

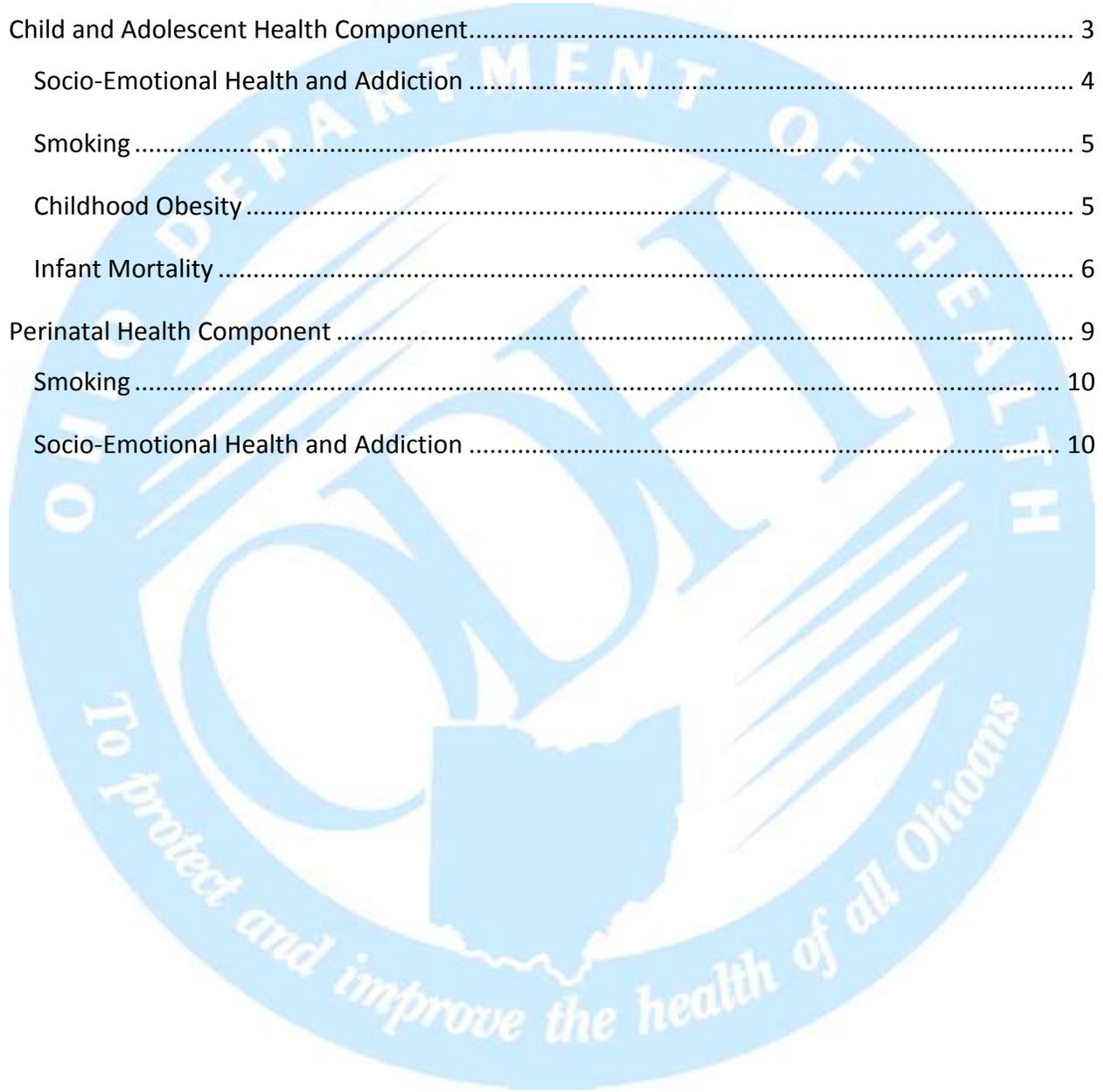


**Ohio Department of Health (ODH)
Division of Family and Community Health Services (DFCHS)
Bureau of Child and Family Health Services (BCFHS)
Child and Family Health Services Program (CFHS)
Program Standards
2014**

