











## Summary Goals and Objectives



<b>GOAL 1: Promote mental health and emotional wellness by nurturing resilient communities and building equitable, accessible, and supportive systems of care</b>
<b>OBJECTIVE 1.1:</b> By 2022, increase the number of diverse, culturally/linguistically competent licensed clinical behavioral health workers and community-based behavioral health caregivers
<b>OBJECTIVE 1.2:</b> By 2022, increase the number of non-traditional places/settings for children and families to access behavioral services and resources
<b>OBJECTIVE 1.3:</b> By 2022, identify resources and supports to increase mental health and trauma services and supports where children live and learn in BCH priority communities (Dorchester, Jamaica Plain, Roxbury, Mission Hill/ Fenway, Mattapan)
<b>GOAL 2: Support safe, stable, healthy, equitable, affordable housing for children and families</b>
<b>OBJECTIVE 2.1:</b> By 2022, work toward policy and systems changes that would decrease the number of low/moderate-income families with children who are homeless or housing insecure.
<b>OBJECTIVE 2.2:</b> By 2022, increase pathways to mobility for low-income families through approaches that build assets and facilitate homeownership.
<b>GOAL 3: Support youth-centered and engaged programming to drive improvements in career planning and youth workforce services</b>
<b>OBJECTIVE 3.1:</b> By 2022, increase the engagement and participation of youth in youth-development programs in BCH priority neighborhoods
<b>OBJECTIVE 3.2:</b> By 2022, increase over identified baseline, the number of youth who engage in advocacy activities that can influence decisions made by City/State/Federal government that contribute to their wellness and the health of their community
<b>GOAL 4: Improve health and quality of life outcomes for children with asthma</b>
<b>OBJECTIVE 4.1:</b> By 2022, reduce the racial disparity in emergency department visits and hospitalizations due to asthma in children
<b>GOAL 5: Provide culturally relevant supports to children and families that encourage them to have healthy weight and increase access to affordable and nutritious food</b>
<b>OBJECTIVE 5.1:</b> By 2022, increase collaboration and alignment of existing Boston Children's healthy weight and nutrition programs and initiatives
<b>GOAL 6: Set a high trajectory for success in school and life among children birth to 5-years old</b>
<b>OBJECTIVE 6.1:</b> By 2022, expand training and quality improvement supports for early education and care (EEC) community-based providers
<b>OBJECTIVE 6.2:</b> By 2022, enhance engagement and skill building for parents and families with children birth to 5-years old through community programming
<b>OBJECTIVE 6.3:</b> By 2022, advocate and collaborate to increase the amount of flexible, affordable, high quality child care for children birth to 5-years old

**PRIORITY AREA 1: Mental/Behavioral Health and Trauma****GOAL 1: Promote mental health and emotional wellness by nurturing resilient communities and building equitable, accessible, and supportive systems of care****OBJECTIVE 1.1: By 2022, increase the number of diverse, culturally/linguistically competent licensed clinical behavioral health workers and community-based behavioral health caregivers**

	<b><i>Policy/Advocacy Strategies:</i></b>
	1.1.1: Advocate to expand funding for organizations, including community agencies and community-based care providers, to hire Community Health Workers (CHWs) and others to provide mental health and support services to families and youth most in need.
	1.1.2: Increase awareness of pathways, incentives and supports (e.g. educational grants and loan forgiveness), for individuals from communities of color to join the behavioral health workforce.
	<b><i>Program Development/Systems Change Strategies:</i></b>
	1.1.3: Partner with health and social service organizations, educational institutions, including Boston Public Schools (BPS), professional organizations , and the Mayor's Office of Workforce Development (OWD) to design and pilot an employment pathway program (workforce development pipeline) to recruit, incentivize, train and place community members of different backgrounds (culture, language, life and lived experience, age, race) in BH careers.
	1.1.4: Increase the pool of CHW's and youth recovery support staff with specialized mental health/substance use training who: represent low-income, immigrant, LGBT, and/or communities of color through coordinated, funded recruitment and training programs.
	1.1.5: Enhance retention and reduce burn-out of clinical licensed behavioral health workers and community-based behavioral health caregivers from underrepresented communities who work in Boston through worker-informed supports and incentives (e.g. full time work opportunities and living wages).
	1.1.6: Continue supporting the implementation of a training curriculum for staff in school communities, childcare programs, afterschool programs and other youth-serving organizations on bias / implicit bias, stigma, mental health, behavioral health and trauma-informed approaches with referral protocols to link clients with relevant services.
	1.1.7: Continue supporting the implementation of a behavioral health curricula in pre-K-12 schools and appropriate community settings to support teachers and families, that includes psychological First Aid, trauma informed approaches to working with youth, building resilience and coping skills, social and emotional learning, etc.

