



## UTAH DEPARTMENT OF HEALTH CONTRACT

PO Box 144003, Salt Lake City, Utah 84114  
288 North 1460 West, Salt Lake City, Utah 84116

2125207  
Department Log Number

212700505  
State Contract Number

1. **CONTRACT NAME:** The name of this contract is Maternal and Child Health FFY 2021 – San Juan County Health Department
2. **CONTRACTING PARTIES:** This contract is between the Utah Department of Health (DEPARTMENT) and the following CONTRACTOR:

### **PAYMENT ADDRESS**

San Juan County  
735 S 200 W, Ste 2  
Blanding UT, 84511

### **MAILING ADDRESS**

San Juan County  
735 S 200 W, Ste 2  
Blanding UT, 84511

**Vendor ID:** 06866HL  
**Commodity Code:** 99999

3. **GENERAL PURPOSE OF CONTRACT:** The general purpose of this contract is funding for Maternal and Child Health Block Grant activities that address maternal and child health population needs.
4. **CONTRACT PERIOD:** The service period of this contract is 10/01/2020 through 09/30/2025, unless terminated or extended by agreement in accordance with the terms and conditions of this contract.
5. **CONTRACT AMOUNT:** The DEPARTMENT agrees to pay \$8,080.00 in accordance with the provisions of this contract. This contract is funded with 100% federal funds, 0% state funds, and 0% other funds.
6. **CONTRACT INQUIRIES:** Inquiries regarding this Contract shall be directed to the following individuals:

### **CONTRACTOR**

Kirk Bengé  
(435) 359-0038  
kbenge@sanjuancounty.org

### **DEPARTMENT**

Family Health and Preparedness  
Maternal and Child Health  
Lynne Nilson  
(801) 694-3143  
lpnilson@utah.gov

7. **SUB – RECIPIENT INFORMATION:**

DUNS: 079815014

Indirect Cost Rate: 0%

Federal Program Name:	Maternal & Child Health Services	Award Number:	B04MC33870-01-04
Name of Federal Awarding Agency:	HHS – Health Resources and Services Administration	Federal Award Identification Number:	B04MC33870-01-04
CFDA Title:	Maternal & Child Health Services Block Grants to States	Federal Award Date:	7/6/2020
CFDA Number:	93.994	Funding Amount:	\$8080

8. REFERENCE TO ATTACHMENTS INCLUDED AS PART OF THIS CONTRACT:

- Attachment A: Special Provisions
- Attachment B: MCH Financial Report and Instructions FFY2020
- Attachment C: MCH Services Report
- Attachment D: MCH Services Report Instructions
- Attachment E: NPM and SPM List
- Attachment F: MCH Workforce Development Resources

9. DOCUMENTS INCORPORATED INTO THIS CONTRACT BY REFERENCE BUT NOT ATTACHED:

- A. All other governmental laws, regulations, or actions applicable to services provided herein.
- B. All Assurances and all responses to bids as provided by the CONTRACTOR.
- C. Utah Department of Health General Provisions and Business Associates Agreement currently in effect until 6/30/2023.

10. This contract, its attachments, and all documents incorporated by reference constitute the entire agreement between the parties and supersedes all prior written or oral agreements between the parties relating to the subject matter of this contract.

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**Contract with Utah Department of Health and San Juan County, Log # 2125207**

IN WITNESS WHEREOF, the parties enter into this agreement.

**CONTRACTOR**

**STATE**

By: \_\_\_\_\_  
Kenneth Maryboy                      Date  
County Commission Chair

By: \_\_\_\_\_  
Shari A. Watkins, C.P.A.                      Date  
Director, Office Fiscal Operations

**Attachment A**  
**Special Provisions**  
**MCH Block Grant**  
**San Juan County Health Department**  
**October 1, 2020 through Sept 30, 2021**

