

CB 1 PERFORMANCE MEASURE

The percent of programs promoting and facilitating state capacity for advancing the health of MCH populations.

Goal: State capacity for advancing the health of MCH populations (for National programs)

Level: Grantee

Domain: Capacity Building

GOAL

To ensure adequate and increasing state capacity for advancing the health of MCH populations.

MEASURE

The percent of MCHB-funded projects of a national scale promoting and facilitating state capacity for advancing the health of MCH populations, and through what processes.

DEFINITION

Tier 1: Are you promoting and facilitating state capacity for advancing the health of MCH populations for _____'s* priority topic?

- Yes
- No

***prepopulated with program focus**

Tier 2: Through what activities are you promoting and facilitating state capacity for advancing the health of MCH populations?

- Delivery of training on program priority topic
- Support state strategic planning activities
- Serve as expert and champion on the priority topic
- Facilitate state level partnerships to advance priority topics
- Maintain consistent state-level staffing support for priority topic (State-level programs only)
- Collect data to track changes in prevalence of program priority issues
- Utilize available data to track changes in prevalence of program priority issue on national/ regional level
- Issue model standards of practice for use in the clinical setting

Tier 3: Implementation

- # of professionals trained on program priority topic
- How frequently are data collected and analyzed to monitor status and refine strategies?:
 - Less frequently than annually
 - Bi-annual
 - Quarterly
 - Monthly
- # of MOUs between State agencies addressing priority area
- # of State agencies/departments participating on priority area. This includes the following key state agencies (check all that apply):
 - Commissions/ Task Forces
 - MCH/CSHCN
 - Genetics
 - Newborn Screening
 - Early Hearing and Detection
 - EMSC

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- Oral Health
- Developmental Disabilities
- Medicaid
- Mental & Behavioral Health
- Housing
- Early Intervention/Head Start
- Education
- Child Care
- Juvenile Justice/Judicial System
- Foster Care/Adoption Agency
- Transportation
- Higher Education
- Law Enforcement
- Children's Cabinet
- Other (Specify_____)

- Have model standards of practice been established to increase integration of MCH priority issue into clinical setting? Y/N
- Development or identification of reimbursable services codes to cover delivery of clinical services on MCH priority topic? Y/N
- Inclusion of specific language in Medicaid managed care contracts to assure coverage of payment for clinical services on MCH priority topic? Y/N

Tier 4: What are the related outcomes in the reporting year?
(National Programs Only)

- % of state/ jurisdictions have a strategic plan on program priority topic
- % of states/ jurisdictions receiving training on this program topic
- % of states/ jurisdictions which have state FTEs designated for this MCH topic
- % of MCH programs have an identified state lead designated on this topic
- % of states/ jurisdictions utilizing reimbursable services codes to cover delivery of clinical services on MCH priority topic?
- % of states/jurisdictions which report progress on strategic plan goals and objectives?

BENCHMARK DATA SOURCES

N/A

GRANTEE DATA SOURCES

Grantee Self-Reported.

CB 2 PERFORMANCE MEASURE	The percent of programs providing technical assistance on MCH priority topics.
Goal: Technical Assistance	
Level: Grantee	
Domain: Capacity Building	
GOAL	To ensure supportive programming for technical assistance.
MEASURE	The percent of MCHB funded projects providing technical assistance, on which MCH priority topics, and to whom.
DEFINITION	<p>Tier 1: Are you providing technical assistance (TA) through your program?</p> <ul style="list-style-type: none"><input type="checkbox"/> Yes<input type="checkbox"/> No <p>Tier 2: To whom are you providing TA (check all that apply)?</p> <ul style="list-style-type: none"><input type="checkbox"/> Participants/ Public<input type="checkbox"/> Providers/ Health Care Professionals<input type="checkbox"/> Local/ Community Partners<input type="checkbox"/> State/ National Partners <p><i>*Technical Assistant refers to collaborative problem solving on a range of issues, which may include program development, program evaluation, needs assessment, and policy or guideline formulation. It may include administrative services, site visitation, and review or advisory functions. TA may be a one-time or ongoing activity of brief or extended frequency.</i></p>

CB 2 PERFORMANCE MEASURE The percent of programs providing technical assistance on MCH priority topics.
Goal: Technical Assistance
Level: Grantee
Domain: Capacity Building

- Tier 3: Implementation** (*populated from prior domain questions*)
- # CSHCN/Developmental Disabilities TA
 - # Autism TA
 - # Prenatal Care TA
 - # Perinatal/ Postpartum Care TA
 - # Maternal and Women’s Depression Screening TA
 - # Safe Sleep TA
 - # Breastfeeding TA
 - # Newborn Screening TA
 - # Genetics TA
 - # Quality of Well Child Visit TA
 - # Well Visit TA
 - # Injury Prevention TA
 - # Family Engagement TA
 - # Medical Home TA
 - # Transition TA
 - # Adolescent Major Depressive Disorder Screening TA
 - # Health Equity TA
 - # Adequate health insurance coverage TA
 - # Tobacco and eCigarette Use TA
 - # Oral Health TA
 - # Nutrition TA
 - # Data Research and Evaluation TA
 - # Other TA
- (Please specify additional topics: _____)

