

Policy Development Branch Overview

May 19, 2008

New MCAH Directors' Orientation Meeting

Presented by

Karen Ramstrom, D.O. MSPH, Chief
MCAH Policy Development Branch



Policy Development Branch Contact List

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Policy Development Contact List

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Policy Development Programs/Initiatives

Local MCAH Jurisdiction allocation or Technical Assistance:

- Fetal Infant Mortality Review (17)
- Sudden Infant Death Syndrome (SIDS)
- Breastfeeding Program
- Nutrition and Physical Activity Initiative
- Perinatal Substance Use Prevention (Mental Health)
- Oral Health Program
- Preconception Health and Health Care
- Early Childhood Comprehensive Systems
- Adolescent Health

Other Contracts: Maternal Health

- Regional Perinatal Program of California
- California Diabetes and Pregnancy Program
- CA Perinatal Transport System (CPeTs)

Program Development:

- BIH Program Development/
Health Disparities



Policy Development Branch

What Policy Development Provides to Local MCAH Programs:

- Technical Assistance on MCAH Policy and Programs
- Information Sharing on various National, State and Local Policy Initiatives
- Link to MCAH Policy Management and Staff
- Facilitation of administrative policy improvements



Policy Development Branch

What the LHJs Provide:

- Input on Training Development and agendas for Statewide and Regional Meetings
- Participation on Advisory Groups
- Response to Ad Hoc Inquiries
- Local information to inform program and policy development
- Alerts on Local Major Operational Issues Affecting State Processes

Fetal Infant Mortality Review (FIMR)

Contact: Maria Jocson, MD, MPH

California Priority Need:

Eliminate racial and ethnic disparities in infant health including gaps in the infant mortality rate.



Fetal Infant Mortality Review (FIMR)

Goals

- Reduce fetal and infant deaths
- Reduce the disparity of fetal and infant deaths among African Americans (non-Hispanic)

Programs

- Seventeen local health departments have FIMR programs
- Eight are Black Infant Health (BIH)-FIMR programs that focus on the African American disparity issue
- BIH-FIMR programs are pilot-testing the Baby Abstracting System and Information NETwork (BASINET), a web-based project management system that combines data abstraction, deliberations, and detailed on-demand reporting

Activities

- Case Review Team (CRT) examines selected fetal and infant death cases, identifies factors associated with these deaths, and determines if these factors represent system problems, which require change
- Recommendations from the CRT are presented to a Community Action Team (CAT) that develops and implements interventions that lead to positive changes
- CATs and CRTs are made up of community leaders, medical care providers, public health professionals, social service staff, advocacy groups and consumers

Sudden Infant Death Syndrome (SIDS) Program

Contact: Guey-Shiang Tsay, RN, MSN

California Priority Need:

Eliminate racial and ethnic disparities in infant health including gaps in the infant mortality rate.

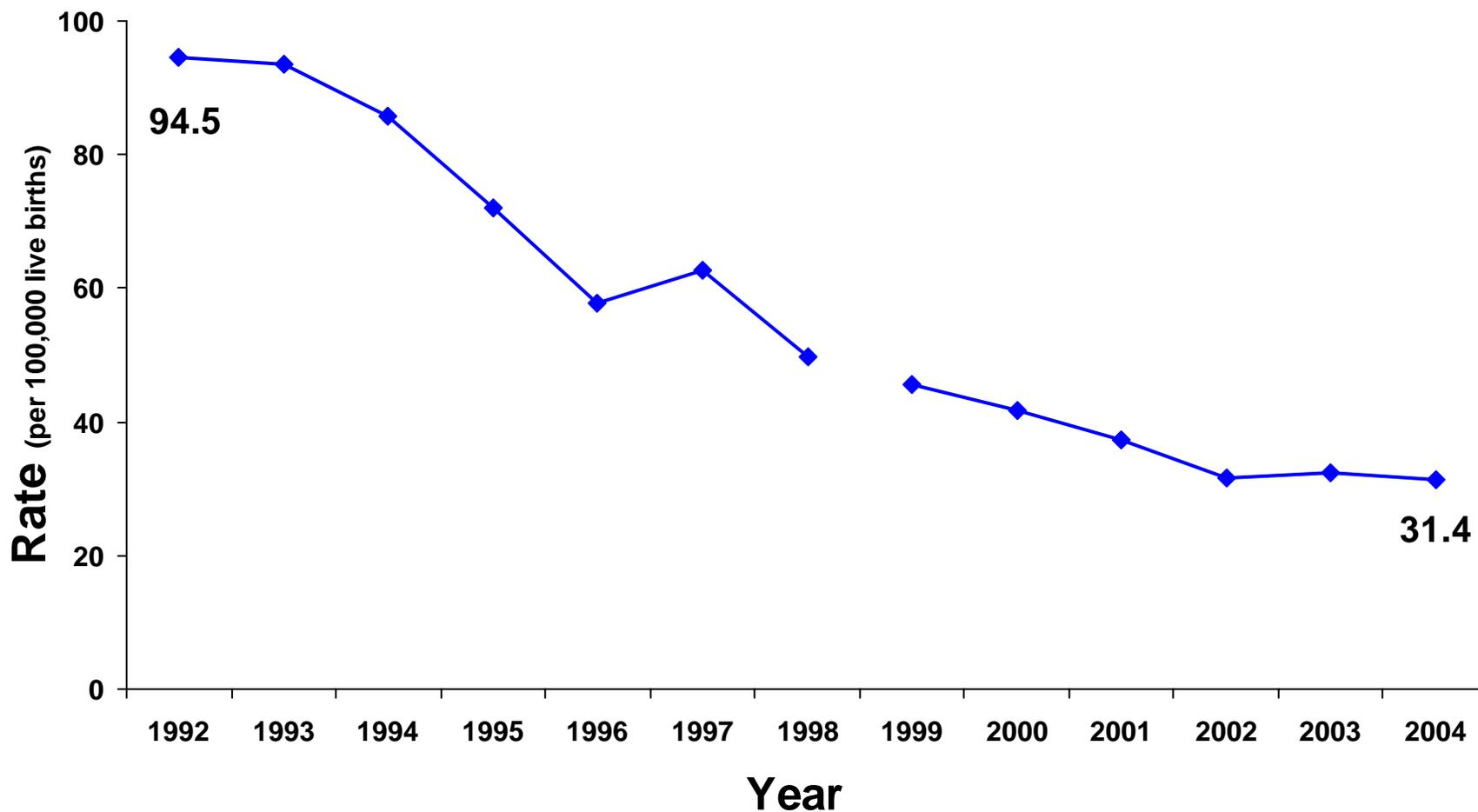


Sudden Infant Death Syndrome (SIDS) Program

- Goal:
To reduce the number of SIDS deaths by providing education in SIDS awareness and risk reduction strategies to the general public, high-risk populations, hospital staff, and childcare providers.
- CDPH currently provides funding to the local health jurisdictions (LHJs) for SIDS activities and contractor to operate the California SIDS Program.
- California SIDS surveillance system:
 - Examines data from the autopsy and death scene protocols and the public health nurse visit form.
 - Data is used for scientific research and criminal investigations.
 - Data also allows for the identification of risk factors associated with SIDS in California.
 - Unfunded mandates since FY 2003-04 have influenced the collection of data from the LHJs.



