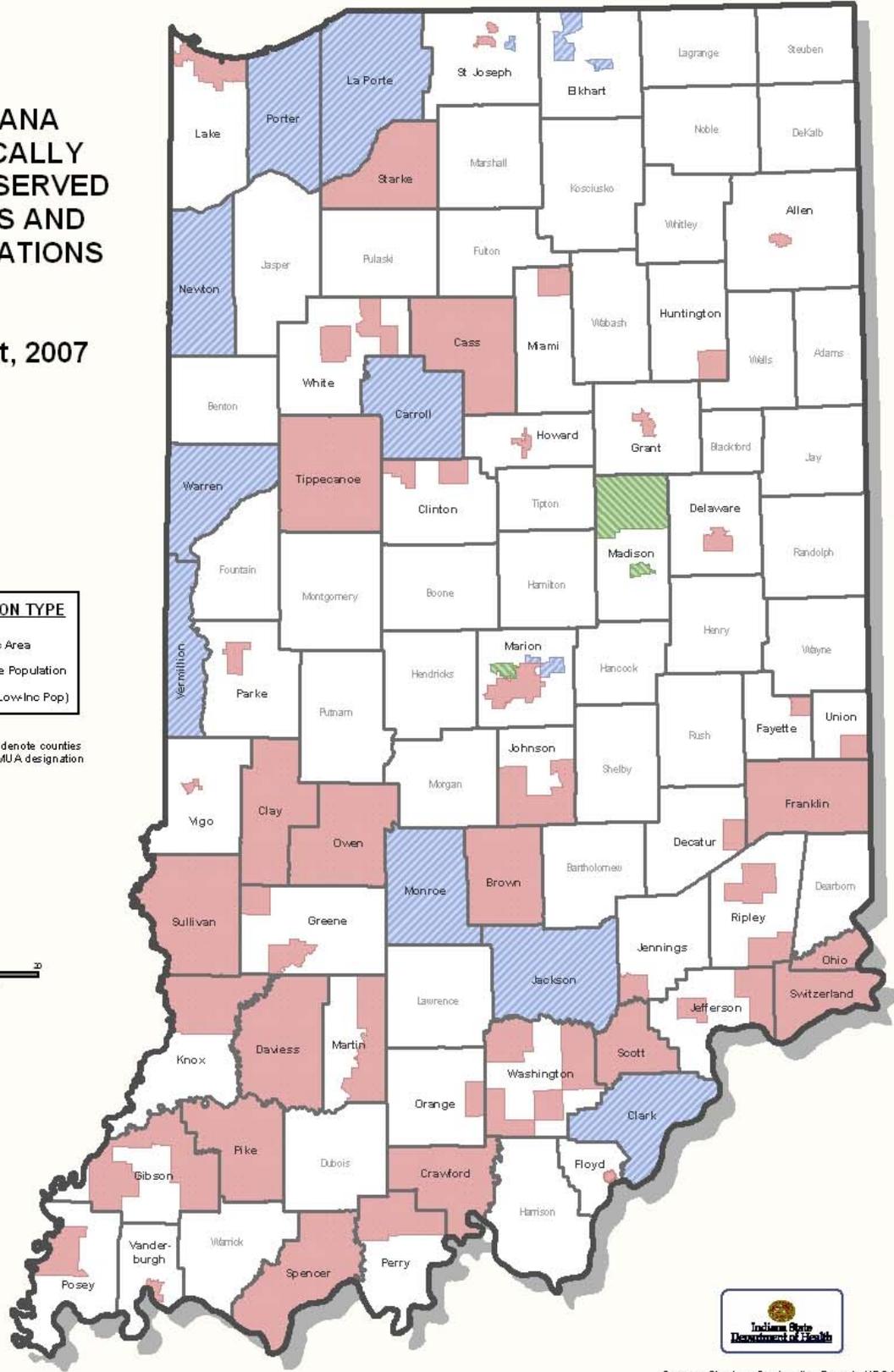
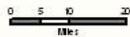
INDIANA MEDICALLY UNDERSERVED AREAS AND POPULATIONS

