Maternal Health Logic Model

IMPACT:
Improved childbirth outcomes and women's health

Planned Work			Intended Results	
Inputs → "What resources will be invested?"	**Outputs** → "What do you plan to do?"		**Performance Measures** → "How will progress be measured?	**Outcomes** "What are the planned results?"
Staff: • MCAH Project Director • MH Program Coordinator • WHIS Administrator • Physician to oversee program • Register Nurse • Social Worker or related bachelors • Licensed dietician or (MOU with WIC dietician) • Other service providers • Office staff (management, intake, billing) • Data entry staff Facility: • Office space Supplies: • Computer/Internet • Email • Phone • Printer • Software • Copier • Other Community Partners: • Board of Health • Medicaid MCOs • WIC • WIC peer counselors	Services: Public Health Services and Systems: • MH needs assessment and program planning • Development / review of MH protocols • Develop and sustain contracts with Medicaid MCOs • Development of community linkages & partnerships • Advocacy for MH • Address health disparities • Outreach/ marketing • Work with local medical /dental providers to inform them of the program • Work with local medical providers to develop referral relationships • Linkage with local boards of	Activities: Applicants will describe the methodologies that will be undertaken to implement the MH program on the MH Activity Worksheet.	**Required:** NPM #1: Percent of women with a past year preventative visit NPM #4:Percent of infants breastfed exclusively through 6 months NPM #13: Percent of women who had a dental visit during pregnancy	Increase the percent of women with a past year preventative visit Increase the percent of infants who are ever breast fed Increase the percent of infants breastfed exclusively through 6 months of age Increase the percent of pregnant women who had a preventive dental visit in the last year

• Local Public Health • Early Childhood Iowa (ECI) • Medical/dental providers • Federally qualified health centers (FQHCs) and other safety net providers • Family Planning Providers • CH agencies • Immunization providers • Local birthing hospitals • Local Mental Health Professionals • Lactation consultant • Tobacco prevention community partnerships • Domestic violence/sexual assault coalitions • Quitline Iowa • Other Funding: • Title V MH funds • IDPH fee-for-service reimbursements • Medicaid fee-for service reimbursements • Medicaid MCO fee-for-service reimbursements • In-kind • Other grants / resources	health • Promote quality assurance initiatives including client satisfaction surveys, internal/joint chart audit & WHIS Reviews (documentation review), record retention, billing practices, and other local initiatives • Professional development • Public education • Health promotion activities • Population-based screenings • Other Enabling: • Assess health insurance needs • Assist with Presumptive Eligibility determination • Medical care coordination for clients not enrolled in an Medicaid MCO • Assist with transportation and interpreter resources • Local (in town) transportation • Interpretation • Other		Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester SPM #2 Percent of women served who report a medical home Immunizations during pregnancy **Optional:** NPM #5: Percent of infants placed to sleep on their backs NPM #7: Rate of injury-related hospital admissions for 0-1 year olds	Increase the percent of women receiving prenatal care in the first trimester Increase the percent of women including pregnant and postpartum women served who report a medical home Increase the number of women who receive TDaP and flu vaccines during pregnancy. Increase the percent of infants placed to sleep on their backs Decrease the rate of injury-related hospital admissions of 0-1 year olds from shaken baby syndrome

	Direct Care: • Prenatal Risk assessment • Health Education • Psychosocial assessment • Screening for depression • Listening Visits (home or clinic) • Screening for domestic violence • Screening for alcohol and substance abuse • Counseling for alcohol misuse • Oral health screening and prevention • Immunization administration • Injections • Administration of medication • Nutrition counseling • Counseling for obesity • Nursing assessment/ evaluation • Home visit for nursing • Social work home visit • Evaluation & management • Pregnancy testing • Preventive medicine counseling (when screening for chlamydia		NPM #14: a) Percent of women who smoke during pregnancy b) Percent of children who live in households where someone smokes NPM #2 Percent of cesarean deliveries among low risk first births SPM #5: Rate of physical activity among adults age 18-24 Promoting text4baby	a) Decrease the percent of women who smoke during pregnancy b) Decrease the percent of children who live in households where someone smokes Decrease the percent of cesarean deliveries among low risk first births Increase the rate of physical activity among adults age 18-24 Increase the number of Iowa women who use text4baby

	and gonorrhea) • Other			

IMPACT:
Improved health outcomes for children and adolescents

Child & Adolescent Health Logic Model

(not including ***hawk-i*** Outreach or I-Smile™)

<table>
<tr><th colspan="3">Planned Work</th><th colspan="2">Intended Results</th></tr>
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“What resources will be invested?”</td><td colspan="2">Outputs ➡
“What do you plan to do?”</td><td>Performance Measures ➡
“How will progress be measured?</td><td>Outcomes
“What are the planned results?”</td></tr>
<tr><td>Staff:
• MCAH Project Director
• CAH Program Coordinator
• EPSDT Coordinator
• CAReS Administrator
• Early ACCESS staff
• RN
• CCNC
• Social Worker
• Licensed dietician
• Interpreters
• Other service providers
• Office staff (management, intake, billing)
• Data entry staff

