

# Appendix B

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## Local Health Department MCH Contract

**Attachment A  
Special Provisions  
MCH Block Grant**

**October 1, 2023 through September 30, 2024**

**I. DEFINITIONS**

- A. "ASQ" means Ages and Stages Questionnaire, by Paul Brookes Publishing.
- B. "ASQ SE-2" means the ASQ Social Emotional screen.
- C. "ASQ-3" means the ASQ overall development screen.
- D. "Department" means the Utah Department of Health and Human Services, Division of Family Health, Office of Maternal and Child Health.
- E. "FFY 2024" means Federal Fiscal Year 2023, which is October 1, 2023 through September 30, 2024.
- F. "FFY 2023" means Federal Fiscal Year 2023, which is October 1, 2022 through September 30, 2023.
- G. "MCH" means Maternal and Child Health.
- H. "MCH Block Grant" means the Federal Title V Maternal and Child Health Block Grant.
- I. "MER" means the Monthly Expenditure Report.
- J. "NPM" means National Performance Measures.
- K. "SPM" means State Performance Measures.
- L. "ESM" means Evidence Based Strategy Measure activities.
- M. "Sub-Recipient" means the [REDACTED]
- N. "WIC" means the Utah Women, Infants, and Children's program.

**II. PURPOSE**

- A. The purpose of this contract is to provide MCH Block Grant funding to Sub-Recipient to provide core public health services and activities that address maternal, infant, child and/or adolescent health population needs.

**III. SUB-RECIPIENT RESPONSIBILITIES**

- A. Sub-Recipient shall bill for direct services on a sliding fee scale based on 0% pay for all families at or below 133% of the Federal Poverty Level.
- B. Sub-Recipient shall expend all funds received to provide public health services to maternal, child and/or infant populations.
- C. Sub-Recipient shall select NPM and/or SPM identified during the 2020 MCH Summit and Needs Assessment process and set annual local goals and objectives that are appropriate for current work practices.
- D. Sub-Recipient shall use MCH Block Grant funding to select at least one or more NPM or SPM related to improving the health and well-being of women and/or infants as appropriate for current work practices:
  - NPM 1 – Well woman visit: Percentage of women ages 18 through 44, with a preventive medical visit in the past year;
  - NPM 4 – Breastfeeding:
    - i. Percent of infants who are ever breastfed; and
    - ii. Percent of infants breastfeed exclusively through 6 months; and/or
  - SPM 1 – Increase the proportion of pregnant/postpartum women who are screened for depression.

- i. LHD can receive Maternal Mental Health screening training on the Edinburgh Postnatal Depression screening tool from the Maternal and Mental Health Program. Once trained, LHD can use screening tool to increase the number of pregnant/postpartum women who are screened for depression.
  
- E. Sub-Recipient shall use MCH Block Grant funding to select NPM 6 and may select NPM 13.B or other SPM's related to improving the health and well-being of children and/or youth (including infants, children and adolescents) as appropriate for current work practices:
  - NPM 6 Developmental Screening: Percent of children ages through 35 months who received a developmental screening using a parent-completed screening tool (ASQ) in the past year. LHD may select one of three levels:
    - i. Level 1 - Introduction to ASQ
      - (a) Help promote ASQ training within their community and promote use of ASQ screening with Local partner organizations; and
      - (b) At least one staff member trained in using the ASQ3 (Ages and Stages overall development screen) and ASQ SE-2 (Ages and Stages Social Emotional screen.). Use the online UDOH Brookes account to do screens to increase the data behind LHD's, apply the screens with children and further the important data collection to support the importance of NPM6;
    - ii. Level 2 - Trained and ready to use ASQ (Level 1 done by default if in Level 2)
      - (a) Use Family Access to have parents enter the ASQ screening responses directly into the Brookes system for at least 20% of all screenings. (ECU Program Manager will report on this quarterly.); and
      - (b) Assign a person from staff to attend the ECU Advisory Council Subcommittee of your choice. Encourage the voice of the Local Health Department to be included in the statewide work; and/or
      - (c) Pilot or Use the Maternal Mental Health Tool Kit
    - iii. Level 3 - Advanced ASQ Use (Levels 1 & 2 done by default if in Level 3); the LHD can work on any one or all of the following:
      - (a) Establish and implement a schedule for screenings to be done at the same intervals as the AAP, 9, 18 or 24 and 36 months;
      - (b) Partner with WIC to access that population to screen children receiving WIC; and/or
      - (c) Partner or refer to Integrated Services Program, use for additional referrals and care coordination for those children who would qualify for Special needs services.
  - Meet with Early Childhood Program staff regarding NPM 6 at least 4 times per year (may include early childhood trainings offered by Department, Nursing Director meetings and/or individual LHD meetings.)
  - NPM 13.B Oral Health: Percent of children ages 1 through 17 who had a preventive dental visit in the past year.
  
- F. Sub-Recipient agrees to participate in at least one workforce development opportunity as appropriate for current work practices.
  - Sub-Recipient may use the MCH Workforce Development resources included in this contract.
  
- G. Sub-recipient shall report all contract activities in the REDCap reporting system provided by the Dept. as required by Section VI.
  
- H. During FFY 2024, changes to specific objectives and activities shall be determined between Department and Sub-Recipient and included as contract amendments, as necessary.

#### IV. DEPARTMENT TASKS

A. Department agrees to provide:

The REDCap reporting system for the MCH Block Grant Annual PLAN, Annual YEAR END REPORT, Financial Report, and MCH Services Report;

- i. Financial Report (see Attachment B)
- ii. MCH Services Report (see Attachment C)
  - (a) MCH Services Report Instruction Sheet (Attachment D)

Technical assistance, consultation, and in-services, as needed or requested for any aspect of this contract and for the REDCap reporting system;

NPM and SPM list (see Attachment E); and

MCH Workforce Development Resources (see Attachment F).

Technical assistance, training and support for any NPM, SPM selected and NPM 6, including ESM activity suggestions.

#### V. FUNDING AND PAYMENTS

A. Department agrees to reimburse Sub-Recipient up to the maximum amount of the contract for actual expenditures made by the Sub-Recipient that are directly related to the program.

The funding for this contract is for expenses incurred during FFY 2024 (October 1, 2023 through September 30, 2024).

Maximum funding for FFY 2024 is [REDACTED]

Department will reimburse Sub-Recipient reimbursements monthly, after Department review and approval of the MER.

This contract may be amended to change the funding amount or programmatic requirements.

If the contract is not amended to add additional funding, the contract shall terminate at the end of FFY 2024 (September 30, 2024).

#### VI. REPORTING REQUIREMENTS

A. By November 1, 2023, Sub-Recipient shall:

Submit an MCH Block Grant Annual PLAN for FFY 2024;

Submit the MCH Block Grant Annual YEAR END REPORT for FFY 2023 (including reporting on activities completed for women, mothers, children, youth and families); and

Report workforce development opportunities attended by relevant MCH staff for FFY 2023 if applicable.

B. By January 31, 2024, Sub-Recipient shall:

Submit the MCH Service Report for FFY 2023.

- i. An Instruction sheet is included with the Service Report template.

C. By March 31, 2024, Sub-Recipient shall:

Submit the MCH Financial Report for FFY 2023

D. All Plans, Reports and other documents shall be submitted by Sub-Recipient using the REDCap Reporting System.