I. DEFINITIONS

- A. "ASQ" means Ages and Stages Questionnaire, by Paul Brookes Publishing.
- B. "ASQ SE-2" means the ASQ Social Emotional screen.
- C. "ASQ-3" means the ASQ overall development screen.
- D. "Department" means the Utah Department of Health, Division of Family Health and Preparedness, Bureau of Maternal and Child Health, Office of Home Visiting.
- E. "FFY 2020" means Federal Fiscal Year 2020, which is October 1, 2019 through September 30, 2020.
- F. "FFY 2021" means Federal Fiscal Year 2021, which is October 1, 2020 through September 30, 2021.
- G. "LHD General Provisions" means the agreement between the parties titled "FY2019-2023 LHD General Provisions, Assurances, and Matching Requirements" effective July 1, 2018 through June 30, 2023.
- H. "MCH" means Maternal and Child Health.
- I. "MCH Block Grant" means the Federal Title V Maternal and Child Health Block Grant.
- J. "MER" means the Monthly Expenditure Report, as detailed in the LHD General Provisions.
- K. "NPM" means National Performance Measures.
- L. "SPM" means State Performance Measures.
- M. "ESM" means Evidence Based Strategy Measure activities.
- N. "Sub-Recipient" means the San Juan County Health Department, as defined and described in the LHD General Provisions.
- O. "WIC" means the Utah Women, Infants, and Children's program.

II. PURPOSE

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

III. SUB-RECIPIENT RESPONSIBILITIES

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

- ii. Percent of infants breastfeed exclusively through 6 months; and/or
  - 3. SPM 1 – Increase the proportion of pregnant/postpartum women who are screened for depression.
- E. Sub-Recipient shall use MCH Block Grant funding to select NPM 6 and may select NPM 13.B or other SPM's related to improving the health and well-being of children and/or youth (including infants, children and adolescents) as appropriate for current work practices:
  - 1. NPM 6 Developmental Screening: Percent of children ages through 35 months who received a developmental screening using a parent-completed screening tool (ASQ) in the past year. LHD may select one of three levels:
    - i. Level 1 - Introduction to ASQ
      - (a) Help promote ASQ *training* within their community and promote use of ASQ screening with Local partner organizations; and
      - (b) Attend ECU Advisory Council Meetings;
    - ii. Level 2 - Trained and ready to use ASQ (Level 1 done by default if in Level 2)
      - (a) Attend and get trained in using the ASQ-3 (overall development screen) and ASQ SE-2 (Social Emotional screen);
        - (1) It will become even more important to screen social emotional development as this pandemic continues); and
      - (b) Use the online UDOH Brookes account to do screens to increase the data supporting LHD's, apply the screens with children, refer to appropriate services, and further the important data collection to support NPM 6;
    - iii. Level 3 - Advanced ASQ Use (Levels 1 & 2 done by default if in Level 3); the LHD can work on any one or all of the following:
      - (a) Establish and implement a schedule for screenings to be done at 6, 12, 18, and 25 months, and 3, 4, and 5 years of age;
      - (b) Partner with LHD WIC office to access that population to screen children receiving WIC; and/or
      - (c) Determine if codes 96110 and 96127 can be utilized by your LHD to bill for developmental screens.
  - 2. Meet with Family Youth and Outreach (FYO) staff regarding NPM 6 at least 4 times per year (may include FYO trainings, Nursing Director meetings and/or individual LHD meetings.)
  - 3. NPM 13.B Oral Health: Percent of children ages 1 through 17 who had a preventive dental visit in the past year.
- F. Sub-Recipient agrees to participate in at least one workforce development opportunity as appropriate for current work practices.
  - 1. Sub-Recipient may use the MCH Workforce Development resources included in this contract.
- G. Sub-recipient shall report all contract activities in the REDCap reporting system provided by the Dept. as required by Section VI.
- H. During FFY 2021, changes to specific objectives and activities shall be determined between Department and Sub-Recipient and included as contract amendments, as necessary.

#### IV. DEPARTMENT TASKS

- A. Department agrees to provide:
  - 1. The REDCap reporting system for the MCH Block Grant Annual PLAN, Annual YEAR END REPORT, Financial Report, and MCH Services Report;
    - i. Financial Report (see Attachment B)
    - ii. MCH Services Report (see Attachment C)

(a) MCH Services Report Instruction Sheet (Attachment D)

2. Technical assistance, consultation, and in-services, as needed or requested for any aspect of this contract and for the REDCap reporting system;
3. NPM and SPM list (see Attachment E); and
4. MCH Workforce Development Resources (see Attachment F).
5. Technical assistance, training and support for any NPM, SPM selected and NPM 6, including ESM activity suggestions.

#### V. FUNDING AND PAYMENTS

- A. Department agrees to reimburse Sub-Recipient up to the maximum amount of the contract for actual expenditures made by the Sub-Recipient that are directly related to the program, as outlined in the LHD General Provisions.
  1. The funding for this contract is for expenses incurred during FFY 2021 (October 1, 2020 through September 30, 2021).
  2. Maximum funding for FFY 2021 is \$32,320.
  3. Department will reimburse Sub-Recipient reimbursements monthly, after Department review and approval of the MER.
  4. This contract may be amended to change the funding amount or programmatic requirements.
  5. If the contract is not amended to add additional funding, the contract shall terminate at the end of FFY 2021 (September 30, 2021).

