Supporting Documents: NPM Logic Models for Reporting Year FY 2019

- NPM 1: Well-woman visit
- NPM 4: Breastfeeding
- NPM 5: Safe sleep
- NPM 6: Developmental screening
- NPM 10: Adolescent well visits
- NPM 12: Transition to adult care
- NPM 13.2: Children’s oral health
- SPM 4: Child abuse & neglect

Note: Logic Models reflecting for FY 2020 plans with new strategies and strategy measures (ESM) will be included in next year’s report. There is no logic model for SPM 1 on telehealth.
PROMOTING WOMEN'S/MATERNAL HEALTH THROUGH PREVENTIVE MEDICAL VISITS – LOGIC MODEL
FAMILY HEALTH SERVICES DIVISION, HAWAII STATE DEPARTMENT OF HEALTH

RESOURCES
Hawaii State Department of Health (DOH)
- Family Health Services Division (FHSD), Perinatal Support Services, Family Planning, WIC, Home Visiting
- DOH Preventive Health & Health Services Block Grant/Office of Planning
- DOH Strategic Plan
Executive Office of Early Learning/ State Early Childhood Plan
Hawaii State Department of Human Services Medicaid Program

Hawaii’s families, children, parents, and communities
Local partners, including:
- Hawaii Maternal and Infant Health Collaborative (HMIHC) and associated workgroups
- Early Childhood Action Strategies
- Healthcare providers, hospitals, and pharmacy, community
- University of Hawaii at Mānoa, John A. Burns School of Medicine, OB-GYN/Women’s Health
- Other local organizations – American Congress of Obstetricians and Gynecologists-Hawaii, Healthy Mothers Healthy Babies, March of Dimes

National partners, including:
- Health Resources and Services Administration (HRSA – including Title V, Maternal and Child Health Bureau), Association of Maternal and Child Health Programs (AMCHP)

CONTEXTUAL CONDITIONS
Socio-economic status, access to health and other supportive services, rurality, cultural considerations, language, health literacy, etc.

STRATEGIES & ACTIVITIES
Strategy 1 – Systems building
- Facilitating information-sharing, networking, collaboration, coordination among public-private partners.
- Promoting guidance, provider protocols, assure cultural sensitivity
- Promoting policy, identifying & addressing barriers to access services, conducting evaluation & data collection

Strategy 2 – Promote pre-inter-conception health care visits.
- Promotion of evidence-based practices:
  - One Key Question® (OKQ)
  - Long-Acting Reversible Contraception (LARC)
- Provider trainings – OKQ; family planning, contraception options & costs, pregnancy prevention & spacing, community resources, client-centered techniques, challenging scenarios
- Development & dissemination of awareness materials – informational sheets for consumers, training packets for providers
- Messaging to women (teens) & the general public on importance of women’s health: SafeSex808

Strategy 3 – Promote reproductive life planning.
- Increasing access to contraception & planning services.
- Assuring provision of Family Planning services statewide

SHORT-TERM OUTCOMES
Short-Term Outcomes
Women (teens):
- Increased awareness of pregnancy intention, capacity to address reproductive health.
- Increased empowerment around reproductive life planning, accessing & speaking to providers.

Evidence-Based/Informed Strategy Measures
- % of births with less than 18 months spacing between birth & next conception [ESM 1.1]

EVIDENCE-BASED/INFORMED STRATEGY MEASURES

LONGER-TERM OUTCOMES
National Performance Measure
- % of women ages 18-44 who had a preventive medical visit in the past year [NPM 1].
- % of adolescents (12-17) with preventive medical visit in the past year [NPM 10]

Additional Long-Term Outcomes Expected
Infants:
- On-track health and development.
Women (teens):
- Increased birth intention
- Increased access to family planning services, reproductive health planning
- Good healthcare practices, prevention and management of chronic disease.

Providers, organizations, and systems:
- Services and systems are strengthened.
- More integration among disciplines and collaboratives.
Hawaii State Department of Health (DOH) - Family Health Services Division (FHSD), including programs such as: Women, Infants, and Children (WIC) program; Home Visiting Program (MIECHV), Perinatal Support programs; Other DOH programs including Chronic Disease Prevention and Health Promotion Division.

Hawaii’s families, children, parents, and communities.