August, 2007

DESIGNATION TYPE

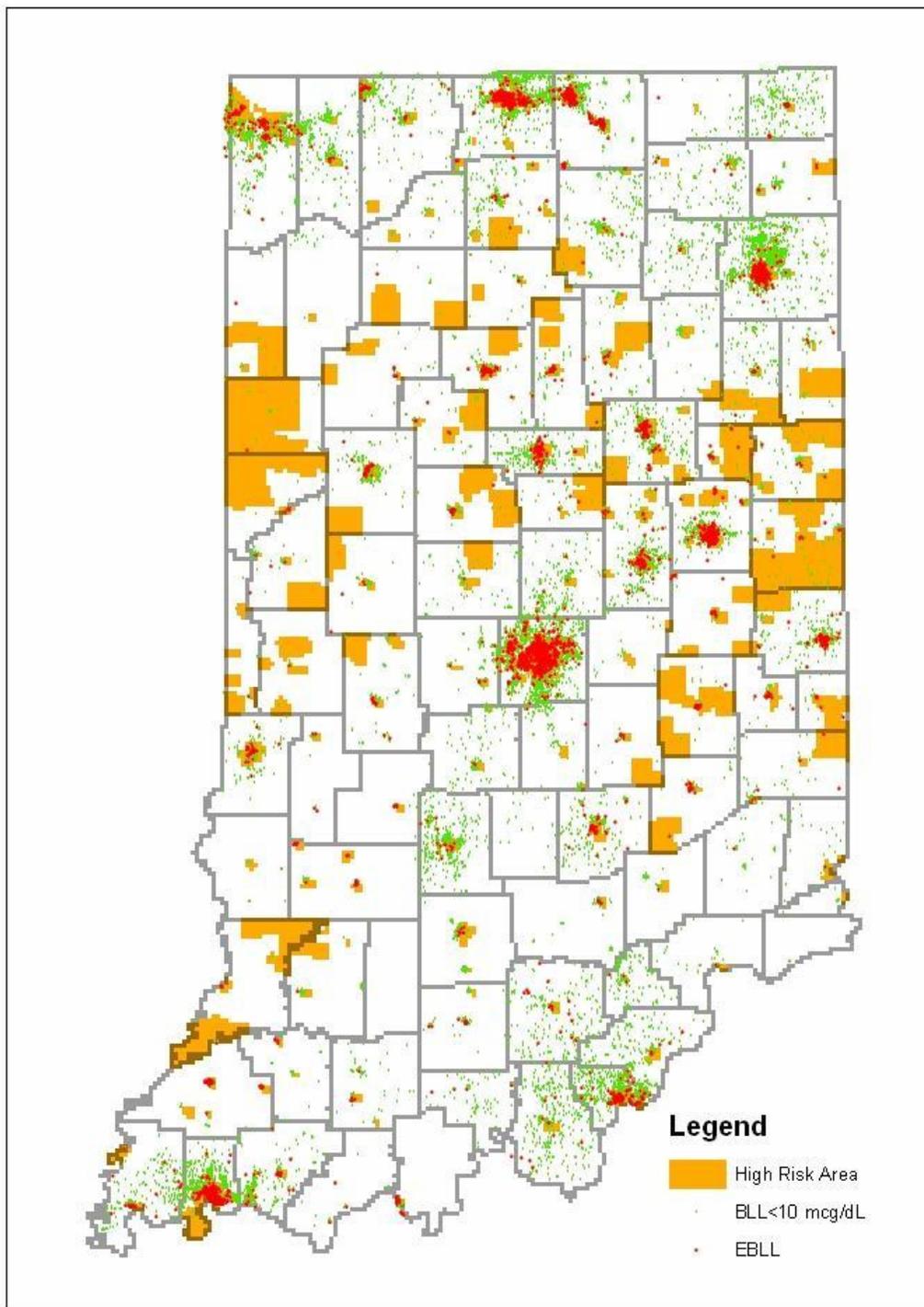
- Geographic Area
- Low Income Population
- Governor (Low Inc Pop)

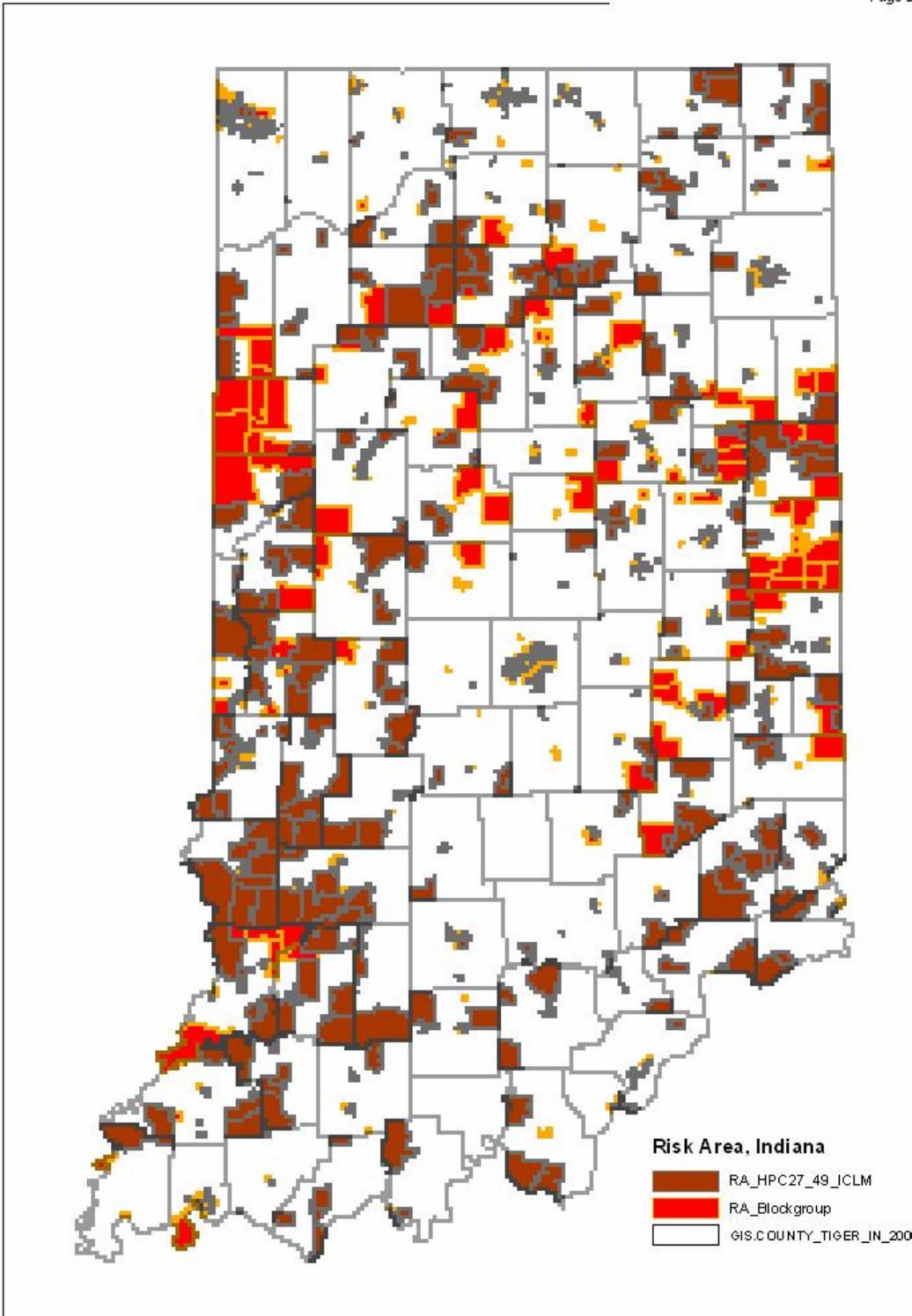
Bold county names denote counties having any type of MUA designation