#### VI. REPORTING REQUIREMENTS

- A. By November 1, 2020, Sub-Recipient shall:
  1. Submit an MCH Block Grant Annual PLAN for FFY 2021;
  2. Submit the MCH Block Grant Annual YEAR END REPORT for FFY 2020 (including reporting on activities completed for women, mothers, children, youth and families); and
  3. Report workforce development opportunities attended by relevant MCH staff for FFY 2020, if applicable. (This is optional for the YEAR END REPORT for FFY 2020, but will be a contract requirement for FFY 2021).
- B. By January 31, 2021, Sub-Recipient shall:
  1. Submit the MCH Financial Report for FFY 2020; and
  2. Submit the MCH Service Report for FFY 2020.
    - i. An Instruction sheet is included with the Service Report template.
- C. All Plans, Reports and other documents shall be submitted by Sub-Recipient using the REDCap Reporting System.

#### VII. DISPUTE RESOLUTION

- A. If any dispute arises between the parties during the activities described by this Contract, the parties agree to seek a resolution through open communication and dialogue.
- B. Either party may request a conference to resolve a disputed issue (consistent with Utah Admin. Code R380-10-3, which supports dispute resolution at the lowest level possible).
- C. If a resolution cannot be reached, Department may bring supervisory personnel into the process to facilitate resolving issues and achieving agreement.
- D. The provisions in B. and C. of this Dispute Resolution section are not mandatory.
- E. If a dispute is not resolved within 30 days of Department decision, the Department's decision is considered the "initial agency determination," as defined by Utah Admin. Code R380-10-2(3).

- F. These provisions do not preclude or affect the provisions, rights, limitations, or timelines for appealing Department actions that are provided or required by Utah Code §§ 26-23-2, 26-1-4.1, or 26-1-7.1, Utah Admin. Code R380-10, or the Utah Administrative Procedures Act (Utah Code § 63G-4).
- G. In the event of any conflict between the Dispute Resolution provisions in the Special
- H. Provisions of this Contract with applicable law or rules, the provisions of the applicable law or rules shall control.





## **INSTRUCTIONS**

### **MCH FINANCIAL REPORT**

#### **Section 1A**

Report your actual contract expenditures in this section.

Amounts reported should equal the amounts reported on your RSS/MER and cannot exceed your contract amount.

#### **Section 1B**

Of the amounts reported in section 1A, please provide the percentages spent on types of services.

Percentages reported must equal 100%

Types of Services are defined as:

##### **Direct Services**

Direct services are preventive, primary, or specialty clinical services to pregnant women and children, including children with special health care needs, where MCH Services Block Grant funds are used to reimburse or fund providers for these services through a formal process similar to paying a medical billing claim or managed care contracts. State reporting on direct services should not include the costs of clinical services which are delivered with Title V dollars but reimbursed by Medicaid, CHIP or other public or private payers. Examples include, but are not limited to, preventive, primary or specialty care visits, emergency department visits, inpatient services, outpatient and inpatient mental and behavioral health services, prescription drugs, occupational and physical therapy, speech therapy, durable medical equipment and medical supplies, medical foods, dental care, and vision care

##### **Enabling Services**

Enabling services are non-clinical services (i.e., not included as direct or public health services) that enable individuals to access health care and improve health outcomes where MCH Services Block Grant funds are used to finance these services. Enabling services include, but are not limited to: case management, care coordination, referrals, translation/interpretation, transportation, eligibility assistance, health education for individuals or families, environmental health risk reduction, health literacy, and outreach. State reporting on enabling services should not include the costs for enabling services that are reimbursed by Medicaid, CHIP, or other public and private payers. This category may include salary and operational support to a clinic that enable individuals to access health care or improve health outcomes. Examples include the salary of a public health nurse who provides prenatal care in a local clinic or compensation provided to a specialist pediatrician who provides services for children with special health care needs.

