



# Child Health Investment Partnership of Roanoke Valley LOGIC MODEL

Rev. 8/22/17

## MODEL COMPONENTS

### HEALTH CARE COORDINATION & SUPERVISION

- Asthma Case Management (Pediatric Asthma Project)
- Prenatal Case Management
- Dental Varnish and Oral Health Education (Begin With A Grin)
- Case Management for NICU babies and Medically Fragile children
- Assessments
- Nutrition and Exercise Education

### FAMILY STRENGTHENING SERVICES

- Parenting Support and Education
- Self-Sufficiency, Life Skills Development
- Child Development
- Kindergarten Readiness
- Assessments

### School Readiness

- Kindergarten preparation
- Education & Development
- Referrals to partner organizations for specialized service support
- After school collaborative
- Assessments

### MENTAL HEALTH SERVICES

- Behavioral health risk screening with all parents
- Outpatient Counseling for adults and children
- Mental health consultation provided by Licensed Mental Health Professional (LMHP)
- Referrals to other needed mental health services

## ACTIVITIES

- Monthly Home Visits with a RN
- Medical Records request, review, and tracking
- In-home comprehensive assessments
- Parent/Caregiver health education
- Monitoring of child and prenatal health status, immunizations, well child visits, specialist services and treatment plans
- Chronic disease management
- Dental varnish application/Oral health education
- Collaboration with provider network for coordination of health care services
- Transportation to prenatal and health care appointments

- Monthly Home Visits with a Family Case Manager
- In-home comprehensive assessments
- Development of parenting capacity
- Monitoring of progress toward age-appropriate developmental milestones
- Child and family literacy building
- Home and child safety
- Group Meetings
- Bilingual Support for Spanish-speaking families
- Promotion of life skills development to increase family self-sufficiency
- Transportation to WIC, developmental appointments and social service agencies

- Monthly Home Visits using Kindergarten Ready curriculum
- Referrals to Pre-K
- Referrals/Linkages to after school homework/tutoring program
- Support for navigation of Kindergarten registration process
- Link with Early Intervention

- Screening for depression, substance use and intimate partner violence
- In-home consultation with LMHP about mental health issues and concerns
- Outpatient counseling for adults
- Play therapy for children and parental support
- Assessment and individualized treatment planning in collaboration with client/caregiver
- Transportation to counseling
- Child care provided during counseling sessions as available
- Coordination of care with other systems with client/caregiver consent (medical providers, school system, etc.)
- Referrals to additional mental health services as needed for all family members (psychiatry, substance use treatment, crisis services, etc.)

## SHORT TERM OUTCOMES

- 95% of CHIP children will have a medical home.
- 60% of CHIP children will have a dental home
- 50% of all CHIP children who use the emergency room will show a reduction in ER visits at annual recertification.
- 65% of CHIP enrolled infants will have had 6 well child (EPSDT) visits within the first 15 months of life.
- 45% of CHIP children ages 3, 4, 5 or 6 years old will have had at least one comprehensive well care visit (EPSDT) per year.
- 64% of CHIP children 2 years of age will have had 4 DTaP, 3 IPV, 1 MMR, 1 VZV, 4 PCV, 1 HepA, 2 RV, 2 FLU ≤ 24 months.
- 66% of CHIP children will be screened for lead at least once prior to their second birthday.
- 60% of CHIP children ages 2-7 during the measurement year will have had at least one dental exam with a dental practitioner in the measurement year.
- % CHIP children are asthma case managed and % are respiratory monitored
- % CHIP children have an asthma action plan.
- 86.4% of Medicaid/CHIP deliveries of live births during measurement year had a prenatal care visit in the first trimester.
- 64% of CHIP deliveries had a postpartum visit on or between 21 and 56 days after delivery.
- % of women, regardless of age, who gave birth during a 12-month period were seen at least once for prenatal care and received a behavioral health screening risk assessment that included the following screenings at the first prenatal visit: depression screening, alcohol use screening, tobacco use screening, drug use screening (illicit and prescription, over the counter), and intimate partner violence screening.
- 50% of CHIP enrolled postpartum moms breastfeed their babies for the first 2 months.
- %CHIP clients utilized transportation services for health care coordination

- Caregivers obtained their GED or greater while participating in CHIP services
- Caregivers with a HS diploma or GED improved their education status through vocational training, college or other institutions of higher education.
- % of CHIP pregnant teen mothers (under 18 years of age) without a HS diploma or GED will continue their education
- %CHIP enrolled clients utilized transportation services for family strengthening services

- 95% of served children will have completed their immunization series by Kindergarten entry.
- 75% of CHIP children took the 5 year ASQ and scored at or above the standard developmental milestones in all areas.
- % of CHIP children took the PALS and scored at or above the standard developmental milestones in all areas.
- % of CHIP children completed Kindergarten; % retained; % placed
- 75% of CHIP children have the required documentation to enter Kindergarten by first eligible academic year.

- Percentage of caregivers who received a behavioral health screening risk assessment that includes the following: depression screening, alcohol/tobacco/drug use (illicit, prescription, and over the counter) screening, and intimate partner violence screening
- Number of counseling clients served
- Percentage of scheduled counseling sessions that were completed
- Percentage of clients that report counseling has been helpful to them on satisfaction survey administered by CHIP Family Case Manager or Nurse.
- % CHIP enrolled clients utilized transportation services for mental health services.

## LONG TERM OUTCOMES

- Improved health literacy
- Optimal health and nutritional status
- Early detection and treatment of developmental delays
- Reduced infant and child mortality
- Improved quality of life
- Disease management
- Cost savings for health care systems

- Family self-sufficiency
- Improved quality of life
- School success as measured by passing SOL scores
- Increase in on-time High School graduation rate
- More participatory citizens
- Cost savings for school systems
- Reduced public expenditures

- School success as measured by passing SOL scores
- Increase in on-time High School graduation rate
- Cost savings for school systems

- Early detection and treatment of social-emotional disturbance
- Improved quality of life
- Improved child functioning
- Reduction in problem behaviors
- Positive parent-child interactions
- Optimal household functioning
- Improved parenting capacity
- Management of mental health illnesses
- Reduced child abuse and neglect
- Reduced foster care placements
- School success

**MISSION**  
Child Health Investment Partnership (CHIP) changes the lives of underserved children and their families through access to comprehensive healthcare services and community resources.

**VISION**  
Every child will have equal access to health care and enter school ready to learn.

**TARGET POPULATION**  
Low-income pregnant women and children from birth to 1<sup>st</sup> grade residing in the Southwest Virginia cities of Roanoke and Salem and counties of Botetourt, Craig and Roanoke. "Low-income" is defined as having a gross annual income at or below 185% of the Federal Poverty Level (FPL) at enrollment and at or below 200% of the FPL at annual recertification.

**CORE VALUES**  
We believe that interventions have the greatest impact when:

- Provided through an interdisciplinary approach, in partnership with parents, in the home setting;
- Initiated early in life (prenatal through 1<sup>st</sup> grade);
- Offered with dignity and respect in regard to cultures, beliefs and parenting styles;
- Provided using evidence-based practices and established and emerging research.