Source: Shortage Designation Branch, HRSA, U.S. Department of Health and Human Services

Blood Lead Tests in Children aged 9 to 35 months, IN, 1997-2002





Updated May 15, 2007

District 1
Dist. Coord., Deborah Hamlin-Aggrey; 219.548-8615
EPI, Donna Allen, 317-430-3844
Hosp. Area Coord., Murray Lawry, 317-439-9631;
PIO, Kevin Thompkins, 317-508-6497
Education Coord., Lynette Tucker, 219-613-7331
Mental Health:
 Swanson Ctr., 219-879-4621
 Tri-City MH Ctr., 219-398-7050
 Edgewater Systems, 219-885-4264
 Southlake Ctr. for MH, 219-736-7169
 Porter-Starke Svcs., 219-531-3500
 Wabash Valley Hosp., 765-463-2555

District 4
Dist. Coord., Catherine Went, 317-416-8910; **EPI**, Jennifer Wyatt, 317-416-8946; **Hosp. Area Coord.**, Joe Shelton, 317-508-8159; **PIO**, Kevin Thompkins, 317-508-6497; **Education Coord.**, Lynette Tucker, 219-613-7331
Mental Health:
 Wabash Valley Hosp., 765-463-2555; Four County. Counseling Ctr., 574-722-5151; Behavioral Health Svcs., 765-453-8555

District 7
Dist. Coord., Stephen Cradick, 317-509-2470; **EPI**, Robert Allen, 317-430-3851; **Hosp. Area Coord.**, Dan Gettelfinger, 317-416-8905; **PIO**, Kimberly Wilkerson, 317-439-9679; **Education Coord.**, Larry Long, 317-221-3138; **Chief Nurse Consltnt.**, Janet Archer 317-234-3915
Mental Health: Ctr. for Behavioral Health, 812-339-1691; Southern Hills Counseling Ctr., 812-482-3020; Hamilton Ctr., 812-231-8323; Cummins Behavioral HC, 317-272-3333

District 10
Dist. Coord., Eric Sadler, 812-459-6415
EPI, Karen Gordon, 317-430-3852
Hospital Area Coord., Dan Gettelfinger, 317-416-8905
PIO, Kimberly Wilkerson, 317-439-9679
Education Coord., Vacant
Mental Health: Samaritan Ctr., 812-886-6800; Southern Hills Counseling Ctr., 812-482-3020; Southwestern Ind. MH Ctr., 812-423-7791

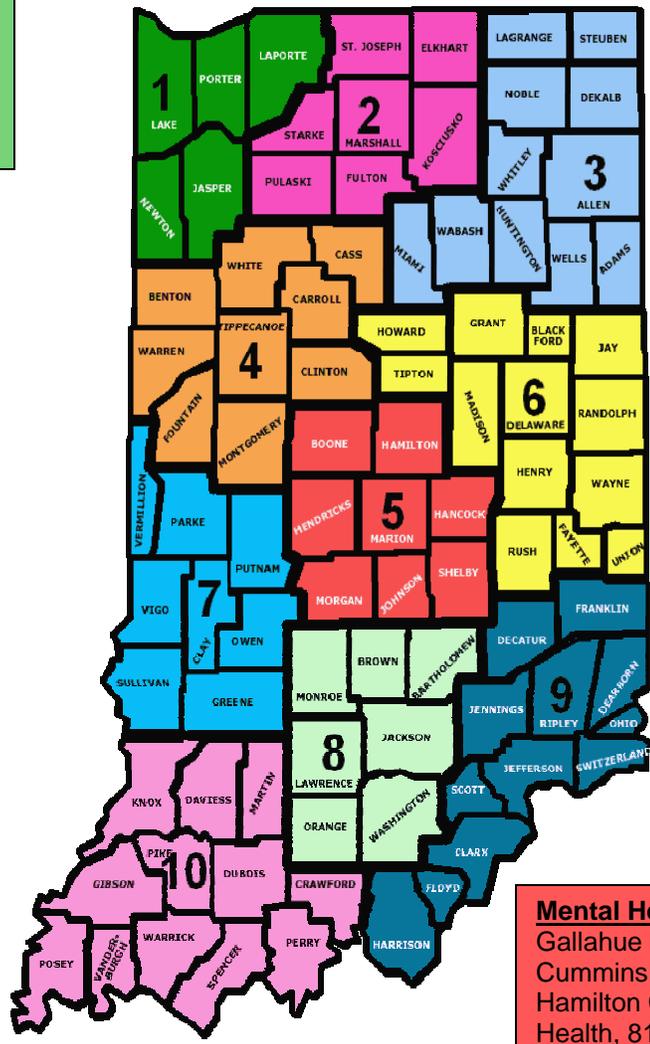
District 2 **Dist. Coord.**, Penny Torma (5/21/07)
EPI, Mona Wenger, 317-439-9648
Hosp. Area Coord., Murray Lawry, 317-439-9631
PIO, Kristen Garcia, 317-416-8904;
Education Coord., Lynette Tucker, 219-613-7331
Mental Health: Madison Ctr. & Hosp., 574-234-0061; Oaklawn Psychiatric Ctr., 574-533-1234; Bowen Ctr. for Human Svcs., 574-267-7169; Four County Counseling Center, 574-722-5151

