

**Facilitating Public Comment on the Title V MCH Block Grant:
A Report on States' FY 2005 Practices**

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Introduction and Background

Title V of the Social Security Act, the Maternal and Child Health Services Block Grant (MCH Block Grant), provides states with significant flexibility in use of federal funds. Balanced against this flexibility are mechanisms to promote accountability, including state specific needs assessments, plans, reports and performance measures. States evidence their compliance with these and other Title V requirements through annual submission of a combined application and annual report due July 15. A key statutory requirement intended to promote public accountability for states' use of funds as described in this submission can be found at § 505 (a):

The application shall be developed by, or in consultation with, the State maternal and child health agency and shall be made public within the State in such manner as to facilitate comment from any person (including any Federal or other public agency) during its development and after its transmittal.

Nearly identical language first was incorporated in Title V when it was amended in 1981 to create a block grant. Congress clearly intended to promote some accountability for the greatly increased degree of flexibility and limited requirements that came with the 1981 changes. Congressional concern about diminished accountability in subsequent years led to significantly stronger provisions in 1989 for reporting and use of funds. Even with these stronger requirements, Congress signaled the continuing importance it placed on state level public accountability. While it did not go so far as to require specific methods that were advocated by some stakeholders, such as advisory committees, Congress retained the public comment requirement.

This report provides a snapshot of state Title V MCH Block Grant program practices in meeting the statutory requirement for facilitating public comment. Based primarily on state reporting in July 2004 MCH Block Grant submissions, the report is intended as a resource for states. Meeting the spirit as well as the letter of the law holds potential to enhance public awareness, knowledge, influence and support for use of federal MCH Block Grant funds in meeting state needs effectively.

This year is a particularly important one for seeking active public involvement and participation in development of Title V applications. Title V requires that states submit needs assessments every five years. Many if not most states carry out needs assessment on an ongoing basis. However, as in 1995 and 2000, states generally view the five year needs assessment requirement as an opportunity for a particularly comprehensive look at the health-related needs of women, children, youth and families in their states. As part of such comprehensive assessments, many states make additional efforts to obtain public input and participation in assessment and priority setting. While this snap shot focuses primarily on the year preceding the initiation of most states' comprehensive needs assessment efforts, the MCH Bureau's intent is to facilitate state-to-state learning about public comment methods across the country that may contribute to improving methods for 2006 submissions and beyond.

Methods and Limitations

This report is based primarily on review and analysis of one section of states' FY 2005 Title V Applications/Annual Reports, which were submitted in July, 2004. These documents are available and were reviewed on-line during March and April, 2005 at <https://performance.hrsa.gov/mchb/mchreports>. As part of the federal General Requirements (I.E. on page 23 of the Instructions)¹, in a section on Public Input, states are required to "Describe the process by which the State will make this application public to facilitate comment from any person during its development and after its transmittal". The electronic submission process limits states to one half page of text for this description. Thus, one clear limitation of utilizing this information source is the limited amount of detail that states can provide in this section of the application. These descriptions, which can be found in their entirety in Appendix A, were used to categorize state practices into the following seven categories:

- Public Hearings
- Advisory Council Review
- Web Posting
- Public Notices
- Other Use of Media
- Outreach to Specific Stakeholders
- Other Methods

Particularly given the source and its text limitation, it should be noted that states may be carrying out public comment methods that were not reported and therefore not captured in Table 1, which summarizes the results by the above categories by state. Further, as was noted by a number of states, states may and commonly do have other regular mechanisms in place to obtain input and feedback on maternal and child health (MCH) and children with special health care needs (CSHCN) programs. Such methods include advisory groups and task forces addressing specific programs or issues. Many if not most states have mechanisms in place to obtain regular and ongoing input from parents, especially parents of children and youth with special health care needs. Some states engage youth directly in planning programs and developing materials in areas such as suicide prevention. Unless these methods were described in the Public Input section of states' Title V Applications/Annual Reports, they are not captured in this report, with one exception noted below.

Note that states varied in the degree to which they focused exclusively on methods for *comment* on the Title V application, as specifically required in the statute and in the text of the federal guidance instruction, or on methods for public *input*, or both. These two processes are not identical. Facilitating or providing opportunities for the public to provide ideas, comments or concerns about needs or programs is distinct from facilitating or providing opportunity to comment on the application. However, while the letter of the

¹ Health Resources and Services Administration, Maternal and Child Health Bureau. *Maternal and Child Health Services Title V Block Grant Program: Guidance and Forms for the Title V Application/Annual Report*. Rockville, MD: May 31, 2003.

law focuses on the latter process, the spirit of the law certainly supports the former processes` as well. Additionally, while the text of the federal guidance instruction focuses on public comment on the application, the heading labels the section as *Public Input*. In the analysis for this report, state descriptions that seemed to be focused on very broad input, rather than on Title V applications or related needs, priorities, performance measures or other application components, were classified in the “Other” category.

An additional caveat is that this report generally captures public comment methods employed for the FY 2005 submission. States may and likely are employing additional methods to obtain public input and comment for FY 2006, given that this application will contain the required five year needs assessment. A few states mentioned efforts underway or planned for the FY 2006 submission, but this was the exception rather than the rule. Other recent reports from the MCH Bureau² describe state practices used in the last five year needs assessment. These studies concluded that “all study States reported that consumers and stakeholders were at least involved in the review of the MCH needs assessment document or reviewed a summary of the data to provide input on which needs which [sic] be Title V priorities. Most State officials thought this was an area of needs assessment process that they could improve upon for 2005”. The most common practices included: focus groups and surveys; task forces on emerging issues; community/regional meetings; advisory groups and steering committees. This report will not provide information on whether states have improved on their needs assessment public input process for FY 2006.

This report captures a few examples of current practice in spring 2005 through one other study component- review of all states’ web sites. Using the links provided on the website of the Association of State and Territorial Health Officials (ASTHO)³, each state health agency’s website was searched for information on the Title V or MCH Block Grant. Finally follow-up inquiries were made with a small number of states which had particularly noteworthy Title V components on their web sites.

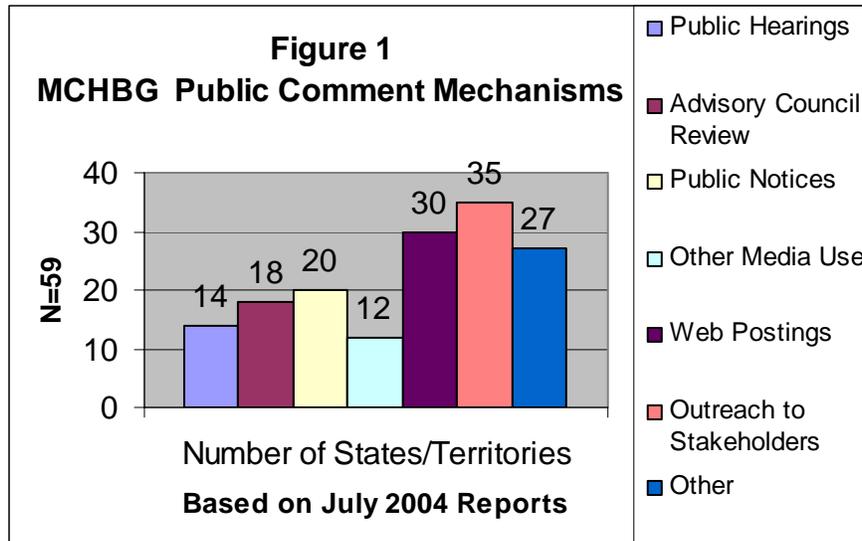
² See *Promising Practices in MCH Needs Assessment: A Guide Based on a National Study and MCH Needs Assessment and Its Uses in Program Planning: Promising Approaches and Challenges* at <http://mchb.hrsa.gov/programs>. Accessed April 29, 2005.

³ State health agency websites were accessed via State Links at www.astho.org in April, 2005.

Findings

Common State Methods for Title V Public Comment

As depicted in summary form in Figure 1 and in state-by-state detail in Table 1, states used a variety of methods to obtain public comment or input on the Title V application. Seventy percent of the 59 jurisdictions (hereinafter referred to collectively as states) used two or three of these mechanisms, and 20% used four or five. Some discussion of the findings in each category follows.



Public Hearings

Less than a quarter of states reported that they conducted public hearings. While the number of states which conducted public hearings in years before 2004 has not been reported, there may have been a decrease in use of this particular mechanism. A few jurisdictions noted that they had stopped conducting hearings due to poor turnout (Montana, New Hampshire).

On the other hand, communications with several other states indicate that some still see value in such hearings. New York State, for example, conducts public hearings every year, varying their locations across the state. Turnout was described as being “pretty full”. The state MCH program found the hearings to be valuable, particularly in identifying emerging issues.

Virginia conducted public hearings in 2005 “for the first time in a long time” in preparation for the FY 2006 submission. Through a contract with the Central Virginia Health Planning Agency, hearings were held in 5 regions of the state. Despite letters to a very large mailing list and radio and TV coverage, the turnout was disappointing compared to what the state hoped to achieve. Nevertheless, the MCH program leadership believed it was valuable to extend the opportunity to comment to a broad public. MCH

leaders also saw value in the education about Title V that occurred through the advanced publicity as well as on-site presentations.

States that reported holding hearings varied in the number and timing of the hearings (when this information was reported). Some states hold hearings in multiple locations across states, some only in one location, typically the state capital. Arkansas reported that it holds one hearing in advance of submitting the document, and one afterward. While these hearings are centrally located in a state office building, the post-submission hearing is videocast to 36 locations across the state. Although most states hold their hearings prior to submission, anywhere within the time period from January through early July, one holds a hearing only after submission (Massachusetts).

Some states' hearings are conducted by the state legislature (Georgia, Kansas). A few states report that hearings focus on other federal grant programs in addition to MCH. Tennessee's three June hearings are held in conjunction with WIC, and Massachusetts' post submission November hearing also covers WIC, as well as block grants for preventive health services as well as for substance abuse and mental health services. Georgia's state legislative hearing covers seven block grants.

Advisory Council Review

Nearly a third of states (18) reported that advisory councils played a role in their Title V applications. Frequently, these were advisory groups with broad mandates addressing MCH or family health, such as in Iowa. In Georgia, a Governor's Maternal and Infant Health Council held public dialogues across the state. Some states had committees focused specifically on the MCH block grant (Delaware, Ohio). Other states specifically mentioned review and comment by committees or councils of parents focused on CSHCN (North Carolina, North Dakota). Maine noted review and input from multiple committees, and Tennessee reported review by Regional Health Councils. To the extent that methods for soliciting comment from advisory groups were discussed in the limited text available, there was great variation, from discussion presumably occurring at meetings, to mailing the application, components or summaries of the application, or notice of its availability, to some or all members of advisory groups. It should be noted that additional states reported that they obtained ongoing input on programs from various advisory groups. These comments are generally included in the "Other" category of this analysis, as it was not clear if these groups provided input on Title V specifically.

Public Notices

A little over one-third of the states used this formal mechanism for making public announcements through newspapers or on-line state systems (Alaska) or electronic health information networks (Kansas). Arkansas reported that the notices were placed in Hispanic newspapers, as well as posted with regional and local public health offices and rapid faxed to 312 media outlets. Most state notices were placed in statewide newspapers, with one in smaller states such as Rhode Island, but often more in larger states. South

Carolina noted that it discontinued public notices when they failed to yield any responses over a five year period.

