

Maryland State Plan: *Growing Healthy Children*
Result: Children are Healthy and Ready to Learn

Critical Component: Access to Health Insurance and Medical Homes						
Goal 1: Comprehensive Medical Home for Mother and Child						
Strategies	Action Steps	Expected Outcomes	Lead Agency*	Start Date		
				2006	2007	2008
A. Increase the percentage of mothers and children 0-5 who have access to a medical home.	Define components of a medical home and survey providers regarding barriers to accepting more children particularly CSHCN, and Medicaid/MCHP children into their practices.	Develop strategies to increase provider participation.	Title V Agency AAP Medicaid	X		
	In collaboration with Medial Assistance guide providers on EPSDT guideline variances.	Increased understanding of the Medicaid regulations.	Title V Agency Medicaid		X	→
	Increase number of providers certified as medical home practitioners.	Increased number of medical homes for children and families	Title V Agency Family Practitioners LHD AAP	X	X	
	Determine unique and effective components of the Head Start and Judy Center family support model.	Identify best practices in supporting family needs.	MSDE Head Start Judy Centers Public Health Nurses Title V Agency		X	
	Train childcare staff on an effective family support model that incorporates a health component.	Increased access to quality family support systems.	Title V Agency MSDE Head Start Judy Centers		X	→
	Pilot family health education program model that includes assisting all new mothers who are eligible for family planning waiver to access family planning.	Increase access to medical home for mother and child.	MSDE			X
	Evaluate medical home access using Medicaid data.	Increase access for women and children eligible for health insurance.	Title V Agency Medicaid			→
B. Increase the number of women accessing prenatal care in the first trimester.	Determine reasons for not accessing care using PRAMS and vital statistics data; Survey providers to identify barriers in not accessing early prenatal care.	Intervention strategies developed to increase access to prenatal care.	Medicaid Title V Agency ACOG		X	→
	Support enhancement of direct and enabling services, and quality assurance Through collaboration with Babies Born Health Initiative.	Increase intendedness of pregnancy and quality pre-natal care.	Title V Agency LHD		X	

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	Collaborate with Immigrant Health Initiative to provide early access to prenatal care and newborn care.	Increase early access (for immigrant women and children) to prenatal and newborn care.	Title V Agency LHD		X	
	Develop a comprehensive preconception health model based on CDC Guidelines; provide in-service for providers, educators, etc.	Healthy mothers have better birth outcomes.	Title V Agency LHD			→
	Identify best practices for decreasing health disparities.	Decrease disparity in maternal and infant mortality rate.	Title V Agency LHD	X		
C. Increase the number of babies born healthy, full term and normal birth weight.	Partner with FIMR, CFR, Perinatal Health Disparities workgroup, LHDs and providers to identify influencing factors and areas for intervention.	Improved birth outcomes.	Title V Agency FIMR CFR Perinatal Health Disparities workgroup LHD		X	→
	Increase professional and public awareness of conditions that effect birth outcomes through a statewide engagement campaign.	Increase professional and public knowledge and support.	Title V Agency LHD			→
D. Implement programs that follow CDC's guidelines: "Address behaviors, lifestyles and conditions that effect birth outcomes."	Define components of a healthy lifestyle.	Definition created and supported by all partners.	Title V Agency FIMR/CFR Center for Health Promotion Perinatal Health Disparities workgroup LHD			→
	Increase collaborations/linkages among partners to ensure health messages are congruent and consistently used.	Improved birth outcomes by repetition of targeted message.	Same as above			→
	Collaborate with Public Health and MCH programs to support a healthy lifestyle.	Adoption of action steps into intervention strategies.	Title V Agency LHD JHSPH Center for Health Promotion			X →

