



Wisconsin Healthiest Families and Keeping Kids Alive Initiatives
Step 2: Community Logic Model
 Plan to address the priority areas identified from the Assessment in Step 1



Health Department: Douglas County
Initiative: WHFI **Focus Area:** Childhood Development

2014

PROBLEM STATEMENT: Children in Douglas County are not consistently receiving developmental screenings and therefore problems are not addressed for early intervention of developmental delays

GOAL: To provide the opportunity for all children in Douglas County to have a developmental screening at the ages recommended by the American Academy of Pediatrics (AAP) Guideline of 9mo, 18mo, and 30mo and to develop a community wide resource and referral list.

RATIONALE: To identify developmental delays early and to intervene early to improve outcomes and growth of children that will affect the child's whole life course.

ASSUMPTIONS: Not all children are being given developmental screenings and there is inconsistent knowledge of referral and community resources

RESOURCES	ACTIVITIES	OUTPUTS	OUTCOMES		
			Short	Intermediate/ Medium	Long
<p>CORE: Birth to 3 Family Forum/Head Start LSCHC clinic Essentia Health clinic St. Luke's Mariner clinic WIC Schools (Early Childhood education, special education teachers) School nurses Public Health Nurses CESA 12 Human Development Ctr Northwest Connection Family Resources Social workers (child protection unit and Children's long term care)</p> <p>COMMUNITY: Daycares</p>	Coalition building Coalition meetings Develop Mission and Vision Statement Coalition meeting planning (develop strategies to move planning to action) Resource/Referral sharing Provider trainings (ASQ and ASQ-SE) Child care provider trainings Life course training Outreach at Health Fairs	Participation: <ul style="list-style-type: none"> Children age 0-5 years Parents and guardians of children Agencies in direct contact with children 	Awareness gained of screenings and importance Agencies/partners are motivated to use screenings Education provided to agencies/partners to start implementation of using the screenings in their scope of practice/care Skills obtained by providers and child care centers to implement screenings Development of Coalition to join and work together to promote consistent child development screenings and raise awareness of the	Adoption by community partners of the AAP recommendations for developmental screening at age 9mo, 18mo, and 30mo Screenings are taking place Screenings become routine in practice Interagency Resource and referral sharing exists	All children in Douglas County screened at the AAP guideline times with ASQ and ASQ-SE Referral System is Improved Early intervention taking place for children with delays

May 8, 2015

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Note: the lists below are not all inclusive

RESOURCES	ACTIVITIES	OUTPUTS	OUTCOMES		
			Short	Intermediate/ Medium	Long
Library YMCA DCDHHS Social workers Churches (MOPS groups) UW Extension CASDA Lake Superior Life Care Ctr Northern Lights Res Ctr Harbor House STATE: Wisconsin Medical Home Initiative MCH regional consultant CYSHCN office FEDERAL: CDC's "Learn the Signs, Act Early" Campaign	Develop policies to promote screenings in providers systems of care Outreach: Develop brochure/flyer to distribute in community Use resources from WisMHI Use free resources from the CDC		importance of child development and early detection of delays		

EVALUATION MEASURES:

What community partners have adopted the screenings into their scope of practice
 How many ASQ and ASQ-SE screenings were distributed (length of time?)
 Number of screenings that were completed (length of time?)
 Percentage of children who were identified for further assessment
 Percentage of children who received early intervention services
 Improved referral process

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Options for Inputs

- Partnerships
- Funding
- Reference standards
- Lead staff
- Other key collaborators

Options for Outputs

- Coalition established.
- Consensus around strategies to move planning to action.
- Service providers have policies that promote a system of care.

Options for Short and Intermediate/ Medium Outcomes

Note: Health Departments are encouraged to develop outcomes based on assessment results.

Family Supports:

- Increase awareness among community service providers about the continuum of resources available for expectant and parenting families with young children with special focus on those at risk for poor health outcomes and supporting collaborative entry into services. Examples of evidence-based or research informed programs or training using this approach include: Home Visitation: Foundations, Parents as Teachers, Great Beginnings Start before Birth, and Health Start.
- Establish a “no wrong door” policy for entry into community resources for expectant and parenting families with young children.
- Improve utilization of the continuum of resources available for expectant and parenting families with young children with special focus on those at risk of poor health outcomes.
- Increase community capacity to engage women of childbearing age in a medical home

Child Development:

- Increase use of a valid developmental screening tool such as the Ages and Stages Questionnaires across all service providers with results routinely communicated to the Medical Home provider.
- Adoption by community partners of the American Academy of Pediatrics recommendations for developmental screening at 9, 18 and 30 months.
- Increase the number of completed referrals across service providers, for follow-up services as indicated, including referrals to Early Intervention providers.
- Increase community support and resources for women and infants to breastfeed for 6 months.

Mental Health:

- Increase use of a valid social emotional screening tool such as the Ages and Stages Social Emotional Questionnaires across service providers with results routinely communicated to the Medical Home provider.
- Increase knowledge among community providers of relationship-based family support. Examples of evidence-based or research informed programs using this approach include: Mental Health Endorsement, Home Visitation: Foundations, Parents as Teachers, Great Beginnings Start before Birth and Head Start.

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- Increase community capacity to provide mental health consultation to providers serving expectant and parenting families with young children.
- Increase screening for postpartum depression across service providers.

Safety and Injury Prevention:

- Increase awareness among community service providers about the continuum of resources and services available for expectant and parenting families with young children, supporting safety and injury prevention.
- Increase access to child passenger safety seats and fitting stations to assure all children are properly positioned on every vehicle ride.
- Adoption by community partners of consistent messaging and service provision that promotes infant safe sleep.
- Increase screening for violence and follow-up services in primary care settings.

Options for Long-term Outcomes

- A system of care exists in the community that provides health promotion and routine, early identification of health risks and early interventions for all young children.
- A system of care exists in the community that provides routine, early identification of family risks, parent education and family supports.
- A system of care exists in the community that addresses the social emotional wellness of infants and young children and their families.
- A system of care exists in the community that promotes wellness and supports all children identified with differences in development, physical or mental health.
- A system of care exists in the community that addresses infant and child safety and promotes injury prevention.