Rate of Sudden Infant Death Syndrome (SIDS) Deaths, California Residents, 1992-2004



Breastfeeding

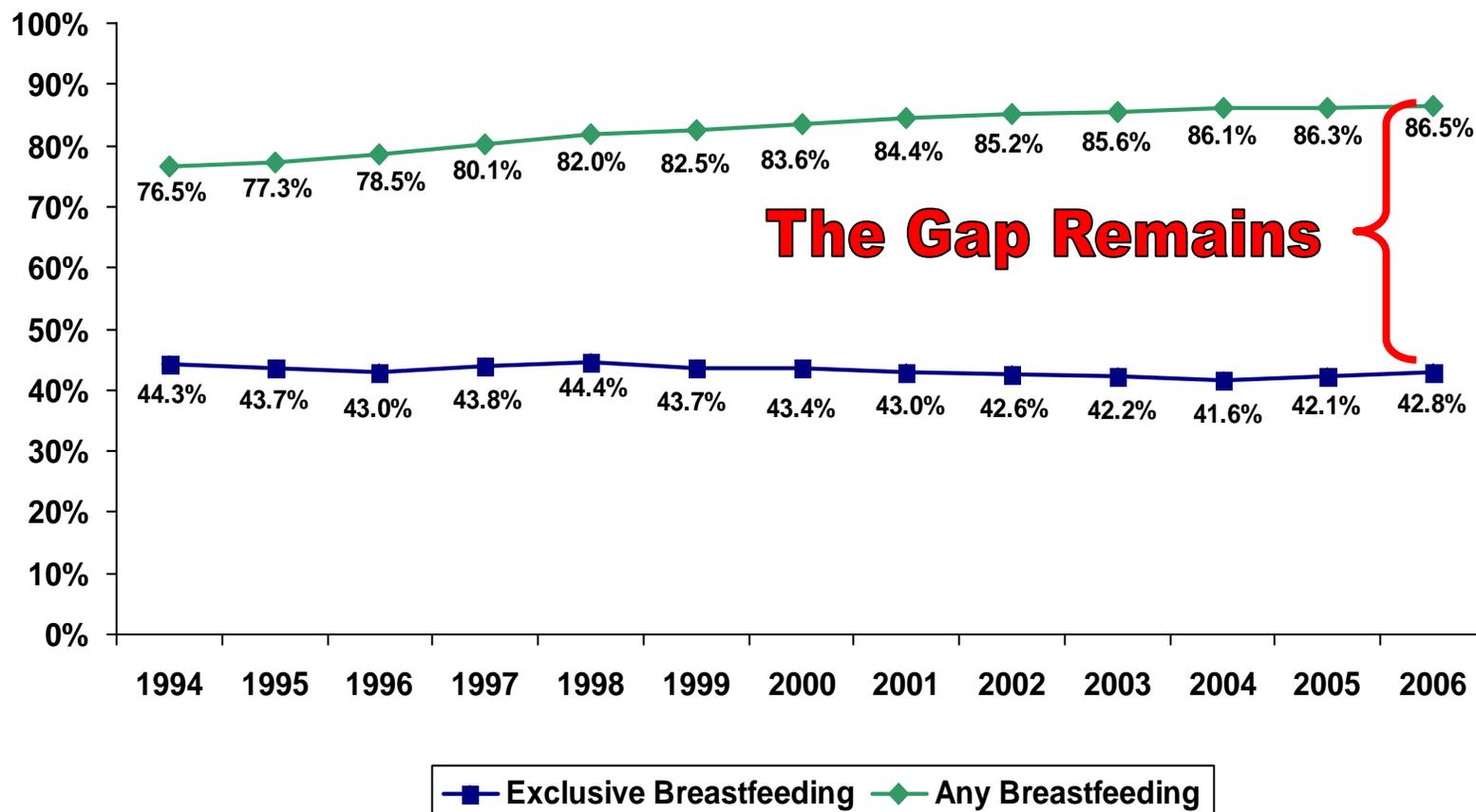
Contact: Suzanne Haydu, MPH, RD

California Priority Need:

Increase breastfeeding initiation and duration.



California Any and Exclusive In-Hospital Breastfeeding: 1994-2006



Data Source: California Department of Public Health, Genetic Disease Branch, Newborn Screening Database 1994-2006
Note: Includes cases with feeding marked 'BRO' (Breast Only), 'FOO' (Formula Only), or 'BRF' (Breast & Formula)



Breastfeeding Promotion Activities

Hospital Support

- Developed and maintain an online toolkit for hospitals to implement model hospital policies and practices
<http://www.mch.dhs.ca.gov/programs/bfp/toolkit/default.htm>
- Expanding the capacity of the Regional Perinatal Programs of California (RPPC) to offer technical assistance to hospitals via the “Birth and Beyond California” Breastfeeding Training and Quality Improvement Project aimed at the areas with the lowest breastfeeding rates.

Data

- Instrumental in the Newborn Screening infant feeding wording. Analyze and disseminate the resulting hospital breastfeeding discharge rates to encourage policy and practice improvements.
- Beginning January 2008, provide hospital level breastfeeding rates to the California Hospital Assessment and Reporting Taskforce (CHART), a collaborative of hospitals, insurers, researchers, and others that produce a statewide report card that reports hospital performance measures to the public



Breastfeeding Promotion Activities

Expanded Medi-Cal Breastfeeding Benefits

- Clarifying current policies that have been misinterpreted
- Promote access to equipment and services for breastfeeding support

Workplace Breastfeeding Support

- Promoting reminder to CDPH employees regarding Lactation Accommodation benefits
- With the Office of Women's Health, met with the labor commissioner to promote the commission's oversight of compliance with current law
- Marketing breastfeeding support in the workplace resources:
<http://www.mch.dhs.ca.gov/programs/bfp/employed-mothers.htm>