Local partners, including:
- Hawaii Maternal and Infant Health Collaborative (HMIHC)
- Early Childhood Action Strategies (ECAS)
- State Breastfeeding Hawaii Coalition
- Healthy Mothers Healthy Babies
- American Academy of Pediatrics-HI
- American College of Obstetricians and Gynecologists-HI
- March of Dimes
- Community Based Organizations: Federally Qualified Health Centers, Birthing hospitals

National partners and strategies:
- Health Resources and Services Administration (HRSA – including Title V, National Immunization Survey, Association of Maternal and Child Health Programs (AMCHP))
- U.S. Department of Agriculture

STRATEGIES & ACTIVITIES

Strategy 1 – WIC Peer Counseling program – strengthen mother-to-mother support & peer counseling
- Recruitment/Training – engaging WIC moms & training in peer counseling.
- Service – utilizing evidence based Loving Support© peer-to-peer curriculum in WIC programs.
- Other service supports e.g. Text4Baby, breast pump loans

Strategy 2 – WIC partners with community-based programs to better reach underserved/high-risk populations
- Training – with providers (e.g., through home visiting program, perinatal support services).
- Co-locate WIC services at Federally Qualified Health Centers to provide nutrition services, food assistance, breastfeeding support & service referrals.

Strategy 3 – collaboration and networking
- Engaging in key partnerships (e.g., HMIHC, ECAS).
- Ensuring consistent messaging for mothers, families, and the public.
- Advocacy and overall statewide coordination & planning

SHORT-TERM OUTCOMES

Short-Term Outcomes Expected
- Development of messages and relevant awareness materials.
- More providers trained, including WIC BF Peer counselors.
- Recruitment of WIC BF Peer Counselors
- Increase of providers’ knowledge.
- More providers promoting breastfeeding, providing information to families, and making referrals to supportive services as needed.
- Increased awareness and knowledge among mothers and families.
- Increased facilitators and decreased barriers for mothers to breastfeed.

Additional Long-Term Outcomes Expected
- Decreased stigma and increased acceptance around breastfeeding.
- Strengthening of provider services, organizational capacity, and support systems.

RESOURCES

Hawaii State Department of Health (DOH) - Family Health Services Division (FHSD), including programs such as: Women, Infants, and Children (WIC) program; Home Visiting Program (MIECHV), Perinatal Support programs; Other DOH programs including Chronic Disease Prevention and Health Promotion Division.

National Performance Measures
- Percent of infants who are ever breastfed [NPM 4a].
- Percent of infants breastfed exclusively through 6 months [NPM 4b].

National Outcome Measures
- Infant mortality rate [NOM 9.1].
- Post-neonatal mortality rate [NOM 9.3].
- Sleep-related sudden unexpected infant deaths (SUID) [NOM 9.5].

Evidence-Based/Informed Strategy Measures
- Percent of WIC infants ever breastfed [ESM 4.1].

CONTEXTUAL CONDITIONS

Socio-economic status, access to health and other supportive services, rurality, cultural considerations, language, health literacy, etc.

Version 5/7/20
Hawaii State Department of Health (HSDOH)
• Family Health Services Division (FHSD)
  • FHSD programs, including: Child Death Review; Community-Based Child Abuse Prevention; Early Childhood Comprehensive Systems; Parenting Support Programs, Maternal, Infant, and Early Childhood Home Visiting (MIECHV), Hawaii Pregnancy Risk Assessment Monitoring System (PRAMS); Women, Infant, and Children (WIC) Program, Maternal & Infant Health
• Other DOH programs Office of Language Access, Injury Prevention

Hawai‘i’s families, children, parents, and communities
Local partners, including:
• Hawaii State Department of Human Services (Childcare Program, First to Work)
• Local collaboratives (e.g. Early Childhood Action Strategy, Keiki Injury Prevention Coalition)
• Local hospitals/Perinatal Nurse Managers Task Force (PNMTF)
• Other organizations, including: Safe Sleep Hawaii, Child and Family Services, Hawaii Primary Care Association, Healthy Mothers Healthy Babies, March of Dimes, Home Visiting programs Network, Military family services.