- Tier 4: What are the related outcomes in the reporting year?**
(*populated from prior questions*)
- # receiving TA
 - # technical assistance activities
 - # TA activities by target audience (Local, Title V, Other state agencies,/ partners, Regional, National, International)

GRANTEE DATA SOURCES

Grantee self-reported.

SIGNIFICANCE

National Resource Centers, Policy Centers, leadership training institutes and many other MCHB discretionary grantees provide technical assistance and training to various target audiences, including grantees, health care providers, state agencies, community-based programs, program beneficiaries, and the public as a way of improving skills, increasing the MCH knowledge base, and thus improving capacity to adequately serve the needs of MCH populations and improve their outcomes.

Data Collection Form for #CB 2

The form below will be prepopulated by TA selected in domain-specific measures.

All measures for which a grantee reported that they provide TA will be triggered in this table.

Instructions: Please report the number of TA activities for each audience. If TA activities reached multiple audiences, please count for each audience, without concern for duplication. Participants/ public include infants, children, adolescents, adult participants, and families. Community/ local partners are considered to be community-based organizations or municipal or city divisions, programs, or organizations including schools. State or national partners include state or federal divisions or programs, as well as statewide or national organizations, such as non-profit organizations and non-governmental organizations.

Technical Assistance Area	Participants/ Public	Providers/ Health Care Professionals	Community/ Local Partners	State or National Partners
Prenatal Care				
Perinatal/ Postpartum Care				
Maternal and Women's Depression Screening				
Safe Sleep				
Breastfeeding				
Newborn Screening				
Genetics				
Quality of Well Child Visit				
Developmental Screening				
Well Visit				
Injury Prevention				
Family Engagement				
Medical Home				
Transition				
Adolescent Major Depressive Disorder Screening				
Health Equity				
Adequate health insurance coverage				
Tobacco and eCigarette Use				
Oral Health				
Nutrition				
Data Research and Evaluation				
Other (Specify: _____)				

CB 3 PERFORMANCE MEASURE

The percent of grantees that collect and analyze data on the impact of their grants on the field.

Goal: Impact Measurement

Level: Grantee

Domain: Capacity Building

GOAL

To ensure supportive programming for impact measurement.

MEASURE

The percent of grantees that collect and analyze data on the impact of their grants on the field, and the methods used to collect data.

DEFINITION

Tier 1: Are you collecting and analyzing data related to impact measurement in your program?

- Yes
- No

Tier 2: How are you measuring impact?

- Conduct participant surveys
- Collect client level data
- Qualitative assessments
- Case reports
- Other: _____

Tier 3: Implementation

- o List of tools used
 - o Specify Tools: _____
- o Outcomes of qualitative assessment
 - o # of participant surveys
 - o # of clients whose level data collected
 - o # of case reports

Tier 4: What are the related outcomes in the reporting year?

% of grantees that collect data on the impact of their grants on the field (and methods used to collect data)

Numerator: # of grantees that collect data on the impact of their grants on the field

Denominator: # of grantees

How is data collected: _____

% of grantees that collect and analyze data on the impact of their grants on the field (and methods used to analyze data)

Numerator: # of grantees that analyze data on the impact of their grants on the field

Denominator: # of grantees

How is data analyzed: _____

GRANTEE DATA SOURCES

Grantee self-reported.

SIGNIFICANCE

Impact as referenced here is a change in condition or status of life. This can include a change in health, social, economic or environmental condition. Examples may include improved health for a community/population or a reduction in disparities for a specific disease or increased adoption of a practice.