Healthy Weight, Nutrition and Physical Activity

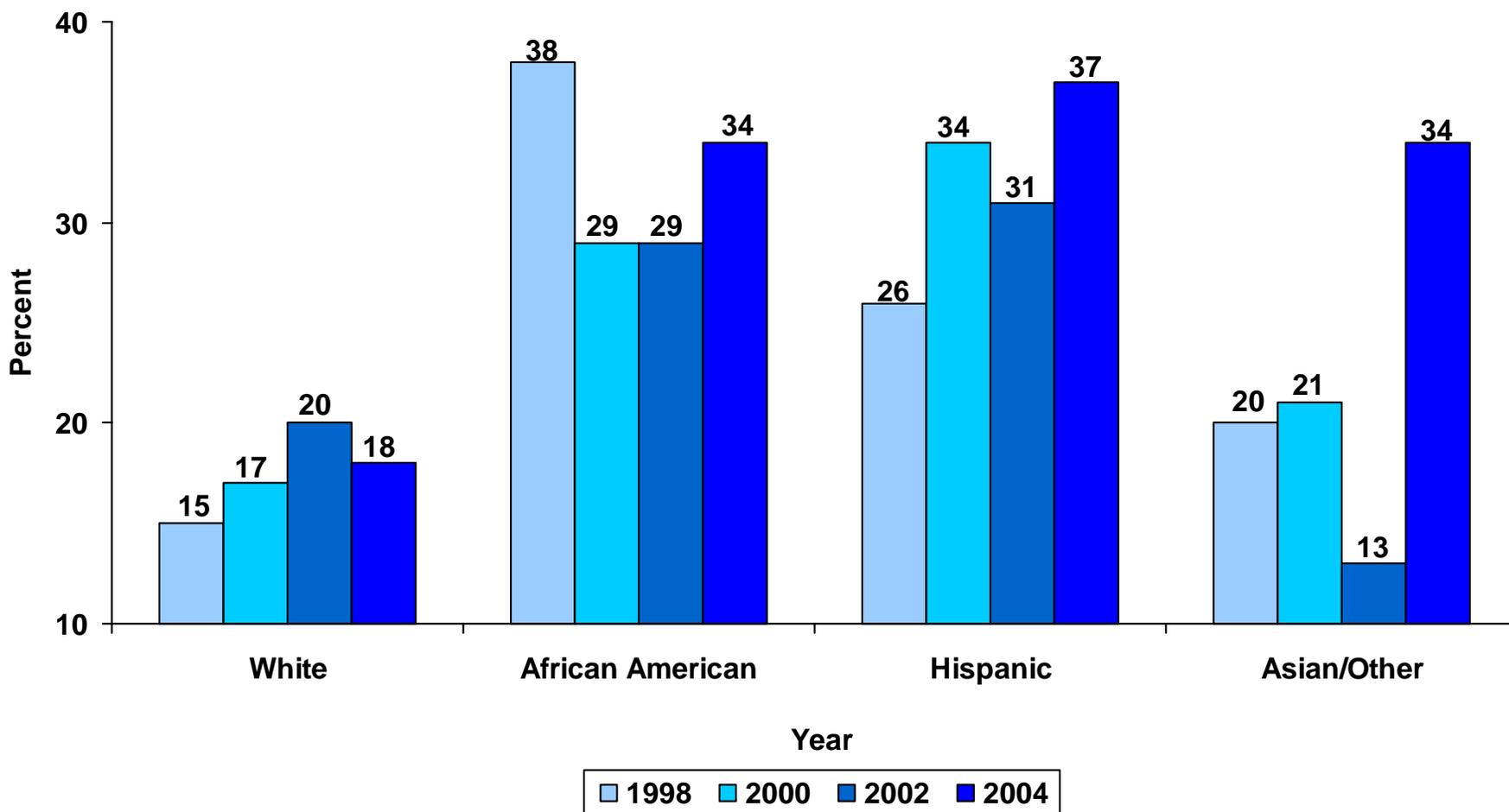
Contact: Suzanne Haydu, MPH, RD

California Priority Need:

Promote healthy lifestyle practices among MCAH populations and reduce the rate of overweight children and adolescents.



California Trends in Overweight and at Risk of Overweight Among Teens Aged 12 to 17, by Race/Ethnicity, 1998-2004





Partnerships to Reduce Overweight and Obesity

CDPH Obesity Prevention Group (OPG)

Partnership to establish policy & strategic plan and provide technical support for the Governor's nutrition and PA initiatives

Support MCAH partners in the development of

- **local healthy eating and physical activity related coalitions**
- **healthcare policies, training and guidelines** that support healthy eating and physical activity
- **epidemiologic information** to design, implement and evaluate initiatives
- **grant applications** to expand support of optimal nutrition and PA within their Latina and African American communities



Reducing Disparities in Overweight and Obesity

State partner in the Healthy Weight Action Learning Collaborative

- A **collaborative effort** of the CDC's Division of Reproductive Health, the Association of Maternal and Child Health Programs (AMCHP) and CityMatch
- **Los Angeles and Sonoma Counties** are 2 of 8 multidisciplinary teams nationwide working to reduce ethnic disparities related to obesity
- Goal is to strengthen partnerships, implement evidence-based strategies, build community participation and overcome challenges to **promote healthy weight among women of reproductive age to improve maternal health and birth outcomes**



Folic Acid

- **Produced October 26, 2007 MMWR article:** Trends in Folic Acid Supplement Intake Among Women of Reproductive Age --- California, 2002—2006
 - intake of folic acid--containing supplements decreased among Latina women and women with less education.
 - Latinas are at higher risk for having a fetus with an NTD
 - Latinas accounted for nearly 52% of all births in California in 2005
- MCAH is developing **targeted evidence-based public health interventions** for increasing folic acid intake
 - February 2008 held stakeholders meeting
 - MOD is providing local funding to address issue
 - Partnering with CDC Folic Acid campaign

Perinatal Substance Use

Contact: Maria Jocson, MD, MPH

California Priority Need:

Improve mental health and decrease substance abuse among children, adolescent, and pregnant or parenting women.