National partners and strategies:
• Health Resources and Services Administration (HRSA – including Title V, Maternal and Child Health Bureau, associated data sources, etc.), Association of Maternal and Child Health Programs (AMCHP)

STRATEGIES & ACTIVITIES
Strategy 1 - Assure Competent Workforce through partnerships and training – identify safe sleep competency training needs for healthcare & service providers.
• Developing partnerships.
• Identifying and implementing training opportunities.

Strategy 2 – Inform, Educate, Empower. Public awareness and capacity-building – develop appropriate and consistent safe sleep messages to promote education & awareness among parents & the general public.
• Solicit input from family/community when creating messages and informational materials (e.g., fact sheets, posters).
• Creating and disseminating messages through outlets such as DHS entitlement programs, WIC, health plans, media campaigns, websites, etc.
• Providing safe sleep materials (e.g., crib distribution).

Strategy 3 – Translation and Inclusion of Non-English speaking families and care givers of infants. Develop parental education and general awareness safe sleep messages in identified languages.
• Translate educational materials in identified languages
• Disseminate translated educational materials.
• Identify opportunities for messaging

SHORT-TERM OUTCOMES
Short-Term Outcomes Expected
• Parents & families increase awareness, capacity, & self-efficacy including non-English speaking groups.
• Development of families & parents as advocates for safe sleep.
• Provider training opportunities identified; providers trained and prioritize safe sleep when meeting with families.
• Hospital protocols developed, strengthened, and institutionalized.

LONGER-TERM OUTCOMES
National Performance Measure
• Increase % of infants placed to sleep on their backs NPM 5A
• % of infants placed on a separate approved sleep surface NPM 5B
• % of infants placed to sleep without soft objects or loose bedding NPM 5C

Additional Long-Term Outcomes Expected
• Healthy infant/child development (i.e., normal/within range).
• Early identification, referral, and services for any health challenges.
• Strengthening of organizations, partnerships, and overall network.

RESOURCES
Evidence-Based/Informed Strategy Measures
• Increase % of birthing hospitals with current AAP safe sleep protocols [ESM 5.1 inactive].
• The number of languages in which Safe Sleep educational materials are available for Hawai‘i’s communities. [ESM 5.2]

CONTEXTUAL CONDITIONS
Socio-economic status, access to health and other supportive services, rurality, cultural considerations, language, health literacy, etc.

Version 5/11/20
Family Health Services Division (FHSD) & State Department of Health (DOH)
- Title V Developmental Screening Work Group
  - Early Childhood Comprehensive Systems Impact grant
  - Maternal Infant & Early Childhood Home Visiting (MIECHV)
  - Early Intervention Services
  - Neighbor island Health Offices
Community/Agency partners, including:
- American Academy of Pediatrics’ Hawaii Chapter & other healthcare/service providers
- Department of Human Services, including Child Care Program Office, Med-QUEST
- Early Childhood Action Strategy
- Executive Office on Early Learning
- Head Start
- Institute for Human Services homeless shelter
Federal partners, including:
- National Association for the Education of Young Children (NAEYC)
- Association of Maternal and Child Health Programs (AMCHP)
Hawai‘i’s families, children, parents, and communities

STRATEGIES & ACTIVITIES
- **Strategy 1** – Systems Development – develop infrastructure to coordinate developmental screening efforts
- **Strategy 2** – Family Engagement and Public Awareness – engage with families to develop family-friendly material to promote developmental screening
- **Strategy 3** – Data Collection and Integration – analyze and review data to identify high-risk populations and communities
- **Strategy 4** – Social Determinants of Health – identify and support specific vulnerable populations, with respect to child screening and development.
- **Strategy 5** – Policy and Public Health Coordination – develop infrastructure within FHSD to support developmental screening

SHORT-TERM OUTCOMES
- Short-Term Outcomes Expected
  - Groundwork and infrastructure established and implemented for:
    - Provider and family materials.
    - Data sharing.
    - Program evaluation (e.g., PPHC, disparities).
    - More providers and families aware and trained.
    - More resources disseminated.
    - Increased positive attitudes and skills, and decreased barriers, among providers and families.