##### **Public Health Services and Systems**

Public health services and systems are activities and infrastructure to carry out the core public health functions of assessment, assurance, and policy development, and the 10 essential public health services. Examples include the development of standards and guidelines, needs assessment, program planning, implementation, and evaluation, policy development, quality assurance and improvement, workforce development, and population-based disease prevention and health promotion campaigns for services such as newborn screening, immunization, injury prevention, safe-sleep education and anti-smoking. State reporting on public health services and systems should not include costs for direct clinical preventive services, such as immunization, newborn screening tests, or smoking cessation.

#### **Section 2A**

This section will be completed only if the amount reported on the MER exceeds your MCH contract.

Example:

The MCH Block Grant contract amount is \$100,000. The MER report for the MCH Block Grant contract

Identify the funds used (Examples: federal grant, fee type, local funds, etc.)

Identify the general purpose of funds used

#### **Section 2B**

If amounts are reported in section 2A, please provide the percentages spent on types of services.

Percentages reported must equal 100%

Types of Services are defined in instructions for Section 1B.

## Attachment C MCH Services Report

### Local Health Department Maternal and Child Service Report

LHD	
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**Service Dates** Federal Fiscal Year October 1, 2019 to September 30, 2020

	Name		Phone		Contact Email			
<b>Pregnancy Related</b>								
<b>Health Insurance Coverage</b>								
	Total Women Served	Title XIX (Medicaid)		Title XXI (CHIP)	Private	Other	None	Unknown
<b>Pregnancy Related Care</b>	0							
<b>Family Planning</b>								
	Total Served	Title XIX (Medicaid)		Title XXI (CHIP)	Private	Other	None	Unknown
<b>Family Planning</b>	0							
<b>Children</b>								
	Total Children Served	Title XIX (Medicaid)		Title XXI (CHIP)	Private	Other	None	Unknown
<b>Children Under 1 year old</b>	0							
	Total Served	Title XIX (Medicaid)		Title XXI (CHIP)	Private	Other	None	Unknown
<b>Children 1 to 22 years of age</b>	0							

Due January 30, 2021 to rsatterfield@utah.gov

**Attachment D**  
**Maternal and Child Health Service Report Instructions**

Please complete information at top of form with names of Health District, the person who prepared the form and phone number. Where possible, provide actual counts of individuals broken down by the categories indicated. **The report time is for Federal Fiscal Year October 1, 2019 to September 30, 2020**

**Total Served:**

Total Served by Insurance Coverage: The number of unduplicated pregnant women, mothers and infants, and children served during the reporting period. \*The 'Total Served' cell will provide you with the sum of Medicaid, CHIP, Private, Other, and Unknown cells.

Health Coverage: Breakdown the numbers of "Total Served" by health coverage type.

**Pregnancy-related Services:**

Total women served: The unduplicated number of women who received any type of pregnancy-related service. \*The 'Total Served' cell will provide you with the sum of Medicaid, CHIP, Private, Other, and Unknown cells.

**Family Planning Services:**

Total served: The unduplicated number of individuals receiving family planning services. \*The 'Total Served' cell will provide you with the sum of Medicaid, CHIP, Private, Other, and Unknown cells.

**Infants under one year Served:**

Total infants served: the unduplicated number of infants less than 1 year of age who received services. \*The 'Total Served' cell will provide you with the sum of Medicaid, CHIP, Private, Other, and Unknown cells.

**Children 1 to 22 Served:**

Total children served: The number of children 1 to 22 years of age who received health services. \*This cell is locked and will sum the Medicaid, CHIP, Private, Other, and Unknown cells.

\*\*Note: the Work Sheet will only allow you to fill in your name, phone, contact email, and counts within each insurance category (Pregnancy Related counts, Family Planning counts, and Children counts, of individuals served).

Please ensure your total numbers equal the sum of the total reported in the 'Total Served' box, if they do not and all insurance categories are accurately reported then the balance must be entered into the 'Unknown' box.

If your LHD does not participate in a program please leave the section blank.

Please email or fax your form by 01/31/2021 to [rsatterfield@utah.gov](mailto:rsatterfield@utah.gov)