OBJECTIVE 1.1: By 2022, increase the number of diverse, culturally/linguistically competent licensed clinical behavioral health workers and community-based behavioral health caregivers (continued)	
RECOMMENDED INDICATORS	DATA SOURCES/RESOURCES/PARTNERS
<ol style="list-style-type: none"> <li>1. Number of new clinical and non-clinical staff recruited by race, ethnicity and language representation</li> <li>2. Number of new clinical and non-clinical staff trained based on race, ethnicity and language representation</li> <li>3. Number of new clinical and non-clinical staff placed</li> <li>4. Duration of clinical and non-clinical staff employment</li> <li>5. Percent above baseline representation of people of color</li> <li>6. Number of staff trained in trauma-informed care</li> <li>7. Number of individuals who received loan forgiveness</li> <li>8. Number of licensed clinical behavioral health workers who meet the objective</li> <li>9. Number of health and social service organizations collaborating to implement career pathways</li> </ol>	<ul style="list-style-type: none"> <li>• State administration effort of workforce development</li> <li>• Literature on CHWs, recovery coaches, family partners etc.</li> <li>• Literature on impact of loan repayment programs</li> <li>• Literature on impact of training on trauma-informed care</li> <li>• MassHealth</li> <li>• Boston Public Health Commission (BPHC) Capacity Building and Training Initiative</li> <li>• State BH licensure board</li> </ul>
OBJECTIVE 1.2: By 2022, increase the number of non-traditional places/settings for children and families to access behavioral services and resources	
<div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;">              </div> <div> <p><b>Program Development/Systems Change Strategies:</b></p> <p>1.2.1: Explore funding to place peer coaches, family partners, CHWs, and/or mental/behavioral health specialists in Boston Housing Authority (BHA) and BPS sites including after-school programs.</p> <p>1.2.2: Sustain support for city’s neighborhood trauma teams (NTTs) to ensure adequate citywide funding and coverage for mental health services available in response to community violence.</p> <p><b>Environmental Change Strategies:</b></p> <p>1.2.3: Explore community-based resources and settings (including social media or app-based technologies) where residents can access information and/or be assessed and referred to most appropriate level of care.</p> <p>1.2.4: Pilot peer-led and other ‘safe spaces’ within Boston public schools, places of worship and other community-based settings that offer students and families options for sharing mental health and trauma concerns.</p> </div> </div>	
RECOMMENDED INDICATORS	DATA SOURCES/RESOURCES/PARTNERS
<ol style="list-style-type: none"> <li>1. Number of children and families served at non-traditional sites of care</li> <li>2. Number of non-traditional sites for children and families to access behavioral health services</li> <li>3. Number of safe spaces created</li> </ol>	<ul style="list-style-type: none"> <li>• Literature on building resilient communities</li> <li>• Literature models of BH awareness and wellness in schools</li> <li>• Opportunity Youth</li> <li>• BPHC Systems of Care and MDPH Launch models</li> </ul>

**OBJECTIVE 1.3: By 2022, identify resources and supports to increase mental health and trauma services and supports where children live and learn in BCH priority communities (Dorchester, Jamaica Plain, Roxbury, Mission Hill/ Fenway, Mattapan)**





 	<p><b>Program Development/Systems Change Strategies:</b></p> <p>1.3.1: Support training, coaching, and technical support interventions that enhance evidence-based, trauma-informed support services in Boston communities, with a focus on underserved neighborhoods and communities that have been impacted by long standing stress and exposure to trauma.</p> <p>1.3.2: Continue utilizing clinical expertise to provide prevention, treatment and advocacy services to individuals at-risk or who are victims of trauma</p> <p>1.3.3: Continue funding education and support for teachers and parents who work with children who have greater behavioral needs.</p> <p>1.3.4: Advance knowledge and disseminate information to reduce stigma through innovative community/home-based models.</p>
--	---