Evidence-Based/Informed Strategy Measure
- Development and implementation of data sharing system for FHSD programs conducting developmental screening, referrals, and services [ESM 6.1 inactive].
- Implement Policy and Public Health Coordination (PPHC) rating scale to monitor development screening efforts within the state [ESM 6.2 new]

LONGER-TERM OUTCOMES
- National Performance Measures
  - Increase children receiving a developmental screening using a parent-completed screening tool.
- Additional Performance Measures
  - Increase children screened through other health providers.

Additional Long-Term Outcomes Expected
- Providers, programs, and systems are strengthened through infrastructure- and systems-building.
- More children are identified, referred, and receive appropriate services in a timely manner.
- Stigma (e.g., related to developmental delay) is decreased among providers and families.

National Outcome Measures
- More children meet criteria for school readiness [NOM 13].
- More children in excellent or very good health [NOM 19].

CONTEXTUAL CONDITIONS
Socio-economic status, access to health and other supportive services, stigma and cultural considerations, language, health literacy, gender.
Hawai‘i State Department of Health (DOH)
- Family Health Services Division:
  - Adolescent Health/Personal Responsibility and Education Program (PREP), Perinatal Support, Family Planning, Children with Special Health Needs
  - DOH Chronic Disease program

Hawaii’s families, children, parents, and communities

Local partners, including:
- Hawaii State Department of Human Services-Office of Youth Services-Hawaii Youth Correctional Facility
- Hawaii National Guard Youth Challenge Academy
- Community partners/providers: Federally Qualified Health Centers, Coalition for Drug Free Hawaii, YRBS Data Committee, Hawaii Maternal Infant Health Collaborative, other youth service providers

National partners and strategies:
- Federal partners – Health Resources and Services Administration (Title V, MCH Bureau)

Strategy 1 – Collaboration – develop partnerships with community stakeholders to promote adolescent health and wellness visits.
  - Leverage partnerships with agency & community programs to promote & implement adolescent health.

Strategy 2 – Engagement – work with adolescents and youth service providers to develop and disseminate informational resources to promote access to adolescent preventive services.
  - Hawaii Adolescent Resource Toolkit (ART) – develop toolkit with youth and providers & disseminate to the community.

Strategy 3 – Training and Workforce Development – provide resources, training (evidence based) programs, and learning opportunities for adolescent caregivers, community health and youth service providers to promote teen-centered, well-care.

Evidence-Based/Informed Strategy Measures
- Development/dissemination of ART for medical providers [ESM 10.1 Inactive].
- Development/dissemination of ART for adolescents, community health workers and youth service providers [ESM 10.2].

Other Short-Term Outcomes Expected
- Community providers and stakeholders increase knowledge and skill in promoting & implementing adolescent well-care visits (AWV) & improving overall adolescent health.
  - Youth service providers promote AWV as a practice
  - Adolescents and families increase awareness, empowerment to achieve good health.

Longer Term Outcomes Expected
- Decrease of children who are overweight or obese [NOM 20].
- Increase of children in good health [NOM 19].
- Reduction of adolescent mortality [NOM 16.1], including motor vehicle mortality [NOM 16.2] and suicide [NOM 16.3].

National Performance Measure
- Percent of adolescents (12-17) with preventive medical visit in the past year [NPM 10].

National Outcome Measures
- Increased access to preventive services, such as:
  - Increase of children with mental/behavioral condition who receive treatment or counseling [NOM 18].
  - Increase in children who are vaccinated for influenza [NOM 22.2], HPV [NOM 22.3], Tdap [NOM 22.4], and meningitis [NOM 22.5].

CONTEXTUAL CONDITIONS
Socio-economic status, rurality, cultural considerations, language and health literacy, etc.

Rev. Version 6/10/20
**RESOURCES**

- Family Health Services Division (FHSD) & larger Hawaii State Department of Health
  - Other programs, such as the Developmental Disabilities Division, SPIN, Vocational Rehab

- Hawaii's families, children, parents, and communities

  - Community partners, including:
    - Hawaii State Department of Education, University Community Colleges
    - Family to Family Information Center
    - Hawaii State Council on Developmental Disabilities
    - Aging and Disability Resource Center

- Federal partners, including:
  - Health Resources and Services Administration (HRSA – including Title V, Maternal and Child Health Bureau, associated data sources, etc.), Association of Maternal and Child Health Programs (AMCHP)

