

# 1

## HCT2020 Year 1: 2016 Action Agenda Maternal, Infant, and Child Health

### Action Team Co-Leads

Rosa Biaggi  
*Connecticut Department of Public Health (DPH)*

Marijane Carey  
*Carey Consulting*

### Action Team Members

Rebecca Allen  
*CT Community for Addiction Recovery (CCAR)*

Beasha Bartlette  
*CT Dental Health Partnership (CDHP)*

Marie Burlette  
*Department of Public Health (DPH)*

Kareena DuPlessis  
*Child Development Infoline/2-1-1 (CDI)*

Linda Ferraro  
*Connecticut Department of Public Health (DPH)*

Rita Foster  
*East Shore District Health Department*

Jordana Frost  
*March of Dimes*

Ann Gionet  
*Connecticut Department of Public Health (DPH)*

Marilou Giovannucci  
*Advanced Behavioral Health, Inc.*

Kenn Harris  
*New Haven Healthy Start/Greater New Haven  
Community Foundation*

Connie Heye  
*Office of Early Childhood*

Michelle Noehren  
*Permanent Commission on the Status of Women (PCSW)*

Alison Hong  
*CT Hospital Association (CHA)*

Gina Novick  
*Yale School of Nursing (YSN)*

Margie Hudson  
*Department of Public Health (DPH)*

Marty Milkovic  
*CT Dental Health Partnership (CDHP)*

Sue Radway  
*CT State Department of Education (CSDE)*

Luz Rivera  
*Office of Early Childhood (OEC)*

Heather Spada  
*Early Comprehensive Childhood Systems (ECCS) via the CT  
UW*

Alison Tyliszczak  
*East Shore District Health (ESDH) Department, Nurturing  
Families Network*

Leigh Lynn Vitukinas  
*CT Dental Health Partnership (CDHP)*

Faith Voswinkel  
*Office of the Child Advocate (OCA)*

<b>Focus Area 1: Maternal, Infant and Child Health</b>			
<b>Goal 1: Optimize the health and well-being of women, infants, children and families, with a focus on disparate populations.</b>			
<b>Area of Concentration: Reproductive and Sexual Health</b>			
<b>SHIP Objective MICH-1: Reduce by 10% the rate of unplanned pregnancies</b>			
<b>Dashboard Indicator:</b>			
<ul style="list-style-type: none"> <li><a href="#">Rate of unplanned pregnancies in Connecticut. (HCT2020)</a></li> </ul>			
<b>Strategies</b>	<b>Actions and Timeframes</b>	<b>Partners Responsible</b>	<b>Progress</b>
<p><b>Support the provision of preconception/ inter-conception health care throughout the childbearing years in community and clinical settings</b></p>	<p>a. Secure commitment from identified partners and leads <b>Ongoing</b></p>	<p>Lead: CT Maternal and Child Health (MCH) Coalition Planning Committee</p>	<p>In Progress</p> <p>Identified lead convener of potential pilot sites (CT Women’s Consortium through funding support of March of Dimes and technical assistance from CoIIN leadership team and Joint Women’s Health and Birth Outcomes workgroup from MCH Coalition). Began engaging potential sites and will continue exploring feasibility. Identified CT-based physician champion for potential replication of IMPLICIT Network model. Boston Public Health Commission offered to connect us with MA-based physician champions for the OKQ for potential grand rounds opportunities in CT. Exploring potential partnership opportunities with Federal Healthy Start, ABH, DMHAS, OEC, and DCF, among others.</p>

<b>Focus Area 1: Maternal, Infant and Child Health</b>			
<b>Goal 1: Optimize the health and well-being of women, infants, children and families, with a focus on disparate populations.</b>			
<b>Area of Concentration: Reproductive and Sexual Health</b>			
<b>SHIP Objective MICH-1: Reduce by 10% the rate of unplanned pregnancies</b>			
	<p>b. Obtain implementation and evaluation information about the “One Key Question (OKQ)” initiative implemented in Oregon and Massachusetts. <b>November 2015</b></p>	<p>Lead: CT MCH Coalition IM and Women’s Well Care Workgroup</p> <p>CT MCH Coalition, , Oregon Foundation for Reproductive Health, Massachusetts Department of Health, Boston Health Commission</p>	<p>Completed</p> <p>Implementation &amp; evaluation info was obtained from The Oregon Foundation for Reproductive Health and from programs that use OKQ</p>
	<p>c. Obtain implementation and evaluation information about the “IMPLICIT Network” initiative implemented in Northeast US, including Middlesex Hospital Family Physician Residency program. <b>November 2015</b></p>	<p>Lead: CT MCH Coalition Infant Mortality (IM) and Women’s Well Care Workgroup</p> <p>CT MCH Coalition, Middlesex Hospital Family Residency Program</p>	<p>Completed</p> <p>Background info as well as implement-ation &amp; evaluation info was obtained from Dr. Rosener at Middlesex Hospital which participates in the Network</p>

Focus Area 1: Maternal, Infant and Child Health			
Goal 1: Optimize the health and well-being of women, infants, children and families, with a focus on disparate populations.			
Area of Concentration: Reproductive and Sexual Health			
SHIP Objective MICH-1: Reduce by 10% the rate of unplanned pregnancies			
	<p>d. Assess potential for replication and feasibility of pilot programs in selected sites:</p> <ul style="list-style-type: none"> <li>• recruit physician champions</li> <li>• secure buy-in from potential sites located in high-need communities</li> <li>• design project logistics, personnel, and estimated costs</li> </ul> <p><b>December 2015 – April 2016</b></p>	<p>Lead: CT MCH Coalition IM and Women’s Well Care Workgroup, March of Dimes,</p> <p>CT MCH Coalition,            CT chapters of American College of Obstetricians and Gynecologists (ACOG)            American Academy of Pediatrics (AAP),            American Academy of Family Physicians (AAFP),            Department of Public Health (DPH), Office of Early Childhood (OEC), nail salons, beauty parlors, barber shops, childcare providers, community health care workers, family visiting programs, faith communities, Text4Baby, MoMba, Clifford Beers, Federally Qualified Health Centers (FQHCs), clinical residency programs, nursing and medical higher education programs</p>	<p>In Progress</p> <p>Members of the Joint Women’s Well Care and Birth Outcomes Workgroup agreed to serve as the advisory/oversight committee to this feasibility assessment phase. March of Dimes is supporting this initial effort in partnership with the CT Women’s Consortium and members of the advisory committee.</p>
	<p>e. Explore potential funding sources to support effort</p> <p><b>December 2015-April 2016</b></p>	<p>Lead: CT MCH Coalition IM and Women’s Well Care Workgroup, March of Dimes</p> <p>CT MCH Coalition, foundations that support health-related initiatives (national, state, and local), insurance companies, Department of Social Services (DSS), March of Dimes</p>	
	<p>f. Based on above actions, determine whether to move forward with pilot programs</p> <p><b>June 2016</b></p>	<p>Lead: CT MCH Coalition</p>	
	<p>g. Review currently available DPH preconception health media campaign and evaluate need to adapt/revise</p> <p><b>October 2015– December 2015</b></p>	<p>Lead: CT MCH Coalition IM and Women’s Well Care Workgroup</p> <p>CT MCH Coalition, , State Department of Education (SDE), DPH</p>	

