

Appendix E

MCH Local Health Department Contract

Early Childhood Utah Brief

Glossary of Terms

Attachment A
Special Provisions
MCH Block Grant
FILL IN Health Department

I. Definitions

- A. "Department" means the Utah Department of Health, Division of Family Health and Preparedness, Bureau of Maternal and Child Health, Office of Home Visiting.
- B. "LHD General Provisions" means the agreement between the parties titled "FY2014-2018 LHD General Provisions, Assurances, and Matching Requirements" effective July 1, 2013 through June 30, 2018.
- C. "MCH" means Maternal and Child Health.
- D. "MCH Block Grant" means the Federal Title V Maternal and Child Health Block Grant.
- E. "MER" means the Monthly Expenditure Report, as detailed in the LHD General Provisions.
- F. "Sub-Recipient" means the FILL IN Health Department (the "Grantee"), as defined and described in the LHD General Provisions.

II. Prevailing Purpose

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

III. Sub-Recipient Responsibilities

- A. The 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. The Sub-Recipient shall expend all collections received to provide public health services to maternal and child populations.
- C. The Sub-Recipient shall consider the National Performance Measures as identified during the 2015 MCH Summit and Needs Assessment process and set annual local goals and objectives as appropriate for current work practice.
 - 1. The Department agrees to provide the National Performance Measures to the Sub-Recipient, upon request.
- D. The Sub-Recipient shall use MCH Block Grant funding to provide or assure any of the following are the recipients of activities provided to prevent or reduce illness, disability, or death:
 - 1. Pregnancy-related services, including Preconception services and education,
 - 2. Home visiting services,
 - 3. Family planning, intended pregnancies, and healthy pregnancy spacing,
 - 4. Oral health,
 - 5. Low birth weight and prematurity prevention education,
 - 6. Postpartum depression education, and
 - 7. Breastfeeding promotion.
- E. The Sub-Recipient shall provide 1-2 measurable performance objectives for the services listed in Section III, Subsection D, being offered by the Sub-Recipient for women of childbearing age or pregnant women, as appropriate for current work practice,
 - 1. The Sub-Recipient shall provide a report to the Department on the outcome of the performance objectives for work completed as part of the MCH annual report.

- F. The Sub-Recipient shall use MCH Block Grant funding to provide or assure any of the following MCH services for children and youth, including infants, children and adolescents who receive services or are the recipients of activities provided to prevent or reduce illness, disability, or death:
 - 1. Oral health, including dental sealants,
 - 2. Healthy growth and development of young children,
 - 3. Health screenings, such as vision screens,
 - 4. Outreach to difficult-to-reach populations, and
 - 5. Home visiting services.
- G. The Sub-Recipient shall provide 1-2 measurable performance objectives for the services listed in Section III, Subsection F, being offered by the Sub-Recipient for children and youth, including infants, children, and adolescents, as appropriate for current work practice.
 - 1. The Sub-Recipient shall provide a report to the Department on the outcome of the performance objectives for work completed as part of the MCH annual report.
- H. The Sub-Recipient shall work specifically on the Title Five MCH Block Grant National Performance Measure #6 for Developmental Screening activities.
 - 1. National Performance Measure #6: percent of children, ages 10-71 months receiving a developmental screening using a parent completed screening tool.
 - 2. During the upcoming year specific objectives and activities shall be determined between the Department and the Sub-Recipient and contract amendments executed accordingly.

IV. Department Tasks

- A. The Department agrees to:
 - 1. Provide report forms for the MCH Financial Report, the MCH Service Report and the MCH Annual Report Template.
 - 2. Provide technical assistance, consultation, and in-services, as needed or requested.

V. Payments

- A. The Department agrees to reimburse the Sub-Recipient up to the maximum amount of the contract for expenditures made by the Sub-Recipient, directly related to the program, as outlined in the LHD General Provisions.
 - 1. The funding for this contract is for Federal Fiscal Year 2017 (October 1, 2016 through September 30, 2017).
 - 2. The maximum amount of funding for Federal Fiscal Year 2017 is \$###.
 - 3. This contract may be amended to change the funding amount.
 - 4. If the contract is not amended to add additional funding, the contract terminates at the end of federal fiscal year 2017 (September 30, 2017).
- B. Funds for this contract shall be advanced to the Sub-Recipient on a quarterly basis.
- C. Payments in the fourth quarter shall be adjusted to reflect actual expenditures reported by the Sub-Recipient, up to the maximum amount of the Contract.
- D. First quarter payment shall be made on, or after, October 1, 2016.
- E. Payments for the second and third quarters shall be made by the Department, after the MER's for the first and second months of the previous quarter.

VI. Reporting Requirements

- A. The Sub-Recipient shall submit an annual MCH Financial Report (Attachment ___) for each Federal Fiscal Year. Due: April 15, 2017

- B. The Sub-Recipient shall submit an MCH Service Report (Attachment ____) for calendar year 2016. Due: April 15, 2017 Attachment _____ is MCH Service Report Instruction.
- C. The Sub-Recipient shall submit the MCH Annual Report (Attachment ____) on activities for women, mothers, children and youth for calendar year 2016. Due: April 15, 2017.