**STRATEGIES & ACTIVITIES**

- **Strategy 1** – systems – incorporate transition planning into Children and Youth with Special Health Needs Section (CYSHNS) service coordination for CYSHNS-enrolled youths and their families.
  - Policy development
  - Staff education
  - Tracking system
  - Transition readiness assessments
  - Transition planning protocols
  - Engagement with youth & family
  - Individual transition plans
  - Referral procedures

- **Strategy 2** – awareness – provide education and public awareness on transition to adult health care for children/youth with and without special health care needs, and promote the incorporation of transition into planning and practices, in collaboration with state and community partners.
  - Education/awareness events
  - Development of partnerships and network
  - Development of informational materials

**SHORT-TERM OUTCOMES**

- **Short-Term Outcomes Expected**
  - Model protocols created & adopted into practice
  - Tracking & monitoring system created
  - Individual transition plans completed
  - Resources developed & disseminated including Adolescent Resources Toolkit (ART)

  - More providers, youth, and families aware and trained.
  - Providers find more value in transition planning.
  - Youth and families more engaged in transition planning process.

**LONGER-TERM OUTCOMES**

- **National Performance Measures**
  - Percent of adolescents with and without special health care needs who received services necessary to make transitions to adult health care [NPM 12].

- **Additional Long-Term Outcomes Expected**
  - Improvements in providers, systems, and networks.
  - Among youth – transition readiness, independence, empowerment.
  - Youth make successful transitions – e.g., insurance enrollment, entrance to workforce and/or higher education, service access, etc.

- **National Outcome Measures**
  - Percent of children with special health care needs (CSHCN) receiving care in a well-functioning system [NOM 17.2].
    - (Also, children receiving care in the general population.)
  - Percent of children in excellent or very good health [NOM 19].

**CONTEXTUAL CONDITIONS**

Socio-economic status, access to health and other supportive services, rurality, cultural considerations, language, health literacy, etc.
Hawaiʻi State Department of Health (HSDOH)
• Family Health Services Division (FHSD)
• FHSD programs, Women, Infant, and Children (WIC) services, Home Visiting, Neighbor island district health offices, Office of Primary Care & Rural Health
• Other HSDOH programs (e.g., Development Disability Division/Dental Program; Public Health Nursing)

Hawaiʻi’s families, children, parents, and communities
Local partners, including:
• Hawaiʻi State Department of Human Services (Medicaid)
• Hawaiʻi State Coalition for Oral Health & Neighbor island coalitions
• Oral health community (e.g., Hawaiʻi Dental Association, Hawaiʻi Dental Hygiene Association, Hawaiʻi Dental Service & Foundation, University of Hawaii School of Nursing/Dental Hygiene, HMSA Foundation)
• Hawaiʻi Public Health Institute
• Youth-serving/focused organizations (e.g., Hawaiʻi Children’s Action Network, Head Start programs)
• Primary care community (e.g., Hawaiʻi Primary Care Association, Federally Qualified Health Centers)

National partners and strategies:
• Association of State and Territorial Dental Directors
• Health Resources and Services Administration (HRSA – including Title V, Maternal and Child Health Bureau), Association of Maternal and Child Health Programs (AMCHP)
• Dental QUEST Foundation

STRATEGIES & ACTIVITIES

Strategy 1 Program Development – Explore & pursue options to staff State Oral Health Program (i.e. state legislative funding, federal oral health grants)

Strategy 2 Surveillance – Maintain oral health surveillance activities; continue to support oral health data collection through surveillance surveys e.g. Pregnancy Risk Assessment Monitoring System, Youth Risk Behavior Surveillance System, hospital emergency department utilization for dental-related services; collect/analyze data for Dental Health Professional Shortage Areas

Strategy 3 Partnership/Coalition-Building – Support ongoing partnerships and coalition-building activities (State Oral Health Coalition)

SHORT-TERM OUTCOMES

Short-Term Outcomes Expected
• Continued budget requests for state funding for a public health dental program.
• Collection, analysis, publication of oral health data to inform policy development and program planning.
• Strengthened communication, coordination, advocacy among oral health programs and stakeholders.