District 3
Dist. Coord., Joe Hilt, 317-439-9650
EPI, Brad Beard, 317-430-3845
Hosp. Area Coord., Murray Lawry, 317-439-9631
PIO, Kristen Garcia, 317-416-8904
Education Coord., Lynette Tucker, 219-613-7331
Mental Health: Northeastern Ctr., 260-347-2453; Bowen Ctr. for Human Svcs., 574-267-7169; Park Center, 260-481-2700; Four County. Counseling Ctr., 574-722-5151

District 6 **Dist. Coord.**, Deb Hopseker, 317-508-5746; **EPI**, Stephanie English, 317-697-8683; **Hosp. Area Coord.**, Joe Shelton, 317-508-8159; **PIO**, Keylee Wright, 317-439-9643; **Education Coord.**, Larry Long, 317-221-3138; **Chief Nurse Consltnt.**, Janet Archer 317-234-3915
Mental Health: Behavioral Health Svcs., 765-453-8555; Grant-Blackford MH, 765-662-3971; Ctr. for MH, 765-649-8161; Comprehensive MH Svcs., 765-741-1928; Dunn MH Ctr., 765-983-8006

District 5 **Dist. Coord.**, Jerry Parsons, 773-606-5866; **EPI**, Sandy Gorsuch, 317-430-3848; **Hosp. Area Coord.**, Joe Shelton, 317-508-8159; **PIO**, Keylee Wright, 317-439-9643; **Education Coord.**, Larry Long, 317-221-3138; **Chief Nurse Consltnt.**, Janet Archer 317-234-3915

Mental Health: BehaviorCorp, 317-587-0502; Gallahue Mental Health Svcs., 317-621-7600; Cummins Behavioral HC, 317-272-3333; Hamilton Ctr., 812-231-8323; Ctr. for Behavioral Health, 812-339-1691; Adult & Child MH Ctr., 317-882-5122; Midtown MHC, 317-554-2704



District 8
Dist. Coord., Judith Gilliland, 317-431-9108; **EPI**, Robert Allen, 317-430-3851; **Hospital Area Coord.**, Dan Gettelfinger, 317-416-8905; **PIO**, Vacant; **Education Coord.**, Vacant
Mental Health: Quinco Behavioral Health Sys., 812-348-7449; Lifespring MH Svcs., 812-280-2080; Southern Hills Counseling Ctr., 812-482-3020; Ctr. for Behavioral Health, 812-339-1691

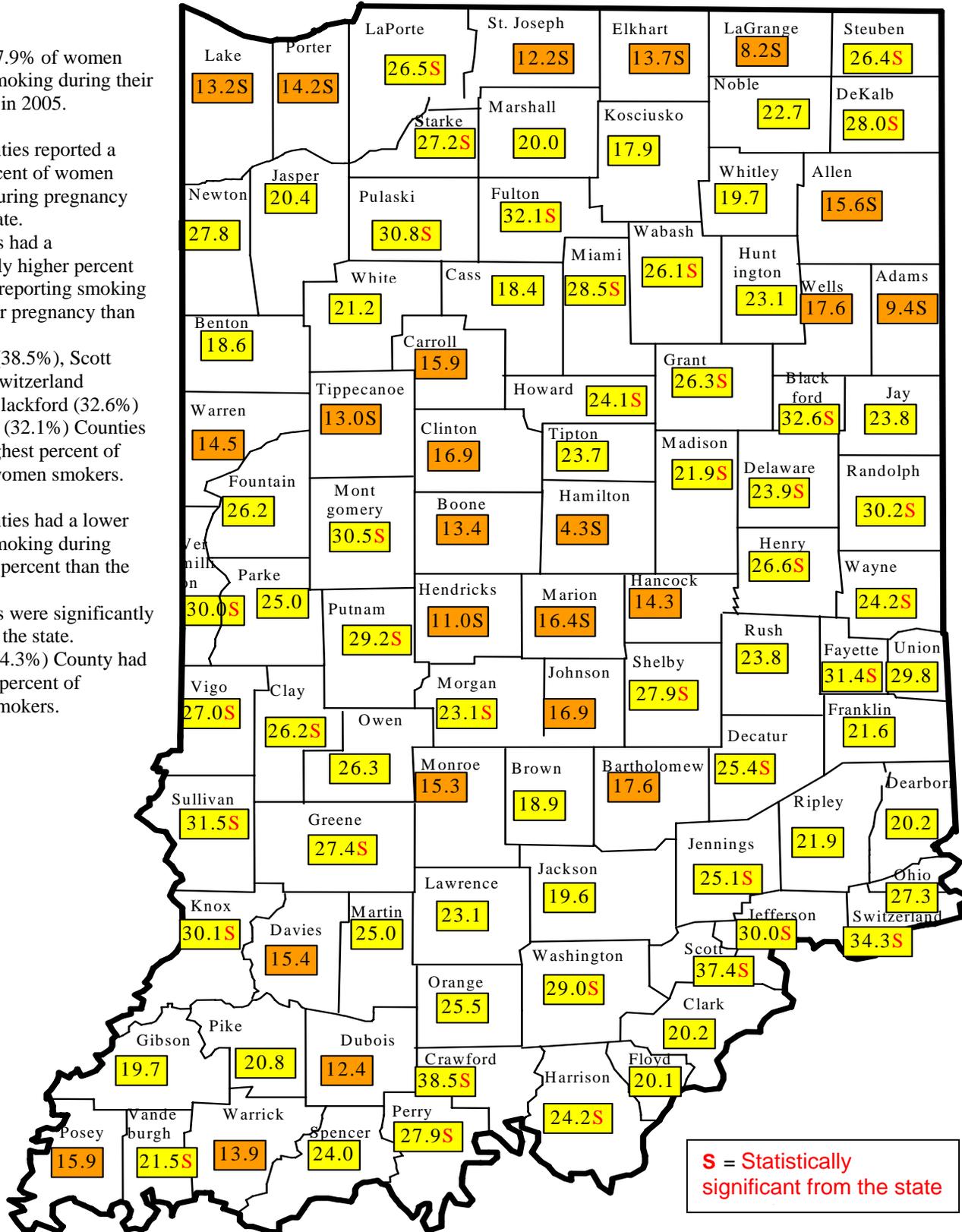
District 9
Dist. Coord., Rebecca Lair, 317-431-9105; **EPI**, Steve Allen, 317-430-3853; **Hosp. Area Coord.**, Dan Gettelfinger, 317-416-8905; **PIO**, Vacant; **Education Coord.**, Vacant
Mental Health: Lifespring MH Svcs., 812-283-4491; Quinco Behavioral Health Sys., 812-348-7449; Community MH Center 812-537-1302