<b>Focus Area 1: Maternal, Infant and Child Health</b>			
<b>Goal 1: Optimize the health and well-being of women, infants, children and families, with a focus on disparate populations.</b>			
<b>Area of Concentration: Reproductive and Sexual Health</b>			
<b>SHIP Objective MICH-1: Reduce by 10% the rate of unplanned pregnancies</b>			
	<p>h. Identify logistics, human and financial resources needed to relaunch media campaign <b>December 2015-January 2016</b></p>	<p>Lead: DPH and other partners from CT MCH Coalition</p>	
	<p>i. Develop or adapt a media campaign about the importance of preconception health (including evaluation plan development) <b>January 2016-June 2016</b></p>	<p>Lead: DPH SDE, 2-1-1 and other partners from the MCH Coalition</p>	
	<p>j. Relaunch media campaign about importance of preconception health and “call to action” <b>In conjunction with above mentioned pilot program rollout?</b></p>	<p>College radio stations, radio, TV, print, community champions, internet, social media, etc.</p>	
<b>Collaborate across sectors to increase social equity</b>	<p>a. All strategies and actions identified within the MICH work plan will be evaluated from a social equity perspective with a focus on ensuring that priority populations are adequately represented <b>September –October 2015</b></p>	<p>Lead: CT MCH Coalition</p>	

<b>Focus Area 1: Maternal, Infant and Child Health</b>			
<b>Goal 1: Optimize the health and well-being of women, infants, children and families, with a focus on disparate populations.</b>			
<b>Area of Concentration: Reproductive and Sexual Health</b>			
<b>SHIP Objective MICH-1: Reduce by 10% the rate of unplanned pregnancies</b>			
	<p>b. Identify and support 2-5 relevant legislative and policy efforts that promote social determinants of health (i.e. housing quality and affordability, education quality and completion, poverty reduction, food security, violence prevention, toxic stress reduction, access to quality healthcare, juvenile justice) while educating the public and legislators on the impact that social determinants of health have on women’s health throughout the lifecycle and perinatal health outcomes:</p> <ul style="list-style-type: none"> <li>• assemble ad-hoc advocacy committee within the CT MCH Coalition tasked with leading advocacy efforts and coordinating with other partners</li> <li>• develop relevant fact sheets to be shared by coalition members and partners with legislators, leaders, media, and members of the public</li> <li>• identify and partner with community members and organizations that could provide testimony on key issues and legislative bills and policies</li> </ul> <p><b>October 2015 thru end of Legislative Session 2016</b></p>	<p>Lead: CT MCH Coalition</p> <p>CT Association for Human Services (CAHS), Permanent Commission on the Status of Women (PCSW), CT Women’s Education and Legal Fund (CWEALF), Parent Leadership Training Institutes (PLTI), Early Childhood Collaboratives/Discovery Communities, Mothers for Justice, Graustein Memorial Fund, Connecticut Association for Basic Human Needs (CABHN), CT Public Health Association (CPHA), Connecticut Voices for Children</p>	
	<p>c. Explore opportunities/feasibility of relaunching statewide media campaign aimed at reducing high school dropout rates</p> <p><b>September 2015-January 2016</b></p>	<p>Lead: SDE, CT MCH Coalition IM and Women’s Well Care workgroup</p> <p>CT MCH Coalition, Graustein Memorial Fund, foundations that support health-related initiatives (national, state, and local)</p>	

<b>Focus Area 1: Maternal, Infant and Child Health</b>			
<b>Goal 1: Optimize the health and well-being of women, infants, children and families, with a focus on disparate populations.</b>			
<b>Area of Concentration: Reproductive and Sexual Health</b>			
<b>SHIP Objective MICH-1: Reduce by 10% the rate of unplanned pregnancies</b>			
	<p>d. Identify and address barriers to access of culturally competent health care services <b>Ongoing</b></p>	<p>Lead: CT MCH Coalition</p> <p>Office of Health Equity, , SDE, CT Hospital Association, foundations that support health-related initiatives (national, state, and local), clinical providers, home visiting programs, community health care workers</p>	
<b>Support reproductive and sexual health services</b>	<p>a. Identify partners to support relevant priorities and initiatives (i.e. equitable access to long-acting reversible contraceptives, equitable access to culturally-sensitive and developmentally appropriate information and materials, equitable access to reproductive and sexual health care services, etc.) <b>Ongoing</b></p>	<p>Lead: CT MCH Coalition IM and Women’s Well Care workgroup</p> <p>CT MCH Coalition, , DPH, DSS, SDE, Council on Medical Assistance Program Oversight (Women’s Health Sub-Committee), Planned Parenthood of Southern New England, CWEALF, PCSW</p>	
<p><b>Resources Required (human, partnerships, financial, infrastructure or other)</b></p> <ul style="list-style-type: none"> <li>• Commitment from lead organizations for each major initiative</li> <li>• Graduate-level interns assigned to each major initiative, as needed. March of Dimes may be able to supervise some interns. There might be an opportunity to coordinate with other intern supervisors from other partner organizations within MCH Coalition.</li> <li>• Continued active involvement of focused workgroups within CT Maternal and Child Health Coalition to continue leading implementation of above-proposed initiatives.</li> <li>• Funding to support feasibility study on initiative akin to One Key Question/Implicit Network. March of Dimes may be interested in supporting this effort. They are currently evaluating this opportunity.</li> <li>• Clinicians and other statewide leaders to serve as champions of preconception/ interconception health initiatives</li> </ul>			
<p><b>Monitoring/Evaluation Approaches</b></p> <ul style="list-style-type: none"> <li>• Provide quarterly report outs</li> </ul>			