Other Use of Media

A smaller percentage of states, one in five, described publicity efforts that appeared to extend beyond traditional public notices. These efforts included press releases, radio announcements, agency and partner organization newsletter articles, and in Arkansas, a live interview on radio with the state's MCH Block Grant coordinator. Missouri indicated an intent to make greater use of media for its FY 2006 submission, possibly to include live interviews on radio and TV.

Web Postings

About half of the states reported posting something on their web sites in relation to the Title V MCH Block Grant. Within the limited descriptions provided, it appeared that there was a significant range of practices in this area. Posted information included links to the HRSA web site, summaries and portions of the application, complete applications, online surveys, and dedicated email addresses to receive comment. Some states reported that they maintained and updated Title V related information on their websites on an ongoing basis, while others noted that the Title V application related material was posted only during a designated comment period. A few states noted that utilizing the web site was a relatively recent development in their public comment efforts.

Separate from the review of states' applications submitted in July 2005, state health agencies web sites were reviewed in April 2005 for this report. These web sites were searched for information related to the Title V MCH Block Grant by searching program and organizational sections, as well as by using the sites' search engines. This review identified 22 states with some reference to Title V or the MCH Block Grant on their health agency web sites; although in 5 states the information or application copies were outdated by more than a year. Thus, about a third of states had reasonably current information about Title V on their web sites at this time of the year. A few were soliciting input specifically for the FY'06 needs assessment and application (due within three months of the search), and some clearly invited input on an ongoing basis. Others provided material or links to the HRSA site that were informational only, and not coupled on the site with a request for input. Some noteworthy examples of the more extensive and interactive web material on Title V are included in the next section of this report.

Outreach to Specific Stakeholders

Among the categories used in this report, this one had the largest proportion of states reporting use of this mechanism. Over half of the states targeted requests for comment or input to specific agencies, organizations, and stakeholder groups, usually in addition to and connected with other methods such as public hearings or web postings. This outreach most often occurred through hard copy or email, and might include notices, summaries, data, complete draft applications or surveys or forms for input, or directing stakeholders

to web sites, offices, meetings or hearings where these might be obtained. One state- Arizona- assigns MCH staff to present Title V data to specific partners. Stakeholders and partners frequently mentioned for such targeted outreach included local health departments, parents and parent and family organizations, advocacy and voluntary organizations, such as the March of Dimes, grantees and contractors, and other units of the health agency. Connecticut paid a small number of parents to review the application. Tennessee sent a letter announcing its public hearings along with facts sheets about MCH and WIC to all members of the state's medical and hospital associations.

Other Mechanisms

Almost half the states reported other mechanisms for facilitating public comment, commonly by making hard copies of the application or a summary available for viewing in state or local health offices, or in public libraries. Other states, such as Florida, Minnesota, and Montana reported activities related to needs assessment as a form of soliciting public input or comment, particularly when done at the local level. Some states reported that they conducted community meetings or forums. Kentucky was planning 10 community forums related to its early childhood comprehensive systems grant that it thought would be relevant to input for Title V as well. Palau held a four day conference in June attended by more than 70 individuals, replacing other past public input mechanisms that had not proven useful. The success of this meeting led to planning another focused on program development in a specific area. Many states noted that they obtained input in multiple and ongoing ways.

A number of states mentioned other public input mechanisms specifically for families of CSHCN, including Kentucky, New Hampshire, New York, North Dakota, Oklahoma and Oregon. These methods included surveys, focus groups, and having parents rate the Title V program on relevant performance measures.

Other Noteworthy Findings

Title V Related Brief Documents and Input Tools

A number of states noted that they produced and shared documents other than or in addition to the Title V application to facilitate comment. These documents included executive summaries, lists of priorities, performance measures and other data summaries. Other states noted intent to develop documents that were shorter than the Title V application, which some noted was too lengthy for the public. Highlighted below are some noteworthy examples gleaned from states' FY 2005 descriptions and from the review of web sites in April, 2005.

Puerto Rico reported preparing a summary that included the vision, mission, goals, priorities and services according to the MCH pyramid, with description of MCH outcomes and a graph depicting trends up to 2003. A table with Spanish translation of state and national performance measures was included. This table had space to provide one concrete recommendation for an activity that could be implemented in the coming

year to promote achievement of performance measures. This tool was used in regional staff meetings as well as a consortium meeting, and the results were integrated into FY 2004-2005 plans.

Rhode Island has both a two page overview of “Family Health Needs and Priorities” and an 11 page “Family Health Program Descriptions, Budgets and Challenges” available at <http://www.health.state.ri.us/family>. **Indiana** has a 12 page summary available at <http://www.in.gov/isdh/programs/mch> which includes accomplishments, current and proposed activities and selected performance measures. **Georgia** has a two page “Title V Briefing Paper” describing Georgia’s use of funds, types of programs funded, federal funding levels, and proposed distribution of funds. As part of the section on its web site dedicated to Title V (see below), **Georgia** also has additional pages and links about Title V, including a link to the application narrative, and a dedicated email address to send comments at any time: mchblock@dhr.state.ga.us. **Utah** also had a dedicated address at mchblock@utah.gov.

Louisiana put together a series of fact sheets on Title V totaling nine pages. Complete with graphics and tables, the fact sheets include priorities, performance measures, expenditures, and a fact sheet on programs for each of 6 major target population groups: pregnant women, women, infants, children, adolescents and CSHCN. CSHCN parent liaisons, outreach specialists and families who reviewed the fact sheets gave positive feedback on their format, style and readability. They recommended constructing the feedback form so it could be forwarded from the web site. Both the fact sheets and the feedback form are available on-line at <http://www.oph.dhh.state.la.us/maternalchild>.

Several other states had online tools and mechanisms for feedback. Indiana asked those visiting its web site to assign priorities to 33 identified issues, and provided linked background fact sheets on each issue. **Utah** provides a review document and a review response form that are organized by the major MCH target population groups, and by national and state goals. These goals have electronic links to performance measure data and proposed activities, and can be found at <http://www.health.utah.gov/cfhs/mch/mchblock>.

The nationwide search of state health agency web sites identified one state- **Alabama**- that maintains a separate, attractively presented report of its last five year needs assessment on the agency’s web site. This document includes selected information initially reported in the State of Alabama Maternal and Child Health Services Block Grant, FY 1999 Annual Report/FY 2001 Application, as well as supplemental information requested by the Alabama Chapter of the March of Dimes. On line in pdf format, the document contains photos, some tables, and helpful features such as an executive summary and “Birds Eye Views”, or highlights, of issues in many sections. The document can be found at <http://www.adph.org/mch/maternal.pdf>.

While it is unknown at this point in time whether Alabama or other states might produce such informative, public friendly reports from needs assessments completed in 2005, **Kansas** has already made the needs assessment a centerpiece of its public input process.

Kansas had a webpage dedicated to *MCH 2010*, its name for the five year needs assessment. The page includes a link to a pdf of the draft needs assessment, as well as each of the appendices, and an electronic link to the MCH Director for comments.

Minnesota also has posted information on the five year needs assessment early in the year, but in the form of fact sheets. A web page about the Title V MCH Block Grant links to a page on the needs assessment fact sheets. This page includes both the top ten priority issues identified by the Minnesota program and a number of other issues, with each set organized by major MCH population group, and with electronic links from each issue leading to detailed fact sheets discussing the size of the problem, its seriousness, interventions, status, and references. Minnesota's material is available at <http://www.health.state.mn.us/cfh/na/>.

Wisconsin has a page dedicated to public input, which in April, 2005 was soliciting input on priorities via a three question web-based survey at http://dhfs.wisconsin.gov/DPH_BFCH/PublicInput. The site explains that "In March 2005 interested stakeholders ranked the top problems/needs by population group, considering the size of the problem, seriousness of the problem and potential for prevention. As a result ...top 20 problems/needs emerged". The on-line survey asks responders to identify the top 10 issues, to suggest performance measures, and to offer comments. The survey also asks responders to pick one of nine categories that they fall into; one would assume that Wisconsin will analyze the input to know which issues seem most important for which groups of stakeholders.

Unique among web sites when reviewed over several weeks in April, 2005, **Virginia's** included a downloadable Powerpoint presentation on Title V. The presentation is accessible through an electronic link on web pages dedicated to public input- one for individuals, and one for organizations. The 131 slide presentation provides an extensive overview of the purposes and history of the federal program interspersed with Virginia specific information, and includes graphic presentations comparing Virginia to the U.S. on performance and outcome measures. The Virginia MCH program selected a smaller set of these slides for use in the five public hearings held in April, 2005. The needs assessment surveys and the Powerpoint are accessible at <http://www.vahealth.org/maternal>.

NOTEWORTHY STATE WEB PAGES DEDICATED TO PROVIDING INFORMATION AND/OR SEEKING INPUT FOR THE TITLE V MCH BLOCK GRANT

Georgia	http://health.state.ga.us/programs/family/blockgrant
Kansas	http://www.kdhe.state.ks.us/bcyf/mch_2010
Minnesota	http://www.health.state.mn.us/divs/fh/mch/blockgrant
Utah	http://www.health.utah.gov/cfhs/mch/mchblock
Virginia	http://www.vahealth.org
Wisconsin	http://dhfs.wisconsin.gov/DPH_BFCH/MCH

Reporting On and Use of Public Comments

Within the narrative text limitations of the Public Input sections of the FY 2005 Title V MCHS Block Grant applications, states varied on whether they discussed input received. While nearly two-thirds of the states did *not* discuss the number or nature of any comments received, the remainder of the states made at least some mention of the response. Six states reported that no comments were received; others reported numbers of comments ranging into the 30s. Utah reported the response as a percentage, apparently related to the mailing to 160 stakeholders. Utah reported a 21% response rate, which it noted was higher than in the prior three years. About half a dozen states summarized the nature of comments received, with California appending a detailed list of comments together with the state's response.

A number of states briefly confirmed or described how comments were taken into consideration in planning and decision making. It is interesting to note in this regard that some states noted that comments received in response to the current draft were utilized for the next year's planning and application. Given the realities of time and process necessary to reallocate funds or to start, change or ends programs, together with the fact that federal funding levels for the next year are unknown at the time of application submission, this approach seems to represent an honest acknowledgement of when comments may have potential impact.

Discussion and Conclusion

While largely limited to brief descriptions submitted by states over 10 months ago, this review identified a number of noteworthy features of state practices for obtaining public comment on the Title V MCH Block Grant Application and Annual Report. These findings include:

- A minority of states used more traditional, formal methods for public comment, such as public hearings and public notices. However, a few states that have continued to conduct public hearings or which convened them in conjunction with the five-year needs assessment saw them as being valuable.
- Most states identified and reached out to specific key stakeholders in soliciting input and comment, with the number of key stakeholders targeted ranging from several dozen to hundreds. Many if not most states described specific means by which they solicited input from parents of children and youth with special health care needs.
- A bare majority of states reported making some use of the internet to inform and solicit comment on the FY 2005 Title V MCH Block Grant. A review of state health agency web sites in April, 2005 found that only about a third of states had reasonably up to date information related to Title V on their web sites at that point in time. About one in ten states maintained exemplary web pages dedicated to informing and soliciting input about Title V.

- Few states were making use of media to publicize and market opportunities to comment on the Title V MCH program. One state had conducted live radio interviews for 2005, and one other state was considering such methods for 2006. A few states reported using newsletter articles, and one state had developed a Powerpoint presentation available on-line.

This review largely focuses on methods pre-dating special and additional efforts that many states may take in soliciting public input and comment for FY 2006, when needs assessments required every five years are due. Based on other studies of the last five year needs assessment recently completed by MCHB, additional efforts may include focus groups, surveys and perhaps greater use of public hearings or other kinds of community forums.