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	Ensure provision of standardized health and safety information to women of childbearing age.	Increased dissemination of standardized health and safety information.	Title V Agency LHD Local hospitals			→
E. Ensure access to post-partum family planning services.	Educate post-partum MCHP clients about availability and access to family planning services.	Women who desire family planning services will be able to access them.	LHD Baltimore City Health Dept. Hospitals Healthy Start Nurses			→
F. Improved access to dental services for pregnant women and children.	Survey dentists to determine barriers to care for pregnant women, children and CSHCN.	Increase provider awareness of the benefits of oral health services for pregnant women and children 1-5 years.	University of Maryland dental school Medicaid ACOG AAP ADA/AADP		X	→
	Collaborate with physicians and dentists to develop comprehensive screening and treatment.	Ultimately all children will have a health home that includes both a medical and a dental home.	University of Maryland Dental School PCP ADA/AADP/ MSDE		X	→
G. Improve dental outcomes for children ages 1-5 with early oral assessment and preventive dental care.	Encourage dental screening by pediatricians for all children 1-5 at well child visit and appropriate dental referral.	Improved children oral health and reduction in children dental caries.	AAP ADA/AADP/ MSDE			→
	Train primary care providers to use AAP tool for early oral assessment/screening.	Increase in PCP utilizing the AAP tool kit.	PCP ADA/AADP/ MSDE Office of Oral Health (OOH)			→
	Assure access to dental home for all children, including CSHCN 1-5.	Increase in number of children with a dental home.	Title V Agency			→
H. Increase the role of a medical home to ensure it includes: medical, mental health, dental.	Review EPSDT Medicaid data to determine number of children receiving oral health and mental health services. Review EPSDT data (linked to I&T billing) to EPSDT to determine number of CSHCN that have access each service.	Improve medical home access.	AAP ADAA APA Medicaid	X	→	→
	Develop collaboration among AAP, ADA and APA to identify barriers to medical homes.	Improve medical home access.	Same as above		X	→

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I. Identify and access care for developmental delays prior to entry into preschool or kindergarten.	Connecting child to PCP to increase access to EPSDT screening with linkage to IDEA, Part C (Infants and toddlers).	CSHCN will have access to early and comprehensive specialty care.	DSS Pediatricians ADA/AADP/ MSDE AAP			→
	Identify developmental delays prior to preschool or kindergarten entry for at-risk children.	Improve optimal development of the child.	Pediatricians LHD			→
	Provide in-service education for LHD home visiting programs.	Enhance knowledge of home visitors to assist them in teaching developmental milestones and appropriate programs for their children.	Title V Agency Medicaid	X	X	→
	Develop policy based on pilot outcomes and evaluate the effectiveness of educational and home visit program.	Provide recommendations for parents, LHD and home visiting programs; identify best practices for replication.	Title V Agency LHD Medicaid AAP			→
J. Identify Medicaid reimbursement for medical home services (medical, dental and CSHCN).	Survey other states for best practices.	Identify best practices to be implemented in Maryland.	Medicaid		X	

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Critical Component: Mental Health/Social-emotional Development						
Goal 2: Emotionally Healthy Mother and Child						
Strategies	Action Steps	Expected Outcomes	Lead Agency	Start Date		
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A. Increase early identification and treatment of mothers with mental health issues.	Survey obstetricians to determine identification, referral and follow-up of women for depression; use PRAMS data to identify number of depression/other mental health concern; investigate other states best practice models for mental health screening of new mothers.	Increase identification and early treatment/referral for mental health services.	AAP Medicaid ACOG ACNM		X	
	Maryland Mental Health Association will implement the media campaign for post-partum depression.	Women will seek timely and appropriate treatment for post-partum depression.	MHA			→
	Collaborate with various provider organizations to develop a curriculum for obstetricians and pediatric providers to use a depression screen tool, available resources and how to refer for mental health follow-up.	Mothers will be identified earlier, referred and treated for depression or other mental health issues.	AAP ACOG LHD Title V Agency			→
	Increases awareness of impact of maternal depression on early childhood development (bonding, trust, meeting developmental milestones) and incidence of child neglect and abuse.	Children will enter school physically and emotionally healthy.	MSDE Head Start/Judy Centers			→
B. Increase consumer awareness and knowledge of alcohol use/consumption and its relationship in Fetal Alcohol Spectrum Disorder.	Develop a web-based continuing education course on Fetal Alcohol Spectrum Disorder for all providers.	Obstetricians and pediatric providers will support alcohol abstinence during pregnancy and through weaning of breastfeeding. Pediatric providers will utilize FASD related screening for assessing children with possible developmental delays.	NOFAS FASD Coalition ADAA AAP/ACOG		X	
	Ensure provision of pre-conception counseling in family planning clinics, schools, health programs/services and provider offices.	Better maternal and newborn outcomes.	Title V Agency ACOG/AAP ADAA			→
	Create an FASD public awareness campaign targeting women of childbearing age.	Marylanders will be better informed about FASD.	PCP LHD State Liquor Board FASD Coalition		X	→
	Screen pediatric providers for performance of mental health specifically with children exhibiting poor developmental success.	Earlier identification and treatment of FASD affected children.	NOFASFASD Coalition ADAA AAP/ACOG			→