**Total Percent of All Women Reporting Tobacco Use during Pregnancy:
Indiana Residents 2005**

In 2005, 17.9% of women reported smoking during their pregnancy in 2005.

68 counties reported a higher percent of women smoking during pregnancy than the state. 37 counties had a significantly higher percent of women reporting smoking during their pregnancy than the state. Crawford (38.5%), Scott (37.4%), Switzerland (34.3%), Blackford (32.6%) and Fulton (32.1%) Counties had the highest percent of pregnant women smokers.

24 counties had a lower reported smoking during pregnancy percent than the state. 11 counties were significantly lower than the state. Hamilton (4.3%) County had the lowest percent of pregnant smokers.



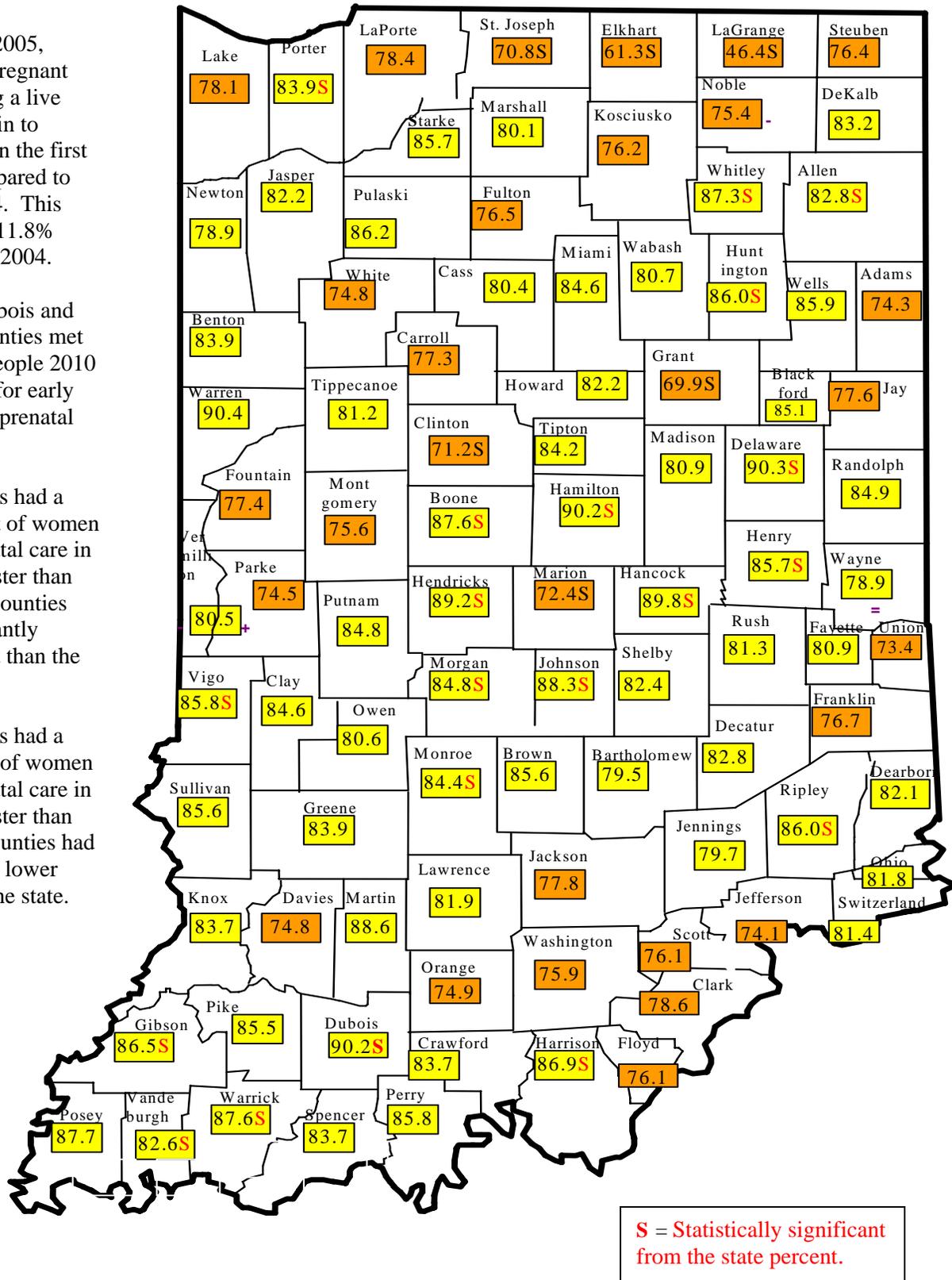
Percent of Indiana Women who Entered Prenatal Care in the First Trimester, by County, 2005

In Indiana in 2005, 78.9% of all pregnant women having a live birth, entered in to prenatal care in the first trimester compared to 67.1% in 2004. This represents an 11.8% increase from 2004.