Increased use of technology, especially web pages, electronic links, and on-line surveys, and perhaps videocasts, is likely. When coupled with other ongoing means of obtaining input through committees, task forces and the like, as well as targeted outreach to key stakeholders, such technological mechanisms offer low cost means to inform and encourage input from a broad public audience. However, given that there are still families who do not have ready access to the internet and that these may be some of the same families who lack access to health resources, it will be important to maintain other means for securing their input into priorities for funding allocation and program development. Many states reported that such mechanism as family advisory councils, family surveys and focus groups are in place to obtain input.

Continued state attention to ways to improve opportunities for public comment could yield important results in improved understanding and support for programs, as well as improved responsiveness of programs to the needs and concerns of the public and policymakers.

Table 1 - State Methods for Title V Public Comment- As reported July, 2004

State	Public Hearings	Advisory Council Review	Web Posting	Public Notices	Other use of media	Outreach to specific stakeholders	Other
Alabama		X State and Regional Perinatal Advisory Committees (BFHS)- via email/mail				X CSHCN (CRS) consulted diff. parent groups on state CSHCN plans	
Alaska				X-State on-line system		X-Individual contacts to selected key stakeholder agencies	
American Samoa		X-Small group convened to advise on application			X-Newspaper ad about availability of document X-Press release from health director inviting comment		X- System to capture hotline call issues was planned
Arizona			X-Outcome and performance measure data, links to HRSA web site for complete doc.			X-Partnership Initiative- Staff assigned to key partner organizations to present data/get input	

State	Public Hearings	Advisory Council Review	Web Posting	Public Notices	Other use of media	Outreach to specific stakeholders	Other
Arkansas	X-pre and post;post will be videocast to 36 locations			X- Newspapers, including Hispanic papers; rapid fax to 312 media outlets; Regional offices and local public health in all 75 counties	X- Statewide-Arkansas Radio Network live radio interview with MCHBG coordinator, with information on hearing		
California			X- Abridged version with data tables on MCH site; CSHCN (CMS)page link and notice			X-Key stakeholders, including local MCH directors, advised of draft availability	
Colorado			X-Narrative posted on line since 1999. Comments solicited throughout year via return email				

State	Public Hearings	Advisory Council Review	Web Posting	Public Notices	Other use of media	Outreach to specific stakeholders	Other
Connecticut	X			X-For hearing- via two newspapers, email to providers and contractors, and family listserves		X-Pay small number of parents to review	
Delaware		X- MCHBG Steering Committee (state agencies) and Coordinating Council for Children with Disabilities				X- Will be shared after transmittal with variety of key partners	
District of Columbia							X- On file at libraries after submission X-Info session on understanding T.V held at conference
Fed. States of Micronesia					X-Announcement on 4 state radio stations		X-Copies available at state offices

State	Public Hearings	Advisory Council Review	Web Posting	Public Notices	Other use of media	Outreach to specific stakeholders	Other
Florida			X	X-Florida Administrative Weekly			X-local coalition needs assessments, including consumer surveys and focus groups
Georgia	X-Annual State Legislature hearing, in Jan. for 7 block grants	X-Governor's Maternal & Infant Council-held public dialogues	X-Email input invited to MCHBG specific address			X-Family Satisfaction Survey under development X- MOD and HMHB provide feedback	
Guam							X-Ongoing solicitation, "integration into routine program functions"

State	Public Hearings	Advisory Council Review	Web Posting	Public Notices	Other use of media	Outreach to specific stakeholders	Other
Hawaii			(Link to national website may be included in newly designed Dept. site)			X-Input obtained as part of routine work-committees, etc.	X-Consumer friendly product highlighting performance data planned for broad distribution (Noted BG app. too lengthy for general public; is available on request)
Idaho						X-Input obtained as appropriate for programs; e.g. CSHCN (CSHP) sought much input on budget	XContract for needs assessment to include obtaining input
Illinois		X-By Chairs of a number of committees	X-During five week comment period	X-In one newspaper, for comment period		X-Sent to selected key stakeholders	

State	Public Hearings	Advisory Council Review	Web Posting	Public Notices	Other use of media	Outreach to specific stakeholders	Other
Indiana		X- Exec. Summary and application sent electronically to members of MCH/CSHCS Advisory Council	X- Executive Summary posted	X-In all major newspapers		X-Exec. Summary also sent to other interested parties	X- Exec. Summary in 13 public libraries
Iowa		X-MCH Advisory Council, BFH Grantee Committee (local contracted providers) provide input on priorities, performance measures. MCH Council approved plan.	X- Third year posting priorities, annual report, performance measures and program activities for 10 days. Memo sent to over 300 organizations and individuals.			X- Family input obtained via MCH Advisory Council, Parent Consultant Network, and Part C Family Advisory Group	
Kansas	X-Before House Approps. Committee in February			X-Via electronic rural health information network, and one newspaper			

State	Public Hearings	Advisory Council Review	Web Posting	Public Notices	Other use of media	Outreach to specific stakeholders	Other
Kentucky	X- In June or July, prior to submission				X- News release to major media announcing hearing	X-Mailing of selected information and trend data to 125(local health departments, parents, advocates)	X-10 community forums planned for fall '04 under early childhood (ECCS) grant X-CSHCN program has family/youth on 7 member Commission; ongoing input via various advisory councils; shares Title V information with these groups

State	Public Hearings	Advisory Council Review	Web Posting	Public Notices	Other use of media	Outreach to specific stakeholders	Other
Louisiana			X-Summary posted for first time in '04			X-Published priorities in MCH Coaliton (220 member) newsletter; X-presented to Board of LA Coalition for MCH; X-Obtained review regionally from parents, CSHCN outreach specialists	
Maine		X-Discussed with multiple issue/program specific advisory committees		X-Annual notice that application available		X-Ongoing input/advisory groups, including from youth and Parents X-From fall '03, input solicited at all opportunities-meetings, etc. for 5 year needs & strengths assessment	

State	Public Hearings	Advisory Council Review	Web Posting	Public Notices	Other use of media	Outreach to specific stakeholders	Other
Marshall Islands				X		X-Agency outreach team meeting with/seeking community input	X-Copies available from the health agency
Maryland			X-Link to narrative	X-Maryland Register		X-Flyer mailed to stakeholders	(Statement of intent to plan improved methods for input, related to needs assessment)
Massachusetts	X-after submission, joint hearing re: all health block grants/plans, including WIC		(Intent to post in FY 05 noted)				X- Ongoing input, participation via numerous advisory committees X-Application noted to be widely distributed
Michigan			X	X-In 4 newspapers across the state		X- Invited from LHDS, other contractors, advisory groups, other areas of Dept., public (inv. method not specified)	

State	Public Hearings	Advisory Council Review	Web Posting	Public Notices	Other use of media	Outreach to specific stakeholders	Other
Minnesota		X-MCH Advisory TF provides ongoing input into activities, including the 5 yr. needs assessment (application not specifically mentioned)					X- Statutory local needs assessments require community input X- Ongoing, multiple methods at state and local level
Mississippi			X			X-Solicited from key parent and family support groups	X-Available at 9 public health district offices
Missouri			X		X- Ads in 6 newspapers across the state X- For next year/needs assessment live interviews on radio and TV, expanded email notification may be used	X- Electronic cc to 114 local public health agencies, with article in local public health electronic newsletter; X- hard copies mailed to key stakeholders	

State	Public Hearings	Advisory Council Review	Web Posting	Public Notices	Other use of media	Outreach to specific stakeholders	Other
Montana	(Discontinued public meetings in 2002 due to poor attendance)	X-input from Family and Community Health Bureau Advisory Council, incl. review of LPHD survey results			X-Availability publicized in fall Family and Community Health Bureau newsletter		X- pre-contract surveys of LPHDS that includes local needs assmt. information
Nebraska			X-Notice states site includes guidelines for input and outline of application	X-June statewide newspaper notice			
Nevada	X- 2 sites, one done in conjunction with MCH Adv. Bd. Mtg.	X-grant copies sent to MCH Advisory Board members		X-July 2 in 2 major newspapers			

State	Public Hearings	Advisory Council Review	Web Posting	Public Notices	Other use of media	Outreach to specific stakeholders	Other
New Hampshire	(Notes hearings discontinued for low attendance. Less than 5 a year attended, and most were from contract agencies)		X-to solicit continuous feedback			X-Present to contractors at quarterly mtgs. X- MCH presents to Public Health Information Network grantees	X- Application available via State Library System and in CSHCN program office X- CSHCN uses multiple mechanisms – focus groups, paid parents, ‘problem case’ forms, ongoing needs assessment
New Jersey	X- (May 18 '04)		X-Draft application posted 4 weeks prior to hearing	X- Newspapers throughout state		X-Mailing to over 300 of hearing notice, web site	X-Ongoing input throughout the year via many advisory groups and task forces

State	Public Hearings	Advisory Council Review	Web Posting	Public Notices	Other use of media	Outreach to specific stakeholders	Other
New Mexico				X-Major newspaper; posted after application approved			X- Available through 4 district offices for 30 days comment. (Comments considered by management team for next year.) X-Ongoing input via strategic planning processes and multiple advisory groups
New York	X-Rotating locations (5)	X- MCH Services Advisory Council	X			.	X-State process - "Communities Working Together" X-Survey CSHCN parents X-conduct consumer focus groups X-Accept calls, faxes, email, mail

State	Public Hearings	Advisory Council Review	Web Posting	Public Notices	Other use of media	Outreach to specific stakeholders	Other
North Carolina		X-Family Advisory Council asked to review and revise narrative portions related to CSHCN	X- In July			X-Partner agencies asked to review application on website and comment	
North Dakota		X-CSHS Family Advisory Council (CSHCN) reviewed summary with performance measures and activities	X		X- 2 News releases to most major media outlets- one about web posting, second to request comment on priority needs via web questionnaire	X- Request for comment with memo, list of priority needs, performance measures and press release also sent via email and mail to stakeholders.	X-Family Advisory Council members participated in rating for family participation performance measure
Northern Mariana Islands	X	X-MCH advisory committee			X- Hearings publicized in media		X-Ofc. Of Mgmt and Budget enables agencies' comments X- Active participation in community events

State	Public Hearings	Advisory Council Review	Web Posting	Public Notices	Other use of media	Outreach to specific stakeholders	Other
Ohio		X-MCHBG Advisory Council	X-			X-Notice of web posting sent to grantees	
Oklahoma			X-Link to federal site throughout year		X-Statewide press release in February 2004, including to . diverse racial, ethnic outlets X- Family Voices Mar.-Apr. newsletter requested input		X-Input solicited during MCH site visits to county health depts. and contractors. CSHCN solicited input during community forums
Oregon				X-In 3 major newspapers in July		.	X-Notes that input is sought broadly and proactively. X-CSHCN program sought input via 2 community forums and 9 family focus groups

State	Public Hearings	Advisory Council Review	Web Posting	Public Notices	Other use of media	Outreach to specific stakeholders	Other
Palau							X-4 day conference in June attended by more than 70. Replaced other less fruitful past forums.
Pennsylvania			X	X- Pennsylvania Bulletin			
Puerto Rico		X- MCH Advisory Committee, regional SSDI and Healthy Start workgroups			X-Ads in 2 newspapers	.	X- Summary prepared with Spanish translation of performance measures, and including a table with space for rx of one concrete activity to achieve perf. measure

