

**Ohio Department of Health (ODH)
Division of Family and Community Health Services (DFCHS)
Bureau of Child and Family Health Services (BCFHS)
Child and Family Health Services Program (CFHS)
Program Standards
2014**

Introduction to the Standards

February 2014

Dear CFHS Project Director and Staff:

The Ohio Department of Health (ODH), Division of Family and Community Health Services (DFCHS), Bureau of Child and Family Health Services (BCFHS), are pleased to provide you with the release of revised clinical standards for the Child and Family Health Services (CFHS) Program. These clinical standards are to serve as guidance for all clinical services paid for with grant funds from the Child and Family Health Services Program.

The CFHS clinical protocols provide general guidance and resources to for your clinic. The CFHS clinical protocols will be revised on a regular basis. However, clinical protocols change frequently as new data becomes available and consensus panels are convened. Each agency must develop its own specific protocols and update them on at least an annual basis to reflect current best practices in health care and professional standards from organizations such as the American College of Obstetricians and Gynecologists and the American Academy of Pediatrics. As always, medical care must be individualized to the particular patient as guided by risk assessment and clinical condition.

The 2014 CFHS clinical protocols are posted on the ODH web site. In addition to this new format, the protocols are structured to be more user friendly. Please review these protocols along with your staff.

We appreciate your continued commitment to Ohio's children and families. Together, we share the vision to protect and improve the health of Ohio's children and families by providing and coordinating public health services through local, state, and national partnerships. If you have questions or need additional information, please contact your CFHS program consultant or Dyane Gogan Turner, MCH Supervisor, at (614) 644-6560.