**Child and Adolescent Health Component
Infrastructure, Enabling and Population Based Services Standards**

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Child and Adolescent Health Component

Enabling, Population Based, and Infrastructure Measures and Strategies

All applicants for the Child and Adolescent Component are required to demonstrate the need for CFHS child and adolescent health funding by reporting the results of their community health assessment. These results must include data about the child and adolescent target population, evidence of need of child and adolescent services and how programs will address the need. The applicant must develop the child and adolescent program plan and budget based on the needs and gaps in child and adolescent services as identified in their community health assessment.

Eligibility and Justification

In order to be funded for child and adolescent health the applicant must clearly describe in the application narrative and program plan how they meet the eligibility and justification criteria for each proposed child and adolescent Infrastructure (IN), Enabling (EN), and Population (PB) based measures and strategies. Mid-Year and Annual Progress reports should reflect the enablers and/or barriers to meeting the proposed benchmarks.

Measures

Measures are set by ODH. Applicants must use only those measures identified by ODH and their corresponding benchmarks for each strategy. Measures and strategies, along with their corresponding eligibility criteria and benchmarks, are listed on the CFHS Components Grid in the (RFP) Request for Proposal. Based on their community health assessment, applicants may propose which child and adolescent measures and strategies they are selecting to address their child and adolescent needs. Each strategy listed reflects evidence-based and/or best practices identified by ODH through literature reviews and other research. The applicant should list the specific activities that will be implemented to address each strategy. Benchmarks have been developed for all CFHS components and are used to measure progress toward achieving CFHS goals. Please note that proposed benchmarks cannot be altered.

Child and Adolescent Health services and programs may be provided for the following identified CFHS Measures: Improve access to Child and Adolescent Health Services; Ensure that the socio-emotional health and addiction needs of children and adolescents are met; reduce the rate of smoking and increase smoking cessation among teenagers; reduce the percentage of children who are overweight; and reduce the rate of infant mortality. The child and adolescent health measures and strategies for enabling, population based, and infrastructure activities are listed.

Measure: Ensure that the socio-emotional health and addiction needs of children and adolescents are met

Strategy: Enhance the coordination and collaboration of evidenced-base strategies among diverse stakeholders in child and adolescent health to address mental health and/or addiction needs. (IN)

Required Activities:

- Care coordination and quality assurance of linkages of children and adolescents to care by developing a network of providers that will accept referrals for un/under-insured clients and tracking those referrals.
- Coordinating agency develops network for referrals.
- Coordinating agency receives referrals and assigns case to provider.
- Tracking system developed to document and ensure monitoring and oversight of referrals to providers including processes and outcomes.

Other activities to achieve outcomes:

- Initiate relationships with other stakeholders in your county/region to support children/adolescents struggling with mental health/drug and alcohol issues (including the ADAMH board, mental health agencies, drug/alcohol agencies, and community centers).
- With partners, identify the best way to leverage funding when working with children/adolescents to reach more children/adolescents.
- Identify a referral system that can be used when a child/adolescent needs to be referred for treatment.
- Implement best practices regarding screening for mental health issues and addiction issues (35 item Pediatric Symptom Checklist, 17 item Pediatric Symptom Checklist, SBIRT).

Not Allowable:

- Distributing educational materials/ handouts without referral and tracking.
- Completing a screening and referral but not securing a linkage to care and following up.