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Goal 2: Emotionally Healthy Mother and Child						
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C. Improve systems of care for mothers with substance abuse	Survey obstetricians to determine identification, referral and follow-up of women for substance abuse; use PRAMS data to identify drug and alcohol use; investigate other states best practice models for substance use screening of women in perinatal period (mandatory versus universal).	Perinatal women will be identified earlier, referred and treated for substance use.	AAP, ACOG		X	→
	Develop a curriculum for providers on using substance use screening tools, locating available treatment resources and how to refer.	Women and their health care providers will understand the impact of alcohol and substance use on the development of their infant.	Title V Agency PCP LHD		X	
	Review PRAMS, SAMHSA data for self-reported and documented estimates of maternal alcohol use.	Estimate of perinatal alcohol use	Title V Agency PCP LHD			→
D. Increase awareness of the early onset of mental health concerns in children 0-5 years.	Collaborate with key stakeholders in the development of early childhood mental health intervention programs.	Negative effect of untreated mental health issues on school readiness.	MHA MDSE			→
E. Improve parenting skills.	Offer parenting education courses including developmental milestones and behavioral expectations for young children- especially targeting teen mothers.	Parent child interactions will foster positive emotional development and healthy outcomes.	MDSE MHA Title V Agency			→

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Critical Component: Early Care and Education/Child Care						
Goal 3: Integrated System of Early Childhood Support and Services						
Strategies	Action Steps	Expected Outcomes	Lead Agency	Start Date		
				2006	2007	2008
A. Increase early identification and treatment for early childhood behavioral/mental health consultation.	Consult with the Center for Promotion of Child Development Through Primary Care to develop mental health screening in childcare centers.	Early childhood mental health screening will be used in childcare centers.	Title V Agency MSDE MHA		X	
	Educate public health nurses in screening and referral of children 0-5 that exhibit behavioral/mental health concerns.	Children with emotional concerns will be identified, referred and treated.	AAP LHD			→
	Educate licensed childcare staff on normal development in early childhood mental health.	Childcare staff will have knowledge of normal development in various culturally appropriate methods of handling stress, disagreements, etc.	OCC MCC	X		→
	Increase availability of health and behavior consultants to licensed childcare providers caring for all children 0-5.	Health consultants will be available to licensed child care providers.	MHA, MSDE, Head Start	X	→	→
	Facilitate a meeting with university partners to determine possibility of replicating Delaware health and behavioral consultant curriculum to be used across disciplines.	Increase availability of health and behavior consultants to licensed child care providers caring for all children 0-5 years of age.	Title V Agency JHU U of MD Towson University	X		
	Evaluate programs using behavioral/mental health consultants to those without consultants; Evaluate number and reason for child dis-enrollment due to behavior problems.	Determine best practices for using health consultation to support positive behavior; Identify reasons for dis-enrollment; develop appropriate strategies.	MSDE MHA			→
	Partner with MCC to increase awareness of "keep kids in care" support line.	Parents and child care providers have a warm line for immediate intervention.	MCC Title V Agency	X		
B. Provide single points of entry to state benefits.	Develop a system that will identify and provide for a single point of entry system.	Families will be able to easily determine their eligibility for and access to needed services.	Title V Agency DSS Medicaid			→
	Partner with DSS to share data regarding gaps in service provision.	Increase access to medical homes.	Same as above			→

