

# Title V Work Plan Template FFY25

# Community Health Board Name:

## **General Questions**

How do you plan to address health equity within the activities you will be using your Title V MCH grant funding for?	
Example: Using funds for new moms in rural areas who don't have transportation.	
How do you plan to integrate community and/or family engagement within the activities you will be using your Title V MCH grant funding for?	
Example: Collecting input from the Amish community to update sexual/reproductive health presentations for Amish youth.	

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FFY 2025 (October 1, 2024 – September 30, 2025)

## **Planned Activities**

### Please report all planned activities for FFY 2025 (October 1, 2024 through September 30, 2025).

Examples of activities to include are home visiting, Follow Along Program, family planning services, etc. Please include as many details about specific activities, all populations served, partners, materials, etc. to better help us understand how you will be utilizing your funds.

Each activity is reported individually. You can report up to 10 different activities.

### Instructions for planned activities table

- Activity: List an activity your CHB intends to support with the Title V MCH Block Grant during FFY 2025.
- Population to be served: Please choose from (include all that apply):
  - Pregnant people
  - Infants
  - Children
  - Adolescents
  - o Children and youth with special health care needs, and/or
  - Other
- List the expected # of individuals/families reached.

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- Select which of the following National Performance Measures (NPMs) each activity is most likely to contribute to.
  - WWV: Percent of women with a preventive medical visit in the past year.
  - PPV: Percent of women who attended a postpartum checkup within 12 weeks after giving birth/received recommended care components.
  - o BF: Percent of infants who are ever breastfed/breastfed exclusively through 6 months.
  - SS: Percent of infants placed to sleep on their backs/on a separate approved sleep surface/without soft objects or loose bedding.
  - DS: Percent of children who received a developmental screening the past year.
  - o AWV: Percent of adolescents with a preventive medical visit in the past year.
  - o MH: Percent of children with and without special health care needs who have a medical home.
  - o Al: Percent of children who are continuously and adequately insured.
  - None of the above.
- Subcontracting Information: Will your CHB be subcontracting for this activity?
  - o If yes, please list:
  - The name of the subcontractor.
  - The amount of the contract.
  - o A short description of the activities the subcontractor will perform.

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# **Subcontractor activities template**

Activity	Population to be served.	Expected # of individuals/families reached	Select National Performance Measure (NPM) each activity is most likely to contribute to.	Subcontracting Information