EVIDENCE-BASED/INFORMED STRATEGY MEASURES

- Leadership for the State Oral Health Program is established under the direction of a dental professional & staff with public health skills [ESM 13.1.1 Inactive].
- Completion of the teledentistry pilot project at three early childhood settings to reach underserved children [ESM 13.2.2 Inactive].
- ESM 13.2.3 The number of organizations/individuals participating in the State Oral Health Coalition.

LONGER-TERM OUTCOMES

National Performance Measure
• Percent of children, ages 1 through 17 who had a preventive dental visit in the past year [NPM 13.2].

Additional Long-Term Outcomes Expected
• Oral health plans and systems in place – e.g., surveillance system, data collection systems, mechanisms for translating data into strategic recommendations & action, etc.
• Increased connection to, and awareness among, children and families with respect to oral health.

National Outcome Measures
• Percent of children ages 1 through 17 who have decayed teeth or cavities in the past 12 months [NOM 14].
• Percent of children in excellent or very good health [NOM 19].

CONTEXTUAL CONDITIONS
Socio-economic status, access to health and other supportive services, rurality, cultural considerations, language, health literacy, etc.

Version 6/20/20
PROMOTING CHILD HEALTH THROUGH THE PREVENTION OF CHILD MALTREATMENT – LOGIC MODEL

FAMILY HEALTH SERVICES DIVISION, HAWAIʻI STATE DEPARTMENT OF HEALTH

RESOURCES

Hawaiʻi State Department of Health (HSDOH)
- Family Health Services Division (FHSD)
- FHSD programs, including: Child Death Review; Community-Based Child Abuse Prevention (CBCAP) grant; Domestic & Sexual Violence Prevention; Domestic Violence Fatality Review; Home Visiting Program; Pregnancy Risk Assessment Monitoring System
- County child abuse and neglect coalitions
- EMS & Injury Prevention System Branch

Hawaiʻi’s families, children, parents, and communities
- Local partners, including:
  - Hawaiʻi State Department of Human Services, including Child Welfare Services (CWS)
  - Funded partners – e.g., Early Childhood Action Strategy (and Collaborative), Domestic Violence Action Center, Hawaiʻi Children’s Trust Fund, Healthy Mothers Healthy Babies, Prevent Child Abuse Hawaiʻi
  - Other partners – Child and Family Services, Judiciary, Office of the Attorney General, Parents and Children Together, military community

National partners and strategies:
- Centers for Disease Control and Prevention
- Admin for Children and Families
- Health Resources and Services Administration (HRSA – including Title V, Maternal and Child Health Bureau, associated data sources, etc.), Association of Maternal and Child Health Programs (AMCHP)

STRATEGIES & ACTIVITIES

Strategy 1 – systems – collaborate on and integrate child wellness and family strengthening activities and programs.
- Participating in major coalitions – e.g., Early Childhood, county CAN coalitions, etc.
- Strengthening systems connections, systems thinking, and targeting of upstream contributors.

Strategy 2 – Develop CAN surveillance system.

Strategy 3 – awareness – raise awareness about the importance of safe and nurturing relationships to prevent child maltreatment.
- Participation in awareness events.
- Parent engagement and trainings (e.g., Nurturing Parenting, CBCAP grantees, Parent Leadership Training Institute).

Strategy 4 – training – provide training and technical assistance to promote safe, healthy, and respectful relationships to prevent child maltreatment.
- Safe & Nurturing Families curriculum.
- Topical trainings – e.g., safe sleep, ACEs, child sexual abuse, domestic violence, etc.
- Records/surveillance data review (e.g., identification of action steps, training topics, training audiences, population disparities, etc.).

SHORT-TERM OUTCOMES

Evidence-Based/Informed Strategy Measures
- Number of participants who attend trainings and receive technical assistance on promoting safe, healthy, and respectful relationships.

Additional Long-Term Outcomes Expected
- Children, parents, and families:
  - Increase knowledge and awareness, especially around healthy relationships.
  - Promotion of protective factors for individuals (e.g., healthy coping strategies, resilience), families (e.g., having meals together), and larger community (e.g., connectedness).

ORGANIZATIONS AND SYSTEMS:
- Providers:
  - Increase knowledge, awareness, capacity, and self-efficacy to work with families, parents and children.
  - Identification and understanding of upstream contributors.
- Organizations and systems:
  - Increased depth of internal and external collaboration, sharing of resources, etc.

