

## Year 2014 Template Objectives for MCH - Early Childhood Systems

### Legend

<b>A Objective Statement</b>	<b>D Input Activities</b>	<b>G For Your Information</b>
<b>B Deliverable</b>	<b>E Base Line for Measurement</b>	
<b>C Context</b>	<b>F Data Source for Measurement</b>	

### 1.

#### A. Template Objective 1

By December 31,2014, \_\_\_\_\_ (Select one or more: an assessment, a plan, implementation activities, and/or evaluation and sustainability activities) for the Wisconsin Healthiest Families Initiative will be undertaken by the \_\_\_\_\_ Health Department in collaboration with community partners focusing on \_\_\_\_\_ (Select one focus area: family supports, child development, mental health or safety/injury prevention).

B. [The Deliverable will be determined during the negotiation process following identification of the Input Activities and the steps to be implemented. Reporting forms are available at:  
<http://www.dhs.wisconsin.gov/health/mch/EarlyChildhoodSystems.>]

C. Note: This work will be accomplished over multiple years with progressive steps negotiated annually. The populations to be served are all infants and children, children and youth with special health care needs, and expectant and parenting families with young children with a special focus on those at risk for poor health outcomes.

All local health departments need to propose reasonable use of their allocated MCH dollars. Those agencies receiving greater allocations of MCH dollars will be expected to provide multiple steps, focus areas, input activities, and/or objectives.

Goal: To assure that all families in Wisconsin have access to a coordinated, integrated and sustainable system of services and supports focused on health promotion and prevention. For more information go to:  
<http://www.dhs.wisconsin.gov/health/mch/EarlyChildhoodSystems.>

Focus Areas: The focus areas for the Wisconsin Healthiest Families Initiative includes: family supports, child development, mental health, and safety and injury prevention. Go to  
<http://www.dhs.wisconsin.gov/health/mch/EarlyChildhoodSystems/WHFdefinitions.htm> for definitions. Agencies need to identify separate objectives for each focus area selected.

Framework: Key concepts of the Life Course Framework link to the Wisconsin Healthiest Families Initiative. The focus is on early childhood because it is a critical, sensitive period with life-long impacts on health. The objective promotes a plan for a community system that supports early childhood health and development that can build on protective factors and reduce risk factors for young children and families. Collaborations with community partners are important because the broader community environment strongly affects the capacity to be healthy. The lead for this work may vary from one community to the next and from one focus area to the next. Strengths of community partners should be promoted and supported through strategies identified by the collaborating partners. It is expected that education and/or training and utilization of the Life Course Framework concepts will be provided and implemented on an ongoing basis with community partners.

Outcomes: See sample outcomes at:  
[http://www.dhs.wisconsin.gov/health/mch/EarlyChildhoodSystems/WHFdefinitions.htm.](http://www.dhs.wisconsin.gov/health/mch/EarlyChildhoodSystems/WHFdefinitions.htm)

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- C. Steps: The Wisconsin Healthiest Families Initiative will be implemented in collaboration with community partners. Sequential steps will be implemented to complete: 1) assessment, 2) plan, 3) implementation, and 4) evaluation and sustainability. These steps will be completed over multiple years. Reporting documents for these steps are located at: <http://www.dhs.wisconsin.gov/health/mch/EarlyChildhoodSystems>.

Step 1: Assessment - Complete a community, population focused assessment that identifies the community program needs or other resources related to family supports, child development, mental health, and/or safety and injury prevention within the agency's jurisdiction. Assessment of multiple focus areas can be reported on one Assessment Findings form.

Step 2: Plan ; In collaboration with community partners, develop a plan that addresses the strengths and gaps identified in the assessment completed in Step 1. The plan should promote integrated, multi-sector service systems to assure services are easily accessed by expectant families and families with infants and young children, with special focus on those at risk for poor health outcomes. Coalitions/collaboratives will identify strategies and specific activities that map out their process to complete the initiative. The plan will be reported as a Community Logic Model (with one logic model submitted for each focus area) and must reflect the activities of the agency and partners.

Step 3: Implementation ; The agency and partners will implement strategies and activities identified in the plan completed in Step 2 to strengthen the system of early childhood services. Step 3 will be reported on the Implementation Report with one report submitted for each focus area addressed by the agency and partners.

Step 4: Evaluation and Sustainability ; Evaluate the impact on the community of the strategies and activities implemented and identify how this system will be sustained long term.

### REQUIRED SUPPORT ACTIVITIES:

Required activities to support assessment, planning, implementation, and evaluation and sustainability steps include the following:

; Complete an initial agency assessment of MCH Core Competencies and enter in SPHERE by January 31, 2014; review at mid-year; and update in SPHERE by contract reporting deadline.

; Participate in education to support the ongoing development of MCH Core Competencies.

; Identify existing and new community partners, their contributions, and level of collaboration via the Partnership Tool in SPHERE.

; Provide and implement education and/or training and utilization of the Life Course Framework on an on-going basis with community partners and enter in SPHERE.

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¿ Participate in MCH Program evaluation efforts throughout the contract year.

¿ Participate in training and technical assistance as negotiated, as well as the 2014 MCH Conference.

¿ Complete the webinar series: Data-driven Approach to Early Childhood System-building (4 sessions, 90 minutes each).

D. Local health departments need to complete the following information prior to negotiations:

- [Insert the strategies and activities the agency and their collaborating partners will engage in related to the chosen step(s)]

- [Insert the Required Support Activities located in the context]

E. Include items that were completed in 2013:

- Coalition or collaborative details. Provide the name of the group, how long the group has been in existence, and what the mission and goals are.

- Explain how the previous year¿s work is directing your 2014 activities related to the steps of assessment, planning, implementation, or evaluation and sustainability.