**Focus Area 1: Maternal, Infant and Child Health**

**Goal: Optimize the health and well-being of women, infants, children and families, with a focus on disparate populations.**

**Area of Concentration: Birth Outcomes and Preconception and Pregnancy Care**

**SHIP Objective**

**MICH-5: Reduce by 10% the proportion of low birthweight and very low birthweight among singleton births.**

**MICH-6: Reduce by 10% the proportion of live singleton births delivered at less than 37 weeks gestation.**

**MICH-7: Reduce by 10% the infant mortality rate (infant deaths per 1,000 live births).**

**MICH-2: Increase by 10% the proportion of women delivering a live birth who discuss preconception health with a health care worker prior to pregnancy.**

**Dashboard Indicators:**

- 
- [Proportion of very low birthweight babies among live singleton births in Connecticut. \(HCT 2020\)](#)
- [Proportion of low birthweight babies among live singleton births in Connecticut. \(HCT 2020\)](#)
- [Proportion of live singleton births in Connecticut delivered at less than 37 weeks gestation. \(HCT 2020\)](#)
- [Infant mortality rate \(infant deaths per 1,000 live births\) in Connecticut. \(HCT 2020\)](#)
- [Proportion of women in Connecticut delivering a live birth who discuss preconception health with a health care worker prior to pregnancy. \(HCT2020\)](#)

Strategies	Actions and Timeframes	Partners Responsible	Progress
<p><b>Collaborate across sectors to increase social equity</b></p>	<p>a. Support the Campaign for Paid Family Leave to equitably reduce financial stressors impacting families during pregnancy and the interconception period. <b>October 2015 thru end of Legislative Session 2016</b></p>	<p>Lead: Permanent Commission on the Status of Women (PCSW)  CT Maternal and Child Health Coalition, CWEALF, March of Dimes, Connecticut Association of Human Services (CAHS)</p>	



**Focus Area 1: Maternal, Infant and Child Health**

**Goal: Optimize the health and well-being of women, infants, children and families, with a focus on disparate populations.**

**Area of Concentration: Birth Outcomes and Preconception and Pregnancy Care**

**SHIP Objective**  
**MICH-5: Reduce by 10% the proportion of low birthweight and very low birthweight among singleton births.**  
**MICH-6: Reduce by 10% the proportion of live singleton births delivered at less than 37 weeks gestation.**  
**MICH-7: Reduce by 10% the infant mortality rate (infant deaths per 1,000 live births).**  
**MICH-2: Increase by 10% the proportion of women delivering a live birth who discuss preconception health with a health care worker prior to pregnancy.**

	<p>b. Identify and support 2-5 relevant legislative and policy efforts that promote social determinants of health (i.e. housing quality and affordability, education quality and completion, poverty reduction, food security, violence prevention, toxic stress reduction, access to quality healthcare, juvenile justice) while educating the public and legislators on the impact that social determinants of health have on women’s health throughout the lifecourse and perinatal health outcomes:</p> <ul style="list-style-type: none"> <li>• assemble ad-hoc advocacy committee within the CT MCH Coalition tasked with leading advocacy efforts and coordinating with other partners</li> <li>• develop relevant fact sheets to be shared by coalition members and partners with legislators, leaders, media, and members of the public</li> <li>• identify and partner with community members and organizations that could provide testimony on key issues and legislative bills and policies</li> </ul> <p><b>October 2015 thru end of Legislative Session 2016</b></p>	<p>Lead: CT MCH Coalition</p> <p>CAHS PCSW, CWEALF, PLTI, Early Childhood Collaboratives/Discovery Communities, Graustein Memorial Fund, Connecticut Association for Basic Human Needs (CABHN), CPHA, Connecticut Voices for Children</p>	
--	--	---	--

<b>Focus Area 1: Maternal, Infant and Child Health</b>			
<b>Goal: Optimize the health and well-being of women, infants, children and families, with a focus on disparate populations.</b>			
<b>Area of Concentration: Birth Outcomes and Preconception and Pregnancy Care</b>			
<b>SHIP Objective</b>			
<b>MICH-5: Reduce by 10% the proportion of low birthweight and very low birthweight among singleton births.</b>			
<b>MICH-6: Reduce by 10% the proportion of live singleton births delivered at less than 37 weeks gestation.</b>			
<b>MICH-7: Reduce by 10% the infant mortality rate (infant deaths per 1,000 live births).</b>			
<b>MICH-2: Increase by 10% the proportion of women delivering a live birth who discuss preconception health with a health care worker prior to pregnancy.</b>			
	<p>c. Evaluate and assess feasibility/replicability of projects aimed at reducing/eliminating institutionalized racism (as identified in the Plan to Improve Birth Outcomes)</p> <p><b>July 2016 – September 2016</b></p>	<p>Lead: CT MCH Coalition</p> <p>Graustein Memorial Fund, CityMatCH, W.K. Kellogg Foundation, Federal Healthy Start</p>	
<p><b>Support the provision of preconception/ interconception health care throughout the childbearing years in community and clinical settings</b></p>	<p>a. Secure commitment from identified partners and leads</p> <p><b>Ongoing</b></p>	<p>Lead: CT MCH Coalition Planning Committee</p>	<p>In Progress</p> <p>Identified lead convener of potential pilot sites (CT Women’s Consortium through funding support of March of Dimes and technical assistance from Collin leadership team and Joint Women’s Health and Birth Outcomes workgroup from MCH Coalition). Began engaging potential sites and will continue exploring feasibility. Identified CT-based physician champion for potential replication of IMPLICIT Network model. Boston Public Health Commission offered to connect us with MA-based physician champions for the OKQ for potential grand rounds opportunities in CT. Exploring potential partnership opportunities with Federal Healthy Start, ABH, DMHAS, OEC, and DCF, among others.</p>
	<p>b. Obtain implementation and evaluation information about the “One Key Question” initiative implemented in Oregon and Massachusetts.</p> <p><b>November 2015</b></p>	<p>Lead: CT MCH Coalition IM and Women’s Well Care workgroup, March of Dimes</p> <p>CT MCH Coalition, DPH, Oregon Foundation for Reproductive Health, Massachusetts Department of Health, Boston Health Commission</p>	<p>Completed</p> <p>Implementation &amp; evaluation info was obtained from The Oregon Foundation for Reproductive Health and from programs that use OKQ</p>