Additional Long-Term Outcomes Expected
- Children and families:
  - Healthy families.

CONTEXTUAL CONDITIONS

Socio-economic status, access to health and other supportive services, rurality, cultural considerations, language, health literacy, etc.

Version 7/12/18
SPM 1 Telehealth: Data Collection Form 1 of 3

Infrastructure Performance Measures (Sustainability)

Use the scale below to rate the degree to which the following actions are used to promote the sustainability of the telehealth initiatives.

<table>
<thead>
<tr>
<th>Rating</th>
<th>Element</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1. There is support for the MCHB-funded program or initiative within the parent agency or organization, including from individuals with planning and decision making authority.</td>
</tr>
<tr>
<td>1</td>
<td>2. The program’s successes and identification of needs are communicated within and outside the organization among partners and the public, using various internal communication, outreach and marketing strategies.</td>
</tr>
<tr>
<td>2</td>
<td>3. The organization identified, actively sought, and obtained other funding sources and in-kind resources to sustain the entire MCHB-funded program or initiative.</td>
</tr>
<tr>
<td>3</td>
<td>4. Policies and procedures developed for the successful aspects of the program or initiative are incorporated into the parent or another organization’s system of programs and services.</td>
</tr>
<tr>
<td></td>
<td>5. The responsibilities for carrying out key successful aspects of the program or initiative have begun to be transferred to permanent staff positions in other ongoing programs or organizations.</td>
</tr>
<tr>
<td></td>
<td>6. The grantee has secured financial or in-kind support from within the parent organization or external organizations to sustain the successful aspects of the initiative.</td>
</tr>
</tbody>
</table>

0 = Not Met
1 = Partially Met
2 = Mostly Met
3 = Completely Met

Total the numbers in the boxes (max = 18): 9
**Training Performance Measures**

Numbers of individual recipients of telehealth training and technical assistance, by categories of target audiences:

(For each individual training or technical assistance activity, individual recipients or attendees should be counted only once, in one audience category. Trainees who attended more than one training or received more than one type of TA activity should be counted once for each activity they received).

<table>
<thead>
<tr>
<th>Category</th>
<th>Yes/No</th>
<th># of Individuals Trained/Provided TA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Families trained/provided TA</td>
<td>☐</td>
<td>0</td>
</tr>
<tr>
<td>Other Consumers trained/provided TA</td>
<td>☐</td>
<td>0</td>
</tr>
<tr>
<td>Health Providers/Professionals trained/provided TA</td>
<td>☒</td>
<td>30 individuals</td>
</tr>
<tr>
<td>State MCH Agency Staff</td>
<td>☐</td>
<td>0</td>
</tr>
<tr>
<td>Community based/Local organization staff</td>
<td>☒</td>
<td>10 individuals</td>
</tr>
<tr>
<td>Other (specify ________________) trained/provided TA</td>
<td>☐</td>
<td>0</td>
</tr>
</tbody>
</table>

Total number of individuals trained/provided TA from all audience types 40
# Quality Improvement Measures

Use the scale described below to indicate the degree to which telehealth training has incorporated each of the design, evaluation, and continuous quality improvement activities into your training and TA work.