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Critical Component: Parent Education						
Goal 4: All Children Living and Cared for in a Safe and Healthy Environment						
Strategies	Action Steps	Expected Outcomes	Lead Agency	Start Date		
				2006	2007	2008
A. Improve Parenting Skills	Provide tools to parents through child care providers, health care providers, libraries, and LHDs.	Increase parent knowledge of key health issues and impact on a healthy and successful child.	OCC LHD Libraries PCP			→
	Create parent tools that support “how-to” parenting skills, the significance of bonding, developing of trust factors, healthy relationships.	Children enter school ready to learn.	OCC LHD Libraries PCP			→
	Promote parent awareness concerning oral health services before kindergarten.	Children enter childcare and kindergarten with fewer dental caries and no dental pain.	OCC LHD Libraries PCP Communities	X		
B. Promote parent education training to prevent child abuse and neglect.	Review child neglect /abuse cases to determine components (e.g., mental health issues); develop curriculum to increase provider awareness.	Providers will screen caregivers of children at risk for child abuse and neglect.	Title V Agency PCP DSS			→
	Partner with the Child Abuse and Neglect Centers of Excellence to train providers identifying child abuse and neglect.	Children will be quickly referred for treatment, parents will be referred to and access treatment.	Child Abuse Centers DSS			→
	Partner with AADP in providing training to dentists using the PANDA Tool Kit.	Children will be quickly referred for treatment, parents will be referred to and access treatment	Title V Agency ADAA			→
C. Parental awareness of various preventable injuries.	All parents will be offered assistance on correctly installing infant/child car seats.	Decrease in preventable injury related to improper installation.	Center for Health Promotion KISS PCP Communities Hospitals LHD			→
	Review CFR data and identify the most frequent causes of accidental deaths or significant injury.	Develop strategies to decrease preventable injury.	Title V Agency CFR			→
	Standardized health and safety information is provided to new mothers in all Maryland hospitals.	Increased awareness of health and safety to all new mothers.	Title V Agency Local hospitals			→

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Critical Component: Parent Education						
Goal 4: All Children Living and Cared for in a Safe and Healthy Environment						
Strategies	Action Steps	Expected Outcomes	Lead Agency	Start Date		
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D. Increase environmental awareness of lead and asthma.	Conduct outreach to increase parent awareness of lead and asthma.	Increase parental education and awareness.	LHD Lead and Asthma Coalitions		X	→
	Increase educational and lead testing sites (WIC/LHD/ FQHC/private providers) through additional partnerships.	Increase in the number of children tested.	LHD WIC			→
	Provide asthma education to childcare providers by health consultants.	Increase knowledge of asthma prevention measures and early treatment by child care provider.	OCC			→

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Critical Component: Family Support						
Goal 5: Meeting Basic Needs						
Strategies	Action Steps	Expected Outcomes	Lead Agency	Start Date		
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A. Develop a child friendly work environment.	Develop guidelines regarding a child friendly work environment.	Educate Maryland employers about best practices on child friendly/supportive environments.	MD Business Association and MD Business Roundtable			→
	Conduct a needs assessment on child friendly work environments and develop recommendations for action.	Plan developed for child-friendly work environment.	Title V Agency OCC MCC MSDE			→
	Create breastfeeding friendly public policy.	Breastfeeding acceptance in all public areas including churches, malls, workplace.	Title V Agency Breast Feeding Task Force OCC MCC MSDE			→
	Develop evidence-based childcare centers in the workplace that support family involvement in childcare.	Workplaces will have quality childcare that involves the whole family.	Title V Agency OCC MCC MSDE			→
B. Ensure home visiting services that reflect best practices.	Technical assistance follow-up by CMCH program consultants.	Home visiting programs will provide readily available family support, information and education.	Title V Agency			→