**Focus Area 1: Maternal, Infant and Child Health**

**Goal: Optimize the health and well-being of women, infants, children and families, with a focus on disparate populations.**

**Area of Concentration: Birth Outcomes and Preconception and Pregnancy Care**

**SHIP Objective**  
**MICH-5: Reduce by 10% the proportion of low birthweight and very low birthweight among singleton births.**  
**MICH-6: Reduce by 10% the proportion of live singleton births delivered at less than 37 weeks gestation.**  
**MICH-7: Reduce by 10% the infant mortality rate (infant deaths per 1,000 live births).**  
**MICH-2: Increase by 10% the proportion of women delivering a live birth who discuss preconception health with a health care worker prior to pregnancy.**

	<p>c. Obtain implementation and evaluation information about the “IMPLICIT Network” initiative implemented in Northeast US, including Middlesex Hospital Family Physician Residency program.  <b>November 2015</b></p>	<p>Lead: CT MCH Coalition IM and Women’s Well Care workgroup, March of Dimes,    CT MCH Coalition Middlesex Hospital</p>	<p>Completed  Background info as well as implement-ation &amp; evaluation info was obtained from Dr. Rosener at Middlesex Hospital which participates in the Network</p>
	<p>d. Assess potential for replication and feasibility of pilot programs in selected sites:</p> <ul style="list-style-type: none"> <li>• recruit physician champions</li> <li>• secure buy-in from potential sites located in high-need communities</li> <li>• design project logistics, personnel, and estimated costs</li> </ul> <p><b>December 2015 – April 2016</b></p>	<p>Lead: CT MCH Coalition IM and Women’s Well Care workgroup, March of Dimes,    CT MCH Coalition, CT chapters of ACOG, AAP, AAFP, DPH, OEC, nail salons, beauty parlors, barber shops, childcare providers, community health care workers, family visiting programs, faith communities, Text4Baby, MoMba, Clifford Beers, FQHCs, clinical residency programs, nursing and medical higher education programs</p>	<p>In Progress  Members of the Joint Women’s Well Care and Birth Outcomes Workgroup agreed to serve as the advisory/oversight committee to this feasibility assessment phase. March of Dimes is supporting this initial effort in partnership with the CT Women’s Consortium and members of the advisory committee.</p>
	<p>e. Explore potential funding sources to support effort  <b>December 2015-April 2016</b></p>	<p>Lead: CT MCH Coalition IM and Women’s Well Care workgroup, March of Dimes    CT MCH Coalition, foundations that support health-related initiatives (national, state, and local), insurance companies, DSS</p>	

<b>Focus Area 1: Maternal, Infant and Child Health</b>			
<b>Goal: Optimize the health and well-being of women, infants, children and families, with a focus on disparate populations.</b>			
<b>Area of Concentration: Birth Outcomes and Preconception and Pregnancy Care</b>			
<b>SHIP Objective</b>			
<b>MICH-5: Reduce by 10% the proportion of low birthweight and very low birthweight among singleton births.</b>			
<b>MICH-6: Reduce by 10% the proportion of live singleton births delivered at less than 37 weeks gestation.</b>			
<b>MICH-7: Reduce by 10% the infant mortality rate (infant deaths per 1,000 live births).</b>			
<b>MICH-2: Increase by 10% the proportion of women delivering a live birth who discuss preconception health with a health care worker prior to pregnancy.</b>			
<b>Promote enhanced models of prenatal care</b>	<p>a. Obtain implementation research results about group prenatal care models, identify potential barriers to implementation and anticipate strategies to overcome them. <b>October – December 2015</b></p>	<p>CT MCH Coalition IM and Women’s Well Care workgroup, March of Dimes  Yale School of Nursing, CT MCH Coalition,</p>	
	<p>b. Promote Northeast Centering Symposium in Waltham, MA (Nov. 12, 2015) <b>September 2015-November 2015</b></p>	<p>Lead: March of Dimes, Connecticut and New England Chapters</p>	<p>Completed. Partners from two CT health centers/practices attended the symposium.</p>
	<p>c. Assess potential for replication and feasibility of pilot programs:</p> <ul style="list-style-type: none"> <li>recruit clinical champions</li> <li>secure buy-in from potential sites located in high-need communities</li> <li>design project logistics, personnel, and estimated costs</li> <li>secure funding</li> </ul> <p><b>November 2015 – April 2016</b></p>	<p>Lead: CT MCH Coalition IM and Women’s Well Care workgroup, March of Dimes  Anthem, CT MCH Coalition,</p>	
	<p>d. Obtain implementation and evaluation information about the Medicaid Enhanced Prenatal Care programs in Michigan and Colorado. <b>November 2015 – January 2016</b></p>	<p>Lead: CT MCH Coalition IM and Women’s Well Care workgroup, March of Dimes  CT MCH Coalition, , DSS, DPH, OEC</p>	

**Focus Area 1: Maternal, Infant and Child Health**

**Goal: Optimize the health and well-being of women, infants, children and families, with a focus on disparate populations.**

**Area of Concentration: Birth Outcomes and Preconception and Pregnancy Care**

**SHIP Objective**  
**MICH-5: Reduce by 10% the proportion of low birthweight and very low birthweight among singleton births.**  
**MICH-6: Reduce by 10% the proportion of live singleton births delivered at less than 37 weeks gestation.**  
**MICH-7: Reduce by 10% the infant mortality rate (infant deaths per 1,000 live births).**  
**MICH-2: Increase by 10% the proportion of women delivering a live birth who discuss preconception health with a health care worker prior to pregnancy.**

	<p>e. Assess potential for replication and feasibility of pilot programs in selected sites:</p> <ul style="list-style-type: none"> <li>• recruit champions</li> <li>• secure buy-in from potential sites located in high-need communities</li> <li>• design project logistics, personnel, and estimated costs</li> </ul> <p><b>January 2016 – May 2016</b></p>	<p>Lead: CT MCH Coalition IM and Women’s Well Care workgroup, March of Dimes,</p> <p>CT MCH Coalition, DSS, DPH, OEC</p>	
	<p>f. Explore potential funding sources to support effort</p> <p><b>January 2016 – May 2016</b></p>	<p>Lead: CT MCH Coalition IM and Women’s Well Care workgroup, March of Dimes</p> <p>CT MCH Coalition, , DSS, DPH, OEC, foundations that support health-related initiatives (national, state, and local), insurance companies</p>	
	<p>g. Based on above actions, determine whether to move forward with pilot programs</p> <p><b>May 2016-June 2016</b></p>	<p>Lead: CT MCH Coalition, March of Dimes,</p> <p>DSS, DPH, OEC</p>	