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>Element</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mechanisms in Place to Ensure Quality in Design of Training and TA Activities</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>X</td>
<td>1. <strong>Build on Existing Information Resources and Expertise, and Ensure Up-to-Date Content.</strong> As part of the development of telehealth training and technical assistance services, activities (such as reviewing existing bibliographies, information resources, or other materials) to ensure that the information provided in newly developed training curricula and technical assistance materials and services is up to date with standard practice; based on research, evidence, and best practice-based literature; and is aligned with local, State, and/or Federal initiatives.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>X</td>
<td>2. <strong>Link to Other MCH Training and TA Activities.</strong> The training and TA provided is linked to the content and timing of training offered by other MCH grantees (e.g., Family-to-Family Health Information Centers, other national resource and training centers, State and local CSHCN/MCH programs).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>X</td>
<td>3. <strong>Obtain Input from the Target Audience to Ensure Relevancy to their Needs.</strong> Obtain input from the audience targeted for each training or TA activity before finalizing the curriculum or materials. This could include a determination of whether the content and language of the materials are relevant to the audience’s current needs and are understandable.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>X</td>
<td>4. <strong>Ensure Cultural and Linguistic Appropriateness.</strong> Employ mechanisms to ensure that training and TA materials, methods, and content are culturally and linguistically appropriate.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Mechanisms in Place to Promote Grantee’s Training and Technical Assistance Services</strong></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>X</td>
<td>5. <strong>Conduct Outreach and Promotion to Ensure Target Audience is Aware of TA and Training Services.</strong> Use mechanisms to reach out to MCHB grantees and other target audiences such as provider or family organizations, consumers of MCH services, and the public, to make sure that target audiences know the services are available.</td>
<td></td>
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</tr>
<tr>
<td><strong>Mechanisms in Place to Evaluate Training and TA Activities and Use the Data for Quality Improvement</strong></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>X</td>
<td>6. <strong>Collect Satisfaction Data.</strong> Use mechanisms, such as evaluation forms, to collect satisfaction data from recipients of training or TA.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>X</td>
<td>7. <strong>Collect Outcome Data.</strong> Collect data to assess whether recipients have increased their knowledge, leadership skills, and ability to apply new knowledge and skills to their family, health care practice, or other MCH program situation.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>X</td>
<td>8. <strong>Use Feedback for Quality Improvement.</strong> The degree to which the results of assessments or other feedback mechanisms are used to improve the content, reach and effectiveness of the training or TA activities.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
0=Not Met
1=Partially Met
2=Mostly Met
3=Completely Met
Total the numbers in the boxes (max = 24): 8
## Service Performance Measures

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>Element</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Family/Client Measures</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>X</strong></td>
<td></td>
<td></td>
<td></td>
<td>1. <strong>Family/Client Satisfaction.</strong> Collect information from families/clients that receive services via telehealth to determine satisfaction with service provision.</td>
</tr>
<tr>
<td><strong>X</strong></td>
<td></td>
<td></td>
<td></td>
<td>2. <strong>Family/Client Outcomes.</strong> Collect data to assess whether families/clients have increased their knowledge, ability to apply new knowledge and skills to use in their family.</td>
</tr>
<tr>
<td><strong>X</strong></td>
<td></td>
<td></td>
<td></td>
<td>3. <strong>Cost and Time.</strong> Collect information about costs and time saved by families by using telehealth to receive services.</td>
</tr>
<tr>
<td><strong>X</strong></td>
<td></td>
<td></td>
<td></td>
<td>4. <strong>Technology.</strong> Collect information about the quality of the connection and ease of use of the technology.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>Element</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Provider Perception</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>X</strong></td>
<td></td>
<td></td>
<td></td>
<td>1. <strong>Provider Satisfaction.</strong> Collect information from providers that provide services via telehealth to determine satisfaction with service provision.</td>
</tr>
<tr>
<td><strong>X</strong></td>
<td></td>
<td></td>
<td></td>
<td>2. <strong>Cost and Time.</strong> Collect information about costs and time saved by providers by using telehealth to provide services.</td>
</tr>
<tr>
<td><strong>X</strong></td>
<td></td>
<td></td>
<td></td>
<td>3. <strong>Technology.</strong> Collect information about the quality of the connection and ease of use of the technology.</td>
</tr>
</tbody>
</table>

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<th>1</th>
<th>2</th>
<th>3</th>
<th>Element</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Program Perception</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>X</strong></td>
<td></td>
<td></td>
<td></td>
<td>1. <strong>Program Satisfaction.</strong> Collect information from programs to determine satisfaction with telehealth activities.</td>
</tr>
<tr>
<td><strong>X</strong></td>
<td></td>
<td></td>
<td></td>
<td>2. <strong>Cost and Time.</strong> Collect information about costs saved by programs by using telehealth.</td>
</tr>
<tr>
<td><strong>X</strong></td>
<td></td>
<td></td>
<td></td>
<td>3. <strong>Quality Improvement.</strong> Use of the data collected to develop and implement continuous quality improvement for the telehealth activities.</td>
</tr>
</tbody>
</table>

0=Not Met  
1=Partially Met  
2=Mostly Met  
3=Completely Met  
Total the numbers in the boxes (max=30): **6**