Jo Bouchard, MPH

Chief, ODH Bureau of Child and Family Health Services

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Christopher Alexander

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Michelle Clark

Amy Davis

Jessica Foster

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Marie Jones

Melissa LaManna

Marilyn McFagden

Mary McPherson

Judi Moseley

Angela Norton

Debra Seltzer

Cynthia Shellhaas

Andrew Wapner

Ann Weidenbenner

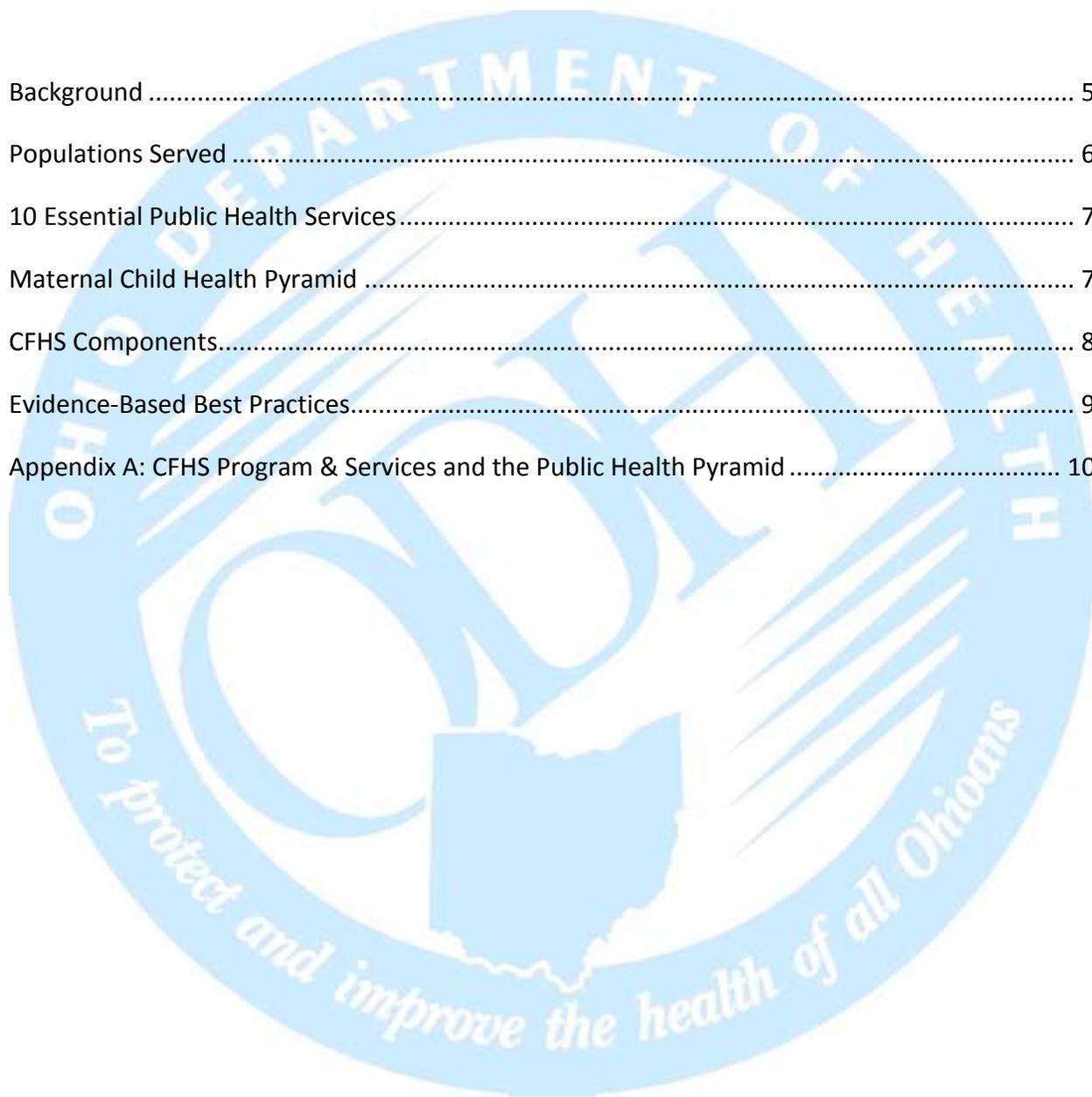
Merrily Wholf

Colleen Wulf



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Background

Standards

The Child and Family Health Services (CFHS) Standards is an important tool comprised of sections that translate current public health and professional standards into general guidance and resources for assessment, planning, implementation and evaluation of effective community-level programs and services. The CHFS Standards were designed to provide a consistent approach to the provision of quality public health services and assist CFHS agencies develop agency or site-specific protocols.

Although the CHFS Standards were designed to guide the CFHS agency project director, staff and clinicians (e.g., nurse practitioner, certified nurse midwife, physician's assistant, and physician) in the development of site-specific protocols of the provision of CFHS services, additional audiences who may benefit from using this resource include community leaders and stakeholders interested in improving health outcomes in their communities.

CFHS Background

Since its inception in 1983, the CFHS Program has been a network of local consortia of health and social service agencies that identified the health needs, service gaps, and barriers to care for families and children and then planned community public health and clinical services to meet those needs. As a community-based program, CFHS uses a combination of federal, state and local monies to offer public health programs and safety net clinical services for the maternal and child health population.

CFHS agencies have filled a critical gap over the years by providing family planning, perinatal and child health care services for Medicaid-eligible families and those who are uninsured and underinsured. When direct care safety net services are provided, the CFHS Program should be the payer of last resort and CFHS funds should not be the sole source of clinic funds. CFHS addresses the core functions of public health to promote maternal and child health--assessment, policy development and assurance of access to health care.

CFHS Goals

The goals of CFHS are to eliminate health disparities, improve birth outcomes, and improve the health status of women, infants and children in Ohio by:

- Assessing and monitoring the maternal and child health status to identify and address health needs;
- Informing and educating the public and families about maternal and child health issues;
- Providing leadership for priority-setting, planning, and policy development;

- Linking women, children, and youth to health and other community and family programs and services, and assuring access to comprehensive, quality systems of care; and
- Evaluating the effectiveness, accessibility, and quality of personal health and population-based maternal and child health services.