State Interagency Team Workgroup on Alcohol & Other Drugs (AOD)

GOAL: Identify interagency and systems issues that, if addressed, could improve identification and treatment of families and children impacted by alcohol and other drugs

Workgroup Task

Assess and prioritize ways to strengthen services to children and families where there is a nexus between AOD and child safety, education, and workforce readiness/success, maternal and child health, and mental health

Represented State Departments

- Public Health (MCAH)
- Social Services
- Alcohol and Drug Programs
- Mental Health
- Education
- Developmental Services



California Fetal Alcohol Spectrum Disorders (FASD) Task Force

MISSION: To advance the effective prevention and treatment of FASD

Public Representation

- MCAH County Directors
- State Departments of Public Health (MCAH), Social Services, Rehabilitation, Alcohol and Drug, Developmental Services, Education, Mental Health
- State Indian Health Program
- Administrative Office of the Courts

Private Representation

- Parents
- Family Empowerment Center
- FAS Inc.
- Lassen County FASD Project
- Lassen Fetal Alcohol Services Inc.
- Arc of California
- CalFAS
- Academia (UCD)
- Betty Ford Family Program
- Arc Riverside



4P's plus Screening and Statewide Data

- Local MCAH Jurisdiction Survey on Prenatal Substance Use Screening Data, September 22, 2006
- Data on smoking and alcohol consumption from California Women's Health Survey and Maternal Infant Health Assessment
- Perinatal Substance Use Screening Data Report by Dr. Chasnoff
-pending



Bright Beginnings: Innovative Approaches to Maternal Mental Health in California

GOAL: To improve the capacity of MCAH and health professionals in California to address maternal mental health issues

Bright Beginnings

- 3-year HRSA grant
- Lead: Maternal and Child Health Program, UC Berkeley School of Public Health
- Key Collaborators: CA Departments of Public Health (MCAH) and Mental Health, Local MCAH Directors, March of Dimes

OBJECTIVES:

- Convene a multidisciplinary working group to identify priority training needs for California's MCAH and allied health professionals in maternal mental health
- Develop, provide and evaluate 2 one-day conferences to improve awareness, knowledge and skills related to screening, assessment and interventions and integration into primary care

Oral Health

Contact: Cheryl Terpak, RDH, MS

California Priority Need:

Improve access to medical and dental services, including the reduction of disparities.



Oral Health Program

- Assist local MCAH jurisdictions regarding oral health programs, dental services, and educational needs. Integrate oral health into complimentary MCAH programs and initiatives.
 - In 2007, 20 MCAH jurisdictions identified oral health as one of their priorities in their 5-year implementation plans.
 - MCAH jurisdictions collaborate with oral health programs within Office of Oral Health, Children’s Health and Disability Program, Head Start and WIC.
- MCAH programs, such as CPSP, BIH, and AFLP, enroll women and their families into Medi-Cal and Health Families, and provide them with necessary dental referrals.
- MCAH collaborates with organizations concerned with promoting oral health and access to dental care throughout the state.

Preconception Health

Contact: Kiko Malin, MPH, MSW

California Priority Need:

Enhance preconception care and work toward eliminating disparities in infant and maternal morbidity and mortality



Why Preconception Health?

- **Premature and LBW births and infant and maternal mortality rates continue to exceed national objectives**
- **41% of pregnancies resulting in live births to women aged 18-44 in California were unplanned (2005 MIHA Data)**
- **The most critical periods of fetal development occur in the first 5-8 weeks following conception**
- **Prenatal care typically begins around week 12 – too late to prevent many adverse maternal and infant health outcomes**
- **Ethnic and racial disparities in maternal and infant outcomes continue to exist even though:**
 - 87% of pregnant California women receive first trimester prenatal care



Preconception Care Council of California (PCCC)

Mission:

- The Preconception Care Council of California (PCCC) will engage individuals, communities and policymakers to optimize the health and well-being of women and their partners, leading to healthier infants and families.

History:

- Established after the release of CDC's Select Panel Recommendations on Preconception Care (MMWR April 21, 2006)
- Organized by MCAH and the March of Dimes California Chapter
- Quarterly meetings since May 2006
- Ongoing CDC participation and input

Composition:

- Stakeholders and decision-makers in development of preconception care:
 - Local MCAH Programs
 - Community-based organizations
 - Health Plans
 - Advocacy Organizations
 - Professional Associations (ACOG)
 - Academia (UCB, UCLA)
 - Hospitals/Health Systems
 - Funders



Preconception Care Council of California (PCCC)

Purpose

- Statewide forum for planning and decision-making for the integration, development and promotion of preconception health and healthcare services.
- Develop and implement strategic statewide plan through issue-specific workgroups

Activities

- Regular workgroup meetings
 - Public Health/Consumer
 - Clinical/Research
 - Finance/Policy

Convener of the Second National Preconception Care Summit, Oct. 29-31, 2007, Oakland, CA

- In partnership with CDC, HRSA, March of Dimes, Sutter Health, Kaiser Permanente, UC Berkeley, Alameda County Healthy Start Program and Los Angeles County Preconception Health Collaborative



MCAH Program's Preconception Health Initiative

Goal: Integrate preconception/interconception health promotion into existing MCAH Programs

- **MCAH Preconception Health Coordinator**
 - Provides training and technical assistance to interested local programs
 - Member of PCCC and public health workgroup
- **Preconception health website to be launched in June**
 - Resources, tools, best practices
 - On-line interactive forums
 - Event calendars
- **Development of preconception measures with Epi Department**
- **MCAH Action Learning Session on preconception health**

Early Childhood Comprehensive Systems

Contact: Janet Hill, MS, RD, IBCLC

California Priority Need:

Improve access to medical and dental services, including the reduction of disparities.



Early Childhood Comprehensive Systems (**ECCS**)

Purpose: To support State Maternal and Child Health (Title V) Agency partners to develop a more comprehensive early childhood system

Description: The California ECCS project is one of 59 nationwide projects that has received a five year federal grant to build and implement a statewide comprehensive early childhood system that supports the development of children who are healthy and ready to learn

Resources on the Web

- Useful Tools
 - How to get there:
 - www.cdph.ca.gov



Assuring Better Child Health and Development (ABCD) Screening Academy

One of 20 teams nationwide selected by NASHP to participate in a 15 month (May 2007- August 2008) national consortium to improve early identification of young children with developmental problems

Core Leadership Team:

MCAH, Medi-Cal, CMS/CHDP, AAP, and First 5 California

Goals:

- Partner with CMS to update CHDP's Health Assessment Guidelines on developmental screening
- Work with 2 local pilot projects (LA, Orange) to identify policy and developmental screening implementation barriers
- Develop Logic Model for developmental/socio-emotional screening to become standard practice for children 0-5

Adolescent Health

Contact: Reggie Caldwell, LCSW

California Priority Need:

Promote responsible sexual behavior in order to decrease the rate of teen pregnancy and STD.



Adolescent Health Collaborative

To improve adolescents health, MCAH contracted with the **Adolescent Health Collaborative** to:

- Strengthen MCAH infrastructure and policies for LHJs;
- Increase the utilization of adolescent health data to create policies and improve service delivery;
- Increase providers sexual health knowledge and counseling/education skills;
- Increase the capacity of health care providers working with adolescents in foster care;
- Improve the ability of health care systems to provide appropriate mental health services for adolescents.



Adolescent Sexual Health Work Group (ASHWG)

- A collaborative effort between the California Department of Public Health, California Department of Education, and key non-governmental organizations
- The vision is to create a coordinated, collaborative, and integrated system to promote and protect the sexual and reproductive health of youth in California.



