

Appendix Materials: HRSA/MCHB Resource Documents



- EMC-1 (Developmental): Increase the proportion of children who are ready for school in all five domains of healthy development: Physical development, social-emotional development, approaches to learning, language, and cognitive development
- EMC-2: Increase the proportion of parents who use positive parenting and communicate with their doctors or other health care professionals about positive parenting
 - EMC-2.2: Increase the proportion of parents who use positive communication with their child
 - EMC-2.3: Increase the proportion of parents who read to their young child

MIECHV Program Performance Measures



Benchmark Areas	Measures
1) Maternal & Newborn Health	Preterm Birth; Breastfeeding; Depression Screening, Well-Child Visit; Postpartum Care; Tobacco Cessation Referrals
2) Child Injuries, Maltreatment, & Reduction of Emergency Department Visits	Safe Sleep; Child Injury; Child Maltreatment
3) School Readiness & Achievement	Parent-Child Interaction; Early Language & Literacy Activities; Developmental Screening; Behavioral Concerns
4) Crime or Domestic Violence	Screening for Interpersonal Violence (IPV)
5) Family Economic Self-Sufficiency	Primary Caregiver Education; Continuity of Insurance Coverage
6) Coordination & Referrals	Completed Depression Referrals; Completed Developmental Referrals; IPV Referrals



States with ECCS Impact Grantees

- Alaska
- Delaware
- Florida
- Hawaii
- Indiana
- Kansas
- Louisiana
- Massachusetts
- New Jersey
- New York
- Oklahoma
- Utah



HRSA/MCHB Resources for Early Childhood Grant Programs

Healthy People
2020

Home Visiting

<https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting-overview>

Program Brief:

<https://mchb.hrsa.gov/sites/default/files/mchb/MaternalChildHealthInitiatives/HomeVisiting/pdf/programbrief.pdf>

Report to Congress (2016):

<https://mchb.hrsa.gov/sites/default/files/mchb/MaternalChildHealthInitiatives/HomeVisiting/pdf/reportcongress-homevisiting.pdf>

Early Childhood Comprehensive Systems

<https://mchb.hrsa.gov/earlychildhoodcomprehensivesystems>



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Adolescent Health Healthy People 2020 Objective Statements Aligned with HRSA/MCHB Grant Programs



- AH-1: Increase the proportion of adolescents who have had a wellness checkup in the past 12 months
- AH-3.1: Increase the proportion of adolescents who have an adult in their lives with whom they can talk about serious problems
- AH-5: Increase educational achievement of adolescents & young adults
 - AH-5.1: Increase the proportion of students who graduate with a regular diploma 4 years after starting 9th grade
 - AH-5.2: Increase the proportion of students served under the Individuals with Disabilities Education Act who graduate high school with a diploma
 - AH-5.5: Increase the proportion of adolescents who consider their schoolwork to be meaningful and important
 - AH-5.6: Decrease school absenteeism among adolescents due to illness or injury



Adolescent Health Healthy People 2020 Objective Statements Aligned with HRSA/MCHB Grant Programs (cont)



- AH-7: Reduce the proportion of adolescents who have been offered, sold, or given an illegal drug on school property
- AH-8: Increase the proportion of adolescents whose parents consider them to be safe at school
- AH-9: Increase the proportion of middle & high schools that prohibit harassment based on a student's sexual orientation or gender identity
- AH-10: Reduce the proportion of public schools with a serious violent incident
- AH-11: Reduce adolescent & young adult perpetration of, & victimization by, crimes
 - AH-11.1: Reduce the rate of minor & young adult perpetration of violent crimes
 - AH-11.2: Reduce the rate of minor & young adult perpetration of serious property crimes
 - AH-11.3: Decrease the proportion of secondary school students who report the presence of youth gangs at school during the school year
 - AH-11.4: Reduce the rate of adolescent & young adult victimization from crimes of violence



States Participating in the Adolescent Wellness Checkup CoIIN*

- Indiana
- Iowa
- Maryland
- Minnesota
- Mississippi
- New Hampshire
- New Jersey
- New Mexico
- Texas
- Vermont
- Washington
- Wyoming

*There have been two cohorts of states.



States Represented by Participants in CoIINs for SBHCs and CSMHSs



States	SBHCs	CSMHSs	Notes
California		✓	SBHC – school-based health center
Colorado	✓		CSMHS – comprehensive school mental health system
Connecticut	✓	✓	
Illinois		✓	
Kansas		✓	<u>SBHC CoIIN</u> Teams of multiple SBHCs from 7 states have participated in CoIIN activities. A total of 72 SBHC sites have participated in the 13 CoIIN teams.
Maryland		✓	
Massachusetts		✓	
Minnesota	✓	✓	
New Hampshire		✓	
New York	✓	✓	
North Carolina	✓	✓	
Ohio	✓		
Rhode Island		✓	
Tennessee		✓	
Washington	✓		<u>CSMHS CoIIN</u> Most CoIIN participants have been school districts, and a total of 25 school districts across 14 states, collectively containing more than 400 schools, have participated in CoIIN activities.
Washington, D.C.		✓	
Wisconsin		✓	
			There have been 2 CoIIN cohorts, each lasting 16 months.



Resources Describing Adolescent and Young Adult Health & School-Based Health Services Grant Programs Sponsored by HRSA/MCHB

Healthy People
2020

Collaborative Improvement and Innovation Networks

<https://mchb.hrsa.gov/maternal-child-health-initiatives/collaborative-improvement-innovation-networks-coiins>

Adolescent and Young Adult Health National Resource Center

<http://nahic.ucsf.edu/resource-center/>

CoIIN on School-Based Health Services

School-Based Health Centers

http://www.sbh4all.org/current_initiatives/nqi/

Community Preventive Services Task Force Recommendation

<https://www.thecommunityguide.org/findings/promoting-health-equity-through-education-programs-and-policies-school-based-health-centers>

Comprehensive School Mental Health Systems

<http://csmh.umaryland.edu/Current-Initiatives/Collaborative-Improvement-and-Innovation-Networks-for-School-Based-Health-Services-CoIIN-SBHS/>

<https://theshapesystem.com/>



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