State	Public Hearings	Advisory Council Review	Web Posting	Public Notices	Other use of media	Outreach to specific stakeholders	Other
Rhode Island	X-June 28, 2004			X- State newspaper		X-Multiple forums, mechanisms throughout year X-Extensive email re: hearing	
South Carolina			X-with link to federal site, request for electronic comments	(Discontinued- no responses in prior 5 years)		X-Flyer distributed to OB Task Force, other advocates with request for them to distribute more broadly.	X-Hard copy available at MCH office.
South Dakota			X-Summary posted, with information on how to obtain complete document.			(State indicates ongoing interaction allows response to identified needs before public review)	

State	Public Hearings	Advisory Council Review	Web Posting	Public Notices	Other use of media	Outreach to specific stakeholders	Other
Tennessee	X- Three in June, in conjunction with WIC	X- Regional Health Councils review	X		X-. Press release done	X-Letter and fact sheet sent to over 500 agencies and all members of state physician and hospital associations about hearings. State health email group also notified.	
Texas			X			X-Title V interested persons mailing list receives notice	X-. Input sought by programs in multiple ways throughout the year
Utah			X	X- Six newspapers		X-Mailing to 160 interested agencies and partners, with brief response form	

State	Public Hearings	Advisory Council Review	Web Posting	Public Notices	Other use of media	Outreach to specific stakeholders	Other
Vermont						.	X-Ongoing input via public budget process, legislative hearings on federal grant applications, focus groups, parent to parent project and other parent representation
Virgin Islands				X			X-Copies available on request (Feedback from prior years that block grant is too large and confusing for public)

State	Public Hearings	Advisory Council Review	Web Posting	Public Notices	Other use of media	Outreach to specific stakeholders	Other
Virginia	X- Five planned prior to completion of '06 needs assessment	(Family and Community Health Advisory Committee has provided input into identification of needs)	X-			X-Direct notification of opportunity to comment to numerous stakeholders, including 35 district health departments	X-Overview of MCH/Title V presented at public meetings X- Ongoing input through multiple mechanisms
Washington						X-input solicited from multiple existing stakeholder groups as part of '06 needs assessment process	
West Virginia	X-Public meetings in April and May in 5 locations				X- Newspaper ads about availability at Human Resources offices and public libraries	X-Copies of draft with public comment form sent to selected stakeholders	

State	Public Hearings	Advisory Council Review	Web Posting	Public Notices	Other use of media	Outreach to specific stakeholders	Other
Wisconsin			X			X-Request for input sent to public and private stakeholders. Also included in electronic networks and listserves of various groups. Included request with announcement for a family conference attended by 580	
Wyoming			X-Invitation to request and review document			X-Application made available to stakeholders	

Appendix A-
State Descriptions of Public Input
(In response to Title V application instructions for General
Requirements -1. E.)

Alabama

The Bureau of Family Health Services (BFHS, or Bureau), Alabama Department of Public Health (ADPH, or Department), usually makes pre-submission and post-submission drafts of Maternal and Child Health (MCH) Services Block Grant Annual Reports/Applications available to the State Perinatal Advisory Committee (SPAC) and invites comments. In fiscal year (FY) 2001 the Bureau prepared a report of the FY 2000 needs assessment---focusing on pregnant women, mothers, potential mothers, and infants---that is appropriate for general audiences. The report has been distributed to various stakeholders, invites readers' input, and is available on ADPH's website (<http://www.adph.org/mch/maternal.pdf>).

Children's Rehabilitation Service (CRS), Alabama Department of Rehabilitation Services (ADRS), administers services to children with special health care needs (CSHCN) and seeks input on this population. For example, CRS presented the FY 2003 draft State plan for CSHCN at a meeting of Local Parent Consultants in April 2002. The Parent Consultants rated CRS on the 6 characteristics listed on what is now Form 13.

/2005/Through e-mail and postal mail, BFHS sought input from SPAC and regional perinatal advisory committees in June 2004. For more input BFHS will rely heavily on the FY 2004-05 MCH needs assessment process (already-conducted community discussion groups and mailed surveys, an advisory group to be convened, etc.). CRS continues seeking input on CSHCN. In early FY 2004 CRS presented the FY 2005 draft State plan for CSHCN at a meeting of the State Parent Advisory Committee, who rated CRS on the characteristics listed on Form 13./2005//

Alaska

A public notice informing the general public that Alaska's Title V Block Grant application was available for review was posted to the state's on-line public notice system on June 15, 2004. In addition, several key stakeholders and partners were individually contacted and provided the opportunity to review the application. These agencies included: Alaska DHSS Public Health Nursing, Alaska DHSS Primary Care and Rural Health Unit, All Alaska Pediatric Partnership, March of Dimes, Dept of Education and Early Development, Governor's Council on Disability and Special Education, Early Intervention and Infant Learning, Division of Senior Services and Developmental Disability. Four requests were received for copies of the block grant application. No comments were received from the public or any of the agencies or programs who requested a copy of the block grant.

American Samoa

An advisory committee was convened in order to review the Application and Annual Plan. The Committee consists of a Health Planner, a Nutritionist and a consumer. They reviewed the plan in draft form and will continue to provide input into the plan after its submission. Their input was taken into consideration when developing the annual plan. Further, the Block Grant Application in its entirety was made available for public review. Availability of the document at the Health Department was advertised in the daily newspaper.

Beginning in 2003, the public input requirement was strengthened by providing a public viewing which was advertised well in advance in the Territory's newspaper. This public viewing takes place annually. Additionally, 3 partners to Title V conduct a thorough review and make helpful recommendations.

Additionally, the MCH Program will create a recording system in order to capture the number and types of calls received on the MCH Hotline. A simple tally sheet will be used initially until a better method is implemented.

/2005/

An advisory group including a CSHCN parent, service partners and stakeholders reviewed the 2005 plan in draft form prior to submission. A press release from the director of health soliciting public comment on the application and data was also made.

Arizona

Public input regarding the MCH Block Grant and the associated performance and outcome measures has been incorporated as a continuous process within OWCH and OCSHCN. During FY 02 the OWCH established the Partnership Initiative. An OWCH staff member is assigned as a partner to those agencies/entities and programs that the office should work closely with to better address the needs of the maternal and child population. The effort facilitates the ability to increase the impact on critical problems, reduce duplication, and integrate OWCH efforts with others who share the same goals. The assigned OWCH partner presents the updated outcome and performance measure data to their designated partner agencies. Input from the partners is solicited to identify emerging trends and critical community issues.

The OWCH and OCSHCN web sites are updated each year to reflect the new data. A link to the HRSA web site is included so that the viewer can access the entire Block Grant document.

Arkansas

/2004/ A public notice was placed for ten days in the major Arkansas newspaper, the Arkansas Democrat-Gazette, and in the major Hispanic newspaper for Central Arkansas, *Hola Arkansas!*, advising of a public hearing on June 30th, 2003, at 2:00 p.m. Present were David Rath, Family Service Unit, Nicollete Pearson, Abstinence Education Program, Aurian Zoldessy, Women's Health, and a stenographer Debbye Petre, CCR, of Petre's Stenograph Service. There were no comments or questions received. A second

public hearing August 25th for post-grant submission comments will be advertised in the same manner. //2004//

//2005/ The MCHBG notice of public hearing was dispatched via the CityWatch system, (rapid fax communications to 312 media outlets (newspapers, TV, and Radio) throughout the state of Arkansas). In addition, public notices were placed in newspapers throughout the state, in all ADH Regional Offices and Local Health units in all 75 counties of Arkansas. The Arkansas Radio Network conducted a live interview with the MCHBG coordinator which broadcasted information about the hearing statewide. The hearing scheduled prior to submission of the block grant was June 10, 2004 and centrally located in the auditorium of the State Health Department. The public had until July 1, 2004 by which to comment on Arkansas' application. The post-grant submission public hearing is scheduled for August 25th, 2004 and will be videocast to approximately 36 locations throughout the state for the convenience of the public. //2005//

California

2005/ An abridged draft of the FY2004-05 Application/Report, including data tables, was posted on the Maternal and Child Health (MCH) Branch website for review and comment. MCH partners, including local Maternal Child and Adolescent Health (MCAH) Directors, contractors and other stakeholders were advised of the availability of the draft. The Children's Medical Services (CMS) Branch added a Title V link on the CMS website that connected to the MCH website and made the draft Application/Report available to its partners. A CMS Information Notice was placed on the CMS Website informing stakeholders, including the California Childrens Services (CCS) administrators, local Child Health and Disability Prevention (CHDP) program directors, deputy directors and medical consultants, and CMS Branch staff, about accessing the draft Application/Report. //2005//

Colorado

Colorado first placed its Maternal and Child Health Block Grant, the application for FY 2000, online for review and public input in 1999. Since that time, all narratives have been placed online. Users find on-line access to the grant very convenient, and comments throughout the year are solicited through a return email function on the website.

A draft version of the FY 2005 grant application was placed on the state health department's website this year on May 27, 2004. Comments were solicited by external reviewers and appropriate changes were made in the final grant application before the July 15, 2004 submission.

After transmittal to the Maternal and Child Health Bureau, the final version of the Maternal and Child Health Application Title V Application/Annual Report for FY 2005 will be available on the department website. Visitors to the website will be able to download the application and will be able to email the Division with their comments and questions throughout the year. Hard copies will also be available.

Connecticut

A Public Hearing for the MCH Block Grant was held on May 12, 2004. Although representatives from two community provider agencies were present, this year no families were able to attend. A Notice of Public Hearing for the Block Grant and Title V application was posted, together with an invitation for written testimony, in two CT newspapers (New Haven Register and the Hartford Courant), via email to providers and contractors, as well as through several CT family Listserv newsgroups on the internet.

This year, written testimony was received from a mother of two adult daughters with sickle cell disease. She is also board member of the Citizens for Quality Sickle Cell Care, Inc (CQSCC) in New Britain, CT. She is concerned that a decrease in funding and a concentration in certain services will cause a lack of services for those infants and families living with sickle cell disease.

In May 2004, three families were paid to read and review CT's block grant application. This report can be found as an attachment to this section.

Delaware

Drafts of this document were shared with the Maternal Child Health Block Grant Steering Committee, which is composed of representatives from Medicaid, Department of Education, Department of Services for Children, Youth and Their Families, Division of Child Mental Health, and the Division of Public Health. It was also reviewed by the Coordinating Council for Children with disAbilities. Since there were few major changes this year and the Title V office did not have the up to date data until the middle of June, the application was not widely disseminated. When the needs assessment was completed in 2000, it and the grant were shared with several groups including the Interagency Coordinating Council, the Perinatal Board, the Rural Health Initiative and other key individuals including parents. After the grant is transmitted, it will be shared with a variety of key partners again including the ICC, the Perinatal Board, March of Dimes, etc.

District of Columbia

Hard copies of the application submitted July 15, 2003 were distributed to the central and branch libraries in August 2003, as will be done with the current application. An informational session on the federal requirements for the Title V block grant was presented at the annual maternal and child health coordination conference held February 24, 2003. Over 1000 persons attended the conference; about 25 attended the session on Title V Understanding the Title V Maternal and Child Health Block Grant. Presenters informed participants how to access the Title V information Web site. Following the session, several attendees requested hard copies, which staff later mailed.

Federated States of Micronesia

To assure public input and feedback from the general public, the usual practice is that the Secretary of Health for the Department of Health, Education and Social Affairs disseminates the Title V MCH Block Grant Application to places that the public can easily obtain. In the past, the Department has done this by (1) making a general

announcement on the four State Radio Stations and inviting the public for comments and feedback and (2) making the copies available to each of the FSM State Department of Health Services for the public to pick up.