ASHWG High Priority Objectives

- 1) Improve/expand sharing and use of HIV, STD, and teen birth data:
Data Integration Subcommittee - improve access, comparability, and presentation of collective data

- 2) Ensure that educators, counselors, case managers deliver effective behavioral interventions. :
Core Competencies Subcommittee - benchmarks for core knowledge & skill sets for providers of adolescent sexual and reproductive health programs/services



ASHWG Membership

Governmental

- **California Department of Public Health**
 - MCAH
 - OFP
 - Office of AIDS
 - STD Control Branch
- **California Department of Education**
 - California School Boards Association
- **California Department of Alcohol & Drug Programs**

Non-Governmental

- **California Family Health Council**
- **MCH Action**
- **California Adolescent Health Collaborative**
- **Center for Health Training**
- **ETR Associates**
- **Gay/Straight Alliance Network**
- **Health Initiatives for Youth**
- **Internet Sexuality Information Services**

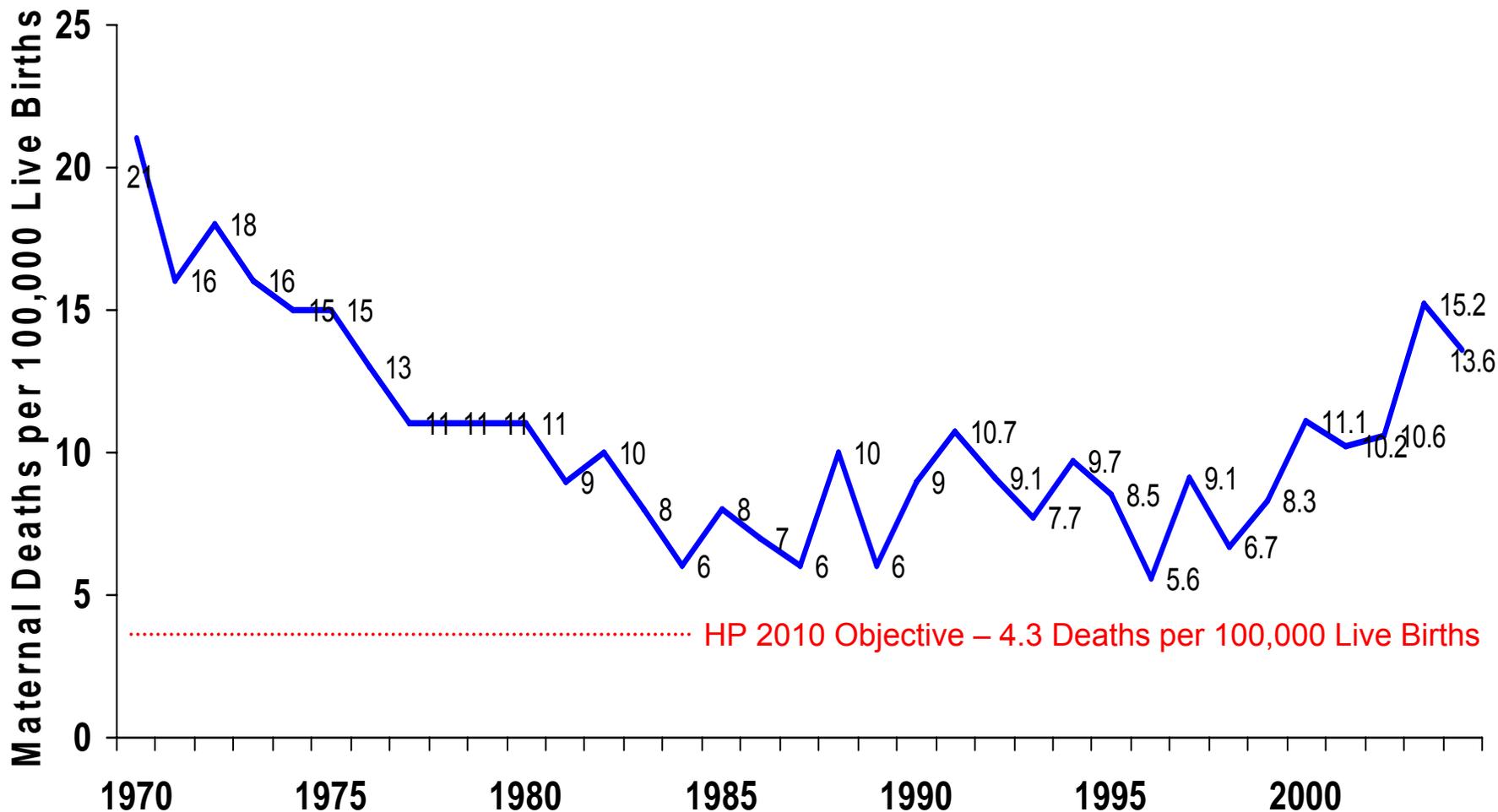
Maternal Health

Contact: Connie Mitchell, MD, MPH

California Priority Need:



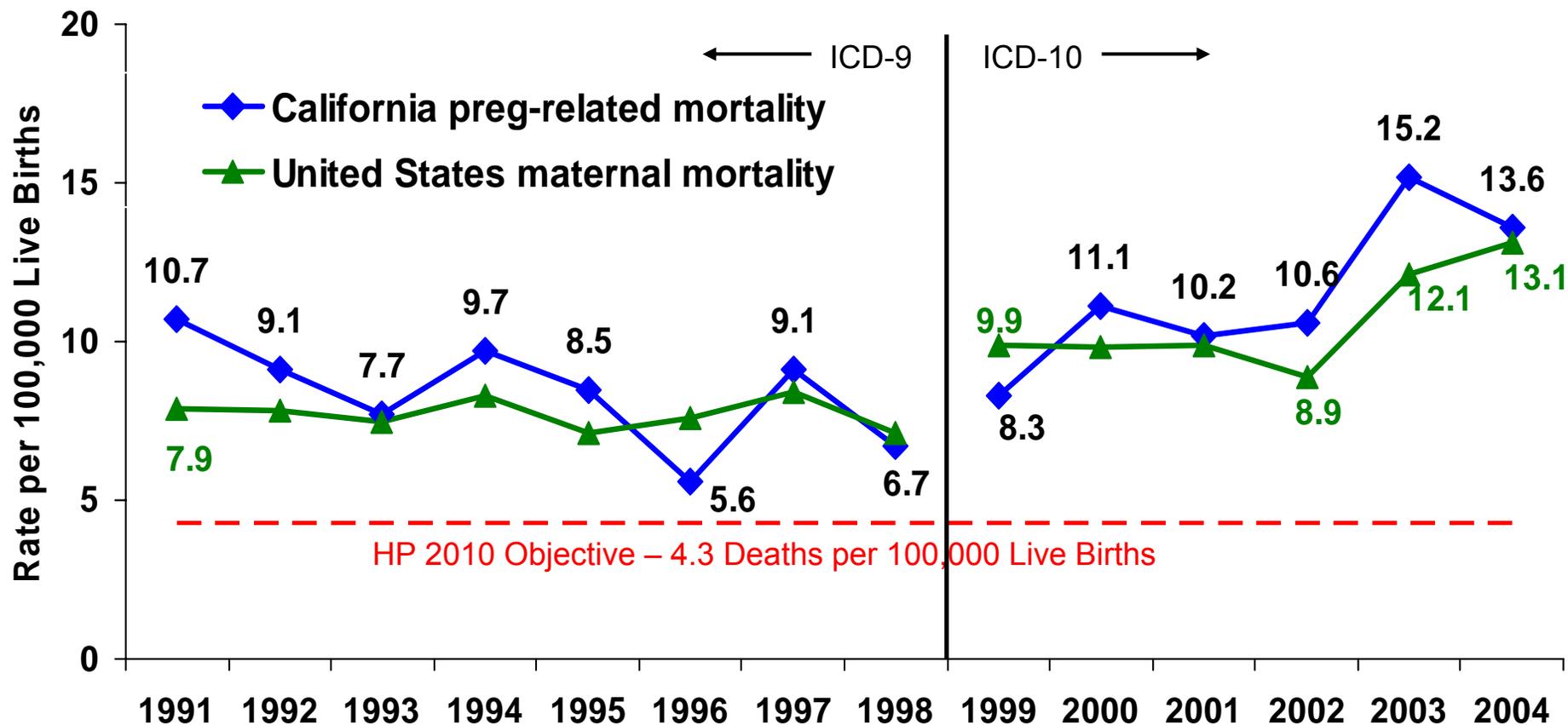
CA Maternal Mortality Rate (1970-2004)



