

MATERNAL, CHILD AND ADOLESCENT HEALTH (MCAH) DIVISION
TITLE V 30/30 EARMARKING
EXAMPLES OF QUALIFYING ACTIVITIES

CATEGORY 1: Preventive and Primary Care for Children (PPCSC)

Definition:

Activities aimed at reducing the incidence of health problems or disease prevalence in the community, or the personal risk factors for such diseases or conditions and the provision of comprehensive personal health services that include health maintenance and preventive services, initial assessment of health problems, treatment of uncomplicated and diagnosed chronic health problems, and the overall management of an individual's health care services for a child 1 year old through 21 years old. Below are some examples of qualifying activities.

Injury Prevention:

- Child automobile restraint systems
- Disaster, earthquake and fire safety education for children
- Domestic violence programs and activities related to child abuse, violence and bullying both physical and mental
- Drowning prevention activities and education
- Education regarding appropriate safety equipment for bicyclists, skateboarders and scooter users
- Home safety evaluations
- Pedestrian safety education for children
- Poison control education
- Safety planning to ensure child pedestrian safety
- Teen driver safety
- Teen suicide prevention
- Walk to school day - Community planning to identify safe routes to school for children and address potential safety hazards and proposed solutions

Healthy Lifestyles for Children:

- Community collaboration to maximize opportunities for physical activity for children such as community sporting events, dances, and exercise periods during school day
- Encourage PTA groups to benefit from guidance available from local health and safety personnel
- Facilitating the involvement of health and safety personnel in the development and implementation of school curricula focused upon health and safety issues
- Fluoride varnish, dental screenings
- Health screenings for children by home health public health nurses designed to identify both physical and mental health issues early when intervention is most effective
- Increasing access and utilization of preventive medical and dental visits
- Immunization education, registries, community planning to maximize use
- Parent teacher education regarding the unique health care needs of children

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- Promoting positive youth development and resiliency by providing education and information on child development to schools, caregivers, parents and families
- Risk reduction education related to health hazards such as smoking, alcohol, sexual health
- Work with Day Care facilities, nursery schools, foster parent groups etc. to incorporate healthy habits for children as part of their daily routine
- Work with school districts to emphasize physical activity and healthy nutrition as part of school physical education curriculum and lunch programs

Access to Care:

- Community collaboration to improve access to preventive services for non Medi-Cal eligible children
- Establish no fee or low fee services for children not eligible for public health insurance programs
- Establish or participate in community screening events
- Work with Medi-Cal and Medi-Cal managed care health plans and providers to improve access to and utilization of preventive services, including promoting well-child visits
- Work with non-Medi-Cal providers to provide services for children and adolescents
- Work with school nurses and school health centers to improve health, including mental health, services for children and adolescents

CATEGORY 2: Children and Youth with Special Health Care Needs (CSYHCN)

Definition

CSYHCN are defined as infants and children from birth through 21st year who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally¹.

This definition is broad and inclusive, and it emphasizes the characteristics held in common by children with a wide range of diagnoses which may include conditions such as, depression, attention deficit disorder, behavioral problems, asthma, diabetes, migraines or frequent headaches, head injury or traumatic brain injury, arthritis, joint problems, allergies, heart problems, autism, and intellectual disability. Below are some examples of qualifying activities.

¹ Source: Health Resources and Services Administration, The National Survey of Children with Special Health Care Needs, Chartbook 2005-2006, Retrieved from: <http://mchb.hrsa.gov/cshcn05/>

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Identifying CYSHCN – Screening, Assessment, and Referral:

- Assist providers to institute protocols to perform routine developmental and behavioral screening on all infants and children according to the American Academy of Pediatrics Guidelines
- Develop and implement protocols for MCAH programs to conduct developmental screening for MCAH clients, including referral, and follow-up to ensure care is received and barriers are addressed
- Facilitate communication of health and developmental screening results and any identified referral needs to the child's medical home and family
- Promote health, developmental and behavioral screening, identification, and referral for infants, children and youth using a validated screening tool

Providing Services

- Assist parents to access appropriate services for children with disabilities
- Compile and disseminate a compendium of available services and resources for CYSHCN, including working with partners to establish a centralized telephone access point
- Conduct activities for CYSHCN to promote quality of life, healthy development, and healthy behavior across the life course, including the prevention of secondary conditions to prevent and avert deterioration
- Coordinate with other service providers to ensure that the plan of care is followed
- Facilitate referrals and linkages to specialty health and developmental services for high-risk infants due to prematurity or other health-related conditions
- Provide home visiting services to support parents/caregivers as they care for CYSHCN
- Teach parents/caregivers how to care for and advocate for their child with special health care needs

Facilitating Care Coordination

- Assist to develop policies, processes and resources for youth with special health care needs as they transition to adult care systems to ensure continuity of medical care, continued skill building, and access to other community support
- Ensure staff working with families, children and youth demonstrate competency by providing and/or attending training appropriate programs
- Facilitate and/or participate in interagency coordination and collaboration. For example, work with CCS, Family Resource Centers, Head Start, Local Educational Agencies, Early Start, Regional Centers (Department of Developmental Services), hospitals, school nurses, Federally Qualified Health Centers, Rural Health Clinics, First 5 and other agencies serving CSHCN to improve the system of care