This year, this process is used again without having to send the application to the FSM Congress for endorsement. This is because, the FSM Congress has already endorsed the MCH Program in the FSM through the previous years' resolutions and by law only new grant or program has to be sent to FSM Congress for review and endorsement. However, if any grant or program is discontinued, the Department of HESA has to send, through the President, communication explaining the circumstances leading to such discontinuation with a contingency plan as to how the program activities can be sustained.

Florida

Public input begins with the Healthy Start coalition local needs assessment process and service delivery plan development and implementation. Consumer experience surveys and focus groups are heavily relied on for needs assessment, plan development, and ongoing implementation, and consumers serve on the coalition boards. Headquarters MCH staff review and evaluate coalition needs assessments, service delivery plans, and implementation reports and use this information in planning MCH programs.

To facilitate comment during development and after transmittal, an advertisement was placed in the Florida Administrative Weekly soliciting input. An additional advertisement will announce its availability to the public. We will also make the FY2005 application available over the Internet on our department website. To find applications from previous years, and to locate the FY2005 application when it is available, go to <http://www.doh.state.fl.us/family/mch/docs/grant.html>. You may also find this page by going to the Department of Health webpage at www.doh.state.fl.us. On that page, go to the subject list pull down menu and click on maternal and child health. From there, click on the documents link, and then click on the link for the MCH Block Grant Application. You can also reach the DOH website by going to www.myflorida.com and clicking on the "Find an Agency" link under the Welcome to Florida logo, and then clicking on the link for health.

Georgia

The Georgia Department of Human Resources (DHR) and its Family Health Branch (FHB) recognize the importance of public participation in the planning and implementation of MCH services. DHR conducts annual public hearings. In 2001 and 2002, the DHR Board and Management Team observed programs and listened to consumer concerns statewide. Written communication, including emails, is an option for those unable to attend. The information gathering assisted the Board in setting priorities and directions for the next budget cycle. A public hearing is held by the Georgia Legislature's House and Senate Health and Human Services Budget Subcommittee each January for public comment on seven federal block grants, including the MCH Block Grant. /2003/ - To facilitate local input into Georgia's Title V application as well as state-level planning, FHB has developed and publicized new web pages.

(<http://health.state.ga.us/programs/family/blockgrant/index.shtml>) An email address (mchblock@dhr.state.ga.us) has been established to obtain local input including information about local activities. /2004/ - The Georgia Legislature held its annual block grant review on January 24, 2003. The Governor's Maternal and Infant Health Council held public dialogues across the state. DRH obtained input about Newborn Metabolic Screening. /2005/ - *The Georgia Legislature held its annual block grant review in January 2004. A Family Satisfaction Survey has been developed, and is expected to be implemented in all Health Districts in January 2005. The March of Dimes and Healthy Mothers/Healthy Babies provides consumer-based MCH feedback. //2005*

Guam

Public input during 2004 was sought several ways. The Lt. Governors Youth Suicide Task Force provided several comments from members representing numerous advocacy organizations, community based organizations, and governmental agencies. Several students from the University of Guam requested copies of the Grant for research projects they were working on and numerous questions were fielded from them. Copies were distributed to several Senators in part of the Budget (local) preparation process.

Public input on Guam goes on all the time. The public does not hesitate to call the MCH Office and let us know what they are thinking. Whether it is good or bad.

Even the Governor has a weekly radio address to let the public know what is going on. The MCH Coordinator also has the Lt. Governors private cell phone number.

/2005/

The Guam Title V Program elicits ongoing public input and consumer representation on committees and in activities. The Children with Special Health Care Needs (CSHCN) and Adolescent Health component have successfully engaged youth in planning and advisory capacities resulting in youth oriented materials and activities developed to fit their needs. The CSHCN Program actively involves parents on the advisory committees. Parents and consumers are recognized as critical components of successful programs and their input has been assured through their integration into routine program functions.

Hawaii

Public input was obtained throughout the past year as part of routine staff presentations and participation in coalitions, advisory boards, conferences, professional and community meetings. Performance measure narratives were developed in consultation with input from collaborating agencies, community advocates, and families. Copies of the Title V Block Grant Report and Application are routinely mailed to 25 agency partners, community representatives, and concerned individuals. Copies of the report are available directly from FHSD upon request by the public. Generally, feedback on the report from past public meetings indicate that the document is too lengthy and cumbersome for use by the general public.

/2005/FHSD will work on a consumer friendly product from the Title V report for

broad distribution that highlights the performance measure data. A link to the National Title V website may be placed on the newly redesigned Hawaii Department of Health website. //2005//

Idaho

Idaho is in the process of establishing a contract with an outside organization to develop and implement the MCH 5 year needs assessment for Idaho. This process will include input from various organizations representing MCH populations. As always, MCH funded programs involve public input as appropriate for program direction and implementation. A good example of this activity over the past year has been the Children's Special Health Program's effort to obtain input from individuals and organizations on programmatic changes necessary to maintain program expenditures within budget. CSHP staff has met and/or communicated with major family support and advocacy organizations, including Idaho Parents Unlimited, Family Voices, Co-Ad, the State Independent Living Council, and the Consortium of Idahoans with Disabilities, an umbrella group composed of a variety of programs, agencies and organizations focused on disability issues in Idaho. CSHP also began a process of communicating with physician providers and district health departments last summer to allow adequate time to explain coming program changes and respond to comments and questions.

Illinois

The MCH Block Grant application was made available for public review and comment between the dates of June 14 and July 2, 2004. On June 14, a draft was distributed to chairpersons of the following advisory committees or a senior member of the following organizations: the Illinois Maternal and Child Health Coalition; the Family Planning Advisory Council; the Perinatal Advisory Committee; the Genetic and Metabolic Diseases Advisory Committee; the Genetics Task Force of Illinois; Voices for Illinois Children; the Maternal and Child Health Training Program at the University of Illinois at Chicago School of Public Health; the Illinois Association of Public Health Administrators; the Illinois Public Health Nursing Administrators Association; Family Voices of Illinois; the Newborn Hearing Screening Advisory Committee; and DSCC's Family Advisory Council. Between June 14, 2003 and July 25, 2004, it was posted on the Internet at www.dhs.state.il.us at the same time. A legal notice inviting public comment was published in the Edwardsville Intelligencer, the newspaper currently designated for publication of the State's legal notices, on June 24, 26, and 28, 2004. Comments were received from several invited reviewers.

Indiana

The State Title V program solicited public comments for this application by placing an Executive Summary of the FY 2004 application on the MCH web page and by distributing the Summary to selected members of the MCHS/CSHCS Advisory Council and other interested parties. These individuals were encouraged to review the Executive Summary and provide comments. Copies of the Executive Summary were made available upon request and were also accessible in government document sections of thirteen public libraries across the state. A legal notice was placed in all major newspapers in the state alerting readers to the placement of the documents.

ISDH will post the 2005 executive summary on the MCH web page and distribute the summary and the application electronically to the membership of the MCSHC Advisory Committee and to all public libraries in the State. All public comments are recorded to along with ISDH MCSHC response and all comments and responses are used during the preparation of the application for the following year. ISDH will announce the web location of the executive summary by legal notices placed in all major newspapers in the state.

Iowa

2005/The Iowa Maternal and Child Health (MCH) Advisory Council members represent a wide spectrum of providers, consumers, parents, and policy makers that are concerned with MCH issues. Members were asked to assist in the establishment of the Title V priority needs and performance measures. The Council endorsed the state plan at their June 17, 2004 meeting (see the attachment for the complete membership list and by-laws). The MCH Advisory members were also asked to provide public comment via the IDPH web site.

The BFH Grantee Committee is comprised of representatives from all 36 MCH and Family Planning contract agencies. Local contract agencies are encouraged to provide input and influence Bureau-related policy and quality assurance activities. Input from the committee was used to determine the Title V priority needs and performance measures.

For the third year, public input was obtained via the IDPH web site. The 2005 proposed priorities, annual report, performance measures, and program activities were posted from June 1-10, 2004. A memo was sent to a diverse group of over 300 persons and agencies interested in MCH issues. Over 30 people sent comments and suggestions.

The final version of the application incorporates comments and recommendations recieved from the public comment.

This year, family input was primarily being obtained through the MCH Advisory Council, the CHSC Parent Consultant network, and the Dept. of Education's Part C family advisory group.//2005//

Kansas

A notice of public hearing was placed through the Kansas Rural Health Information System. (KRHIS is the new electronic public health information system with postings to all local health departments, hospitals, primary care clinics and other health care providers.)

A second notice was posted in the official Kansas newspaper, the Kansas Register, on February 12, 2004.

The public hearing was held before the House Appropriations Committee of the Kansas Legislature on Thursday February 19, 2004 in the Statehouse. An overview of the requirements of the MCH Services Block Grant was provided including the five-year statewide needs assessment and use of the funds to address priority needs identified in the needs assessment.

No comments were received through these processes.

Kentucky

Public input during the Title V Block Grant development process is accomplished in several ways.

The Department for Public Health schedules a public hearing annually, during June or July prior to submission of the application. Information about the Title V Application process, overview of the purpose and data compared over multiple years is mailed to approximately 125 interested parties. These include local health departments, parent organizations and other advocates. A news release is also sent to major media within Kentucky announcing the public hearing. The FY 05 hearing is scheduled for July 12, 2004.

In addition, ten community forums will be conducted for public input in Fall 2004 as part of the Early Childhood Comprehensive Systems grant.

The Commission assures family and consumer in-put to program development by including two parent representatives and one young adult patient representative on the seven-member Board of Commissioners. Families and patients are also represented on the Commission's Hemophilia Advisory Committee and on a volunteer advisory committee for the Universal Newborn Hearing Screening program. Parents are well represented on the Inter-agency Coordinating Council for First Steps. All these groups receive regular program updates and have the opportunity to provide consultation and work with the Commission on various committees or workgroups throughout the year. Information about the Block Grant performance measures is share with these advisory groups as well as information about the use of Title V block grant funds. Commission and ICC meetings are open to the public.

Louisiana

/2005/Input from MCH stakeholders was facilitated by publishing the MCH priority needs and activities in the May 2004 issue of MCH Coalition News. The 220 members of the MCH Coalition represent public and private hospitals, and obstetric and pediatric providers. This same information was distributed and orally presented to the Board of the Louisiana Coalition for Maternal and Child Health on May 24, 2004 for input. Recommendations included increased involvement with the private medical community by developing programs that promote breastfeeding with all birthing hospitals and to work closely with physicians to address dental health, smoking cessation and proper weight gain for pregnant women and SIDS and lead poisoning prevention for children.

The Title V Block Grant application has become more accessible to Louisiana's citizens via Internet access. A summarized version of the application was posted to the MCH website on 5/29/04 (see attachment or www.oph.dhh.state.la.us/maternalchild/index.html). The summary document was reviewed by 12 CSHS Parent Liaisons, 9 CSHS Community Outreach Specialists, and 6 CSHS Families from all 9 regions of the state. These parents provided positive feedback regarding the format, style, readability and listing of priority needs. Recommendations included engineering the feedback form so that it could be forwarded to MCH from the web site. Parents suggested that we address teen pregnancy rates in rural areas, improve the publicity regarding services offered, and that the Child Care Health Consultant Initiative increase efforts to educate childcare facilities in caring for CSHCN.//2005//

Maine

MCH programs elicit ongoing public input and consumer representation on committees and in activities. The CSHN and Youth Suicide Prevention Programs have successfully engaged youth in planning and advisory capacities resulting in youth oriented materials and activities specific to their needs. The CSHN Program actively involves parents on the advisory committee. Parents and consumers are recognized as critical components of successful programs and their input has been assured through their integration into routine program functions.