SOURCE: State of California, Department of Public Health, California Birth and Death Statistical Master Files, 1970-2004.
Produced by California Department of Public Health, Maternal, Child and Adolescent Health Program, October, 2007.



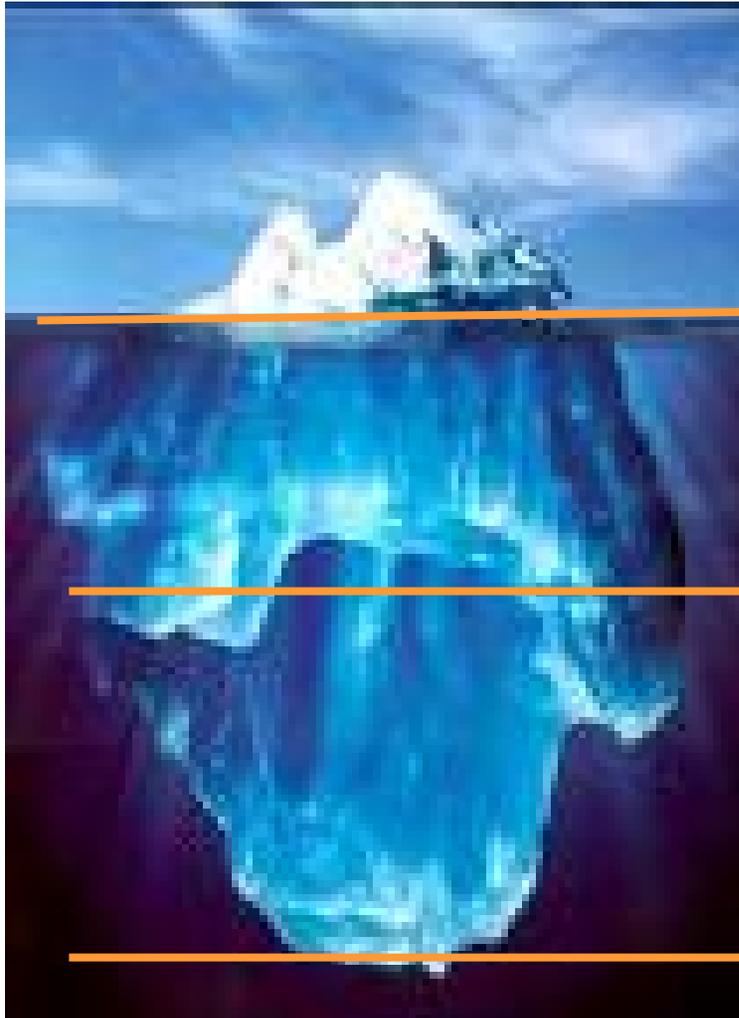
Pregnancy Related Mortality Rates in US and California



SOURCE: State of California, Department of Public Health, California Birth and Death Statistical Master Files, 1991-2004. Maternal mortality (deaths \leq 42 days postpartum) calculated 1991-1998 using ICD-9 classification. Pregnancy-related mortality (deaths \leq 365 days postpartum) calculated beginning 1999 using ICD-10 classification. United States data and HP2010 Objective are for maternal mortality. Produced by California Department of Public Health, Maternal, Child and Adolescent Health Program, October 2007.