**Focus Area 1: Maternal, Infant and Child Health**

**Goal: Optimize the health and well-being of women, infants, children and families, with a focus on disparate populations.**

**Area of Concentration: Birth Outcomes and Preconception and Pregnancy Care**

**SHIP Objective**  
**MICH-5: Reduce by 10% the proportion of low birthweight and very low birthweight among singleton births.**  
**MICH-6: Reduce by 10% the proportion of live singleton births delivered at less than 37 weeks gestation.**  
**MICH-7: Reduce by 10% the infant mortality rate (infant deaths per 1,000 live births).**  
**MICH-2: Increase by 10% the proportion of women delivering a live birth who discuss preconception health with a health care worker prior to pregnancy.**

	<p>h. Promote the integration of mental health, oral health, and wellbeing into hospital-based perinatal education models, group prenatal care, as well as home visiting programs:</p> <ul style="list-style-type: none"> <li>• Identify potential champions and partners</li> <li>• Assess current programs and conduct gaps analysis</li> <li>• Study feasibility, logistics, and resources needed to implement actions aimed at filling gaps</li> </ul> <p><b>June 2016-December 2016</b></p>	<p>Lead: CT MCH Coalition</p> <p>March of Dimes, perinatal health educators at various CT maternity care hospitals, home visiting programs, Connecticut Alliance for Perinatal Mental Health, CT Dental Health Partnership (CTDHP), DPH, CT Women’s Consortium, Mental Health and Substance Abuse (MHSA) SHIP Action Team, OEC and Child Development Infoline (CDI).</p>	
--	--	--	--

**Resources Required (human, partnerships, financial, infrastructure or other)**

- Commitment from lead organizations for each major initiative
- Graduate-level interns assigned to each major initiative, as needed. March of Dimes may be able to supervise some interns. There might be an opportunity to coordinate with other intern supervisors from other partner organizations within MCH Coalition.
- Continued active involvement of focused workgroups within CT Maternal and Child Health Coalition to continue leading implementation of above-proposed initiatives.
- Funding to support feasibility study on initiative akin to One Key Question/Implicit Network. March of Dimes may be interested in supporting this effort. They are currently evaluating this opportunity.
- Funding to support pilot programs in enhanced prenatal care models.
- Clinicians and other statewide leaders to serve as champions for preconception/interconception health initiatives
- Clinicians and other statewide leaders to serve as champions for enhanced prenatal care models

**Monitoring/Evaluation Approaches**

- Provide quarterly report outs

<b>Focus Area 1: Maternal, Infant and Child Health</b>			
<b>Goal: Optimize the health and well-being of women, infants, children and families, with a focus on disparate populations.</b>			
<b>Area of Concentration: Birth Outcomes</b>			
<b>SHIP Objective MICH-8: Reduce by 10% the disparity between infant mortality rates for non-Hispanic blacks and non-Hispanic whites.</b>			
<b>Dashboard Indicator: <a href="#">Disparity ratio between infant mortality rates for non-Hispanic blacks and non-Hispanic whites in Connecticut. (HCT 2020)</a></b>			
<b>Strategies</b>	<b>Actions and Timeframes</b>	<b>Partners Responsible</b>	<b>Progress</b>
<b>Collaborate across sectors to increase social equity</b>	a. Evaluate and assess feasibility/replicability of projects aimed at reducing/eliminating institutionalized racism (as identified in the Plan to Improve Birth Outcomes) <b>July 2016 – September 2016</b>	Lead: CT MCH Coalition,  Graustein Memorial Fund, CityMatCH, W.K. Kellogg Foundation, Federal Healthy Start	
	b. Support the Campaign for Paid Family Leave to equitably reduce financial stressors impacting families during pregnancy and the interconception period. <b>October 2015 thru end of Legislative Session 2016</b>	Lead: PCSW,  CT MCH Coalition, CWEALF, March of Dimes, CAHS	

<b>Focus Area 1: Maternal, Infant and Child Health</b>			
<b>Goal: Optimize the health and well-being of women, infants, children and families, with a focus on disparate populations.</b>			
<b>Area of Concentration: Birth Outcomes</b>			
<b>SHIP Objective MICH-8: Reduce by 10% the disparity between infant mortality rates for non-Hispanic blacks and non-Hispanic whites.</b>			
	<p>c. Identify and support 2-5 relevant legislative and policy efforts that promote social determinants of health (i.e. housing quality and affordability, education quality and completion, poverty reduction, food security, violence prevention, toxic stress reduction, access to quality healthcare, juvenile justice) while educating the public and legislators on the impact that social determinants of health have on women’s health throughout the lifecourse and perinatal health outcomes:</p> <ul style="list-style-type: none"> <li>• assemble ad-hoc advocacy committee within the CT MCH Coalition tasked with leading advocacy efforts and coordinating with other partners</li> <li>• develop relevant fact sheets to be shared by coalition members and partners with legislators, leaders, media, and members of the public</li> <li>• identify and partner with community members and organizations that could provide testimony on key issues and legislative bills and policies</li> </ul> <p><b>October 2015 thru end of Legislative Session 2016</b></p>	<p>Lead: CT MCH Coalition,  CAHS, PCSW, CWEALF, PLTI, Early Childhood Collaboratives/Discovery Communities, Graustein Memorial Fund, CABHN, CPHA, Connecticut Voices for Children</p>	



**Focus Area 1: Maternal, Infant and Child Health**

**Goal: Optimize the health and well-being of women, infants, children and families, with a focus on disparate populations.**

**Area of Concentration: Birth Outcomes**

**SHIP Objective MICH-8: Reduce by 10% the disparity between infant mortality rates for non-Hispanic blacks and non-Hispanic whites.**