Early Childhood Utah

Early Childhood Utah (ECU) is Utah's combined Early Childhood Comprehensive Systems State Team (ECCS) and State Advisory Council on Early Care & Education (SAC). The goal of ECU is to support Utah parents in their efforts to ensure that their children enter school healthy and ready to learn. ECU accomplishes this by working with teams of public and private partners to foster the development of cross-sector service systems.

Early Childhood Utah supports state agencies and local communities in their efforts to build and integrate early childhood systems that provide direct services in the areas of: Access to Health Care and Medical Homes, Early Care and Education, Parenting Education and Family Support, and Social-Emotional Development and Mental Health.

Utah's Early Childhood System



Utah's Early Childhood Integrated Data System

Utah's Early Childhood Integrated Data System (ECIDS – pronounced E-KIDS) is a project of the Early Care and Education Committee of Early Childhood Utah.

Mission:

The mission of ECIDS is to facilitate data sharing in an effort to better coordinate policy and program administration amongst all of the participating early childhood programs in Utah.

Background:

There are a variety of early childhood (EC) programs and services available to families in Utah. Some examples include programs for infants, toddlers, and preschoolers who have a disability or a developmental delay, home visiting support for at-risk new mothers, child care subsidies for low-income working families, preschool services offered by local school districts, Head Start comprehensive services for young children living in poverty and their families, and others. These programs are usually funded and administered separately, and data from each program is maintained independently. This makes it difficult to have a complete understanding of the needs of families in order to collaborate and coordinate needed services.

ECIDS overarching goals:

ECIDS will facilitate the use of data to address five broad policy questions:

1. Are children, birth to age 5, on track to succeed as they prepare to enter school?
2. Which children and families are/are not being served by early childhood services and programs?
3. What characteristics of programs are associated with positive outcomes for which children?
4. What are the education and economic returns on early childhood investments?
5. How is data being used now and how will data be used in the future to inform policy and resource decisions?

ECIDS objectives:

1. Evaluate long term outcomes for children who participate in EC programs.
2. Improve child outcomes and the quality of EC programs by promoting data driven decisions.
3. Answer key policy questions regarding EC programs and services.
4. Provide data that is timely, relevant, accessible and easy to use.
5. Improve the ability of EC agencies to participate in funding opportunities that require data on children, EC professionals and EC programs.

ECIDS current or potential participants:

- *Utah Department of Health: Baby Watch Early Intervention Program (Part C), 0-3.*
- *Utah Department of Health: Maternal, Infant and Early Childhood Home Visiting.*
- *Utah Department of Health: Women, Infants and Children, WIC program.*
- *Utah Department of Health/University of Utah: Children with Special Health Care Needs.*
- *Utah Department of Workforce Services: Family Employment Program (FEP/TANF), SNAP/Food Stamps, Child Care Subsidy, HEAT program, Intergenerational Poverty.*
- *Utah Department of Human Services: Division of Child & Family Services.*
- *Statewide Head Start Programs.*
- *United Way of Salt Lake, United Way of Northern Utah.*
- *Help Me Grow of Utah.*
- *ASQ online (Brookes Publishing).*

For more information on the Utah Early Childhood Integrated Data System, please contact Stephen Matherly at 801.273.2882 or email: smather@utah.gov

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GLOSSARY OF TERMS

ACA – Affordable Care Act
AMCHP – Association of Maternal & Child Health Programs
ASQ – Ages and Stages Questionnaire
BRFSS – Behavioral Risk Factor Surveillance System
CD – Child Development (and/or Bureau of CD)
CHC – Community Health Center
CHD – Center for Health Data
CoIIN – Collaborative Improvement & Innovation to Reduce Infant Mortality
CMS – Centers for Medicare & Medicaid Services
CSHCN – Children with Special Health Care Needs (and/or Bureau of CSHCN)
CSPAP – Comprehensive School Physical Activity Program (Bureau of Health Promotion)
DCFS – Department of Child and Family Services
DFHP – Division of Family Health Preparedness
DRP – Data Resources Program in the Bureau of MCH
EPICC – The Healthy Living Through Environment, Policy and Improved Clinical Care Program (Bureau of Health Promotion)
ESM – Evidence Based or Evidence Informed Strategy Measures
FFY – Federal Fiscal Year
HRSA – Health Resources and Services Administration
HUB – Healthy Utah Babies
ISP – Integrated Services Program (Bureau of CSHCN)
LHD – Local Health Department
MCH – Maternal Child Health (and/or Bureau of MCH)
MIHP – Maternal Infant Health Program in the Bureau of MCH
NICU – Newborn Intensive Care Unit
NPM – National Performance Measure
OHD – Office of Health Disparities Reduction
OHP – Oral Health Program in the Bureau of MCH
PRAMS – Pregnancy Risk Assessment Monitoring System
PTB – Preterm birth
SPM – State Performance Measure
SSDI – State Systems Development Initiative grant
UBDN – Utah Birth Defects Network (Bureau of CSHCN)
UBID – Utah Block Grant Information Database
UDAC – University of Utah Developmental Assessment Center
UDOH – Utah Department of Health
USOE – Utah State Office of Education
UWNQC – Utah Women and Newborns Quality Collaborative
VIIPP – Violence and Injury Prevention Program (Bureau of Health Promotion)
VLBW – Very Low Birth Weight
WDACS – Workforce Development and Capacity Survey
WESTT – Web Enabled Systematic Tracking Tool
WIC – Women Infant and Children
YRBSS – Youth Risk Behavioral Surveillance System