Maternal and Child Health

FY16 Planning Form – OPPI Agencies <$15,000
July 1, 2016 – June 30, 2017

Agency Name:

Form Instructions:

This form is to be completed and submitted, along with the HCP Planning Form, to your OPPI Nurse Consultant & HCP Consultant no later than **June 1, 2016**.

Cathy.White@state.co.us or via FAX: 970.248.7160

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Activities:

Contractors must choose 1 or more of the 3 options below.

Note: In alignment with the core public health services, the contractor, regardless of whether Option 3 is selected, shall provide information and resources for community partners and families of children and/or youth with special health care needs within their agreed upon jurisdiction.

A. Option 1: Implement MCH priority area strategies

The Contractor shall select one or more of the following MCH priorities on which to focus by customizing and implementing part or all of the state-developed MCH Action Plan (available at mchcolorado.org) for the selected priority.

Select one or more priorities from the following list. For each priority selected, indicate which strategy(ies) you will implement:

- ☐ Improve **developmental and social emotional screening and referral** rates for all children ages birth to 5.
  - ☐ Identify strategies and action steps to overcome prioritized barriers to increasing the number of children that receive developmental screening, referral and services.
  - ☐ Engage families in the development and implementation of activities to increase screening rates.

- ☐ Prevent **substance misuse** among pregnant and breastfeeding women.
  - ☐ Identify and coordinate with key partners, stakeholders, responsible parties and resources to address substance abuse.
  - ☐ Expand local use of substance abuse data for women of reproductive age, pregnant or postpartum.
  - ☐ Leverage and support community-level strategies that impact women of reproductive age (e.g., via MCH representation on local substance abuse prevention coalitions).
  - ☐ Disseminate mass reach substance abuse prevention social norming campaigns from state agencies.

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- ☐ Promote screening, referral and support for **pregnancy-related depression**.
  - ☐ Implement cross-sector use of consistent public awareness messaging among community providers & organizations.
  - ☐ Collaborate with community partners to coordinate PRD screening, referral, & treatment across local systems.
  - ☐ Strengthen local referral networks for providers to address PRD.

- ☐ Prevent **obesity among all children** ages birth to 5.
  - ☐ Provide technical assistance and coaching to increase breastfeeding promotion and support to families.
    - A. Target sector is select early care and education settings (e.g., child care centers, homes, FFNs, preschools)
    - B. Target sector is workplaces to support compliance with Colorado laws.
  - ☐ Provide technical assistance and coaching to select early care and education settings to implement and integrate healthier meals and physical activity into center practice and/or policy.
    - A. Target intervention is integration of structured (i.e., teacher-led) physical activity into daily lesson plans and/or policy.
    - B. Target intervention is integration of healthy eating, responsive feeding, sleep and/or reduced screen time core ECOP focus areas into daily practice and/or policy.
  - ☐ Implement cross-sector use of consistent ECOP healthy weight messaging (e.g., 9 Ways to Grow Healthy Colorado Kids, 5.2.1.0, Let's Move) among community providers in primary care, child care, and public health settings, and among community organizations.

- ☐ Reduce barriers to a **medical home** approach.
  - ☐ Identify and implement policy/systems changes that support communication and collaboration between programs that provide care coordination for children and youth.
  - ☐ Option for specialty clinic host sites: Identify and implement policy/systems changes that enhance local access to pediatric specialty care.

- ☐ Prevent **suicide and bullying**.
  - ☐ Identify key partners, stakeholders, responsible parties and resources in community and participate in community coalitions that are focused on building life skills and increasing school connectedness.
  - ☐ Support teachers or other school staff to be trained in evidence-based/research informed program (several low-cost, evidence-based/research informed programs are available such as Sources of Strength or Life Skills Training).
  - ☐ Educate schools and other partners about evidence-based policies and practices that support school connectedness.

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☐ **Option 2: Public Health Improvement Process (i.e., CHAPS)**
These funds may be used to support the ongoing cycle of local public health improvement assessment and planning. As part of your community's CHAPS process, identify and assess the health status and needs of the MCH population, and consider MCH population needs and recommended strategies when conducting the issue prioritization process and in the development and monitoring of the local public health improvement plan.

☐ **Option 3:** Implement HCP, a Program for Children and Youth with Special Health Care Needs, within the agreed upon jurisdiction.*

This option includes the following requirements:

1. The Contractor shall conduct outreach to community organizations to establish connections and strengthen referral systems with HCP.
2. The Contractor shall provide the HCP model of care coordination as outlined in the HCP policies and guidelines.
3. The Contractor shall have the option to participate in HCP statewide meetings every other month as scheduled.
4. The Contractor shall complete the HCP Electronic Planning Form.
5. The Contractor shall participate in a progress check-in call with their HCP consulta review their FY16 HCP Electronic Planning Form.

***All agencies:** Please complete the attached HCP FY16 planning form which is provided to assist your agency in considering important aspects of planning and implementing HCP Care Coordination Services.

Questions regarding this form? Please contact your OPPI Nurse Consultant.

Public Health Director (or Designee) Signature:_____

Date: ____ / ____ / _____