These goals are accomplished by CFHS agencies engaging in a focused, multidisciplinary, collaborative approach to health improvement in coordination with internal and external stakeholders that serve the most at-risk population. These populations include racial and ethnic groups that are disproportionately affected by poor health outcomes, including, but not limited to, local public health agencies, community health centers, community-based organizations, faith-based organizations, private sector organizations and other public health providers (e.g., correctional facilities, immigrant organizations, homeless shelters and organizations that focus on adolescents). Culturally competent programs and services must be provided to the population of greatest need.

Populations Served

Populations of interest continue to be uninsured and underinsured low-income women and children in racial and ethnic groups that are disproportionately affected by poor health outcomes. A CFHS agency must ensure that outreach is to appropriate populations and that measurable benchmarks are achieved based on identified priorities.

Populations of Interest:

- MCH population - women of child-bearing age, infants, children, adolescents and families, especially those at-risk for poor health and/or those who are uninsured or under-insured.
- Uninsured/underinsured CFHS Client – a client (pregnant woman, infant, child, and/or adolescent) who is not insured for the particular service received in the CFHS clinic. This may include a Medicaid client who has received a service that is not billable to Medicaid.
- Ohio Infant Mortality Reduction Initiative (OIMRI) client - a low-income, high-risk pregnant woman of African American minority from a specific geographic target area (e.g., census tracts and neighborhoods).
- Residency – while services and activities component should be targeted to a specific population, a CFHS agency shall accept all eligible individuals regardless of residency.
- Immigration status – there is no immigration status requirement for clients to receive CFHS services. Clients may not be denied services funded through CFHS because of their immigration status.
- Income – while CFHS services should be targeted to high-risk, low-income families, there are no specific income requirements for CFHS. Direct and enabling services should be provided with CFHS funds as a last resort. Subgrantees must seek reimbursement by third party payers for all eligible clients.

10 Essential Public Health Services

Maternal and child health assessment, policy development and assurance of access to health care are the core public health functions of CFHS including five of the 10 Essential Public Health Services.

<http://www.cdc.gov/nphsp/essentialservices.html>

Assessment

- Assess and monitor maternal and child health status to identify and address problem.

Policy Development

- Inform and educate the public and families about maternal and child health issues.
- Provide leadership for priority setting, planning, and policy development to support community efforts to assure the health of women, children, youth and their families.

Assurance of Access to Health Care

- Link women, children and youth to health and other community and family services, and assure access to comprehensive, quality systems of care.
- Evaluate the effectiveness, accessibility, and quality of personal health and population-based maternal and child health services.

Maternal Child Health Pyramid

While the 10 Essential Public Health Services provides a framework of responsibilities for local public health systems the MCH Public Health Pyramid reflects the range and hierarchy of CFHS public health services. The layers of the pyramid are:

The ***Infrastructure Building Services*** form the base of the pyramid and the foundation for all CFHS public health services. Infrastructure services are directed at improving and maintaining the health status of women and children by providing support for community health assessment and planning; followed by the ***Population-Based Services*** directed at helping communities and groups of people, rather than individuals; next are the ***Enabling Services*** to assist women, children and families access needed and ensure services provided; and at the apex of the pyramid are the ***Direct Health Care Services*** or gap filling services for those with limited or no access to needed clinical services.

<http://mchb.hrsa.gov/programs/index.html>

Refer to *Appendix: CFHS Program & Services and the Public Health Pyramid* for more detail.

CFHS Components

A CFHS agency may provide public health programs and services through the following five components: 1) Community Health Assessment and Planning, 2) Child and Adolescent Health, 3) Perinatal Health, 4) the Ohio Infant Mortality Reduction Initiative and 5) the Ohio Institute for Equity for Birth Outcomes (OEI).

