

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		
				09-10	10-11	11-12
A. Increase the number of mothers and children 0-5 who have access to a medical home.	Define components of medical home, and survey providers for understanding ;in collaboration with MD-AAP, pilot ABCD developmental screening project.	Increased provider participation; all children will be screened in pilot sites at 9 month and 18 month visit for need of early intervention services	AAP OGCSHCN	X	X	→
	Train childcare staff on an effective family support model that incorporates a health component.	Implementation of social marketing strategies to enhance commitment to medical homes across agencies; Increased access to quality family support systems.	Title V Agency MSDE Head Start Judy Centers		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	→
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. 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	X	→	
	Review reported challenges with the service delivery system for post partum family planning and assist in the development of a plan to increase access.	Improved service delivery system.	LHD Hospitals Healthy Start Nurses		X	→

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E. Improve access to dental services for pregnant women and children ages 1-5.	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	→
F. 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	X	→
G. 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 by continuing to support ABCD project to screen all children at pediatric well visit.	Increased early identification and treatment of developmental delays.	Pediatricians LHD	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	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		
				09-10	10-11	11-12
A. Increase early identification and treatment of mothers with mental health issues.	Review early childhood mental health pilot data to determine the number of children receiving mental health services and the outcomes to accessing child care.	Increased number of children receiving needed services	MSDE MHA	X	→	
	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			→
	Increase 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			→
	Increase outreach and education about state health programs and coverage options through use of behavior consultants to licensed childcare providers caring for all children 0-5	Increase knowledge of available services	Medicaid		X	
B. Increase professional and physician awareness and knowledge of alcohol use/consumption and its relationship in Fetal Alcohol Spectrum Disorder (FASD).	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 KKI	X	→	
C. Improve systems of care for mothers with 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	→	
	Expand use of PRAMS and vital statistics data to support the Babies Born Healthy Initiative and look at possible correlations between: reported depression or other mental health concern in the mother and social emotional readiness of children at kindergarten entry.	Earlier referral and treatment	Title V Agency PCP LHD	X	→	→
D. 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		
				09-10	10-11	11-12
A. Increase early identification and treatment for early childhood behavioral/mental health consultation.	Educate public health nurses in screening and referral of children 0-5 that exhibit behavioral/mental health concerns.	Children with mental health concerns will be identified, referred, and treated.	Title V Agency MSDE MHA		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	→	→
	Evaluate programs using behavioral/mental health consultants to those without consultants; Collect and analyze data to evaluate and demonstrate program effectiveness. 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			→
B. Provide single points of entry to state benefits. that create and utilize a standard intake/application/enrollment form.	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. Families will be able to easily and quickly determine eligibility and increase access to medical home.	Medicaid Public and Private Insurers Health Providers Advocacy and Community Groups			→
C. Identify disparities and address leading factors to increase school achievement.	Further address disparities and achievement gaps of African American males entering kindergarten. Conduct a symposium and one year of quarterly follow up training, bringing together state stakeholders.	Determine what issues exist in Maryland, create a plan of action and begin addressing the leading factors prohibiting African American males from successful school achievement.	Ready at Five MSDE Title V agency Early Care and Education Committee	X		

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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		
				09-10	10-11	11-12
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			→
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		
				09-10	10-11	11-12
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			→
	Collaborate with other programs actively involved in reducing environmental disparities to ensure health messages are congruent and consistently used.	Improved birth outcomes through agency partnerships.	LHD Lead and Asthma Coalitions MDE			X

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Critical Component: Family Support						
Goal 5: Meeting Basic Needs						
Strategies	Action Steps	Expected Outcomes	Lead Agency	Start Date		
				09-10	10-11	11-12
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	X		→
	Conduct a needs assessment on child friendly work environments and develop recommendations for action.	Plan developed for child-friendly work environment to educate Maryland employers on best practices on child friendly/supportive environments.	Title V Agency OCC MCC MSDE Home Visiting Consortium?			→
	Begin to sustain breastfeeding friendly public policy.	Breastfeeding acceptance in all public areas including churches, malls, workplace.	Title V Agency Breast Feeding Task Force OCC MCC MSDE MD Business Association and MD Business Roundtable	X	→	→
	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.	Home visiting programs will provide readily available family support, information and education.	Families will receive needed support, information and education.	Title V Agency Home Visiting Consortium	X	→	→
	Conduct a Cultural and Linguistic Competence training. This 2 day training, developed by Georgetown University, will be for 50 home visitors and includes the cost of the curriculum, supplies and venue.	Maryland home visitors will be trained to serve the largest percentages of English Language Learners.	Ready at Five Georgetown University MHA ECE	X		

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