<p><b>Support the provision of preconception/interconception health care throughout the childbearing years</b></p>	<p>a. Secure commitment from identified partners and leads <b>Ongoing</b></p>	<p>Lead: CT MCH Coalition Planning Committee</p>	<p>In Progress Identified lead convener of potential pilot sites (CT Women’s Consortium through funding support of March of Dimes and technical assistance from CoIIN leadership team and Joint Women’s Health and Birth Outcomes workgroup from MCH Coalition). Began engaging potential sites and will continue exploring feasibility. Identified CT-based physician champion for potential replication of IMPLICIT Network model. Boston Public Health Commission offered to connect us with MA-based physician champions for the OKQ for potential grand rounds opportunities in CT. Exploring potential partnership opportunities with Federal Healthy Start, ABH, DMHAS, OEC, and DCF, among others.</p>
	<p>b. Obtain implementation and evaluation information about the “One Key Question” initiative implemented in Oregon and Massachusetts. <b>November 2015</b></p>	<p>Lead: CT MCH Coalition IM and Women’s Well Care Workgroup, March of Dimes,  CT MCH Coalition, DPH, Oregon Foundation for Reproductive Health, Massachusetts Department of Health, Boston Health Commission</p>	<p>Completed Implementation &amp; evaluation info was obtained from The Oregon Foundation for Reproductive Health and from programs that use OKQ</p>
	<p>c. Obtain implementation and evaluation information about the “IMPLICIT Network” initiative implemented in Northeast US, including Middlesex Hospital Family Physician Residency program. <b>November 2015</b></p>	<p>Lead: CT MCH Coalition IM and Women’s Well Care Workgroup  CT MCH Coalition, , Middlesex Hospital Family Residency Program</p>	<p>Completed Background info as well as implement-ation &amp; evaluation info was obtained from Dr. Rosener at Middlesex Hospital which participates in the Network</p>

<b>Focus Area 1: Maternal, Infant and Child Health</b>			
<b>Goal: Optimize the health and well-being of women, infants, children and families, with a focus on disparate populations.</b>			
<b>Area of Concentration: Birth Outcomes</b>			
<b>SHIP Objective MICH-8: Reduce by 10% the disparity between infant mortality rates for non-Hispanic blacks and non-Hispanic whites.</b>			
	<p>d. Assess potential for replication and feasibility of pilot programs in selected sites:</p> <ul style="list-style-type: none"> <li>recruit physician champions</li> <li>secure buy-in from potential sites located in high-need communities</li> <li>design project logistics, personnel, and estimated costs</li> </ul> <p><b>December 2015 – April 2016</b></p>	<p><b>Lead: CT MCH Coalition IM and Women’s Well Care Workgroup, March of Dimes,</b></p> <p>CT MCH Coalition, ACOG, AAP, AAFP, DPH, OEC, nail salons, beauty parlors, barber shops, childcare providers, community health care workers, family visiting programs, faith communities, Text4Baby, MoMba, Clifford Beers, FQHCs, clinical residency programs, nursing and medical higher education programs</p>	<p>In Progress</p> <p>Members of the Joint Women’s Well Care and Birth Outcomes Workgroup agreed to serve as the advisory/oversight committee to this feasibility assessment phase. March of Dimes is supporting this initial effort in partnership with the CT Women’s Consortium and members of the advisory committee.</p>
	<p>e. Explore potential funding sources to support effort</p> <p><b>December 2015-April 2016</b></p>	<p>Lead: CT MCH Coalition IM and Women’s Well Care Workgroup, March of Dimes,</p> <p>CT MCH Coalition, foundations that support health-related initiatives (national, state, and local), insurance companies, Department of Social Services (DSS), March of Dimes</p>	

Focus Area 1: Maternal, Infant and Child Health			
Goal: Optimize the health and well-being of women, infants, children and families, with a focus on disparate populations.			
Area of Concentration: Birth Outcomes			
SHIP Objective MICH-8: Reduce by 10% the disparity between infant mortality rates for non-Hispanic blacks and non-Hispanic whites.			
Promote enhanced models of prenatal care	a. Obtain implementation research results about group prenatal care models, identify potential barriers to implementation, and anticipate strategies to overcome them. <b>October – December 2015</b>	Lead: CT MCH Coalition IM and Women’s Well Care workgroup, March of Dimes  Yale School of Nursing, CT MCH Coalition,	
	b. Promote Northeast Centering Symposium in Waltham, MA (Nov. 12, 2015) <b>September 2015-November 2015</b>	Lead: March of Dimes  Connecticut and New England Chapters	Completed. Partners from two CT health centers/practices attended the symposium.
	c. Assess potential for replication and feasibility of pilot programs: <ul style="list-style-type: none"> <li>• recruit clinical champions</li> <li>• secure buy-in from potential sites located in high-need communities</li> <li>• design project logistics, personnel, and estimated costs</li> <li>• secure funding</li> </ul> <b>November 2015 – April 2016</b>	Lead: CT MCH Coalition IM and Women’s Well Care workgroup, March of Dimes  Anthem, CT MCH Coalition,	
	d. Obtain implementation and evaluation information about the Medicaid Enhanced Prenatal Care programs in Michigan and Colorado. <b>November 2015 – January 2016</b>	Lead: CT MCH Coalition IM and Women’s Well Care workgroup, March of Dimes  CT MCH Coalition, DSS, DPH	

Focus Area 1: Maternal, Infant and Child Health			
Goal: Optimize the health and well-being of women, infants, children and families, with a focus on disparate populations.			
Area of Concentration: Birth Outcomes			
SHIP Objective MICH-8: Reduce by 10% the disparity between infant mortality rates for non-Hispanic blacks and non-Hispanic whites.			
	e. Assess potential for replication and feasibility of pilot programs in selected sites: <ul style="list-style-type: none"> <li>• recruit champions</li> <li>• secure buy-in from potential sites located in high-need communities</li> <li>• design project logistics, personnel, and estimated costs</li> </ul> <b>January 2016 – May 2016</b>	Lead: CT MCH Coalition IM and Women’s Well Care workgroup, March of Dimes,  CT MCH Coalition, DSS, DPH	
	f. Explore potential funding sources to support effort <b>January 2016 – May 2016</b>	Lead: CT MCH Coalition IM and Women’s Well Care workgroup, March of Dimes  CT MCH Coalition, , DSS, DPH, OEC, foundations that support health-related initiatives (national, state, and local), insurance companies	
	g. Based on above actions, determine whether to move forward with pilot programs <b>May 2016 – June 2016</b>	Lead: CT MCH Coalition, March of Dimes  DSS, DPH, OEC	

