

## MATERNAL AND CHILD HEALTH ANNUAL REPORT

### **Background**

The MCH Annual Report collects relevant information/data for evaluation, analysis and monitoring local health jurisdiction performance in meeting the MCH Title V Block Grants and MCH Branch goals/objectives. As the public health care system continues to evolve, information/data and our ability to respond proactively and rapidly to changes and demands at the local and state levels are of the utmost importance. The objectives for the MCH Annual Report are:

- Collect key health indicators that identify and monitor local jurisdiction MCH health and well-being.
- Ensure the provision of quality services and needs of all women and children are addressed.
- Collect data to improve and evaluate the local jurisdictions ability in meeting all program objectives and all scopes of work.
- Ensure stable and sufficient financing to succeed in meeting the MCH/BIH/FIMR Scope of Work.
- Assess access to critical health services in communities throughout local jurisdiction in order to meet the needs for the MCH population.
- Provide meaningful feedback to MCH local jurisdictions on their issues, infrastructure and management of their program(s).
- Improve public understanding of the role of public health, so all citizens become active partners in health improvement and fully use the system of health promotion and protection.
- Identify new and emerging issues or problems and propose solutions.

The MCH Annual Report consist of the following components:

#### **1. Cover Sheet**

The Cover Letter provides basic information and/or narrative (e.g. exceptions, exclusions, changes,) on the submission of the MCH Annual Report for the fiscal year. See *MCH Forms/Exhibits Form 1*

#### **2. Scope of Work Progress Form (Form 3a-c)**

The Scope of Work Progress Forms (Forms 3a-c) provide the a summary of all activities completed for the fiscal year in accordance to the Scope of Work and the MCH Policies and Procedures for MCH, BIH, and FIMR. This report should highlight all major accomplishments, list and discuss any barriers/challenges encountered during the report period, and steps taken to overcome these barriers/challenges. Briefly discuss reasons that barriers were not addressed. If you receive funding for BIH, also complete Form 3b, and if you receive funding for FIMR, also complete Form 3c. See *MCH Forms/Exhibits Forms 3a-c*

### **3. MCH Related Collaboratives (Form 4)**

To complete this form, the MCH Director must determine which collaboratives were essential in accomplishing MCH/BIH/FIMR goals and objectives. Complete a separate form for each identified collaborative. The form should include:

1. Description of collaborative: Name of group, type of membership, and purpose of collaborative including the frequency of meetings.
2. Describe activities the group performed or accomplished for the fiscal year which relate to the overall MCH Program.

*See MCH Forms/Exhibits Form 4*

### **4. Toll-Free Telephone Report (Form 6)**

Check the appropriate box(es) that describes the type of publicity and/or marketing strategies implemented to disseminate information regarding the local toll-free telephone line.

If calls to toll-free line were low or reduced as compared to last reporting period, briefly state principal causes and what interventions will be implemented to assure an increase. If a significant increase in uses was noted, describe activities conducted to increase awareness and use. *See MCH Forms/Exhibits Form 6*

### **5. Annotation of Products Developed (Form 7)**

Complete this form for each product developed during the reporting period for all relevant MCH Programs (MCH, BIH, FIMR) for which you received funding. The report should include the products': title, description and copy for submission, format, intended target population, language(s), objective, date produced and a contact name and phone number. *See MCH Forms/Exhibits Form 7*

### **6. Inventory/Disposition of DHS-Funded Equipment (Exhibit A2)**

The Agency is responsible for completing this form and submitting to the MCH Contract Manager with the MCH Annual Report. The information on Exhibit A2 will be used by DHS Asset Management Unit to conduct an annual inventory of DHS equipment and property in the possession of Contractors/Subcontractors and for disposal of same items when appropriate. *See MCH Forms/Exhibits Exhibit A2*

## **BLACK INFANT HEALTH (BIH) and FETAL INFANT MORTALITY REVIEW (FIMR) PROGRAMS**

If you receive allocation funding for the BIH and/or FIMR Programs, additional components (other than those listed above) that must be submitted with the MCH Annual Report:

### **1. BIH and FIMR**

#### **Committee Membership Form (Form 8)**

Form 8 is for the BIH advisory committee and the FIMR case review and community action teams. A separate form needs to be completed for each program.

Check the appropriate box for the respective committee/team. For each member of the committee/team, include the name of the agency, term served, occupation/title, race/ethnicity, and a brief summary of the member's experience and skills as it relates to the committee. See *MCH Forms/Exhibits Form 8*

### **2. FIMR**

#### **FIMR Case Tracking Log**

The tracking log is for all FIMR cases reviewed for the fiscal year. This log tracks case from initial review until development of interventions. See *MCH Forms/Exhibits FIMR Case Tracking Log*

#### **Case Review Summary Form (Form 9)**

Form 9 is a brief overview of the case study and a record of the pertinent medical information and environmental factors that were reviewed. See *MCH Forms/Exhibits Form 9*

#### **Fetal-Infant Mortality Issues Checklist**

This checklist allows for various factors associated with the case reviewed to be identified and easily abstracted. See *MCH Forms/Exhibits FIMR Issues Checklist*

## Case Vignette

The vignette briefly tells the story of what happened in this infant's demise. It also includes local FIMR's recommendations to prevent similar future deaths.

### 1.0 Policy

1.1 All local jurisdictions or community based organizations (CBOs) receiving a MCH Local Jurisdiction allocation or MCH Grants are required to complete the MCH Annual Report.

#### 1.2 Requirement

1.2.1 The annual report must be submitted no later than thirty (30) days at the end of the fiscal year and must be post marked no later than 30 days after the close of the fiscal year for each program supported with MCH allocation grant.

#### 1.3 Procedures

1.3.1 Submit two copies of the annual report, which includes all components (if applicable) listed above for the fiscal year July 1<sup>st</sup> to June 30<sup>th</sup> of the current fiscal year to your assigned MCH Branch contract manager at:

Department of Health Services  
Maternal and Child Health Branch  
1615 Capitol Ave. MS 8306  
Sacramento, CA 95818

*Attn: Contract Manager Name- Operations Section*

1.3.2 MCH Branch has the option to withhold payment on current invoices for failure to submit a complete and timely report. An electronic submission is not acceptable for the annual report.