Domain	Priority Area (2020 Needs Assessment)	Attachment E - NPM/SPM List	NPM/SPM 2020-2026
CSHCN	Care Coordination/Provider and Family Connectedness	NPM 11 - Medical Home: Percent of children with and without special health care needs, ages 0-17, who have a medical home	
	Transition to adulthood	NPM 12 - Transition: Percent of adolescents with and without special health care needs, ages 12-17, who received services necessary to make transition to adult health care	
<b>CSHCN Other:</b> CSHCN Director Office, Autism System Development Program, CHARM, Early Detection & Intervention Program, Family Partnership, Utah Birth Defects Network, Data Privacy/Security Officer			
Adolescent	Adolescent Mental Health	NPM 9 - Bullying: Percent of adolescents, ages 12 through 17, who are bullied or who bully others	
	Economic Stability	SPM - Increase the number of students who participated in the National School Breakfast and Lunch programs	
Child	Developmental Delays	NPM 6 - Developmental Screening: Percent of children, ages through 35 months, who received a developmental screening using a parent-completed screening tool in the past year	
	Oral Health	NPM 13.2 - Oral Health: Percent of children, ages 1 through 17, who had a preventive dental visit in the past year	
	Family Connectedness	SPM - Increase the percent of days in the past week that all family members who live in the household ate a meal together from 36.6% to 43.7% (2017-2018 National Survey of Children's Health)	
Maternal	Perinatal Mood and Anxiety Disorders (Currently funded w/State General Fund \$'s)	SPM - Increase the proportion of pregnant/postpartum women who are screened for depression	
	Access to Care	NPM 1 - Well-Woman Visit: Percent of women, ages 18 through 44, with a preventive medical visit in the past year	
Infant	Breastfeeding/Poor Infant Nutrition	NPM 4 - Breastfeeding: A) Percent of infants who are ever breastfed and B) Percent of infants breastfed exclusively through 6 months	
<b>Maternal/Infant Other:</b> Pregnancy Risk Line, Safe Haven, Baby Your Baby, Perinatal Mortality Review, Utah Newborn Quality Collaborative			
<b>Block Grant/MCH Other:</b> Title V/MCH Director Office, State Dental Director), Data Resources Program, Local Health Department contracts (MCH and VIPP), Data Privacy/Security Officer			

# MCH Navigator

Maternal and Child Health Workforce Development  
<https://mchb.hrsa.gov/training/mch-navigator-description.asp>

## Training Purpose

The MCH NAVIGATOR provides state public health professionals with free, competency-based learning and tools on key skills necessary to carry out their daily work and improve the health of children and families.

## Format of Training

The MCH Navigator has practical learning strategies for every type of learner in multiple sessions: self-directed, semi-structured, self-reflective, and fast/interactive. Learners can track their learning through an **online self-assessment tool** and participate in short bursts of group learning.

## What/How to Use for MCH Purposes

- **Self-directed**; quick finds; search page; A-Z trainings; new trainings page
- **Semi-structured**: Core MCH training bundles; training spotlights; and training briefs
- **Self-reflective**: Map learning pathway using our online Self-Assessment that can identify strengths and learning needs, and match learning needs to appropriate trainings
- **Fast-interactive**: Micro-learning programs – short, ongoing bursts of learning

## Examples of Specific Training Available

### 5-minute MCH

(<https://www.mchnavigator.org/5min/>)

This fast-paced program combines learning opportunities with implementation strategies to provide:

- Short, focused learning modules and practice ideas to fit into busy schedules.
- The ability to utilize the online [Self-Assessment](#) to further refine learning needs.
- A paced schedule to reinforce learning over time.

### Learning Guides

(<https://www.mchnavigator.org/trainings/>)

Access focused [collections of learning guides](#) based on key MCH and leadership competencies. Primers include MCH fundamentals such as MCH 101, orientations, conceptual models, and planning cycle as well as programmatic issues such as communication, management, and epidemiology. In addition, MCH Navigator Spotlights are prepared so that those who learn better through reading, viewing presentations, or through web tutorials can find material with which they are most comfortable.

### A-Z Trainings

(<https://www.mchnavigator.org/trainings/a-z.php>)

List and links to all training modules in alphabetical order. You can refine the list by typing a key word in the search box. For expanded search capabilities – including searching by MCH competency, topic, or presenter – use a special search page.

## Topics

- MCH101
- MCH Orientations
- MCH Conceptual Models
- MCH Planning Cycle
- Epidemiology
- Evaluation
- Management
- Leadership
- Communication

# AMCHP Workforce and Leadership Development

Association of Maternal and Child Health Program

<http://www.amchp.org/programsandtopics/WorkforceDevelopment/Pages/Default.aspx>

## Training Purpose

The Workforce leadership development team's mission is to support a diverse, effective, and competent workforce in state and territorial Title V programs. In an effort to strengthen the maternal and child health (MCH) workforce

## Format of Training

Skill development through formal and informal learning opportunities, experience, dialogue, role modeling, feedback, mentoring and coaching, and more.

