



## TITLE V MATERNAL & CHILD HEALTH KEY DEFINITIONS & CONCEPTS

**Vision:** Title V envisions a nation where all mothers, children and youth, including CSHCN, and their families are healthy and thriving.

**Mission:** To improve the health and well-being of the nation's mothers, infants, children and youth, including children and youth with special health care needs, and their families.

### **Role of Title V\*:**

**Title V legislation and the MCH Services Block Grant Program enables states to:**

- a) provide and assure mothers and children access to quality MCH services;
- b) reduce infant mortality and the incidence of preventable diseases;
- c) provide rehabilitation services for blind and disabled individuals; and
- d) provide and promote family-centered, community-based, coordinated care, and facilitate the development of community-based systems of services.

### *Significant Concepts:*

1. Title V is responsible for promoting the health of all mothers and children, which includes an emphasis on Children w/Special Health Care Needs (CSHCN) and their families; and
2. The development of life course theory has indicated that there are critical stages, beginning before a child is born and continuing throughout life, which can influence lifelong health and wellbeing.

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### **MCH Population Health Domains**

1. Women/Maternal Health: Women of reproductive age (15 to 44 years) and pregnant women
2. Perinatal/Infant Health: Birth to 1 year of age
3. Child Health: 1 through 11 years of age
4. Children with Special Health Care Needs: Birth to 22 years of age
5. Adolescent Health: 12 to 22 years of age
6. Cross-Cutting or Life Course

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### **Definitions**

**Legislatively-defined state MCH population groups:**

- (a) pregnant women, mothers, and infants up to age 1;
- (b) children; and
- (c) children with special health care needs.

**Children and Youth with Special Health Care Needs (FEDERAL):** "Children and youth with special health care needs (CYSHCN) are those who have, or are at risk for a chronic physical, developmental, behavioral or emotional condition and who also require health and related services of a type or amount beyond that required by children generally."

**Children and Youth with Special Health Care Needs (STATE):** “A child with special health care needs” means a person under 21 years of age who has an organic disease, defect or condition which may hinder the achievement of normal physical growth and development.”

### **SHCN “Definitions” – The “lens” from which the SHCN Program is looking at each priority**

**Cross-System Care Coordination:** “Patient and family-centered approach that utilizes team-based and assessment activities designed to meet the needs of children and youth while enhancing the capabilities of families. It addresses interrelated medical, behavioral, educational, social, developmental, and financial needs to achieve optimal health.”

**Behavioral Health Integration:** “Collaborative services for the prevention and treatment of emotional disorders that support the functioning of children, youth, and families in all settings, including home, community, school, and work. Efforts should be focused on keeping children in their home and/or community.”

**Family Caregiver Health:** “Supporting the physical, emotional, social, and financial well-being of families with CYSHCN, particularly that of the family caregivers. A family caregiver is any individual, including siblings, who supports and cares for another person and may or may not be a biological relative.”

**Direct Health Services and Supports:** “Services delivered one-on-one between a health professional and patient, which may include primary, specialty, or ancillary health services, such as: inpatient and outpatient medical services, allied health services, drugs and pharmaceutical products, laboratory testing, x-ray services, and dental care. Access to highly trained specialists or services not generally available in most communities may also be included in this definition.”

**Training & Education:** “Supporting diversity in the provision of services for the special health care needs (SHCN) population through training and education of families, community members, medical and community providers, local and state service programs, and legislators. This includes family and youth leadership development in building a stronger advocacy network in Kansas.”

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### **Title V Needs Assessment Planning Definitions**

**Priority Needs:** Title V legislation directs states to conduct a state-wide MCH Needs Assessment every 5 years to identify the need for preventive and primary care services for pregnant women, mothers, infants, children, and CSHCN. From this assessment, states select seven to ten priorities for focused programmatic efforts over the five-year reporting cycle.

**Objectives:** A statement of intention with which actual achievement and results can be measured and compared. SMART objectives are specific, measurable, achievable, relevant and time-phased.

**Key Strategies:** Strategies are the general approaches taken to achieve the objectives; activities are specific actions to implement the strategies. Strategies are defined as part of the interim Five-year State Action Plan Table and further refined in the second Application/Annual Report year. Program activities for implementing the identified program strategies will be discussed and updated annually as part of the State Action Plan narrative.

**Performance Measures:** The NPMs (Kansas must select 8 of 15) and State Performance Measures that align to the identified strategies, and to the NOMs.

*\*Background: The Title V Maternal and Child Health (MCH) Block Grant is the linchpin for MCH services in the United States. Administered by the Health Resources and Services Administration’s Maternal and Child Health Bureau (MCHB), the block grant operates through a Federal/State partnership in all 50 States, the District of Columbia and 9 jurisdictions. Title V was authorized in 1935 as part of the Social Security Act to stem the declining health of mothers and children in the midst of the Great Depression. Title V became a block grant program as part of the Omnibus Budget Reconciliation Act (OBRA) of 1981. The Kansas Department of Health and Environment, Bureau of Family Health administers the Kansas Title V MCH Services Block Grant Program and provides leadership to enhance the health of Kansas women and children in partnership with families and communities.*