

*These scenarios are provided as illustrations only. They are neither suggestions nor requirements. Applications including the activities described below will not have an influence the Application’s rating.*

1. Children are Healthy and Developmentally on Track		
CBHC Indicator	% Children Healthy	% of Children are Developmentally On Track
<b>Provider Performance Outcome Measures</b>	1. #/% of Babies Born at Appropriate Birth Weight 2. #/% of Full Term Births 3. #/% of Children Appropriately Immunized (6, 12, and 18 months) 4. #/% of Children with Health Insurance 5. #/% of Children with a Medical Home 6. #/% of Children with Good to Excellent Health Status 7. #/% of Children at Healthy Height/Weight	1. #/% of Children at Healthy Height/Weight 2. #/% of Children Referred for Treatment Services who Show Improvement on Re-Assessment 3. #/% of Parent’s Involved with their Child’s Development 4. #/% of Parents Demonstrating Behavior Consistent with Knowledge of Age-Appropriate Child Development and Expectations

**Onsite Child Developmental Screenings** are offered in natural/informal setting where families currently gather. When/if developmental concerns are discovered ongoing follow-up & referral & resource coordination is provided with families facilitate improvement. An array of parent involvement/education activities that support children’s healthy development will be available in these natural/informal settings. Various components could be offered by neighborhood based/community based organizations and if needed partnered with other service providers for specific expertise.

Develop & strengthen **neighborhood based networks of supports** that link pregnant and new moms (families) to support the healthy development of children to navigate successful linkage to medical homes and maintain the expectations of well-child & immunization timelines. This component would be partnered with other services to develop a comprehensive system that supports a child’s healthy development from birth. One example is a neighborhood trusted organizations co-located with primary health care delivery services to provide non-medical supports and services. This type of activity could serve as a catalyst for touching everyone child born into a community and providing services through a multi-year longitudinal approach.

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2. Children are Ready to Learn and Succeed			
CBHC Indicator	% Children Ready to Learn in Kindergarten	% Children Promoted in Grades 1-3	% Children Attending School
<b>Provider Performance Outcome Measures</b>	1. #/% of Children Screened Ready for Kindergarten 2. #/% of Parent’s Involved in Child’s Education 3. #/% of Children Promoted from Kindergarten 4. #/% of Children Regularly Attending Kindergarten	1. #/% of Children with On-Time Promotion in Grades 1-3 2. #/% of Children Regularly Attending School 3. #/% of Parents Involved in Child’s Education	1. #/% of Children Regularly Attending School 2. #/% Parents Involved in Child’s Education 3. #/% of Children with Decreased Tardiness at School

**Preschool Party:** Develop a fun and inviting way to engage families with their child’s development. Host neighborhood based preschool parties that are organized by ASQ domain. For example an art area for kids to draw, paint & color that is an opportunity to observe fine motor skills; relay races and obstacle courses to determine gross motor skills, etc. During the course of the “party” children and their families will participate in each domain. Children who are identified at-risk for developmental concerns will be linked to appropriate services to follow-through with a more comprehensive screening/ assessment. The Preschool Party would ideally be hosted by neighborhood based and trusted organizations with appropriate partners to address the follow-up concerns. The Preschool Party supports that children are ready for kindergarten and participants could also participate in either the Enrichment or School Based Incentive Activities to address parent involvement, children’s timely promotion and attendance.

**Enrichment Activities (sports, dance, music lessons, art, etc.)** are made available to committed children and families. Commitment is measured by children promptly and regularly attending school as well as parents attending certain events such as parent-teacher conferences, assemblies, open houses, joint parent-child book reports, science projects, etc. A coordinating body that could be any of the eligible applicants would be responsible for securing the enrichment activities and monitoring eligibility. The Administrative Services Organization may be an efficient mechanism for the purchasing of the enrichment activities on behalf of the families. This would support on-time arrival, school attendance and parent involvement and ultimately on-time grade promotion.

**School Based Incentive Activities:** Some schools have PTAs that organize incentives based on positive behavior. For example, students who earn honor roll have a “fast pass” to the front of the lunch line; parents who participate with certain key activities might be eligible for special incentives that are fun and support continued involvement and their child’s education gifts (e.g. field trips, etc.). For schools that lack the PTA

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infrastructure a coordinating body that could be any of the eligible applicants would be responsible for developing a sustainable incentive system. This would support on-time arrival, school attendance and parent involvement and ultimately on-time grade promotion.

**Walking School Bus:** A component of a larger strategy to address children consistently and prompting attending school, a community could adapt a “car pool” methodology with trained/back-ground screened volunteers, resident or parents. The walking school bus would follow a structured path with specific pick up times to assist children’s timely arrival to school. This walk provides endless opportunities for the school bus “driver” to engage in informal dialogue focused on vocabulary development and meaningful conversations (literacy development) as well as exposure to concepts such as weather, directions, seasons, history of the community, counting, singing, etc. “Drivers” would be available after school during flexible times to accommodate extra-curricular activities and then to bring children home.

CBHC Result	3. Children have Supported and Supportive Families	
CBHC Indicator	% Decrease in Child Maltreatment Rates	% of Parents with Healthy/Expanding Network of Families and Friends
<b>Provider Performance Outcome Measures</b>	1. #/% of Parents Demonstrating Positive Parent/Child or Family Interactions (No reported Child Maltreatment) 2. #/% of Parents with Increased Social Supports 3. #/% of Parents Involved with Child's Development, Education and/or School 4. #/% of Parents Demonstrating Behavior Consistent with Knowledge of Age-Appropriate Child Development and Expectations 5.#/ % of Referred Children/Families Linked to Services	1#/% of Parents with Increased Social Supports 2. #/% of Parents Reporting Reduced Stress 3. #/% of Families with Improved Family Well-Being 4. #/% of Referred Children/Families Linked to Services

Primarily intended as a neighborhood based strategy these services to support children will often overlap with strategies to support the first two result areas. Coordination/case management is offered as a compliment to those services and would be made available for families as needed in intensity and duration to assist the family in reaching their defined successes. Trusted neighborhood based organizations provide ideal outreach and engagement venues.