## What/How to Use for MCH Purposes

AMCHP develops MCH leaders through the following resources and programs:

- The New Director Leaders Cohort
- Family Leaders Cohort
- Next Generation Leaders Cohort
- Epi P2P Cohort
- Webinars
- MCH Workforce Resources

## Topics

- Data
- Leadership competencies
- Life course
- Cultural competency
- Resiliency
- Evidence-based public health

## Examples of Specific Training Available

Essential Series modules

- Using data to inform MCH programs
- The postpartum period
- ROI for MCH: Return on investment in Maternal and Child Health
- Cultural competency
- Life course theory
- Communicating the value of developmental screening
- History of CYSHCN

MCH Leadership Competencies,

visit <http://leadership.mchtraining.net> or download a [PDF file of the 12 leadership competencies](#).

MCH Workforce Development Solutions Series Domain (WSSDOM)

How to enhance your state's performance management for the Title V Block Grant

Resiliency: tips and tricks on how to keep staff morale high  
Building Bench Strength Webinar Archive

Building and Retaining a Resilient MCH Workforce for Tomorrow

Leading in Changing Times Series

National Collaborating Centre for Methods and Tools

Modules Include:

- Quantitative Research Designs  
101: Addressing Practice-Based Issues in Public Health
- Introduction to Evidence-Informed Decision Making
- Searching for Research Evidence in Public Health
- Critical Appraisal of System Reviews
- Critical Appraisal of Intervention Studies

AMCHP + CDC Skills-building Suite: Evidence-based Programs: Moving along the Continuum from Selection to Sustainability.

# Advancing Health Transformation

Maternal and Child Health Workforce Development Center  
<https://www.mchnavigator.org/transformation/index.php>

## Training Purpose

The Center offers state and territorial Title V leaders and their partners training, collaborative learning, coaching and consultation in implementing health transformation using a variety of learning platforms.

## Format of Training

Online, interdisciplinary course and additional learning resources.

## What/How to Use for MCH Purposes

**Title V Transformation Tools are tied to National Performance Measures.**

**Introduction and populations covered include:**

- General foundational skills
- Women's Maternal Health
- Perinatal/Infant Health
- Child Health
- Adolescent Health

## Areas of Focus

- Access to Care
- Change Management & Adaptive Leadership
- Evidence-based Decision Making
- Family Engagement
- Health Equity
- Quality Improvement
- Systems Integration
- Pipeline Program (to enhance training & networking opportunities for graduate and undergraduate students)

## Examples of Specific Training Available

Each **Area of Focus** covers 2 or 3 NPMs and by accessing each topic, there are online learning materials, resources, and evidence-based strategies and programs that support knowledge sets and skill needed to advance each NPM

New: **MCH Mini-course in Resiliency and Adaptive Leadership**: short recordings in 10 parts. It steps through 5 leadership tools:

- 1) Leading into creative problem-solving
- 2) Stepping forward as a leader (with or without positional authority)
- 3) Thinking big
- 4) Recognizing change preferences and change processes
- 5) Phasing your change

**Customized workforce development**: provides team-tailored skills development and assistance to Title V agencies tackling tough health transformation challenges.

**Partnership Opportunities**: include and 8-month coach-supported cohort experience, customized short-term partnerships and in internship program that matches agencies with student interested in Title V experience.

Organization Website	Title of Training Program	Training purpose	Format of Training
Maternal and Child Health Workforce Development <a href="https://mchb.hrsa.gov/training/mch-navigator-description.asp">https://mchb.hrsa.gov/training/mch-navigator-description.asp</a>	MCH Navigator	The MCH NAVIGATOR provides state public health professionals with free, competency-based learning and tools on key skills necessary to carry out their daily work and improve the health of children and families.	The MCH Navigator has practical learning strategies for every type of learner in multiple sessions: self-directed, semi-structured, self-reflective, and fast/interactive. Learners can track their learning through an <b>online self-assessment tool</b> and participate in short bursts of group learning.
<b>Topics Covered</b>	<b>What/How to Use for MCH purposes</b>		
MCH101 MCH Orientations MCH Conceptual Models MCH Planning Cycle Epidemiology Evaluation Management Leadership Communication	<p><b>Self-directed:</b> quick finds; search page; A-Z trainings; new trainings page</p> <p><b>Semi-structured:</b> Core MCH training bundles; training spotlights; and training briefs</p> <p><b>Self-reflective:</b> Map learning pathway using our online Self-Assessment that can identify strengths and learning needs, and match learning needs to appropriate trainings</p> <p><b>Fast-interactive:</b> Micro-learning programs – short, ongoing bursts of learning</p>		