Maternal Mortality as a Sentinel Event for Maternal Health



Mortality: 1/10,000

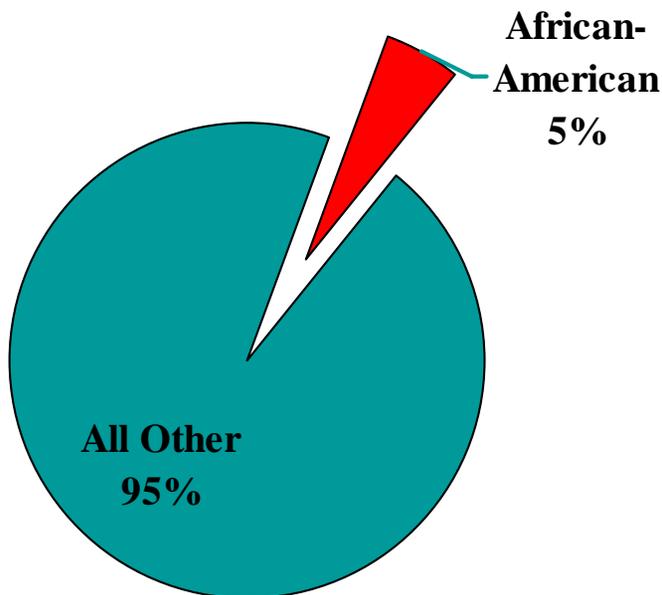
Near Misses: 1/1,000

**Serious
Morbidity: 1/100**

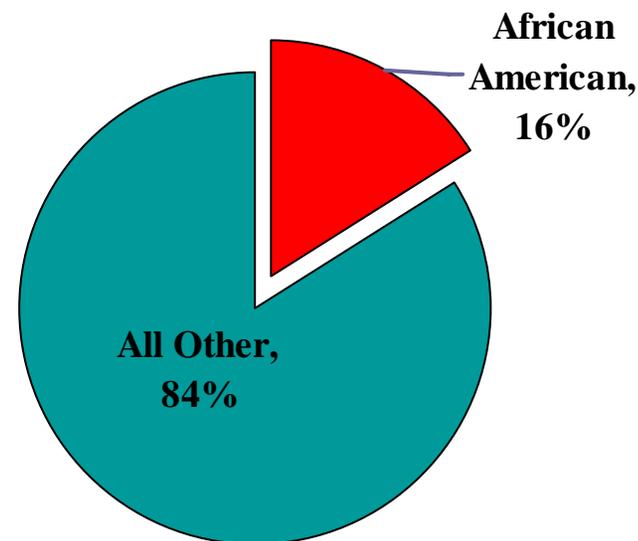


African-American Women are Over-represented in Maternal Deaths

All Live Births = 544,685



All Pregnancy-Related* Deaths=74



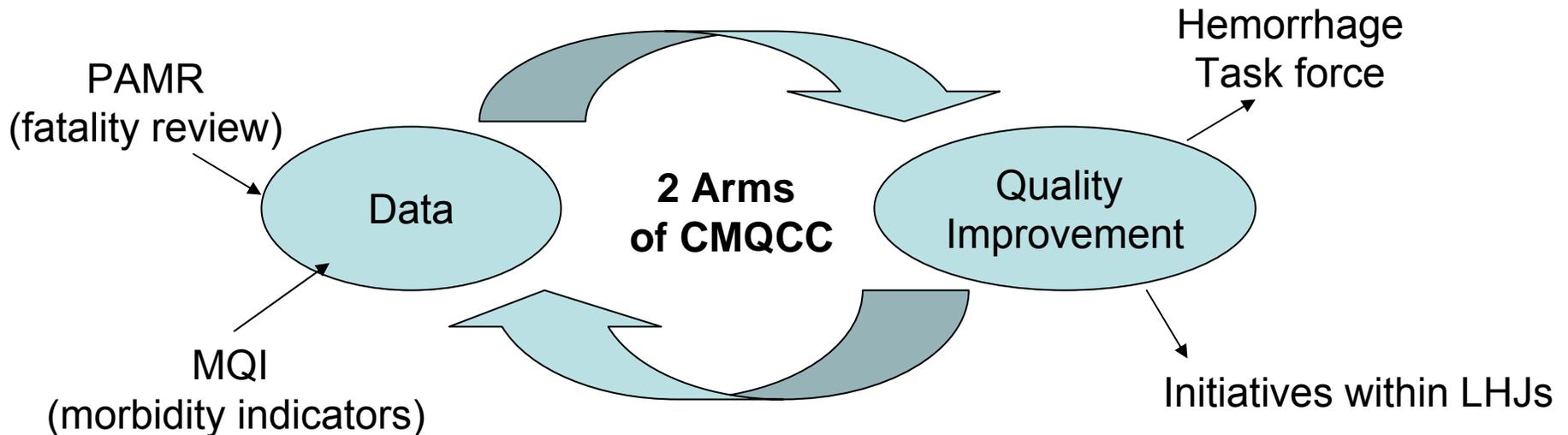
SOURCE: State of California, Department of Public Health, California Birth and Death Certificate Master Files, 2004. Produced by California Department of Public Health, Maternal, Child and Adolescent Health Program, October 2007.

*Pregnancy-related death determined by ICD-10 coding of death certificate.



California Maternal Quality Care Collaborative (CMQCC) www.cmqcc.org

- Started in 2006 with the mission of improving maternal health through data driven quality improvement
- Based on the successful model of the California Perinatal Quality Care collaborative (CPQCC)
- More than 32 public and private agencies, professional health organizations, health care and academic institutions form the Executive Committee.