Delaware, Dubois and Hamilton Counties met the Healthy People 2010 Goal (>90%) for early entrance in to prenatal care.

63 counties had a higher percent of women entering prenatal care in the first trimester than the state. 20 counties had a significantly higher percent than the state.

29 counties had a lower percent of women entering prenatal care in the first trimester than the state. 5 counties had a significantly lower percent than the state.



S = Statistically significant from the state percent.

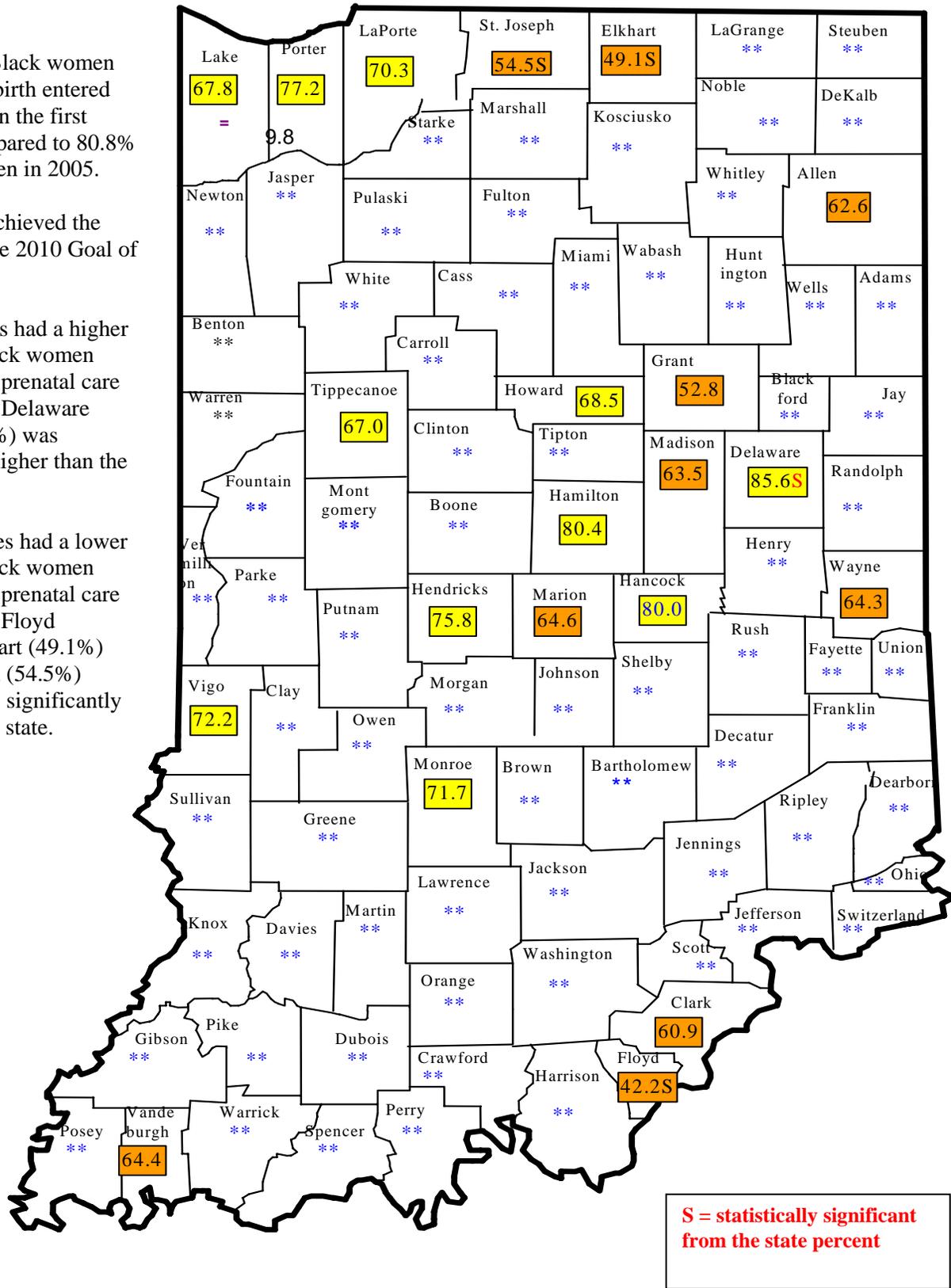
**Percent of Black Women in Indiana who Entered Prenatal Care
In the First Trimester, by County, 2005**

64.8% of all Black women having a live birth entered prenatal care in the first trimester compared to 80.8% of white women in 2005.

No counties achieved the Healthy People 2010 Goal of 90%.

■ 11 counties had a higher percent of Black women entering early prenatal care than the state. Delaware County (85.6%) was significantly higher than the state.

■ 10 counties had a lower percent of Black women entering early prenatal care than the state. Floyd (42.2%), Elkhart (49.1%) and St. Joseph (54.5%) Counties were significantly lower than the state.