Organization Website	Title of Training Program	Training purpose	Format of Training
Maternal and Child Health Workforce Development: Advancing Health Transformation <a href="https://www.mchnavigator.org/transformation/index.php">https://www.mchnavigator.org/transformation/index.php</a>	MCH Navigator and National Maternal and Child Health Workforce Development Center	The Center offers state and territorial Title V leaders and their partners training, collaborative learning, coaching and consultation in implementing health transformation using a <b>variety</b> of learning platforms.	Online, interdisciplinary course and additional learning resources.
<b>Topics Covered</b>	<b>What/How to Use for MCH purposes</b>		
Access to Care Change Management & Adaptive Leadership Evidence-based Decision Making Family Engagement Health Equity Quality Improvement Systems Integration Pipeline Program (to enhance training & networking opportunities for graduate and undergraduate students)	<p>Title V Transformation Tools are tied to National Performance Measures. Introduction and populations covered include:</p> <ul style="list-style-type: none"> <li>o General foundational skills</li> <li>o Women’s Maternal Health</li> <li>o Perinatal/Infant Health</li> <li>o Child Health</li> <li>o Adolescent Health</li> </ul>		



Organization Website	Title of Training Program	Training purpose	Format of Training
<p>AMCHP  <a href="http://www.amchp.org/WorkforceDevelopment/Default.aspx">http://www.amchp.org/WorkforceDevelopment/Default.aspx</a></p>	<p>Workforce and Leadership Development</p>	<p>The Workforce leadership development team's mission is to support a diverse, effective, and competent workforce in state and territorial Title V programs. In an effort to strengthen the maternal and child health (MCH) workforce</p>	<p>Skill development through formal and informal learning opportunities, experience, dialogue, role modeling, feedback, mentoring and coaching, and more. They develop MCH leaders through the following resources and programs:</p> <ul style="list-style-type: none"> <li>▪ The New Director Leaders Cohort</li> <li>▪ Family Leaders Cohort</li> <li>▪ Next Generation Leaders Cohort</li> <li>▪ Epi P2P Cohort</li> <li>▪ Webinars</li> <li>▪ MCH Workforce Resources</li> </ul>
<p>Topics Covered</p> <p>Data</p> <p>Leadership competencies</p> <p>Life course</p> <p>Cultural competency</p> <p>Resiliency</p> <p>Evidence-based public health</p>	<p><b>What/How to Use for MCH purposes</b></p> <p>Essential Series modules</p> <ul style="list-style-type: none"> <li>• Using data to inform MCH programs</li> <li>• The postpartum period</li> <li>• ROI for MCH: Return on investment in Maternal and Child Health</li> <li>• Cultural competency</li> <li>• Life course theory</li> <li>• Communicating the value of developmental screening</li> <li>• History of CYSHCN</li> </ul> <p>MCH Leadership Competencies, visit <a href="http://leadership.mchtraining.net">http://leadership.mchtraining.net</a> or download a PDF file of the 12 leadership competencies.</p> <p>MCH Workforce Development Solutions Series Domain (WSSDOM)</p> <p>How to enhance your state's performance management for the Title V Block Grant</p> <p>Resiliency: tips and tricks on how to keep staff morale high</p> <p>Building Bench Strength Webinar Archive</p> <p>Building and Retaining a Resilient MCH Workforce for Tomorrow</p> <p>Leading in Changing Times Series</p> <p>National Collaborating Centre for Methods and Tools Modules include:</p> <ul style="list-style-type: none"> <li>▪ Quantitative Research Designs 101: Addressing Practice-Based Issues in Public Health</li> <li>▪ Introduction to Evidence-Informed Decision Making</li> <li>▪ Critical Appraisal of Intervention Studies</li> </ul> <p>AMCHP + CDC Skills-building Suite: Evidence-based Programs: Moving along the Continuum from Selection to Sustainability.</p>		