1. Community Health Assessment (CHA) is the ongoing process of identifying and analyzing a community's health problems, needs and assets, as well as its resources and capacity to address priority needs. The purpose of the CFHS CHA is to identify these health problems, needs and assets in order to better the maternal and child health related programs in the community. A CFHS agency must develop its CFHS program plan and budget based on the needs and gaps in services identified in a Community Health Assessment and Planning process. The interventions developed, planned, and/or implemented as a result of this community health assessment must reflect the layers of the Public Health Pyramid (Infrastructure Building, Population-Based, Enabling and Direct Health Care Services as well as the MCH Block Grant performance measures). All CFHS funded agencies are required to conduct an on-going maternal and child health focused CHA and a comprehensive CHA every five years.
2. Child and Adolescent Health (CAH) addresses the health needs for children from birth to 21 years of age who are un- and underinsured and are from racial and ethnic groups that are disproportionately affected by poor health outcomes. The desired outcome is that all children should be healthy and experience optimal childhood development. This can be attained through direct health care services, enabling services, population-based services and/or infrastructure building services.
3. Perinatal Health (PN) addresses the health needs for women during the period from preconception through postpartum and infants up to the first year of life. These services are directed to mothers and infants who are un- and underinsured and are from racial and ethnic groups that are disproportionately affected by poor health outcomes. The desired outcome is optimal health for mother and child and that all children should be born well. This can be attained through direct health care services, enabling services, population-based services and/or infrastructure building services.
4. The Ohio Infant Mortality Reduction Initiative (OIMRI) addresses the health needs of high-risk, low-income African American women and infants through community care coordination. These services are directed to women during the period from preconception through postpartum and infants up to the second year of life. The desired outcome is to empower communities to eliminate disparities. This can be obtained through infrastructure building services such as planning, training, standardized care processes, supervision, data collection and evaluation.

5. The Ohio Institute for Birth Outcomes (OEI) is an initiative designed by CityMatCH to strengthen the scientific focus and evidence base for realizing equity in birth outcomes. The OEI component is addressed by OEI participation; Fetal Infant Mortality Review (FIMR); and for OEI downstream and upstream interventions. ODH and CityMatCH are partnering with nine Ohio communities to improve overall birth outcomes and reduce the racial and ethnic disparities in infant mortality.

Evidence-Based Best Practices

The CFHS Program Standards are guidelines for providing Child and Family Health Services programs and health care services. A priority for CFHS is to integrate evidence-based programs/interventions into the CFHS system(s) of care. The Association of Maternal and Child Health Programs (AMCHP) provides information about best practices as well as resources on the AMCHP web site. www.amchp.org