RECOMMENDED INDICATORS	DATA SOURCES/RESOURCES/PARTNERS
<p>1. Number of trauma-informed training sessions for educators (BPS and Headstart), partners (health care providers, homeless shelter workers, residential service coordinators), parents and police</p>	<ul style="list-style-type: none"> <li>• BPHC Neighborhood Trauma Teams</li> <li>• BPHC Capacity Building and Training Initiative (CBTI)</li> <li>• East Boston Neighborhood Health Center (EBNC) (DoN)</li> <li>• The Boston Alliance of LGBTQ Youth (BAGLY) (DoN)</li> <li>• University of Massachusetts Boston BIRCh Center (DoN)</li> <li>• Simmons University (DoN)</li> <li>• The Community Builders (DoN)</li> </ul>

**PRIORITY AREA 2: Family Housing Stability and Affordability**

**GOAL 2: Support safe, stable, healthy, equitable, affordable housing for children and families**

**OBJECTIVE 2.1: By 2022, work toward policy and systems changes that would decrease the number of low/moderate-income families with children who are homeless or housing insecure**

     	<p><b>Policy/Advocacy Strategies:</b></p> <p>2.1.1: Advocate for evidence-based approaches that create housing for homeless and housing insecure families with children.</p> <p>2.1.2: Advocate for project-based or mobile vouchers to keep families housed long-term.</p> <p>2.1.3: Advocate for access to tools, resources and literacy training to address stabilization issues for families in transition from shelter to permanent housing</p> <p><b>Program Development/Systems Change Strategies:</b></p> <p>2.1.4: Invest in community and hospital-based strategies (e.g. housing navigators, behavioral health supports and case managers, integrated systems of care and community building) to support community members who are homeless or at risk of homelessness in their effort to search, apply for and secure affordable housing.</p> <p>2.1.5: Support policies that provide legal and other resources to families at-risk of eviction and that incentivize developers and small property owners to retain/increase the supply of affordable units.</p> <p>2.1.6: Collaborate with communities in grant making processes around policy, systems, population and place-based approaches that address displacement and increase housing stability.</p> <p>2.1.7: Expand pool of flexible cash resources to assist residents at risk of displacement including rapid assistance for individual families and community-based strategies to preserve affordable family housing (e.g. long term lease agreements, community land trusts).</p>
--	--

RECOMMENDED INDICATORS	DATA SOURCES/RESOURCES/PARTNERS
<ol style="list-style-type: none"> <li>1. Amount of BCH DoN and Social Work (SW) discretionary funding used to support housing stability</li> <li>2. Number of referrals who remain in or secure housing</li> <li>3. Number of increased project-based City and State subsidy vouchers available for set-aside units.</li> <li>4. Number of residents who are able to uphold their lease obligations and remain housed: rent payments, taking proper care of unit, etc.</li> <li>5. Amount of BCH funding going towards Innovative Sustainable Housing Initiative (ISHI) strategies</li> </ol>	<ul style="list-style-type: none"> <li>• City of Boston Office of Housing Stability and partner organizations: Community Development Corporations (CDCs), social service agencies, community based organizations, etc.</li> <li>• Partner organizations: CDCs, social service agencies, community based organizations, etc.</li> <li>• Number of BCH clinical staff trained to ask about homelessness/houselessness</li> <li>• Look at results of BCH SDOH screening and follow up</li> <li>• Look at BCH SW discretionary funding report and use for housing supports</li> <li>• Management companies that provide resident services and track outcomes. (E.g. Winn Management, United Housing Management, Maloney)</li> </ul>

**OBJECTIVE 2.2: By 2022, increase pathways to mobility for low-income families through approaches that build assets and facilitate homeownership**



***Policy/Advocacy Strategies:***

- 2.2.1: Support advocacy efforts aimed at enabling families with children to access and retain stable rental or purchased housing.
- 2.2.2: Support advocacy efforts for affordable housing investment and practice and policy change focused on permanent and deep affordability (ownership and rental).
- 2.2.3: Support advocacy efforts for practice and policy changes that improve mobility for low-income families.