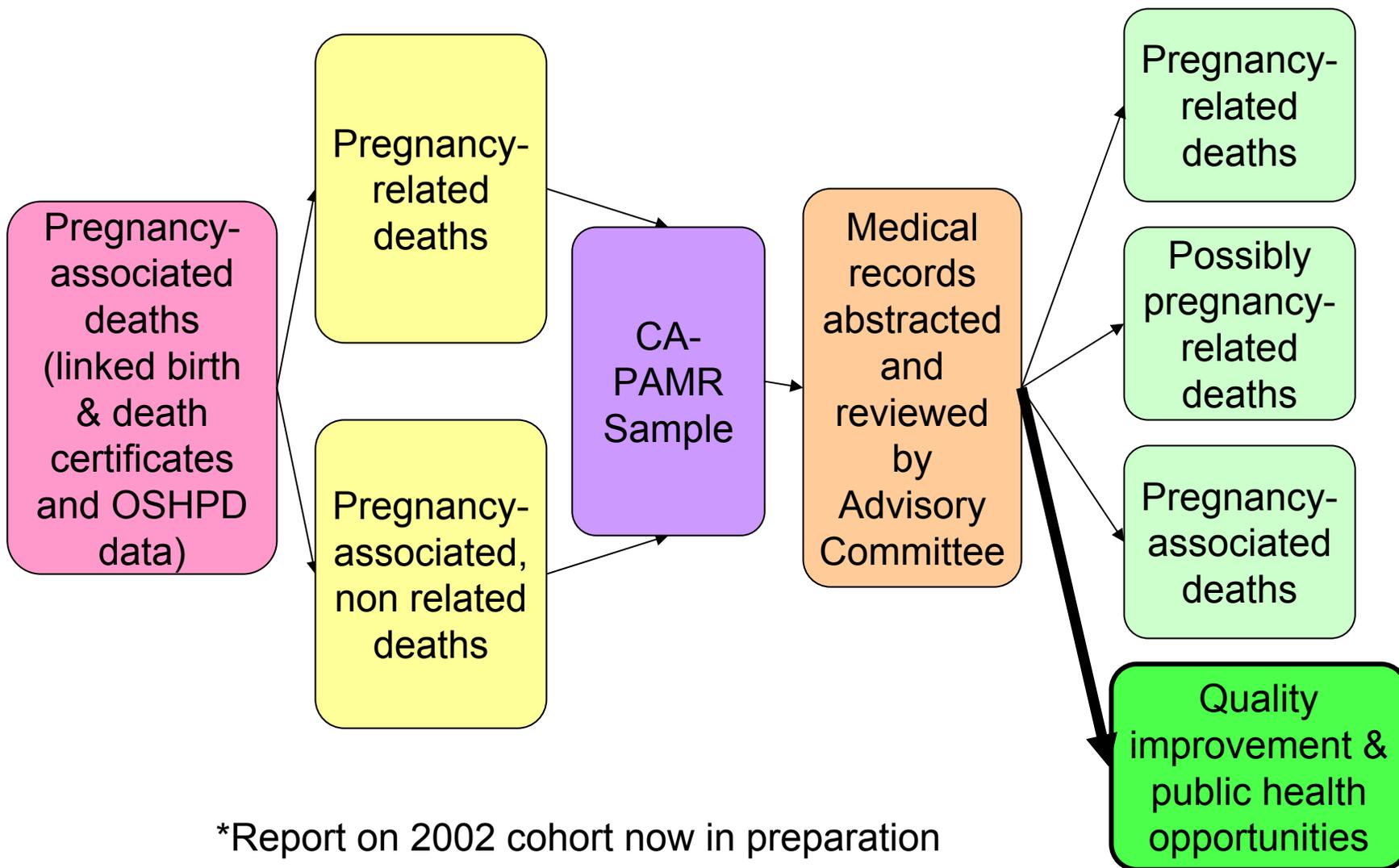


Local Maternal Care Quality Improvement (LMCQI)

- All LHJ's invited to participate
- CMQCC provided educational sessions on maternal mortality and webex discussion groups to assist all interested applicants
- CMQCC and MCAH responded to requests for data and technical assistance
- Funding priorities
 - Improve prevention, recognition and response to obstetrical hemorrhage or other major causes of obstetrical morbidity
 - Improve accuracy and usefulness of administrative data (birth certificate, death certificate, hospital discharge data)
 - Reduce fragmentation of maternity care
 - Inform and educate the public, mothers and families about maternal mortality and ways to reduce risk
- 2-3 programs to be funded at minimum of \$150K for 2 years
- Applications due April 30, 2008 and are currently under review



Pregnancy Associated Mortality Review (PAMR)



*Report on 2002 cohort now in preparation

Regional Perinatal Programs of California

Contact: Leona Shields, PHN, MN, NP

California Priority Need:

Improve access to medical and dental services, including the reduction of disparities.



Regional Perinatal Program of California (RPPC)

Goal: to assure the well-being of pregnant women and their babies and to promote access to appropriate levels of high quality care

Background:

- Established in 1979 from the need for a comprehensive, cooperative network of public and private health care providers within geographic areas
- Currently 14 RPPC Regional programs cover all of California
- Funding provided by Federal Title V MCH Block Grant Funds
- Assist hospitals with data collection for:
 - Quality improvement and
 - Feedback on hospital performance through the Perinatal Profiles
- Publishes a quarterly newsletter, “Perinatal Care Matters” found on the CDPH website
<http://www.perinatal.org/california_perinatal_dispatch_center_rppc_newsletter.asp>



California Perinatal Quality Care Collaborative (CPQCC) www.cpqcc.org

Objectives

- Develop a collaborative network of public and private obstetric and neonatal providers, insurers, public health professionals and business groups
- Support a system for benchmarking and performance improvement activities for perinatal care

Membership

- Membership include 126 hospitals representing 100% of the CCS approved NICUs and over 90% of all neonates cared for in California NICUs.

Perinatal Health and Emergency Transport

Contact: Leona Shields, PHN, MN, NP

California Priority Need:

Improve access to medical and dental services, including the reduction of disparities.



California Perinatal Transport Systems (CPeTS)

Goal: to facilitate the transport of critically ill infants and mothers with high risk conditions to Neonatal Intensive Care Units (NICUs) and Perinatal High Risk Units.

Background:

- Established in 1976 pursuant to the enactment of California Assembly Bill 4439
- Developed dispatch centers in the San Francisco Bay Area and Los Angeles
- Collaborated with Children's Medical Services and Regional Perinatal Programs of California to develop and implement Regional Cooperative Agreements among hospitals for transport of critically ill infants to NICUs
- Assists health care professionals in the referral of high-risk pregnant women and newborn infants
- Obtains daily Updated bed availability status from regional CCS approved neonatal intensive care units
- Provides for the collection and analysis of perinatal and neonatal transport data for regional planning, outreach program development, and outcome analysis.

California Diabetes and Pregnancy Program (CDAPP)

Contact: Guey-Shiang Tsay, RN, MSN, Leona Shields, PHN, MN, NP

California Priority Need:

Improve access to medical and dental services, including the reduction of disparities.



California Diabetes and Pregnancy Program (CDAPP)

Goal: To reduce maternal and infant morbidity and mortality for this high risk group to approximate the outcomes of the low-risk perinatal population

Background:

- Established in 1983 as a part of the Regional Perinatal Programs of California (RPPC)
- Provides services throughout the state in 10 of the RPPC Programs
- Funding is provided by Federal Title V MCH Block Grant Funds
- Utilizes a multidisciplinary team to provide and coordinate preconception, pregnancy and post-partum care
- Administrative arm of “Sweet Success”- a model of care for diabetes management within provider sites
- Sweet Success affiliates voluntarily submit CDAPP data to support program planning and to provide for quality improvement
- In 2006, 18,500 women and their infants were served by CDAPP



CDAPP Regional Systems of Care

- CDAPP
 - 12 Regional Programs
- Sweet Success
 - 178 Affiliate Programs in 2006 providing data
 - Additional clinical sites
- 4 Clinical Affiliate Levels
 - Tertiary
 - Standard
 - Community
 - Triage



Black Infant Health Program Development

Contact: Reggie Caldwell, LCSW, Laurel Cima, MPA

California Priority Need:

Enhance preconception care and work toward eliminating disparities in infant and maternal morbidity and mortality.



Program Overview

- Established in 1989 to address the disproportionate rates in African Americans of:
 - Infant mortality;
 - Low birth weight;
 - Premature delivery.
- Services provided to pregnant and parenting African American adult women include:
 - Health education;
 - Health promotion;
 - Social support;
 - Service coordination.
- Services provided in 17 local health jurisdictions where more than 90 percent of all African American births occur
- Total annual appropriation of ~\$14 million.



BIH Program Development

- MCAH had growing concern about continuing high rate of poor birth outcomes among African-Americans
- UCSF was commissioned to conduct a detailed assessment of the BIH services offered
- Recommendations from the assessment:
 1. Develop and implement a single core model for all local BIH Program sites;
 2. Strengthen partnerships and establish linkages with other agencies with overlapping and complementary goals.



BIH Program Development – Next Steps

- Convene a multi-disciplinary Workgroup to develop the revised model
- Develop a logic model based on the new model
- Develop an implementation plan including:
 - Regional meetings with BIH Coordinators to gather input on model;
 - Synthesize input from and develop final model;
 - Develop a training curriculum for the model;
 - Conduct trainings for BIH staff on the model;
 - Implement a comprehensive evaluation plan.