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CityMatCH Learning Network <a href="https://www.citymatch.org/150/">https://www.citymatch.org/150/</a>	CityMatCH Learning Network	CityMatCH believes in a strong network of public health leaders working together to tackle the most pressing MCH challenges by growing the skills, knowledge and abilities of all MCH professionals working at the local level.	Quarterly webinar series provides training on emerging MCH issues and needs identified by CityMatCH members.
<b>Topics Covered</b>	<b>What/How to Use for MCH purposes</b>		
In 2019: Networking Financial Alcohol and drug use during pregnancy Policy 101 Internal racial inequity	2017-2019 webinar series archives on Youtube 2019 webinars include: <ul style="list-style-type: none"> <li>• Networking for Public Health Professionals</li> <li>• Financial Hope Reduces Stress and Improves Health of Mothers</li> <li>• Policies Targeting Alcohol/Drug Use During Pregnancy &amp; Their Impacts</li> <li>• Policy 101: Understanding Policy and Impacts</li> <li>• Getting Our House in Order: Addressing Internal Racial Equity</li> </ul>		

Organization Website	Title of Training Program	Training purpose	Format of Training
National Institute for Children’s Health Quality (NICHQ) <a href="https://www.nichq.org/resources/webinars">https://www.nichq.org/resources/webinars</a>	Not a specific training program but have a series of webinars with topics specific to MCH interests.	NICHQ’s mission is to achieve better health outcomes for children	Webinars
<b>Topics Covered</b>	<b>What/How to Use for MCH purposes</b>		
Breastfeeding Early childhood Health equity Infant health Quality improvement Sickle cell disease	Sample of titles of webinars: <ul style="list-style-type: none"> <li>• From Awareness to Action: Strategies for Combating Racism in Health Systems</li> <li>• Moving the Needle on Health Equity: Two Experts Share Successful Programs and Lessons Learned</li> <li>• Maternal Depression: Everyone Can Play a Role to Help Families Thrive</li> <li>• Early Childhood and Medicaid 101: The Tip of the Iceberg</li> <li>• Improving Our Approach: Better Conversations about Breastfeeding</li> <li>• Opioid Use Disorder in Pregnancy and Neonatal Abstinence Syndrome</li> <li>• Engaging Families from Diverse Backgrounds with Developmental Screening and Child Well-Being</li> </ul>		

Organization Website	Title of Training Program	Training purpose	Format of Training
Association of Schools & Programs of Public Health <a href="https://www.aspph.org/study/maternal-child-health/">https://www.aspph.org/study/maternal-child-health/</a>	Not a training program but identifies academic degrees in public health with a Maternal and Child Health focus	This interdisciplinary field seeks answers for the complex health considerations relating to women, pregnancy, reproduction, and infant and child well-being. Students who concentrate in maternal and child health are interested in the intersection between these populations, and how governments and communities can work together to protect and advance the health of women and children across the world.	Academic degrees in Public Health
<b>Topics Covered</b>			
What/How to Use for MCH purposes			
Can identify academic programs in maternal and child health			
Sample courses:			
<ul style="list-style-type: none"> <li>• Infant, Child, and Maternal Health in Developing Countries</li> <li>• Intrafamily Violence</li> <li>• Advocacy, Human Rights, and Migrations</li> </ul>			

Organization Website	Title of Training Program	Training purpose	Format of Training
Association of State and Territorial Health Officials ASTHO Connects: A Virtual Learning series for public health leaders: <a href="https://www.astho.org/GenericKey/GenericKeyArchive.aspx?catid=7264&amp;folderid=5162">https://www.astho.org/GenericKey/GenericKeyArchive.aspx?catid=7264&amp;folderid=5162</a>	Not a specific training program but have a series of webinars with topics specific to MCH interests.	ASTHO is the national nonprofit organization representing public health agencies in the United States, the U.S. Territories, and the District of Columbia, and over 100,000 public health professionals these agencies employ. ASTHO's mission is to support, equip, and advocate for state and territorial health officials in their work of advancing the public's health and well-being.	Webinars
<b>Topics Covered</b>			
What/How to Use for MCH purposes			
Sample webinars available:			
Substance misuse/opioids Access to care/clinical services Health equity/health disparities Adverse childhood experiences	<ul style="list-style-type: none"> <li>• Primary Prevention of Adverse Childhood Experiences</li> <li>• Lead Exposure and Impacts on Early Brain Development</li> <li>• Use of Telehealth for Substance Use Disorder Treatment in Maternal and Child Populations</li> </ul>		

Tobacco exposure

- Engaging Primary Care Associations and Federally Qualified Health Centers
- Working Across Boundaries to Incorporate an Equity Lens to Breastfeeding Initiatives
- Successful Models Integrating Maternal Care and Substance Use Treatment