CB 4 PERFORMANCE MEASURE	The percent of MCHB funded initiatives working to promote sustainability of their programs or initiatives beyond the life of MCHB funding.
Goal: Sustainability	
Level: Grantee	
Domain: Capacity Building	
GOAL	To ensure sustainability of programs or initiatives over time, beyond the duration of MCHB funding.
MEASURE	The percent of MCHB funded initiatives working to promote sustainability of their programs or initiatives beyond the life of MCHB funding, and through what methods.
DEFINITION	<p>Tier 1: Are you addressing sustainability in your program?</p> <ul style="list-style-type: none"><input type="checkbox"/> Yes<input type="checkbox"/> No <p>Tier 2: Through what processes/ mechanisms are you addressing sustainability?</p> <ul style="list-style-type: none"><input type="checkbox"/> A written sustainability plan is in place within two years of the MCHB award with goals, objectives, action steps, and timelines to monitor plan progress<input type="checkbox"/> Staff and leaders in the organization engage and build partnerships with consumers, and other key stakeholders in the community, in the early project planning, and I sustainability planning and implementation processes<input type="checkbox"/> There is support for the MCHB-funded program or initiative within the parent agency or organization, including from individuals with planning and decision making authority<input type="checkbox"/> There is an advisory group or a formal board that includes family, community and state partners, and other stakeholders who can leverage resources or otherwise help to sustain the successful aspects of the program or initiative<input type="checkbox"/> The program's successes and identification of needs are communicated within and outside the organization among partners and the public, using various internal communication, outreach, and marketing strategies<input type="checkbox"/> The grantee identified, actively sought out, and obtained other funding sources and in-kind resources to sustain the entire MCHB-funded program or initiative<input type="checkbox"/> Policies and procedures developed for the successful aspects of the program or initiative are incorporated into the parent or another organization's system of programs and services<input type="checkbox"/> The responsibilities for carrying out key successful aspects of the program or initiative have begun to be transferred to permanent staff positions in other ongoing programs or organizations<input type="checkbox"/> The grantee has secured financial or in-kind support from within the parent organization or external organizations to sustain the successful aspects of the MCHB-funded program or initiative <p>Tier 3: Implementation N/A</p> <p>Tier 4: What are the related outcomes?</p>

CB 4 PERFORMANCE MEASURE	The percent of MCHB funded initiatives working to promote sustainability of their programs or initiatives beyond the life of MCHB funding.
Goal: Sustainability	
Level: Grantee	
Domain: Capacity Building	
	% of grants that have sustainability plans
BENCHMARK DATA SOURCES	N/A
GRANTEE DATA SOURCES	Grantee self-reported.
SIGNIFICANCE	In recognition of the increasing call for recipients of public funds to sustain their programs after initial funding ends, MCHB encourages grantees to work toward sustainability throughout their grant periods. A number of different terms and explanations have been used as operational components of sustainability. These components fall into four major categories, each emphasizing a distinct focal point as being at the heart of the sustainability process: (1) adherence to program principles and objectives, (2) organizational integration, (3) maintenance of health benefits, and (4) State or community capacity building. Specific recommended actions that can help grantees build toward each of these four sustainability components are included as the Tier 2 data elements for this measure.

CB 5 PERFORMANCE MEASURE	The percent of programs supporting the production of scientific publications and through what means, and related outcomes.
Goal: Scientific Publications	
Level: Grantee	
Domain: Capacity Building	
GOAL	To ensure supportive programming for the production of scientific publications.
MEASURE	The percent of MCHB funded projects programs supporting the production of scientific publications.
DEFINITION	<p>Tier 1: Are you supporting the production of scientific publications in your program?</p> <ul style="list-style-type: none"><input type="checkbox"/> Yes<input type="checkbox"/> No <p>Tier 2: Indicate the categories of scientific publication that have been produced with grant support (either fully or partially) during the reporting period.</p> <ul style="list-style-type: none"><input type="checkbox"/> Submitted<input type="checkbox"/> In press<input type="checkbox"/> Published <p>Tier 3: How many are reached through those activities? # of scientific/ peer-reviewed publications</p> <p>Tier 4: How, if at all, have these publications been disseminated (check all that apply)?</p> <p><i>Note: research only; include this as Part B of publications form</i></p> <ul style="list-style-type: none"><input type="checkbox"/> TV/ Radio interview(s)<input type="checkbox"/> Newspaper interview(s)<input type="checkbox"/> Online publication interview(s)<input type="checkbox"/> Press release<input type="checkbox"/> Social Networking sites<input type="checkbox"/> Listservs<input type="checkbox"/> Presentation at conference (poster, abstract, presentation)<input type="checkbox"/> Websites
GRANTEE DATA SOURCES	Grantee self-reported.
SIGNIFICANCE	Advancing the field of MCH based on evidence-based, field-tested quality products. Collection of the types of and dissemination of MCH products and publications is crucial for advancing the field. This measure addresses the production and quality of new informational resources created by grantees for families, professionals, other providers, and the public.