<b>Focus Area 1: Maternal, Infant and Child Health</b>			
<b>Goal: Optimize the health and well-being of women, infants, children and families, with a focus on disparate populations.</b>			
<b>Area of Concentration: Birth Outcomes</b>			
<b>SHIP Objective MICH-8: Reduce by 10% the disparity between infant mortality rates for non-Hispanic blacks and non-Hispanic whites.</b>			
	<p>h. Promote the integration of mental health, oral health, and wellbeing into hospital-based perinatal education models, group prenatal care, as well as home visiting programs:</p> <ul style="list-style-type: none"> <li>• Identify potential champions and partners</li> <li>• Assess current programs and conduct gaps analysis</li> <li>• Study feasibility, logistics, and resources needed to implement actions aimed at filling gaps</li> </ul> <p><b>June 2016 – December 2016</b></p>	<p>Lead: CT MCH Coalition,</p> <p>March of Dimes, perinatal health educators at various CT maternity care hospitals, home visiting programs, Connecticut Alliance for Perinatal Mental Health, CT Dental Health Partnership (CTDHP), DPH, CT Women’s Consortium, Mental Health and Substance Abuse (MHSA) Action Team, OEC and Child Development Infoline (CDI).</p>	
<p><b>Resources Required (human, partnerships, financial, infrastructure or other)</b></p> <ul style="list-style-type: none"> <li>• Commitment from lead organizations for each major initiative</li> <li>• Graduate-level interns assigned to each major initiative, as needed. March of Dimes may be able to supervise some interns. There might be an opportunity to coordinate with other intern supervisors from other partner organizations within MCH Coalition.</li> <li>• Continued active involvement of focused workgroups within CT Maternal and Child Health Coalition to continue leading implementation of above-proposed initiatives.</li> <li>• Funding to support feasibility study on initiative akin to One Key Question/Implicit Network. March of Dimes may be interested in supporting this effort. They are currently evaluating this opportunity.</li> <li>• Funding to support pilot programs in enhanced prenatal care models.</li> <li>• Funding and technical assistance to support racism-related initiatives</li> <li>• Community and statewide leaders to serve as champions for racism-related initiatives</li> <li>• Clinicians and other statewide leaders to serve as champions for preconception/interconception health initiatives</li> <li>• Clinicians and other statewide leaders to serve as champions for enhanced prenatal care models</li> </ul>			
<p><b>Monitoring/Evaluation Approaches</b></p> <ul style="list-style-type: none"> <li>• Provide quarterly report outs</li> </ul>			

**Focus Area 1: Maternal, Infant and Child Health**

**Goal 1: Optimize the health and well-being of women, infants, children and families, with a focus on disparate populations.**

**Area of Concentration: Child Health and Well-being**

**SHIP Objective MICH-12: Increase by 10% the percentage of children under 3 years of age at greatest risk for oral disease (i.e., in HUSKY A) who receive any dental care.**

**Dashboard Indicator: Dental Utilization for Children under the Age of Three in HUSKY Health**

Strategies	Actions and Timeframes	Partners Responsible	Progress
<p><b>Increase dental care provided by pediatric primary care providers (PCPs) directly and through referral.</b></p> <p><b>Encourage pediatric PCPs to include oral health in the well child visits for their patients under the age of three, including performance of these two procedures: D0145 (\$25) Oral evaluation for a patient under three (3) years of age and counseling with the primary caregiver; and D1206 (\$20) Topical therapeutic fluoride varnish application for moderate to high risk caries patients, an evidenced-based practice. Both are consistent with EPSDT.</b></p>	<p>a. Coordinate effort, strategize, monitor, create targets [quarterly meetings]  <b>Measure: CTCOH PIOH-WG minutes, targets in 2016</b>  <b>Timeframe: late 2015 – 2019,</b></p>	<p>Lead: CT Coalition for Oral Health (CTCOH) Perinatal &amp; Infant Oral Health Work Group (CTCOH PIOH-WG)</p>	
	<p>b. Bring in support from Connecticut State Medical Society (CSMS), Connecticut Academy of Family Physicians (CAFP), WIC, others  <b>Measure: Continually maintained list of partners, # of new partners and # of potential partners</b>  <b>Timeframe: 2016 – 2019</b></p>	<p>Lead: CTCOH members, Department of Public Health (DPH)</p>	
	<p>c. Outreach to Pediatric Primary Care Providers  <b>Measures: # of providers receiving outreach</b>  <b>Timeline: 2016 – 2019</b></p>	<p>Lead: CT Dental Health Partnership (CTDHP),                       American Academy of Pediatricians (AAP), CSMS, DPH, CTCOH PIOH-WG</p>	
	<p>d. Provide Access for Baby Care (ABC) Program Training  <b>Measure: # of providers trained, # of providers registered</b>  <b>Timeframe: current – 2019</b></p>	<p>Lead: From the First Tooth (FFT),                       Children’s Health &amp; Development Institute (CHDI) EPIC program</p>	
	<p>e. Pediatric PCP’s include oral health in well-child visits  <b>Measure: # of claims filed for D0145 &amp; D01206</b>  <b>Timeframe: baseline, current – 2019</b></p>	<p>Lead: CTDHP,                       Pediatric PCP’s</p>	
<p><b>Advocate for funding for the Home by One program</b></p>	<p>f. Develop and examine potential funding opportunities.  <b>Measure: List of funding opportunities</b>  <b>Timeframe: 2016</b></p>	<p>Lead: DPH Office of Oral Health</p>	

<b>Focus Area 1: Maternal, Infant and Child Health</b>
<b>Goal 1: Optimize the health and well-being of women, infants, children and families, with a focus on disparate populations.</b>
<b>Area of Concentration: Child Health and Well-being</b>
<b>SHIP Objective MICH-12: Increase by 10% the percentage of children under 3 years of age at greatest risk for oral disease (i.e., in HUSKY A) who receive any dental care.</b>
<b>Resources Required (human, partnerships, financial, infrastructure or other)</b> <ul style="list-style-type: none"> <li>Existing programs/partners: CTCOH, CTCOH-WG, CTDHP, AAP, FFT, CHDI</li> <li>DPH staff time to involve new partners (CSMS, CAFP, WIC, others) and pediatric PCP's</li> <li>New partners time</li> <li>New PCP involvement</li> </ul>
<b>Monitoring/Evaluation Approaches</b> <ul style="list-style-type: none"> <li>See measures above</li> <li>Annual Dashboard measurement, dental claims for HUSKY Health children under 3 years of age.</li> </ul>