<http://www.amchp.org/programsandtopics/BestPractices/Pages/default.aspx>

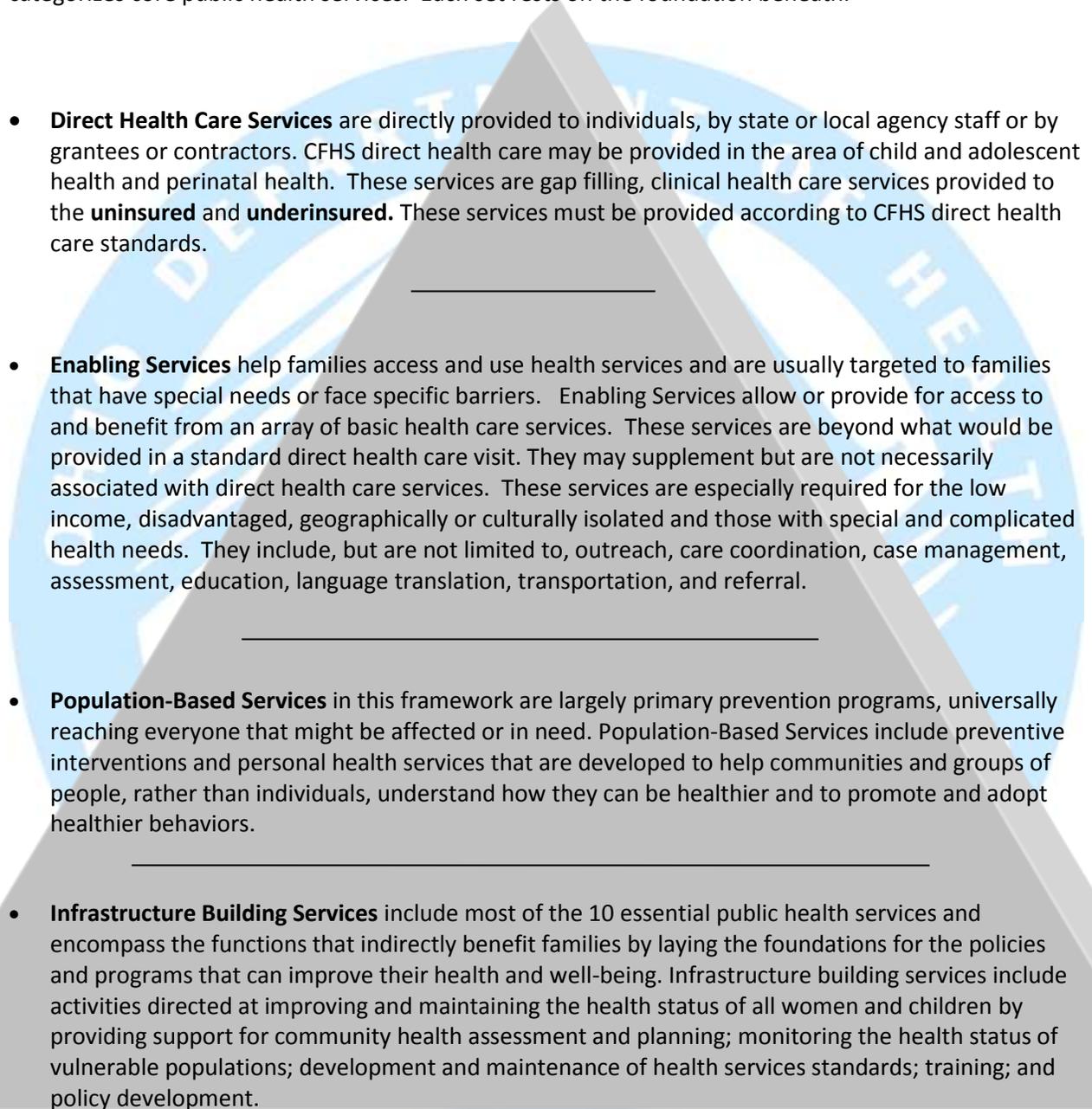
<http://www.amchp.org/programsandtopics/BestPractices/Pages/BestPracticeTerms.aspx>

<http://www.amchp.org/programsandtopics/BestPractices/Pages/Resources.aspx>



Appendix A: CFHS Program & Services and the Public Health Pyramid

The Child and Family Health Services (CFHS) program is designed as an organized community based effort to improve the health status of low-income families in Ohio. The MCH public health pyramid categorizes core public health services. Each set rests on the foundation beneath.

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- **Direct Health Care Services** are directly provided to individuals, by state or local agency staff or by grantees or contractors. CFHS direct health care may be provided in the area of child and adolescent health and perinatal health. These services are gap filling, clinical health care services provided to the **uninsured** and **underinsured**. These services must be provided according to CFHS direct health care standards.
 - **Enabling Services** help families access and use health services and are usually targeted to families that have special needs or face specific barriers. Enabling Services allow or provide for access to and benefit from an array of basic health care services. These services are beyond what would be provided in a standard direct health care visit. They may supplement but are not necessarily associated with direct health care services. These services are especially required for the low income, disadvantaged, geographically or culturally isolated and those with special and complicated health needs. They include, but are not limited to, outreach, care coordination, case management, assessment, education, language translation, transportation, and referral.
 - **Population-Based Services** in this framework are largely primary prevention programs, universally reaching everyone that might be affected or in need. Population-Based Services include preventive interventions and personal health services that are developed to help communities and groups of people, rather than individuals, understand how they can be healthier and to promote and adopt healthier behaviors.
 - **Infrastructure Building Services** include most of the 10 essential public health services and encompass the functions that indirectly benefit families by laying the foundations for the policies and programs that can improve their health and well-being. Infrastructure building services include activities directed at improving and maintaining the health status of all women and children by providing support for community health assessment and planning; monitoring the health status of vulnerable populations; development and maintenance of health services standards; training; and policy development.