***Program Development/Systems Change Strategies:***



- 2.2.4: Collaborate with community partners to increase number of permanently affordable housing units developed and public acreage operating under community land trusts through pooled financing or other collective strategies.
- 2.2.5: Support mortgage and down payment assistance programs targeted toward low-income homebuyers, first-generation homebuyers, and those needing extra assistance in qualifying to buy a home.
- 2.2.6: Promote home ownership by investing in community-based organizations that provide homeownership education and counseling, mortgage assistance, and foreclosure prevention services.
- 2.2.7: Support income-based programs to assist homeowners and small landlords to preserve affordability, and policies that promote these programs and strategies.

RECOMMENDED INDICATORS/DATA	DATA SOURCES/RESOURCES/PARTNERS
<ol style="list-style-type: none"> <li>1. Number of renter households who move on to home ownership.</li> <li>2. Number of first time homebuyers</li> <li>3. Number of affordable units preserved</li> <li>4. Number of existing land/housing trust efforts supported</li> <li>5. Number of first time and/or first generation homebuyers (MAHA)</li> </ol>	<ul style="list-style-type: none"> <li>• Partner organizations: CDC’s, social service agencies, community based organizations, etc. (Massachusetts Affordable Housing Alliance)</li> <li>• Developers, Community Land Trust Networks (Greater Boston Community Land Trust Network), City of Boston DND, DHCD</li> <li>• Family Independence Initiative</li> </ul>

**PRIORITY AREA 3: Youth engagement, workforce development, and promoting healthy living**

**GOAL 3: Support youth-centered and engaged programming to drive improvements in career planning and youth workforce services**

**OBJECTIVE 3.1: By 2022, increase the engagement and participation of youth in youth-development programs in BCH priority neighborhoods**



***Policy/Advocacy Strategies:***

3.1.1: Advocate for policies that increase support for workforce development efforts and developing pathways out of poverty for youth and families.



***Program Development/Systems Change Strategies:***

3.1.2: Continue support for high-quality youth-centered and youth-engaging programs and services, especially initiatives that address barriers to participation and provide low or no cost activities across all seasons.



3.1.3: Connect with state and local education and training providers, including trade unions and employer groups to promote career exposure and educational attainment for Boston youth.



3.1.4: Promote or provide incentives for Boston CHNA-CHIP Collaborative organizations to offer opportunities for advancement within and outside of current employment.





**RECOMMENDED INDICATORS**

**DATA SOURCES/RESOURCES/PARTNERS**

1. Increase above baseline the number of youth served by employment, college readiness, and/or work force development projects by DoN Funded Partners (high school to career opportunities; internship, networking, and career exploration)

- Boston Centers for Youth and Family
- Boston Housing Authority
- CommonWheels Bicycle Collective (DoN)
- Jamaica Plain Coalition/Tree of Life
- Haley House (DoN)
- Mildred C. Hailey Tenant Task Force Organization
- Sociedad Latina (DoN)

**OBJECTIVE 3.2: By 2022, increase over identified baseline, the number of youth who engage in advocacy activities that can influence decisions made by City/State/Federal government that contribute to their wellness and the health of their community** DEV





   	<p><b>Program Development/Systems Change Strategies:</b></p> <p>3.2.1: Gather baseline and improvement data via community surveys.</p> <p>3.2.2: Explore use of frameworks in CBOs and schools to build community resilience.</p> <p>3.2.3: Increase youth and resident engagement in leadership opportunities with city-wide decision-making bodies.</p> <p>3.2.4: Train and hire diverse community health workers/peers with lived and other expertise to provide support and connect children and families to services in multiple community and clinical settings.</p> <p><b>Environmental Change Strategies:</b></p> <p>3.2.5: Pilot a ‘mental wellness mapping’ activity in communities that meet characteristics of a resilient, pro-mental health community and work with community members to conduct advocacy for scaling successful interventions (e.g. reducing gun violence, having more trees/green space, physical activity, etc.).</p>
---	--

RECOMMENDED INDICATORS	DATA SOURCES/RESOURCES/PARTNERS
<ol style="list-style-type: none"> <li>1. Number of community youth and residents who feel they can impact decisions</li> <li>2. Number of community health workers trained</li> </ol>	<ul style="list-style-type: none"> <li>• Sociedad Latina (DoN)</li> <li>• Jamaica Plain Coalition/Tree of Life</li> <li>• Boston Centers for Youth and Family</li> <li>• BPHC</li> </ul>

