

HRSA/MCHB 2007 FEDERAL/STATE PARTNERSHIP MEETING

Building Blocks for Promising Practice Models

October 14 - 17, 2007

MCHB Divisions and Offices

MICHELE LAWLER: Thank you, Ann, for that nice introduction. I'm going to move the mic down just a little bit. It's really a pleasure to be here with you today and to welcome you to the New Leaders Meeting and to share with you a little bit of an overview on the Division of State and Community Health or DSCH, as we're so fondly called. Personally, I think we have one of the nicer acronyms in the bureau for division titles.

But anyway, hopefully many of you in the room have some familiarity with the division as we are the division that provides national leadership direction and administrative oversight for the Title V MCH Block Grant to states program as well as the state systems development initiative, which is the SSDI program.

Now, if I can just figure out how to work this. Oh, very good.

The mission of the Division of State Community Health very much follows that of the maternal and child health bureau, which Dr. van Dyck will share with you later in the afternoon. But our mission is to work in partnership with states primarily

through the Title V Block Grant, work with communities and grantees to assure continued improvement in the health, safety and well being of the MCH population.

The division serves as the federal government's primary liaison to the states. And our project officers or our staff serve as the project officers to the 59 state jurisdictional MCH programs. The division also takes the lead in preparing the application guidance for the program and in coordinating the face-to-face reviews that you all participate in each summer, usually in August for your block grant application and your annual report. Just for your information, the application guidance is reviewed and updated every three years. So the guidance that you use to prepare your fiscal year 2008 and application in 2006 Annual Report was reviewed and approved by the Office of Management and Budget in May 2006, and was approved for use through May of 2009. So you will be using that same guidance to prepare your applications and annual reports for next year.

To receive funding each year, the state programs are required to submit an application and an annual report to the division, which summarizes the status of your MCH programs. And the focus of the review is to really look at the state's program and performance data and to assess how well the state is progressing and meeting its performance objectives.

The division also coordinates the TA request of states and jurisdictions, and in past years we have actually conducted some regional workshops around specific TA issues. For example, last year we conducted a series of regional workshops on operationalizing your five-year needs assessment into your state strategic planning.

DSCH--in addition to the Title V MCH Block Grant, DSCH provides administrative oversight for the SSDI program as well as the cooperative agreement that the bureau has with the Association of Maternal and Child Health Programs. In case you're not familiar with the SSDI, which, I think, most of you probably are, the program is supportive of the Title V MCH Block Grant Program and enhances the state's ability, the state's efforts to provide complete data for the MCH needs assessment and performance outcome measures in their Title V Block Grant.

Also, the division has responsibility for planning the Annual MCH Federal State Partnership Meeting. I have to be honest with you. We've had a busy couple of months. We do our reviews in August and then we get back and we really have to kick it into high gear to plan this meeting. So we enjoy it, but we've had a busy few months, and as you know, this is a required meeting for MCH and the Children of Special Health Care Needs directors as well as SSDI coordinators.

Title V grantees submit applications, annual reports online using the Title V Information System. And truthfully, this program has been a leader among grant

programs in submitting applications electronically. This Title V Information System, or the TVIS as some people refer to it, the system was developed to help capture the data and all the program and financial information that states are providing in their application and their annual reports. The annual data that you collect and report is available for five years on the Title V Information System. It is a Web-based tool and it has a searchable database that allows for state, regional and national comparisons. States report annually on 18 national performance measures, your state performance measures, outcome measures, health status indicators, and health systems capacity indicators. And in addition, every five years, states are required to conduct a comprehensive statewide needs assessment, which lays the groundwork for identification of your state priorities and development of state performance measures to help address these priorities to the extent that they're not addressed by the national performance measures.

As you can tell, we like data in the Division of State Community Health and one of our priority areas is the analysis of Title V MCH performance data. The data which states collect and report are analyzed across states and within individual states over time. On the TVIS, there is a link to the state's snapshots for maternal and child health. And this link, these snapshots present data on national performance measures, outcome measures, selected state performance measures, individuals served, funding sources by level of the pyramid, family

participation, so there's a wealth of data on these for each of the 59 states and jurisdictions, so.