/2005/ The annual MCHBG planning and reporting processes, as well as, the upcoming FY05 application have been discussed with the Joint Advisory Committee (Genetics and CSHN Programs), Newborn Hearing Advisory, and Childhood Lead Poisoning Prevention Advisory Committees, with requests made for public input.

Planning for the 5-year comprehensive strengths and needs assessment began in the fall 2003 and is ongoing. Consumer, provider, and family input has been solicited at every opportunity at public forums such as committee and grantee meetings, conferences, and liaison groups. //2005//

Annually a notice is placed in local newspapers (Copy attached) indicating that the block grant application is being prepared and will be made available, upon request, to review and provide comment. /2004/ Two requests were made for copies of the grant application with no subsequent comment.//2004// */2005/ No requests were made for copies and no comments were received on the grant application. //2005//*

Marshall Islands

The Ministry of Health will make more effort to have the public be more involved in the MCH programs and reviewing the grant application. Each year public announcements are made for the public to attend such meeting, but not too many people are interested. with the Community Health Health Councils established, the MOH will coordinate with them for meeting schedule with communities for input and comments ont the MCH programs and services. In addition to this, the distribution of the draft report and holding public

forums for comment on the report and to hear additional views regarding the RMI Maternal and Child Health Block Grant FY 2005. Furthermore, where to call for more information is being provide to the public. For more information concerning the RMI Maternal and Child Health Block Grant issues, please call MCH program office at: (629)625-6941/5569; send e-mail at davidh@ntamar.com or visit the MCH office during regular working days (Monday thru Friday), (8:00pm - 5:00pm).

/2005/The RMI MCH/CSHCN is collaborating with the Ministry of Health outreach team for meeting with communities for input and comments on the MCH Block Grant. In attition to this, draft report and copies of the MCH block grant can be obtain from the Ministry of Health for the review and make comments. Also, calls for more information is being provided to the public/for more information concernig the RMI MCH/CSHCN Block Grant, please call the MCH/CSHCN office at (692)625-6941 or by e-mail at davidh@ntamar.net or visit the MCH/CSHCN office during working days (monday thru Friday),(8:00am - 5:00pm.

Maryland

A notice was placed in the Maryland Register inviting the public to review and comment on the 2005 application. In addition, a flyer was mailed to MCH stakeholders (e.g., agencies, organizations, medical providers and advocacy groups) inviting them to comment on last year's application. The CMCH web site (www.fha.state.md.us/mch) also contains a link to the FY 2004 application narrative. In preparation for the upcoming needs assessment, Maryland will work to identify methods for improving public input and comment during the Title V application process.

Massachusetts

A public hearing will be held on */2005/ November 16, 2004 //2005//* in Framingham, to allow formal general public comment on the four federal block grants administered in full or in part by the MDPH: MCH Block Grant; Alcohol, Drug Abuse and Mental Health Services Block Grant; Preventive Health and Health Services Block Grant; and the Women, Infants and Children (WIC) State Plan. Organizations and individuals concerned with maternal and child health who are encouraged to attend and present oral and/or written comments on the activities of the Bureau of Family and Community Health. We plan to make the Application/Annual Report available to the public through the MDPH Home Page (as well as through TVIS). Additional comments will be solicited through that mechanism. We will be circulating the document widely to vendors, advocates, and MCH/CSHCN professionals.

/2003/ We have confirmed our tentative decision to rely on the MCHB/TVIS website as the primary public access point for the Block Grant. /2004/A limited web presence for the Application is being created to accommodate supplemental information referenced in the web-based Application and to promote use of the HRSA/MCHB website.//2004// /2005/ No further progress on a web presence occurred during FY04, but is now planned for FY05 as described above. //2005//

The BFCH and MDPH also encourage input and comment throughout the year as well. Our extensive participation in numerous advisory committees, community coalitions, and similar groups assure on-going input from the public and ready access to the state Title V program by many people and organizations.

Michigan

Comments on the draft application narrative were invited from local health departments and other contract agencies, advisory groups, other areas of the department with overlapping interest and the general public. The draft document was posted on the department's web site (www.michigan.gov/mdch, click on Pregnant Women, Children and Families) and a notice was published in four newspapers throughout the state (Detroit Free Press, Grand Rapids Press, Traverse City Record-Eagle, and Marquette Mining Journal).

Two comments were received from Wayne County Health Department and Detroit City Health Department. As a result of those comments, we did add information on Wayne County's Family Planning activities under SPM #6 and corrected Detroit's FIMR data (PM #17). Detroit also suggested the topic of childhood obesity for our next needs assessment.

Minnesota

In Minnesota, the opportunity for public input into the MCH planning process is ongoing, utilizing a variety of methods at both the state and local levels. The Maternal and Child Health (MCH) Advisory Task Force provides a particularly significant source of input into overall state activities. This statutorily required advisory group is comprised of 15 members equally representing professionals with expertise in maternal and child health services; representatives from local public health; and consumer representatives interested in the health of mothers and children. The MCH Advisory Task Force is charged with reviewing and reporting on the health care needs of Minnesota's mothers and children as well as priorities for funding of key maternal and child health activities and plays a critical role in the five year needs assessment process.

Each of the state's local public health agencies, through a formula distribution, receive at least two thirds of Minnesota's federal Maternal and Child Health Block Grant funds. The Local Public Health Grant Act which covers the distribution of the MCH Block Grant requires local public health agencies to establish local priorities based on an assessment of community health needs and assets; and to determine mechanisms to address the priorities and achieve statewide outcomes. The assessment, prioritization and planning processes all require community input.

Mississippi

2005/ The Mississippi State Department of Health (MSDH) solicits public input by making copies of the Block Grant Application available at each of the nine (9) public health district offices in the state to allow local citizens an opportunity to visit and view this document at their convenience. A copy of the 2005 Block Grant will also be placed on the agency's website (www.msdh.state.ms.us) to be viewed by citizens who have access to computers.

Public input will continue to be solicited through key parent and family support groups who are affiliated with programs funded by the grant. //2005//

Missouri

As in years past, public input was an essential element in the development of this application. The process for obtaining public comments included sharing an electronic copy of the proposed use of funds with Department of Health and Senior Services (DHSS) management and all 114 local public health agencies (LPHAs). An article was also placed in the weekly electronic newsletter "Friday Facts" prepared by Center for Local Public Health Services and located at <http://www.dhss.mo.gov/fridayfacts/>. The Proposed Use of Funds document was also accessible on the Department's Web site, www.dhss.mo.gov. The general public was informed with newspaper ads placed in six strategic newspapers across the state. Hard copies were mailed to key stakeholders throughout the state.

Options for comments by the public included e-mail, fax, postal mail, and telephone. As a result of these efforts 23 inquiries and responses were received from maternal and child health stakeholders throughout the state. All comments were reviewed and incorporated into the plan where appropriate. Most comments from stakeholders expressed support for the planned use of funds. Responses also included the continued need for dental services and expansion if possible and interests and concerns regarding health services delivery disparities, Family Partnership, prenatal substance abuse, child care provider inspection and licensure, and teen pregnancies.

For the coming year, in conjunction with the new Needs Assessment, news releases, live interviews on radio and television stations, and expanded email notification may be used.

Montana

Public input is solicited in the form of public meetings in conjunction with regional visits, from local public health departments through pre-contract surveys and from the Family and Community Health Bureau Advisory Council, representing partners and consumers. Counties are required to include consumer surveys in their contract responsibilities.

/2004/Public Input was obtained from pre-contract survey, which solicits issues and concerns from all contract counties (accounting for 54 of Montana's 56 counties). Contractual requirements include that contractors conduct periodic needs assessments, and the input from those assessment are reported on the pre-contract surveys. Public meetings, which had been scheduled beginning in conjunction with regional MCH meetings in 1999, were not held in 2002 due to poor attendance.

Public input is also obtained from the Family and Community Health Bureau (FCHB) Advisory Council, who represent various MCH partners and constituents. The FCHB reviews the pre-contract survey summary at the June meeting each year, and provide direct input from the constituency they represent. Advisory Council members are invited to participate in the video link to the block grant, and several participated in 2002. Copies of the block grant are made available to Advisory Council members, and availability of the text and data from the block grant is provided through the FCHB Facts newsletter in the fall.//2004//

Nebraska

/2005/ Public Input on Nebraska's Title V/MCH Block Grant Application for FY2005 funds was solicited through a: 1) A public notice was printed on June 6, 2004 in the "Omaha World Herald" newspaper, the daily newspaper with statewide coverage and the largest circulation of any Nebraska newspaper, which read:

The Nebraska Department of Health and Human Services is seeking public input on its application to the federal government for Title V/Maternal and Child Health Block Grant funds for the period of October 1, 2004 -- September 30, 2005. This application addresses statewide health needs of women, infants, children, adolescents, and their families, including children with special health care needs. Persons wishing to provide such input should do so on or before June 25, 2004, by mailing to Nebraska Health and Human Services, Office of Family Health, Attn: MCH Planning & Support, P.O. Box 95044, Lincoln, NE 68509, or faxing to 402-471-7049, or sending an e-mail to family.health@hhs.state.ne.us. Guidelines for input, including an outline of the application, may be found on the internet at www.hhs.state.ne.us/fah/blockgrant.htm.

2) Information regarding Nebraska's MCH Block Grant Annual Plan was available on the Office of Family Health website, and can still be accessed for grant reviewers' information

Nevada

The opportunity for oral public input on the block grant application after required public notices was provided on June 25, 2004, at two sites. One hearing was held in conjunction with a meeting of the Maternal and Child Health Advisory Board in Reno at the Washoe County District Health Department, and in Las Vegas at the Nevada Early Intervention Services conference room at the same time. No comments regarding the grant application were received at either site. Written comments were solicited due July 10, 2003. None were received. Notice of preparation of the grant, the date and places of the public hearings, and an invitation for comment was published in newspapers on July 2, 2003 in Reno, and Las Vegas. Copies of the proposed grant were available by contacting the Bureau and the NEIS in Reno, Las Vegas and Elko. Copies were sent to members of the MCHAB and those who requested them. This application represents priorities established by the Year 2000 Needs Assessment including extensive public comment through the Needs Assessment process and the meetings of the MCHAB.

New Hampshire

/2004/BUREAU OF MATERNAL AND CHILD HEALTH (BMCH) BMCH presents priorities and plans to contract agency Directors at quarterly meetings and to their community agency or consumer advisory Boards during application development, as part of the Title V public input process. Feedback is elicited and incorporated into the final application. This presentation is included as an attachment to this Section. Yearly public hearings were held previously, but attendance was poor (<5 people/year, all from MCH contract agencies) and this process was discontinued. Instead, BMCH will post the completed application on its website to solicit continuous feedback. The public is

encouraged to contact BMCH to provide input. In addition, a copy of the Block Grant will be available to all residents via the State Library system./2005/*This year, MCH staff presented its priorities to community Public Health Information Network grantees.*//2005//

SPECIAL MEDICAL SERVICES BUREAU (SMSB) SMSB is responsible for the state population of Children with Special Health Care Needs. This application is available for public access through the SMSB office (Concord). SMSB priorities are identified and developed through public input mechanisms that include parent and teen focus groups, feedback from contracted consultants (paid parents), results from work sessions at state and regional conferences, direct communication with families served, parent /2005/*and staff*//2005// 'problem case' forms, NH data from the National Survey of Children With Special Health Care Needs 2001, ongoing needs assessment activities, and NH Family Voices advisory groups.//2004/

New Jersey

To include public input into the annual development of the MCH Block Grant Application and Annual Report, a public hearing is held and a draft of the report is posted on the Department's website. The public hearing was held on May 18, 2004, in Trenton to review the draft of the Maternal and Child Health Block Grant Application. Testimony was received from twelve individuals. A draft of the application was posted on the Department's website (www.state.nj.us/health/) four weeks prior to the public hearing. Notice of the public hearing was published in local newspapers throughout the State. Notification of the public hearing and availability of the draft application on the Department's website was mailed to over three hundred individuals on the Division of Family Health Services mailing list. Public comments addressed the need for continuing support for the comprehensive Child Evaluation Centers, the Maternal Child Health Consortia and the children with special health care needs (CSHCN) case management system. Providers of services to CSHCN cited barriers to providing comprehensive care such as low reimbursement rates from managed care providers, difficulty locating dental providers and increasing case loads for case managers. Several commentors provided examples of the diverse MCH programs supported by Title V funding and the Division of Family Health Services. Input into Title V activities are encouraged throughout the year through involvement of individuals and families in the many advisory groups and task forces as described in Section III.E.