F. [The Data Source for Measurement will be determined during the negotiation process following the identification of the Input Activities and the steps to be implemented. Reporting forms are available at: <http://www.dhs.wisconsin.gov/health/mch/EarlyChildhoodSystems.>]

G.

2.

A. By December 31, 2014, The Keeping Kids Alive Initiative will be implemented by the \_\_\_\_\_ Health Department in collaboration with community partners.

B. [The Deliverable will be determined during the negotiation process following the identification of the Input Activities and the steps to be implemented. Reporting forms are available at: <http://www.dhs.wisconsin.gov/health/mch/EarlyChildhoodSystems>]

C. Wisconsin Keeping Kids Alive Initiative Goal: To establish a sustainable, coordinated system to identify causes of all fetal, infant and child deaths, resulting in preventive strategies for community action. See <http://www.chawisconsin.org/kka.htm>

Note: preventive interventions will be implemented via the Healthiest Families Initiative.).

Local infant/child death review teams are part of public health surveillance and are critical to better understanding how and why a child died. We have statistics on how many children die and from what causes, <http://www.dhs.wisconsin.gov/health/injuryprevention>, but often know little about the circumstances leading up to the child¿s death. These multidisciplinary teams review and acknowledge all child deaths from a prevention standpoint.

In Wisconsin, the Division of Public Health (DPH) works with the Children¿s Health Alliance of Wisconsin (the Alliance) in an effort to assure all fetal, infant and child deaths have the opportunity to be reviewed with an emphasis on

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prevention. Current Child Death Review (CDR) teams are expected to follow the Wisconsin Model, known as Keeping Kids Alive in Wisconsin (outlined in the following manual: <http://www.chawisconsin.org/documents/CDRFinal10.13.08.pdf>). Counties will be expected to work with the Alliance and DPH to explore opportunities to review fetal and infant deaths (prior to 2015) to integrate the National Fetal and Infant Mortality Review (NFIMR) recommendations ([www.nfimr.org](http://www.nfimr.org)) into their reviews.

The Fetal and Infant Mortality Review (FIMR) is an action-oriented community process that continually assesses, monitors, and works to improve service systems and community resources for women, infants, and families. Through the review of all fetal and infant deaths we can both better understand the maternal and infant health and social risk factors contributing to these deaths and identify potential protective factors. The FIMR process brings private health care providers, public health, and community service providers together with the intention of examining the current systems that support families during pregnancy, infancy, preconception and interconception.

Local Health Departments may choose this objective to:

1. Initiate a new CDR/FIMR Team in their community where one previously did not exist  
(taking into consideration fetal deaths along with infant and child deaths)
2. Assess the fidelity of an existing CDR Team to the Keeping Kids Alive in Wisconsin

Model

3. Assess the ability of the community, with an existing CDR Team, to review fetal deaths
4. Implement and evaluate a plan to address issues brought forth from one of the above assessments

Communities choosing this objective are expected to follow the Keeping Kids Alive model. It is anticipated that most communities can develop and implement a new CDR/FIMR team following this model within two years. Additional time may be negotiated as deemed appropriate.

Local public health departments will each participate in training and technical assistance, identification of new community partners and utilization of the Keeping Kids Alive Model.

The WI Healthiest Families Initiative will be utilized to assess the community's current prevention efforts and move review recommendations to action.

- C. Required Primary Activities: Local public health departments will complete the following activities. Moving to the

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Wisconsin Healthiest Families objective for prevention activities may be undertaken at any time, as the community sees fit.

#### Initiation of a New Team

1. Work with staff at the Alliance to receive training on the development and implementation of a death review team and use of the data collection system.
2. Identify and recruit appropriate partners to form a death review team.
3. Implement death reviews in accordance with the Keeping Kids Alive in Wisconsin model, including entering all deaths into the data collection system.
4. Select the Wisconsin Healthiest Families objective to support review recommendations moving to action within your community.

#### Improvement of a Current Team

1. Utilize the standardized tool created by the Alliance to complete an assessment of the current review teams; fidelity to the Keeping Kids Alive Model and ability to incorporate fetal death reviews into the current structure.
  2. Implement and evaluate strategies to improve the death review team according to needs identified in the assessment.
  3. Select the Wisconsin Healthiest Families objective to support review recommendations moving to action within your community.
- D.
1. Complete an initial agency assessment of MCH Core Competencies and enter in SPHERE by January 31, 2014; review at mid-year; and update in SPHERE by contract reporting deadline.
  2. Participate in education to support the ongoing development of MCH Core Competencies.
  3. Identify existing and new community partners, their contributions, and level of collaboration via the Partnership Tool in SPHERE.
  4. Participate in training and technical assistance as well as the annual MCH Conference and the Keeping Kids Alive Summit.
  5. Utilize the Keeping Kids Alive in Wisconsin model including entering data into the data collection system.
  6. Participate in MCH Program evaluation efforts throughout the contract year.
  7. Complete the webinar series: Data-driven Approach to Early Childhood System-building (4 sessions, 90 minutes each).
  8. [Insert the activities to be completed during this contracting period from the Primary Activities section.]
- E. Include the applicable items that were completed in 2013 for the Baseline for

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Measurement (delete what doesn't apply):

¿ CDR/FIMR team established. Health Department is Lead or Participating Member of the review team. The team met [insert number] times. Cases were reviewed.

¿ Assessment conducted. Assessment results: (briefly explain the results of the assessment).

¿ Data entry. Data is being entered into national data base.

¿ Plan for prevention based on review findings. Briefly describe plans to move recommendations to action.

F. [The Deliverable will be determined during the negotiation process following the identification of the Input Activities and the steps to be implemented. Reporting forms are available at:  
<http://www.dhs.wisconsin.gov/health/mch/EarlyChildhoodSystems>]

G.