Resources:

- <http://www.starttalking.ohio.gov/>
- SBIRT-<http://mha.ohio.gov/Default.aspx?tabid=665>
- AAP Bright Futures
- <http://drugfactsweek.drugabuse.gov/index.php>

Measure: Reduce the rate of smoking and increase smoking cessation among teenagers

Strategy: Implement the “NOT” school-based smoking cessation program for teenage smokers and to promote changes in the way tobacco is promoted and sold to teenagers. (EN)

Required Activities:

- **Not On Tobacco (NOT)- Smoking Cessation Program for 14-19 Year Olds (American Lung Association)** consists of (10) 50-minute, gender-specific group sessions usually held in schools during school hours and led by trained facilitators (although NOT has also been used in community settings).
- The sessions are developmentally appropriate, expressed in teen-friendly language, and conducted in small groups (no more than 10-12 teenagers).
- Topics include motivation, stress management, the effects of smoking, preparing to quit, relapse prevention, dealing with peer pressure, media awareness, support networks, and healthy lifestyles. Four optional booster sessions are offered after the program’s conclusion.

Measure: Reduce the percentage of children who are overweight.

Strategy: Work with childcare centers to increase nutrition education, access to healthy food choices, and/or physical activity. (IN)

Required activities:

- Implement the Ohio Child Care Resource and Referral Association (OCCRRA) Ohio Healthy Program (OHP) Program in child care facilities.
- Coordinate with OCCRRA and the ODH Creating Healthy Communities program to ensure facility is not already participating.
- Obtain Letters of support from the targeted child care facilities and keep on file at grantee agency.
- Submit initial program plan for ODH approval, including:
 - Names of Childcare facilities
 - # of facilities proposed
 - # of children proposed to reach
 - person(s) responsible for the activities
 - timelines for this strategy
- Keep all OHP related material on file at grantee agency.
- Submit Mid-Year and Annual Report per ODH requirements, including success stories.

Strategy: Work with schools to increase nutrition education, access to healthy food choices, and/or physical activity. (IN)

Required activities:

- Select the evidence-based and/or best practice nutrition education program for school settings.
- Submit initial program plan for ODH approval, including:
 - names of school setting
 - # of schools proposed
 - # of children proposed to reach
 - cost per child (maximum cost per child not to exceed \$110.00)
 - person(s) responsible for the activities
 - timelines for this strategy
- Obtain Letters of support from the targeted schools and keep on file at grantee agency.
- Receive approval by ODH before putting into operation the Nutrition Education implementation and evaluation plan.
- Keep on file at grantee agency approved Nutrition Education Program and all related material.

Submit Mid-Year and Annual Report per ODH requirements.

ODH Approved Nutrition Education Programs for K-12 school setting:

Let's Move!

Nutrition Expedition and/or Fuel Up to Play 60

Choose My Plate

CATCH (K-8)

CATCH Kid's Club After-School Program (K-8)

SPARK

Veggie U

Measure: Reduce the rate of infant mortality.

Strategy: Infant Safe Sleep (PB) and (IN) activities require development of a tracking system to record all activities (name, location, date, person in charge, numbers reached, results, barriers) and evaluation.

Required Activities:

- Conduct focused community education campaign regarding infant safe sleep messages by implementing ODH and Ohio Injury Prevention Partnership (OIPP) Child Injury Action Group (CIAG) campaign. (PB)

- *Activities to achieve outcomes:* develop list of existing resources; collaborate to maximize resources; target home providers and family caregivers; participate in the Cribs for Kids program.
- Pre-Approval from CFHS Staff before any of the following are implemented: Health Fairs, Billboards, Radio Ads, logos on giveaways (onesies, t-shirts, etc).
- A tracking system needs to be developed and maintained regarding events, activities, giveaways that have been completed.
- An evaluation method needs to be in place to discuss the outcomes and any issues/barriers that may have arisen.

Suggested Activities:

- Develop a safe sleep policy, using the approved “safe sleep” resources.
- Implement infant safe sleep policy through agency, subgrantees, and subcontracting agencies.
- State how agencies will provide education and resources to families. (eg. At each PN/CAH/OIMRI visit, at a training, community event)
- Work with hospital, physician’s office, clinics regarding patient education standardization.