New Mexico

/2005/ Upon receiving final approval for the FY05 Application from the MCH Bureau/ HRSA/ DHHS the New Mexico Department of Health will publish a notice in the Albuquerque Journal, which has statewide distribution, inviting the public to comment on the current Title V Block Grant. It will be available to the public for review through contacts at each of the four district offices of the Public Health Division located in Santa Fe, Albuquerque, Las Cruces and Roswell, and the Title V State Office in Santa Fe. The Title V State Director will consider public comments on the Block Grant for a specified period of thirty days. The Title V State Office will acknowledge comments, and the Family Health Bureau (FHB) Management Team will review summary of comments and

follow up on critical issues. The FHB Management Team will consider comments when evaluating program services and developing the subsequent year's Block Grant. Public Input is an ongoing process. Input for DOH priorities was solicited through the revision of the DOH strategic plan process and the development of a comprehensive statewide health plan. Input from advisory groups was ongoing and is featured in this report and application document: the State's Early Childhood Comprehensive Systems (ECCS) working groups, the Children's Cabinet, the Children & Youth with Special Health Care Needs (CYSHCN) Transition Planning Council, the Youth Development Advisory Councils, the PRAMS Steering Committee, Family Health Bureau consultations with District Public Health teams, and other groups. //2005//

New York

The New York State Department of Health, as New York's Title V agency, has several methods for making this application public and for soliciting, accepting and incorporating public input during its development and after its transmittal. These include:

1. using a public process called Communities Working Together for a Healthier New York as a basis for forming New York's public health priorities for the decade;
2. placing the document on our public website and making hardcopies available through the Division of Family Health;
3. an active and involved Maternal and Child Health Services Advisory Council, statutorily-established as a method of public input;
4. annually establishing public hearings, rotating locations across the State (five this year);
5. surveying parents of Children with Special Health Care needs;
6. conducting a series of focus groups with Title V consumers and Title V-eligible groups across the State; and
7. accepting phone calls, letters, faxes and e-mails regarding the content of the document.

Each of these methods is described in more detail under Section II. Needs Assessment.

North Carolina

//2004/Public input on the MCH Block Grant will be obtained in two different ways. Members of the Family Advisory Council reviewed portions of the block grant application specific to CSHCN and a conference call was held June 30, 2003 to receive their feedback. In addition, the grant application will be posted on the WCHS website in July and partnering agencies (including Healthy Start Foundation, March of Dimes state chapter, Area Health Education Centers, etc.) will be asked to review it and provide feedback to the Section Office.//2004//

//2005/Public input on the MCH Block Grant will be obtained in two different ways. A brief presentation was made to the Family Advisory Council on May 20, 2004, regarding the block grant and they were asked to review and revise the portions of the narrative relevant to children with special health care needs. In addition, the grant application will be posted on WCHS website in July and partnering agencies (including Healthy Start Foundation, March of Dimes state chapter, Area Health

Education Centers, etc.) will be asked to review it and provide feedback to the Section Office.//2005//

North Dakota

The CSHS Family Advisory Council provided input into the application by reviewing a summary of the performance measures specific to CSHCN, including proposed activities for the next year. Members were asked to provide suggestions for additions or changes to the FY 2005 Annual Plan.

Family Advisory Council members also participated in the rating of the characteristics to assess family participation in the State CSHCN program. Family rankings were averaged with CSHS staff rankings to derive the overall ranking reported for FY 2003.

Two news releases were sent to most major media outlets in the state. The first announced that the Title V application would be posted on the Department of Health (DoH) web site and was available for public comment on July 1, 2004. The second release requested public comment about the state's priority needs. The news release invited the public to provide comment via completion of a short questionnaire on the DoH web site.

The questionnaire asked respondents to indicate what actions could address any of the priority needs, what other priority needs should be included, and any other comments. A cover memo, a list of the priority needs and performance measures, and a copy of the news release was distributed to stakeholders via regular mail and email.

Comments were received from 15 individuals and included the need for more child care services, especially for special needs populations, more school nursing services, an increased emphasis on healthy weight and nutrition, more Early Head Start programs, and the need for more information and education about programs and services.

Northern Mariana Islands

The CNMI maintains a State Point of Contact – Office of Management and Budget – for grants, which enables all agencies to review applications and offer comments. Public hearings/meetings are also held and these hearings are publicized in the media. Telephone numbers are easily accessible and are publicized throughout the islands. This is reinforced at community events, radio spots, television advertisements, and the home visit nurse.

The MCH advisory committee consists of members of various service providers and consumers. To assist us in ensuring active participation and because we all serve in the same committees/task force/councils, we are asking each agency to define their special interest such as policy development, service oriented, target population, finances, etc.

/2002/ - no change

/2003/ - Direct lines are available for all program staff.

//2004// - We have a group of key staff at the Division assessing systems of care per each service we provide as part of the needs assessment. We completed prenatal care services. These findings will be provided to the advisory group. //2004//

//2005// - No major change. We have brochures about programs printed and distributed during our participation at community events. Please note that we have been actively participating in major community events. MCH staff are also members of other committees in which we have to report MCH activities to members or provide progress reports about MCH programs.

Ohio

This section describes the process by which Ohio makes this application public for comment during development and after transmittal. (.5 page limit)

The Ohio Department of Health made the Maternal and Child Health application available for public input through a variety of methods. Last year's application (2004 Plan and 2002 Report) was mailed to our MCHBG Advisory Council prior to a telephone conference in May, 2004. The document will be placed on the ODH webpage and notification of such sent to CFHS subgrantees, OIMRI subgrantees, and RPEC subgrantees, as well as other MCH partners.)

The current application will be available on the ODH website at <http://www.odh.state.oh.us/Resources/repts1.htm>

We received two e-mails from MCHBG Advisory Council members: 1) The Ohio Eye Care Coalition and 2) The Chief of the ODH Division of Prevention.

Oklahoma

Oklahoma provides access for the public to our annual report and application throughout the year via an active link to the federal Maternal and Child Health Bureau (MCHB), Title V Information System (TVIS) website. This active link is found on the Maternal and Child Health Service (MCH) web page on the Oklahoma State Department of Health's (OSDH) website. Hard copies of the annual report and application are provided on request.

Public input was sought through a statewide press release from OSDH on February 26, 2004. The press release was also sent to radio stations and minority newspapers located throughout the state to gain input from various racial, ethnic, and cultural groups (American Indian, Asian, African American, Latino, and Chinese). The Family Voices in Oklahoma newsletter contained an article requesting public input in its March/April 2004 issue.

Input via e-mail, letters, and telephone calls was received throughout the year from individuals and organizations that reviewed the document. Public comments focused on support for the current services provided and requests for additional information about

activities of MCH and the CSHCN Program.

Input was received by MCH during its MCH Comprehensive Site Visits to county health departments and monitoring visits to contractors. MCH staff talked with individuals, families, and providers about services and sought input on recommendations for improvement and identification of gaps in services. The CSHCN Program received input from families and providers during the community forums that it facilitated during the year.

Oregon

In 1999-2000, the Title V Agency placed emphasis on community and stakeholder input through the needs assessment process. This included regional meetings to discuss issues, problems, barriers and solutions. The Center and CDRC works closely with the MCH subcommittee of the Conference of Local Health Officials (CLHO). General public comments on the FY 2001 Application will be accepted in writing the week of July 24, 2000.

/2003/ The Office of Family Health involves communities, stakeholders, and program participants, including those from the CSHCN in policy and program decision making at many levels. The priorities, budgeting and expenditures, performance measures trends and outcomes, are presented and reviewed stakeholder and program participants of MCH and family health services across Oregon. //2003//

/2004/ The Title V programs continues to engage broad state and community involvement in program and policy decision making. //2004//

/2005/ The Title V Programs continues to seek out proactive involvement of partners, stakeholders, and families as described in 2003 and 2004 above. Public Notice to review the 2005 Oregon Block Grant Application (and 2003 Report) was placed in three major newspapers in Oregon in July 2004. THE CDRC has secured public input through 2 community forums and 9 family focus groups throughout Oregon. Family involvement has grown in the Title V CSHCN program through the hiring of a total of three family staff members. //2005//

Palau

For this submission, the Family Health Unit, conducted a 4 day conference whereby the public was invited to attend. This conference was held in the 2nd week of June and was attended by more than 70 people. In this four day conference, we discussed and received comments from the attendants on the various components of our program, from pregnancy, early childhood to male health. We use this type of forum to receive comments on our MCH program as other means that have been explored in the past had proven fruitless, no one shows up for public input.

With the success of this forum, we are being asked to hold another two-day men's forum in September to organize and refocus our program to address the growing male health issues in Palau.

Another important point that came out of this conference is that, primary and public health programs must refocus to address the growing family/relationship issues. This

refocusing meant that programs should not only concentrate on specific health programs of individuals, but must incorporate family members into the discussion and intervention/solutions. Included in this discussion is the need for health programs to be responsive to community needs...that we should be actively seen in the community so that communities can work with us to address their specific needs.

Pennsylvania

/2005/ Notice of the web-based availability of the draft of the FFY 2005 Maternal and Child Health Services Block Grant Application was published in the Pennsylvania Bulletin. The cover letter accompanying the draft application described the application and report process and requested comments concerning the application contents. (The Director of the Bureau of Family Health received written and oral input on the draft application from interested parties. All comments were read, considered by a committee of Bureau of Family Health staff members, and have been incorporated as appropriate into this final application.)//2005//

Puerto Rico

/2005/ Public input was requested through advertisements in two newspapers of wide circulation: "El Nuevo Dia" and "El Vocero". The draft of the 2004-2005 Application was available for review and input of the general public on June 8-9, 2004 in Aguadilla, Bayamon, Caguas, Ponce and San Juan. Given past experiences regarding the scarce response of interested individuals to come review the application and provide their input, other strategies were used toward compliance with this Title V requirement. These strategies were the following: 1) input was obtained from meetings with the MCH Advisory Committee (Healthy Start Consortium) and participation in many interagency committees and coalitions where MCH issues are raised; 2) meetings of the Regional Working Groups of the SSDI project; 3) input obtained from regional meetings of Healthy Start participants.