We used to release a hardcopy of the state MCH snapshots, we're now going with an online Web version, which actually is much more timely than the hardcopy used to be. So if you haven't actually gone into that link, I would encourage you to do so. And to look at your state's snapshot as well as look at other states within your region and compare it maybe with other states outside your region, which might be of comparable size.

Program data that you collect also help to form the efforts of DSCH around what the priorities are, the National MCH priorities as well as how to direct program resources. And just to share with you a couple of projects that we have currently going. Last year in September of 2006, we awarded a contract to the Shep Center at the University of North Carolina. And this contract is really to look at the 2005 needs assessment and to try to identify priority needs that were most frequently reported and how those priority needs influence the development of state performance measures and best practices around these issues. That final report is in progress and so over the coming months we should have a final report to share with you on that.

Also, last year, we conducted a study with the Health Systems Research, which now is in--a part of Altarum Institute, but looking at the processes its states use to

conduct their 2005 needs assessment, and that final report was released earlier this year. I believe all of you got a copy, but if not it is posted on our TA website.

Identification of those practice models is also a priority area of the division. We spend a lot of time looking at areas where states are maybe doing very well as compared to other states. And we know that states really do like to learn from each other and so we really put a lot of effort into identifying some states that are maybe doing well in an area and to try to facilitate sharing of information and resources among the states. For example, a couple of years ago, the Shep Center looked at prevention of adolescent suicide in motor vehicle crashes and looked at a couple of states and what they were doing in this area.

Our third priority area is the coordination of technical assistance to individual states and with--in conjunction with the other divisions and offices in MCHB and HRSA.

End users--there are many end users of the Title V MCH Block Grant data, which include researchers, academic institutions, public health programs, we get calls from time to time from graduate students or interns who may be are working on a project where they're having to utilize or analyze Title V MCH data, federal state policymakers, Congress, your state legislators, those kind of folks are actually going in and making use of some of these data, federal state, local government agencies, state coders, professional organizations, associations and the general

public. There is an increasing awareness of the wealth of data that is posted on the Title V Information System. We know we get a lot of hits from the dot.edu and the dot.govs, and so for this reason we really emphasize that in your block grant applications and your annual report, you try to give as clear and accurate a picture of your state program as you possibly can. For example, if you've had a change over the past year in funding levels or a program that you administer, you need to talk about that in your narrative. You need to include a field note on some of your forms. And one of the areas of emphasis with your reviewers oftentimes is add more detail, add more clarification in an effort to try to help you to present an accurate picture of your program as possible to take credit for the good things that you really are doing.

In closing, I would like to introduce to you the DSCH staff and the regions that they are assigned to as project officers. I will ask them to stand, although I was already informed by a couple of them that they're very tired and they really don't want to stand, so if they'll at least wave their hands. For Region I, the project officer is Ellen Volpe and she's in the back of the room. And thank you, Ellen, for standing. Region II is Pam Eason--Region II and Region V is Pam Eason. And I understand Pam is not able to make it today, but hopefully, we'll see her over the next coming days. Regions III and X is Carol O'Toole. And Carol is also in the back of the room. Region IV is Scott Snyder. And Scott is not here because he is also the SSDI coordinator. And he's next door with that meeting. Region VI and Region IX is Cassie Lauver who is also the director for the Division of State

Community Health. Region VII is Corey Palmer. I'm not sure if Corey is here. I don't believe so, but again, he'll join us over the next couple of days. And then Region VIII is myself.

Not to be outdone by the MCH pyramid, we also have our own pyramiding DSCH. As you can see the staff here, Cassie of course is at the top, I'm the one with the messy desk. And you will note the number of our project officers that are on phone with the states trying to give guidance, so please don't ever hesitate to call us if we can be of service. Scott Snyder, as I said, is the project officer for SSDI and that is his contact information. I should note that he's the project officer for all of the SSDI Grants, not assigned by region. And Florence O'Dancarra is the public health analyst in our division. She is not assigned to any specific regions, but certainly supports the efforts that we do across the division. I'm sure many of you recognize her name from the e-mails that you get on the listserv. So Florence, too, is not here with us today, but she will be joining us over the next few days.

And that is all we have and just a final note that we really do value the work that you all do and we very much enjoy working with you and look forward to working with you over the coming year. Thank you.