ODH Approved Resources Safe Sleep Programs include:

- HealthyChildren.org (AAP)
- National SUIDS/SIDS Resource Center
- Centers for Disease Control and Prevention, SUIDS/SIDS
- National Institute of Child Health and Development, Safe to Sleep campaign (e.g., The Rx: Infant Safe Sleep Program)
- First Candle (e.g., Model Behavior: The Most Important Modeling Job of Your Life) Note: corporate sponsorship
- Franklin County, Ohio Infant Safe Sleep and SIDS Risk Reduction Hospital-based Initiative

Strategy: Facilitate local infrastructure changes by educating professionals and organizations working with families to implement infant safe sleep strategies (e.g., hospitals, health care professionals, WIC, JFS, child protective services, child care, child birth educators, home visiting programs, GRADS, etc.) (IN)

Suggested Activities:

- Develop a contact list of agencies and organizations that work with families that could benefit from safe sleep initiatives.
- Contact agencies.
- Train and educate.
- Identify and prioritize agencies and organizations that will be in contact with safe sleep strategy, agency to keep a log of the activities used.
- Provide safe sleep strategies to agencies/organizations using policy that have been previously developed. Document required trainings, meetings, including feedback.
- Apply for CE so that individuals could receive credit for the training.
- Develop a resource list.
- Work with hospitals to write or revise protocols for sleep arrangements
- Collaborate to make systems-level changes at hospitals and other health care providers and retailers.
- Recruit a representative from an outside agency/hospital/clinic to be on the consortium.
- Use ODH policy or integrate it with your agencies’.

Strategy: Facilitate the establishment of breastfeeding friendly workplaces by educating employers in the community about implementing *The Business Case for Breastfeeding* using the ODH training (training upon request). (IN)

Suggested Activities:

- Develop a list of agencies and organizations that work with families that could benefit from breastfeeding initiatives.
- Identify and prioritize agencies and organizations that will be in contact with breastfeeding initiatives, agency to keep a log of the activities used.
- Provide breastfeeding case to agencies/organizations using policy that has been developed. Document required trainings, meetings, including feedback.
- Develop resource list.
- Work with hospitals to implement “The Ten Steps to Successful Breastfeeding.”
- Recruit a representative from an outside agency/hospital/clinic to be on the consortium
- Use ODH policy or integrate it with your agencies’.

Perinatal Health Component Infrastructure, Enabling and Population Based Services

All applicants for the Perinatal Component are required to demonstrate the need for CFHS perinatal health funding by reporting the results of their community health assessment. These results must include data about the perinatal target population, evidence of need of perinatal services and how programs will address the need. The applicant must develop its perinatal program plan and budget based on the needs and gaps in perinatal services as identified in their community health assessment.

Eligibility and Justification

In order to be funded for perinatal health the applicant must clearly describe in the application narrative and program plan how they meet the eligibility and justification criteria for each Infrastructure, Enabling, and Population based perinatal measures and strategies. Mid-Year and Annual Progress reports should reflect the enablers and/or barriers to meeting the proposed benchmarks.

Measures

Measures are set by ODH. Applicants must use only those measures identified by ODH and their corresponding benchmarks for each strategy. Measures and strategies, along with their corresponding eligibility criteria and benchmarks, are listed on the CFHS Components Grid in the Request for Proposal (RFP). Birth defects are a leading cause of infant mortality and morbidity. Based on their community health assessment, applicants may propose which perinatal measures and strategies they are selecting to address their perinatal needs. Each strategy listed reflects evidence-based and/or best practices identified by ODH through literature reviews and other research. The applicant should list the specific activities that will be implemented to address each strategy. Benchmarks have been developed for all CFHS components and are used to measure progress toward achieving CFHS goals. Please note that proposed benchmarks cannot be altered.

Early and continuous perinatal care is an important step toward assuring that mother and infant will be healthy throughout the pregnancy and delivery. Perinatal Health services and programs may be provided for the following identified CFHS Measures: Improve access to perinatal care; reduce the rate of smoking among pregnant women and women of child bearing age; and ensure that social/emotional health and addiction needs of pregnant women are met. The Perinatal health measures and strategies for enabling, population based, and infrastructure activities are listed.