In addition to the above listed activities, a summary was developed of the vision, mission, goal, priorities, services according to the MCH pyramid, description of the MCH outcomes and a graph depicting its trends up to 2003. A table with Spanish translation of the 18 National and the 9 State negotiated performance measures accompanied this summary. The table had space to provide one concrete recommendation for an activity that could be implemented during the coming year to promote the achievement of the performance measures. This exercise was conducted at the May meeting with Regional MCH Staff (N=26) and the June Consortium Meeting (N=11). Recommendations collected through this exercise were reviewed and integrated into the action plan for FY 2004-2005. //2005//

Rhode Island

/2005/ Public Input

The DFH solicited feedback from variety of key stakeholders and families on the preventive health needs of its target population and on MCH programs and services through a variety of forums throughout FY2004. Over the past year, these forums have

included the DFH's Successful Start initiative, AAP CATCH projects, school health discussions, COZ health surveys, Ready to Learn Providence focus groups, individual consumer input (including PRAMS), other DFH programs and a formal public hearing held on June 28, 2004. The public hearing was publicized through an extensive electronic mailing to community agencies and other key stakeholders and through a formal legal notice in the state's single statewide newspaper, the Providence Journal. Common themes among these sources have emerged and the following represents a summary of the issues and ideas that were raised this year for the FY2005 plan (See Attachment)//2005//:

South Carolina

//2005// Public input was requested via the MCH Bureau web page that includes brief instructions on how to review the current state (FFY'04) MCH Block Grant narrative and data, a link to the MCHB National web site, and a request for comments electronically by June 15.

A flyer was created that contained the same information and also stated that a hard copy was available for review and comments at the MCH Bureau, 1751 Calhoun Street, Mills Building, Room O-425, Columbia, SC, 29204. Comments could be submitted via the Internet, by mail or in person. Comments were received up to June 15, 2003.

The flyer was distributed in May to members of the Commissioner's Obstetrical Task Force and other advocate organizations encouraging review and input into the process, as well as requesting assistance with further distribution to their staff, advisory committee members and advocates. Members of the committee did distribute it widely.

Comments were received and incorporated from:

No newspaper public notices were purchased this year due to no inquiries or input received as a result of this expenditure for at least the past 5 years.

South Dakota

State performance measures were developed based on the state's comprehensive needs assessment. The Department of Health (DOH) made the FY 2005 MCH block grant available for public review and comment via the DOH web site at www.state.sd.us/doh. A summary of the plan was put out on the web site on May 6, 2004 with comments due back to the DOH by July 2, 2004. Information on how to obtain a complete copy of the application for review was made also provided on the web site. No written comments were received. In South Dakota, the MCH program interacts daily with the MCH population and related providers. This allows the MCH program to respond to any identified areas of need and build those recommendations into the annual plan prior to the block grant being available for public review.

Tennessee

Public review and input regarding the MCH Block Grant will continue a process started with year one of this cycle. Each Regional Health Council receives a copy of the Block

Grant through the regional director for review and comment. Written comments will be reviewed and included with the next Block Grant submittal. MCH continued its history of holding public meetings in concert with the WIC program regarding its role and services offered at the county level. A letter and fact sheet about both programs were sent to over 500 agencies and health care providers, and all physician members of the Tennessee Medical Association and the Tennessee Hospital Association announcing the location and time of the public hearings. Three public hearings were held across the state in June 2004 in conjunction with the WIC program staff. All health users of the State's GroupWise system were sent an email; the information was released to the press; and the information was placed on the Department's web site. Any findings will be addressed.

Texas

Since the FY 02 and FY 03 Title V budget realignment projects and with recent reductions in Title V state funds, Title V has been working with its stakeholders. Dialogue between the program and its stakeholders centers around the need to realign the program budget with appropriated funding levels and to define the role of public health in MCH direct, enabling, and population-based/infrastructure building services. Some of the collected information is used here, while the remainder will be addressed in the next 5-year needs assessment.

//2005/ Public input on maternal and child health issues continues to be a component of Texas' Title V program. Title V programs use several mechanisms for soliciting public input. Different MCH program areas regularly convene or hold both formal and informal advisory committees, workgroups, public hearings, and other forums to address issues ranging from newborn hearing screening to children with special health care needs. Most programs use program websites and/or email to announce policy and rule changes and solicit feedback. For example, the School Health Program sends out a weekly email to those interested in adolescent and school health called "Friday Beat," covering a variety of issues and topics. Texas' Title V application will be made available to facilitate comment after transmittal and will be posted on the Title V website and copies sent to the Governor's Office and Texas' Legislative Budget board, and other stakeholders. Those on the Title V interested persons mailing list will receive notice of the new application and its availability electronically or in hard copy.//2005//

Utah

Proposed activities to address the Performance and Outcome Measures were sent to more than 160 individuals statewide with whom we interact regularly to coordinate plans and efforts toward improved maternal and child health. These individuals included counterparts in local health departments; community health centers; the State Primary Care Association and Primary Care Organization; community and academic health professionals; community-based agencies; parent representatives, and, partners in education and human services systems. As in previous years, the mailing included a brief response form for individuals to respond and provide input on the proposed activities.

Public notices were placed in each of six newspapers published in Utah: The Salt Lake Tribune and the Deseret News (Salt Lake City); the Standard Examiner (Ogden); the Herald Journal (Logan); the Daily Herald (Provo); and, the Richfield Reaper (Richfield)

inviting the public to review and make comments.

The public comment document was placed on the Internet for responses from individuals who accessed the information via the web.

The overall response rate for the FY05 Application was 21%, which is higher than the response rates for the previous three years. The feedback from the respondents was provided to key program staff to review and incorporate as appropriate into the annual plan.

Vermont

Ongoing public input for Title V programs takes a variety of forms that allows direct Title V input and also input into general MCH programs. The public budget process is one opportunity, as the governor's budget is published in the newspaper and open to comment by various advocacy groups and members of the public. An annual legislative committee session is purposely advertised for public attendance to allow for input into Title V and other federal grant applications. The Division of Community Public Health has conducted focus groups on behalf of the WIC, EPSDT, and Healthy Babies, Kids and Families programs to assess satisfaction with programs and services, and to solicit input for suggested improvements as well as additional services. The Office of Dental Health has conducted focus groups with low income consumers about access to/satisfaction with Dental Care. CSHN partners with parents (including parents of CSHCN who are not served or are not eligible for CSHN programs) through Parent to Parent and its facilitated focus groups, surveys and interviews. Through P2P, CSHCN hires parents as Children's SSI coordinators, providing outreach to Vt's families whose children are eligible for SSI. In addition, seven of the CSHCN clinical staff are parents of children with special health needs. The Advisory Council for Vermont's Medical Home grant also includes three parent representatives, one parent staff member, and two other "professional representatives" are also parents of CSHN. The re-established Family Advisory Council for CSHCN is entirely composed of parents, with regular attendees numbering six to seven parents.

Virgin Islands

The Virgin Islands Department of Health invites public comments relative to the Proposed Title V Five-Year Block Grant Application for the Maternal Child Health & Children With Special Health Care Needs (MCH & CSHCN) Program. A notice is placed in local newspapers annually providing information on availability of the block grant application for public review and comment. Copies of the grant application are also available upon request to agencies and partners. Feedback from prior years indicated that the application was too large and confusing for the general public

Virginia

In Virginia, opportunity for public input into the MCH planning process is ongoing, utilizing the variety of stakeholders and linkages described elsewhere in the application. Over the past years, the OFHS Family and Community Health Advisory Committee has provided input into the identification of MCH needs. The opportunity for public comment

was publicized on the OFHS web site (www.vahealth.org), on the Commonwealth Calendar website, the Virginia Register and through direct notification of numerous stakeholders including the 35 district health departments. After transmittal to MCHB, the application will be available on the OFHS website and upon request for public review and comment. The OFHS also will continue to seek opportunities during FY 05 to present an overview of Virginia's Maternal and Child Health programs funded by Title V at various meetings with interested parties. (See attached Request for Public Input.)

Plans are currently under development for public hearings in the 5 health planning areas prior to the completion of the 2006 MCH Needs Assessment. Interviews will also be held with key stakeholders and the OFHS advisory groups will be given an opportunity for input into the needs assessment process.

Washington

Two public forums were convened in fall of 2002 to secure input for this year's application. The first forum was held in Eastern Washington and the second was held in Western Washington. Participants included parents of children with special health care needs, representatives from LHJs, and other service providers.

Needs and concerns that were expressed included: reductions in state funding for child care for children with special health care needs; inadequate mental health services for pregnant and post partum women; need more parenting classes; elimination of Medicaid coverage for undocumented children; and care coordination and support to families with children with special health care needs.

These needs and concerns are consistent with on going feedback received through a variety of stakeholders groups that meet throughout the year.

/2005/

Input for the MCH Block Grant application has been solicited from multiple existing stakeholder groups, including families and family organizations, as part of the process for our Five Year Needs Assessment. These groups are actively engaged with specific MCH sections and populations, and sometimes more than one population group, on a regular basis. They represent communities, universities, state agencies, local health departments, and other organizations. They are knowledgeable and articulate about MCH needs and emerging issues. Engaging them in the Five Year Needs Assessment process offers the opportunity for us to look toward the future and plan collaboratively and effectively.//2005//

West Virginia

The Title V Block Grant Application was distributed for public comment as follows: 1) Newspaper ads were run in select papers, announcing the availability of the above documents in draft format at the local Department of Health Human Resources office located in each county seat and at the public library. 2) Five public meetings were held in April and May to secure public input in Parkersburg, Martinsburg, Beckley, Fairmont and Charleston. 3) Copies of the draft, including a public comment form, were also sent to the

following: Developmental Disabilities Council, WVU Affiliated Center for Developmental Disabilities (UAP, Social Services (Responsible for IV-B/IV-E, etc.), Office of Behavioral Health Services, Medical Advisory Chairs: Department of OB/GYN - WVU, Department of Pediatrics - Marshall University and Department of Community Medicine - WVU, The Governor's Cabinet on Children and Families, West Virginia Chapter March of Dimes, Family Voices - West Virginia, Interagency Coordinating Council Chair (Part C/IDEA), West Virginia Commission for Deaf and Hard of Hearing, West Virginia Department of Education: Office of Health Schools, Special Education, and The West Virginia Perinatal Task Force.

Wisconsin

/2005/ The current Wisconsin Title V MCH/CSHCN Program MCH Services Block Grant Application is found on the Department of Health and Family Services web site http://dhfs.wisconsin.gov/DPH_BFCH/PublicInput.htm. The public is encouraged to provide comments on the application. In addition, we sent a request for public input to members of the MCH Program Advisory Committee, the five DPH Regional Office, Local Public Health Departments, County Parent Liaisons, MCH Coalition members, MCH Statewide-funded projects, and the Regional CSHCN Centers. We also placed the request for comment on various web-based/electronic communication systems to include: the Wisconsin Health Alert Network, MCH/CSHCN Update, Children's Health Alliance of Wisconsin, Family Action Network, Disability Advocates of Wisconsin and CPL listservs. We did a targeted outreach effort to reach parents and family members by inserting the request for public comment along with the announcement of the annual Families Conference "Circles of Life". Close to 580 attended the conference. Public comments were received from interested Wisconsin residents, local public health professionals and community-based agencies and are on file for review. Highlights include: CSHCN issues-medical home, health benefits counseling, dental access/care, disability expertise for children, child care, family support and education, medical nutrition therapy, respite care, long-term support; dental access and care, to include prevention and treatment; health disparities; nutrition and physical activity; environmental and policy change funding; and breastfeeding education/promotion. //2005//

Wyoming

/2005/This document, including the application and the annual report, were made available during the month of June 2004 for public comment. The document was also made available to local health departments, child and family advocates, parent advisors and primary stakeholders identified herein during the same period of time. All comments received during this period were duly reviewed and incorporated as appropriate. The Community and Family Health Division, Maternal and Child Health Section Web Page also invited participants to request and review the documents.//2005//