****** Counties with less than 21 Black births not computed due to low number.
% change calculated on counties with 100 or more births

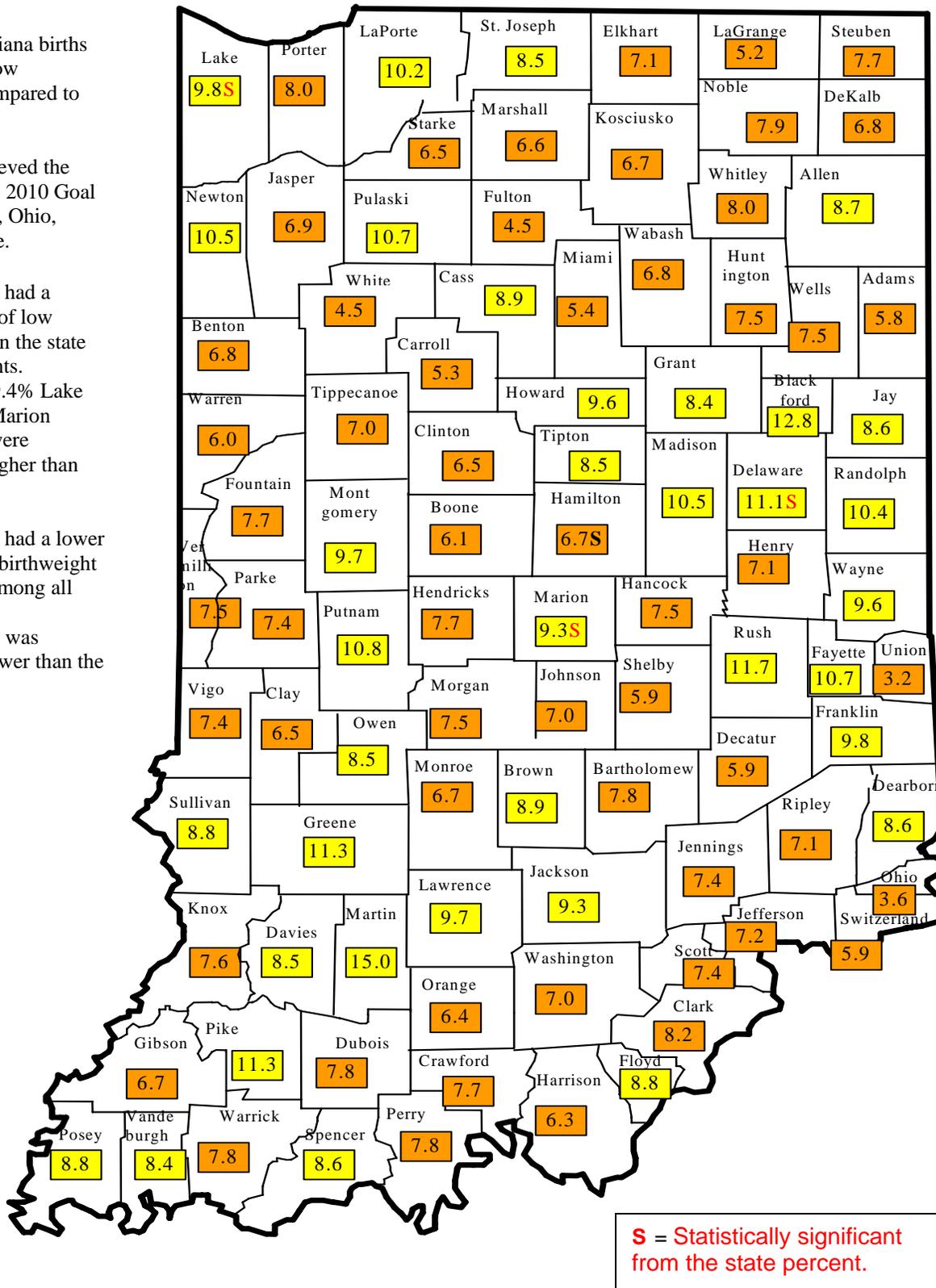
Percent of all Infants born in Indiana with Low Birth Weight, by County 2005

8.3% of all Indiana births in 2005 were low birthweight compared to 8.1% in 2004.

4 counties achieved the Healthy People 2010 Goal of <5%: Union, Ohio, Fulton & White.

36 counties had a higher percent of low birthweight than the state among all infants. Allen County 9.4% Lake County 9.6% Marion County 9.6% were significantly higher than the state

56 counties had a lower percent of low birthweight than the state among all infants. Hamilton 6.7% was significantly lower than the state.



Source: Indiana State Department of Health, Epidemiology Resource Center, Data Analysis Team
 Indiana Natality Report – 2005, Table 32. Outcome Indicators by Race of Mother: Indiana Counties.