CB 6 PERFORMANCE MEASURE	The percent of programs supporting the development of informational products and through what means, and related outcomes.
Goal: Products Level: Grantee Domain: Capacity Building	
GOAL	To ensure supportive programming for the development of informational products.
MEASURE	The percent of MCHB funded projects supporting the development of informational products, and through what processes.
DEFINITION	<p>Tier 1: Are you creating products as part of your MCHB-supported program?</p> <ul style="list-style-type: none"><input type="checkbox"/> Yes<input type="checkbox"/> No <p>Tier 2: Indicate the categories of products that have been produced with grant support (either fully or partially) during the reporting period. <i>Count the original completed product, not each time it is disseminated or presented.</i></p> <ul style="list-style-type: none"><input type="checkbox"/> Books<input type="checkbox"/> Book chapters<input type="checkbox"/> Reports and monographs (including policy briefs, best practice reports, white papers)<input type="checkbox"/> Conference presentations and posters presented<input type="checkbox"/> Web-based products (website, blogs, webinars, newsletters, distance learning modules, wikis, RSS feeds, social networking sites) <i>Excluding video/ audio products that are posted online post-production</i><input type="checkbox"/> Audio/ Video products (podcasts, produced videos, video clips, CD-ROMs, CDs, or audio)<input type="checkbox"/> Press communications (TV/ Radio interviews, newspaper interviews, public service announcements, and editorial articles)<input type="checkbox"/> Newsletters (electronic or print)<input type="checkbox"/> Pamphlets, brochures, or fact sheets<input type="checkbox"/> Academic course development<input type="checkbox"/> Distance learning modules<input type="checkbox"/> Doctoral dissertations/ Master's theses<input type="checkbox"/> Other: _____ <p>Tier 3: Implementation of products # products created in each category</p>
GRANTEE DATA SOURCES	Grantee self-reported.
SIGNIFICANCE	Advancing the field of MCH based on evidence-based, field-tested quality products. Collection of the types of and dissemination of MCH products and publications is crucial for advancing the field. This PM addresses the production and quality of new informational resources created by grantees for families, professionals, other providers, and the public.

CB 7 PERFORMANCE MEASURE The percent of programs promoting and facilitating state capacity for direct annual access to MCH electronic health data

Goal: Direct Annual Access to MCH Data
Level: Grantee
Domain: Capacity Building

GOAL To ensure state capacity for accessing electronic health data on a timely basis for programming and/or reporting.

MEASURE The percent of programs that are consistently accessing direct electronic MCH health data to support planning, monitoring, and evaluation on a timely basis.

DEFINITION

Tier 1. State Capacity to Access MCH Data for Programming and/ or Reporting on a consistent, Direct and Timely Basis						
	A	B	C	D	E	F
Data Sources	State Has Consistent Annual Access to Data Source¹	State Has Direct Access to an Electronic Database²	State Has Consistent Annual and Direct Access to Data Source³	Describe Periodicity⁴ (if available more often than annually; does not need to be direct)	Describe Lag Length (for the most timely data available, annual or otherwise if more frequent)	Data Source Is Linked to Vital Records Birth
1. Vital Records Birth				__ Quarterly __ Monthly __ More often than monthly	__# months ⁵ __< 6mos ⁶	
2. Vital Records Death				__ Quarterly __ Monthly __ More often than monthly	__# Months __< 6mos	
3. Medicaid				__ Quarterly __ Monthly __ More often than monthly	__# Months __< 6mos	
4. WIC				__ Quarterly __ Monthly __ More often than monthly	__# Months __< 6mos	

¹ Consistent Annual Access Yes = 1; No = 0

² Direct Access to an Electronic Database for Analysis Yes = 1; No = 0

³ Consistent Annual and Direct Access Yes = 1; No = 0

⁴ If Available More Often Than Annually, Indicate Most Frequent Availability Yes = 1; No = 0

⁵ Indicate Lag Length for Most Timely Data Available in Number of Months

⁶ Indicate Lag Lengths Less than 6 months Yes = 1; No = 0

5. Newborn Bloodspot Screening				__ Quarterly __ Monthly __ More often than monthly	____ # Months ____ < 6mos	
6. Newborn Hearing Screening				__ Quarterly __ Monthly __ More often than monthly	____ # Months ____ < 6mos	
7. Hospital Discharge				__ Quarterly __ Monthly __ More often than monthly	____ # Months ____ < 6mos	
8. PRAMS or PRAMS-like				__ Quarterly __ Monthly __ More often than monthly	____ # Months ____ < 6mos	
9. Other:						
Sum⁷/N	____ /8	____ /8	____ /8	____ /8	____ /8	____ /8
Percentages⁸						

II. RELATED OUTCOMES

- A. Percentage of unlinked data sources with consistent and direct annual access _____(Column C Percentage)
- B. Percentage of data sources available more frequently than annually _____(Column D Percentage)
- C. Percentage of data sources with a lag length of ≤6 months _____(Column E Percentage)
- D. Percentage of data sources linked to Vital Records Birth _____(Column F Percentage)

GRANTEE DATA SOURCES

MCH State Databases

SIGNIFICANCE

Timely and comprehensive data are required for needs assessments and program design.

⁷ Only Sum 1's; Include only Unshaded Cells in Sums

⁸ Calculate Percentage = Sum/N