Perinatal Health Enabling, Population Based, and Infrastructure Measures and Strategies

Measure: Reduce the rate of smoking among pregnant women and women of childbearing age.

Strategy: Identify and train select staff as “Certified Tobacco Treatment Specialists” (TTS). (EN)

Suggested Activities:

- Complete TSS training;
- Conduct outreach;
- Accept referrals; and
- Provide smoking cessation education.

Strategy: Implement the evidence-based smoking cessation intervention program, Baby & Me-Tobacco Free (a smoking cessation program created to reduce the burden of tobacco use in the pregnant and post-partum population). (EN)

Required Activities:

- Pregnant women referred to provider agency by physician, clinic, hospital, health department or word of mouth.
- Each participant receives at least 4 counseling sessions, support, and CO monitoring. After the birth, mothers return monthly to continue CO monitoring, and if smoke-free, receive \$25 vouchers for diapers for up to 6-12 months postpartum.
- One-day training session is provided by program.

Measure: Ensure that socio-emotional health and addiction needs of pregnant women are met.

Strategy: Enhance the coordination and collaboration of evidence-based strategies among diverse stakeholders in women’s health to address mental health and addiction needs for women before, during and after pregnancy. (IN)

Required activities:

- Care coordination and quality assurance of linkages of women to care by developing a network of providers that will accept referrals for un/under-insured clients and tracking those referrals. Coordinating agency developments network for referrals.

- Coordinating agency receives referrals and assigns case to provider.
- Tracking system developed to document and ensure monitoring and oversight of referrals to providers including processes and outcomes.
- Documentation is maintained of activities to address barriers to mental health and/or addiction services for women identified in need of mental health and/or addiction services before, during and after their pregnancy.
- A screening system is in place and each prenatal and post-partum women is screened using an ODH approved screening.
- 100% of the women who screen positive for mental health or addiction issues are seen or have an appointment with a mental health provider within 1 week of the screening.
- 100% of the referrals are tracked, followed up on, and an outcome is reported.

Suggested Activities:

- Initiate relationships with other stakeholders in your county/region including the ADAMH board, mental health agencies, drug/alcohol agencies, community centers, etc. to discuss what is being done to support pregnant women struggling with mental health/drug and alcohol issues.
- Discuss the best way to leverage funding when working with pregnant women.
- Discuss a referral system that can be used when a women needs to be referred for treatment.
- How long will it take for the women to get into treatment? How will the women be able to get to treatment? Who will monitor their progress?
- Implement best practices regarding screening for mental health and/or addiction issues (e.g., Edinburgh Screening tool, ASBI).

Use US Preventative Task force questions:

- During the past 2 weeks, have you felt down, depressed or hopeless?
- During the past 2 weeks, have you felt little interest or pleasure in doing things?
- If the client/patient answers yes to either or both, the recommendation is for her to be referred for mental health assessment.

Not Allowable:

- Handing each women a pamphlet about mental health and/or addiction issues.
- Completing a screening that indicates individual needs a referral, but not securing a referral/linkage, and not following up.
- If you are receiving funding for PN direct care services additional funding for screening should be included in the budgeted amount for the socio-emotional strategy.

References:

- Edinburgh Screening Tool and Instructions:
http://www.aap.org/en-us/professional-resources/practice-support/quality-improvement/Quality-Improvement-Innovation-Networks/Documents/EPDS_English.pdf
- <http://www.odh.ohio.gov/odhprograms/ns/wicn/Alcohol%20Screening%20and%20Brief%20Intervention.aspx>
- SBIRT-<http://mha.ohio.gov/Default.aspx?tabid=665>
- <http://www.citymatch.org/prevention-substance-exposed-pregnancies-collaborative-psep/psep-toolkit>
- http://fasdcenter.samhsa.gov/documents/pregnant_3c_color_newest.pdf
- <http://www.movingbeyonddepression.org/about-us>