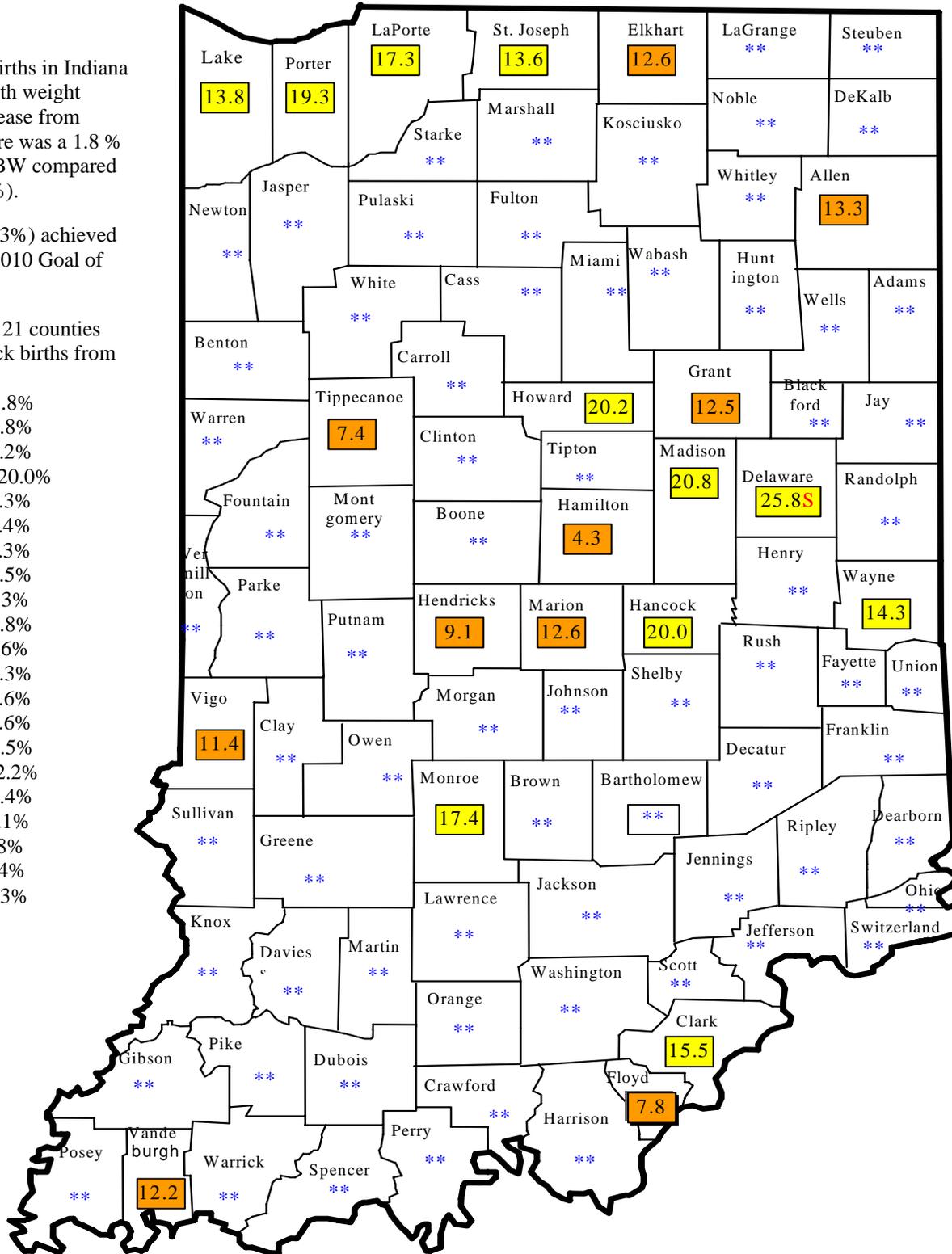
Percent of Black Infants in Indiana Born at Low Birth Weight, by County 2005

13.4% of all Black births in Indiana in 2005 were low birth weight (LBW), a 0.3% decrease from 13.7% in 2004. There was a 1.8 % disparity in Black LBW compared to White LBW (7.6%).

Hamilton County (4.3%) achieved the Healthy People 2010 Goal of <5.0% for LBW.

County Rank for the 21 counties with 20 or more Black births from highest to lowest:

1. Delaware 25.8%
2. Madison 20.8%
3. Howard 20.2%
4. Hancock 20.0%
5. Porter 19.3%
6. Monroe 17.4%
7. LaPorte 17.3%
8. Clark 15.5%
9. Wayne 14.3%
10. Lake 13.8%
11. St. Joseph 13.6%
12. Allen 13.3%
13. Elkhart 12.6%
14. Marion 12.6%
15. Grant 12.5%
16. Vanderburgh 12.2%
17. Vigo 11.4%
18. Hendricks 9.1%
19. Floyd 7.8%
20. Tippecanoe 7.4%
21. Hamilton 4.3%



S = Statistically significant from the state percent.

** Counties with less than 21 Black births not computed due to low number.

An Introduction To Family Care Coordination

All families, whatever they look like, need support at times. This support can come in many ways. It's the neighbor who watches the kids after school; the pastor at church; the YMCA that provides fitness classes and day camps; it's the family care coordinator who gives reassuring advice. Support comes in many different formats and from many different people. Family Care Coordination believes that if families are given the support they need, when they need it, they will be better able to do what families do best; care for their own.

Mission Statement

Family Care Coordination serves to improve the health status of families in the State of Indiana to ensure that all children within the context of their family and culture will achieve and maintain the highest level of physical, mental, educational and emotional health in order to realize their human potential to the fullest.

Vision Statement

Family Care Coordination is committed to facilitating efforts that will enhance the health of all families in Indiana.

To achieve healthier families, Family Care Coordination will actively work to: identify and assess families in need of services; strengthen partnerships with local health and human service agencies to provide services for families in need; and support locally-based agencies responsible for filling in existing gaps in services, for the health of the community.

Family Care Coordination's vision for the future is one in which health is viewed as more than the delivery of health care and public health services. The broader public health view also includes strengthening the social, economic, cultural, and spiritual fabric of families in our state. Problem solving in health care will not occur in isolation, but in concert with solving the social, economic, and other challenges that exist in our families at the local community level.

Goals

- Promote healthy development and preventive care for all infants, children, and adult members of the family.
- Help parents develop problem-solving skills that will enable them to meet their family's needs.
- Identify and assess the factors and conditions of families that adversely affect their social, economic, and health status.
- Help parents develop life skills designed to help them improve their quality of life and strengthen family stability.