<b>Focus Area 1: Maternal, Infant, and Child Health</b>			
<b>Goal 1: Optimize the health and well-being of women, infants, children and families, with a focus on disparate populations.</b>			
<b>Area of Concentration Child Health and Well-being</b>			
<b>SHIP Objective MICH-13: Increase by 10% the percentage of parents who complete standardized developmental screening tools consistent with the American Academy of Pediatrics (AAP) guidelines.</b>			
<b>Dashboard Indicator:</b>			
<ul style="list-style-type: none"> <li>Percentage of parents in Connecticut who complete standardized developmental screening tools consistent with the American Academy of Pediatrics (AAP) guidelines (HCT 2020).</li> </ul>			
<b>Strategies</b>	<b>Actions and Timeframes</b>	<b>Partners Responsible</b>	<b>Progress</b>
<b>Engage in cross system planning and coordination of activities around developmental screening.</b>  <b>(Policy and public health coordination)</b>	a. Expand coordination of statewide efforts around developmental screening and the public relations message emphasizing the promotion of good health/development. <b>Due: 11/1/15 Lead Partners: DPH, OEC, CDI, ECCS</b>	Dept. of Public Health (DPH), Office of Early Childhood (OEC), Infoline/Child Development Infoline (CDI), Birth to Three, Help Me Grow, Early Childhood Comprehensive Systems (ECCS) partners, CT Act Early Team, AAP, Child Health and Development Institute (CHDI), Project Launch, The MCH Coalition, primary care providers, health care professionals, schools of public health, allied health, nursing and medicine, family support organizations, faith-based organizations, early childcare providers, and others.	
	b. Promote awareness and use of Child Development Infoline (CDI). <b>Due: 11/1/15 &amp; Ongoing</b>	Lead Partners: OEC & CDI	
	c. Modify, integrate and utilize materials from CDC "Learn the Signs. Act Early". <b>Due: 1/1/16</b>	Lead Partners: DPH, OEC, CDI & CT Act Early Team	
	d. Distribute message through existing networks. <b>Due: 1/1/16</b>	Lead Partners: DPH, OEC, CDI, ECCS, CT Act Early Team & The MCH Coalition	



<b>Focus Area 1: Maternal, Infant, and Child Health</b>			
<b>Goal 1: Optimize the health and well-being of women, infants, children and families, with a focus on disparate populations.</b>			
<b>Area of Concentration Child Health and Well-being</b>			
<b>SHIP Objective MICH-13: Increase by 10% the percentage of parents who complete standardized developmental screening tools consistent with the American Academy of Pediatrics (AAP) guidelines.</b>			
<p><b>Partner with statewide entities to develop and disseminate resources for clinical pediatric practices to improve screening rates and coordination of referrals and linkage to services within the state.</b></p> <p><b>(Provider/practice level)</b></p>	a.	<p>Identify CT practices that have participated in Educating Practices in Communities (EPIC) Developmental Screening presentations by calendar year for past three years.</p> <p><b>Due: 12/1/15</b></p>	<p>Lead Partner: CHDI</p> <p>Dept. of Public Health, Office of Early Childhood, Department of Social Services (DSS), Infoline/Child Development Infoline, Birth to Three, Help Me Grow, Early Childhood Comprehensive Systems (ECCS) partners, CT Act Early Team, AAP, Child Health and Development Institute (CHDI), Project Launch, primary care providers, health care professionals, schools of public health, allied health, nursing and medicine, family support organizations, faith-based organizations, early childcare providers, and others.</p>
	b.	<p>Increase the number of practices that participate in an EPIC presentation with enhanced CDI, LTS.AE information, and culturally sensitive parental education of developmental milestones and screening tools.</p> <p><b>Due: 09/01/16</b></p>	<p>Lead Partners: CHDI, DPH &amp; CT Act Early Team</p>
	c.	<p>Gather Medicaid Claims billing code data for developmental screening (96110 CPT) including number and percentage of usage at 9, 18, 24, and 30 month olds.</p> <p><b>Due: 2/1/16</b></p>	<p>Lead Partners: DSS &amp; DPH</p>
	d.	<p>Educate provider practice staff on when and how to bill appropriately for developmental screening through EPIC including Maintenance of Certification Part 4 performance improvement option.</p> <p><b>Due: 3/1/16</b></p>	<p>Lead Partners: CDHI, DSS, DPH &amp; CT Act Early Team</p>

<b>Focus Area 1: Maternal, Infant, and Child Health</b>			
<b>Goal 1: Optimize the health and well-being of women, infants, children and families, with a focus on disparate populations.</b>			
<b>Area of Concentration Child Health and Well-being</b>			
<b>SHIP Objective MICH-13: Increase by 10% the percentage of parents who complete standardized developmental screening tools consistent with the American Academy of Pediatrics (AAP) guidelines.</b>			
<b>Conduct an education and awareness campaign for families and communities in the importance of developmental screening.</b>  <b>(Family and community supports)</b>	a.	Expand the number of families that receive information on LTS.AE materials or access website. <b>Due: 3/1/16 Lead Partners: OEC, CDI, ECCS DPH &amp; CT Act Early Team</b>	Dept. of Public Health, Office of Early Childhood, Infoline/Child Development Infoline, Birth to Three, Help Me Grow, Early Childhood Comprehensive Systems (ECCS) partners, CT Act Early Team, AAP, Child Health and Development Institute (CHDI), Project Launch, primary care providers, health care professionals, schools of public health, allied health, nursing and medicine, family support organizations, faith-based organizations, early childcare providers, and others.
	b.	Expand the number of families who complete Ages and Stages Questionnaires. <b>Due: 6/1/16 Lead Partners: CDI &amp; OEC</b>	
	c.	Expand the number of early childhood education providers who are knowledgeable and talk with parents about developmental milestones. <b>Due: 6/1/16 Lead Partners: ECCS &amp; CT Act Early Team</b>	
	d.	Expand the number of LTS.AE materials distributed statewide to families and community providers. <b>Due: 3/1/16 Lead Partners: OEC, CDI, ECCS, DPH &amp; CT Act Early Team</b>	
	e.	Expand the number of individuals who report they have increased knowledge after a LTS.AE training. <b>Due: 3/1/16 Lead Partners: DPH &amp; CT Act Early Team</b>	
<b>Resources Required (human, partnerships, financial, infrastructure or other)</b>			
<ul style="list-style-type: none"> <li>Existing programs/partners (DPH, OEC, CDI, ECCS)</li> <li>New partners including programs that have access to families</li> </ul>			
<b>Monitoring/Evaluation Approaches</b>			
<ul style="list-style-type: none"> <li>Provide quarterly report outs</li> </ul>			