Facility:
• Office space

Travel capacity

Supplies:
• Computer/Internet
• Email
• Phone
• Printer
• Software
• Copier
• Other</td><td>Services:

Public Health Services and Systems:
• CAH needs assessment and program planning
• Development / review of Child and Adolescent Health protocols
• Develop and sustain contracts with Medicaid MCOs
• Development of community linkages & partnerships
• Outreach /marketing
• Advocacy for CAH
• Address health disparities
• Work with local medical providers to inform them of the program
• Work with local medical providers to develop referral relationships
• Linkage with local boards of health
• Promote quality assurance initiatives including client satisfaction surveys, internal/joint chart audit & CAReS Reviews (documentation</td><td>Activities:

Applicants will describe the methodologies that will be undertaken to implement the CAH program (excluding I-Smile™ and hawk-i Outreach) on the CAH Activity Worksheet.</td><td>Required:

Percent of inform completions achieved

SPM #2: Percent of children and adolescents served who report a medical home

Percent of children fully immunized by 24 months ; percent of adolescents age 13-15 fully immunized; percent of adolescents age 13-15 receiving HPV vaccine</td><td>

Increase the percent of families fully informed of the EPSDT program

Increase the percent of children having a medical home (regular source of medical care)

Increase the percent of children and adolescents fully immunized</td></tr>
</table>

Community Partners: • Board of Health • Medicaid MCOs • WIC • Local Public Health • Early Childhood Iowa (ECI) • Local medical providers • Federally qualified health centers (FQHCs) and other safety net providers • Immunization Providers • Local Childhood Lead Poisoning Prevention Programs • CCR & R • Child care businesses • ISU Extension • AEA(s) • Local DHS • MH providers • FP providers • Child and Adult Care Food Program (CACFP) • Other Funding: • Title V CAH funds • IDPH fee-for-service reimbursements • Medicaid fee-for service reimbursements • Medicaid MCO fee-for-service reimbursements • In-kind • Other grants / resources	review), record retention, billing practices, and other local initiatives • Professional development • Community development to improve health and safety in child care and other settings • Assessment of injury hazards of facility, equipment, supplies, and practices in child care settings • Assessment of health and safety policy and practice within child care settings • Child record review in child care businesses • Public education • Health promotion activities • Population-based screenings • Other Enabling: • Assess health insurance needs • Informing families of children newly enrolled in Medicaid • Medical care coordination for clients not enrolled in an Medicaid MCO • Information and referral relating to out-of-home child care • Technical assistance for children with special needs to assure		NPM #6: Percent of children ages 9-71 months, receiving a developmental screening using a parent-completed screening tool The number of health care clinics receiving education and support for the use of developmental screenings and/or brief emotional/ behavioral assessments NPM #10: Percent of adolescents with a preventive services visit in the last year Number of children age 0 to 3 receiving a developmental test from the child health agency that results in a referral to the AEA	Increase the percent of children receiving developmental screening at age appropriate intervals Increase the number of health care clinics receiving education and support for the use of developmental screenings and/or brief emotional/ behavioral assessments Increase the percent of adolescents receiving a well visit (EPSDT screen) in the last year Increase the number of referrals to the AEA by the child health agency for children with developmental testing scores indicating need

	inclusion in child care • Assist with transportation and interpreter resources • Local (in town) transportation • Interpretation • Other Direct Services: • Well child exams (initial/periodic) • Immunization administration • Immunization administration with counseling • Blood draw • Blood lead analysis w/blood draw • Developmental testing (e.g. ASQ) • Emotional/behavioral assessment (e.g. ASQ:SE) • Nutrition counseling (initial /reassessment) • Counseling for obesity • Nursing assessment/ evaluation • Home visit for nursing • Social work home visit • Evaluation & management • Preventive medicine counseling (when screening for chlamydia and gonorrhea) • Hemoglobin / hematocrit • Visual acuity • Instrument-based ocular screening • Speech audiometry		Number of children age 0 to 3 found not eligible for Early ACCESS by the AEA and referred to the Child Health agency for developmental monitoring **Optional:** SPM #4: Percent of early care and education programs that receive CCNC services NPM #9: Percent of adolescents, ages 12-17 years who are bullied SPM #5: Rate of physical activity among adults ages 18-24	Increase the number of children receiving developmental monitoring by the child health agency due to referral from the AEA when not eligible for Early ACCESS Increase the percent of early care and education programs that receive CCNC services Decrease the percent of adolescents who are bullied Increase the rate of physical activity among young adults

	• Depression screening (adolescent or caregiver) • Domestic violence screening (adolescent or caregiver) • Mental health assessment • Mental health services (psychosocial counseling) • Annual alcohol screening (adolescent or caregiver) • Alcohol and/or drug screening (adolescent or caregiver) • Alcohol and/or drug screening w/ brief intervention (SBIRT) (adolescent or caregiver) • Counseling for alcohol misuse • Other		Rate of hospitalizations due to unintentional injury among children ages 0-19 Promoting a specific gap-filling direct care service not otherwise addressed above (identified through needs assessment of the service area)	Reduce the rate of children and adolescents experiencing unintentional injuries Increased access to specified gap-filling service

