Child Health Investment Partnership of Roanoke Valley
LOGIC MODEL

10/9/17

child health investment partnership of the Roanoke Valley
health is hope

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 1st 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 1st grade);
- Offered with dignity and respect in regard to cultures, beliefs and parenting styles;
- Provided using evidence-based practices and established and emerging research.

MODEL COMPONENTS	ACTIVITIES	SHORT TERM OUTCOMES	LONG TERM OUTCOMES
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	• 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	• 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	• 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 STRENGTHENING SERVICES • Parenting Support and Education • Self-Sufficiency, Life Skills Development • Child Development • Kindergarten Readiness • Assessments	• 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	• 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	• 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 Readiness • Kindergarten preparation • Education & Development • Referrals to partner organizations for specialized service support • After school collaborative • Assessments	• 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	• 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.	• School success as measured by passing SOL scores • Increase in on-time High School graduation rate • Cost savings for school systems
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	• 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.)	• 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.	• 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