IMPACT:
Children with health insurance coverage

hawk-i Outreach Logic Model

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“How will progress be measured?”</td><td>Outcomes
“What are the planned results?”</td></tr>
<tr><td>Staff:

• hawk-i Outreach Coordinator
• MCAH Project Director
• CAH Project Director
• EPSDT Coordinator
• I-Smile™ Coordinator (Dental hygienist(s))
• Nurse(s)
• Administrative staff (fiscal, management, intake, billing)

Facility:
• Office space

Supplies:
• Computer with internet, email
• Printer
• Software
• Copier
• Phone

Funding:
• hawk-i Title V CH</td><td>Services:

Public Health Services and Systems:
• Development of community partnerships
• hawk-i outreach to families
• hawk-i outreach to medical and health care providers
• hawk-i outreach to schools
• hawk-i outreach to faith-based organizations
• hawk-i outreach to special populations (including but not limited to Native Americans, Hispanics, and African-Americans)
• Development of hawk-i outreach strategies that build on existing community linkages
• Public education (presentations, articles, interviews)
• Outreach events/exhibits (back to school campaigns, health fairs, county fairs)
• Other</td><td>Activities:

Applicants will describe the methodologies that will be undertaken to implement the hawk-i Outreach components of the CAH program on the hawk-i Outreach Activity Worksheet.</td><td>

Number of uninsured children who will become enrolled in hawk-i or Medicaid by September 30, 2017.</td><td>

Increase in the number of children enrolled in hawk-i or Medicaid as a result of community-based outreach</td></tr>
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• Medicaid reimbursement • In-Kind • Other sources (e.g. grants)	Enabling: • Presumptive eligibility for children • Care coordination services • Other			

IMPACT:
Pregnant women, children and adolescents with good oral health

I-Smile™ Logic Model (including I-Smile™ @ School)

Planned Work			Intended Results	
Inputs ➡ "What resources will be invested?"	**Outputs** "What do you plan to do?" ➡		**Performance Measures** ➡ "How will progress be measured?"	**Outcomes** "What are the planned results?"
Staff: • I-Smile™ Coordinator (dental hygienist) • I-Smile™@ School coordinator • MCAH Project Director • EPSDT Coordinator • CAReS Administrator • Dental hygienist(s) • Dental Assistant(s) • Nurse(s) • Administrative staff (fiscal, management, intake, billing) • Data entry staff Facility: • Office space Travel capacity Supplies: • Computer with internet, email • Printer • Software • Copier • Phone • Promotional materials	Services: Public Health Services and Systems: • Linkage with local boards of health • Oral health planning and needs assessments • Partnership development • Advocacy for oral health • Address health disparities • Establishment of referral networks • Outreach to health care providers • Outreach to families • Coordination of school screening requirement and audit process • Training and oversight of staff involved with oral health services • Development of oral health protocols • Professional development for staff and community partners • Participation in	Activities: Applicants will describe the methodologies that will implement the oral health components of the CAH program (I-Smile™, CH-Dental and I-Smile™ @ School) on the I-Smile™ Activity Worksheet.	The percent of Medicaid-enrolled children ages 0-14 in each county who receive a dental service (CMS 416) NPM #13: Percent of women who had a dental visit during pregnancy, and; Percent of infants and children, ages 1-17 years, who had a preventive dental visit in the last year (national survey) Percent of third grade children who have protective sealants on at least one permanent molar tooth (Open mouth survey) SPM #3: Percent of children with a payment source for dental care	Increase in the number of children receiving a dental service Increase in the number of women receiving a dental visit during pregnancy Increase in the number of children receiving a preventive dental service in the last year Decrease in tooth decay Increase in the number of children with payment source for dental care

• Education materials • Direct service equipment and supplies (e.g. fluoride varnish, sealant materials) Community Partners Funding: • I-Smile™ • Title V CH • Title V CH-Dental • I-Smile™@School • Medicaid reimbursement • In-Kind • Other sources (e.g. grants)	quality assurance initiatives • Public education (presentations, articles) • Oral health promotion • Oral screenings for population groups • Education and training for health care professionals • Working with Maternal Health Agencies in the service area • Other Enabling Services: • Dental care coordination services • Referrals to dentists for regular and restorative dental care • Other Direct Care Services: • Oral screenings and risk assessments • Gap-filling preventive dental services (fluoride varnish application, sealant application, prophylaxis, radiographs, tobacco counseling, nutrition counseling, oral hygiene instruction)		Percent of agency children (0 – 21) with a dental home (CAReS YER)	Increase in the percent of children having a dental home (receiving care based on risk assessment, including education, screenings, preventive, diagnostic, treatment, and emergency services)