**Priority Area 4: Asthma**

**GOAL 4: Improve health and quality of life outcomes for children with asthma**

**OBJECTIVE 4.1: By 2022, reduce the racial disparity in emergency department visits and hospitalizations due to asthma in children**

   	<p><b>Policy/Advocacy Strategies</b></p> <p>4.1.1: Advocate for practice and policy changes to improve asthma care.</p> <p><b>Program Development/Systems Change Strategies:</b></p> <p>4.1.2: Continue implementing strong asthma practice management programs in primary care centers at Boston Children’s and CHC partners.</p> <p>4.1.3: Provide education and resources on Asthma management for health care providers in schools and the community.</p> <p>4.1.4: Explore systems that better connect school nurses with primary care services for asthma management.</p> <p>4.1.5: Continue implementing community home-visiting programs for asthma that provide a full spectrum of case management including family/patient education, asthma self-management and environmental remediation supports.</p> <p><b>Environmental Change Strategies:</b></p> <p>4.1.6: Explore work with housing partners to better link families with asthma to environmental remediation services and supplies to manage their asthma symptoms in the home.</p>
--	--

RECOMMENDED INDICATORS/DATA	DATA SOURCES/RESOURCES/PARTNERS
<ol style="list-style-type: none"> <li>1. Decrease in asthma ED visits and hospitalization rates for Latinx and African American children (white as the reference group)</li> </ol>	<ul style="list-style-type: none"> <li>• Sample BCH administrative data from targeted neighborhoods</li> </ul>



**PRIORITY AREA 5: Healthy Weight and Nutrition**

**GOAL 5: Provide culturally relevant supports to children and families that encourage them to have healthy weight and increase access to affordable and nutritious food**

**OBJECTIVE 5.1: By 2022 increase collaboration and alignment of existing Boston Children’s healthy weight and nutrition programs and initiatives** DEV

***Policy/Advocacy Strategies:***

5.1.1: Advocate developing and strengthening the community physical/social infrastructure to support low-income families in accessing fresh fruit and vegetables and participating in low or no cost recreation/physical activity.

***Program Development/Systems Change Strategies:***



5.1.2: Establish baseline data for Objective 5.1. And define measures of collaboration.



5.1.3: Explore systems with e-referrals to allow for better connection and coordination between health care providers and community based providers of healthy weight and nutrition services.

5.1.4: Identify opportunities to build culturally-centered knowledge and capacity (among health centers, among providers) to address healthy weight and nutrition needs of families.



5.1.5: Continue addressing needs of children and families overcoming obesity by supporting community pediatric primary care practices.

RECOMMENDED INDICATORS/DATA	DATA SOURCES/RESOURCES/PARTNERS
<ol style="list-style-type: none"> <li>1. Number of meetings with collaborator with similar or complementary programs</li> <li>2. Number of training on culturally competent services for collaborating programs/providers</li> <li>3. Change in BMI for Boston youth</li> </ol>	<ul style="list-style-type: none"> <li>• FIC, HIC, HEAL collaboration efforts with DoN relevant funded partners</li> <li>• BPS and Headstart BMI data through annual BPS wellness report</li> </ul>

**PRIORITY AREA 6: Early Childhood/Child Development**

**GOAL 6: Set a high trajectory for success in school and life among children birth to 5-years old**

**OBJECTIVE 6.1: By 2022, expand training and quality improvement supports for early education and care (EEC) community-based providers**



**Program Development/Systems Change Strategies:**

- 6.1.1: Support programs that provide TA and training for family child-care provider networks, increasing quality rating and services.
- 6.1.2: Support increased training of EEC providers in social emotional learning, child health and nutrition, and developmental (ASQ) screening.
- 6.1.3: Explore systems needed in the BPS UPK system to ensure alignment and coordination of resources for families and children with developmental supports /needs.
- 6.1.4: Develop and implement an infrastructure for early childhood mental health (ECMH) training and competencies to professionalize the field and increase the workforce of ECMH providers statewide.

RECOMMENDED INDICATORS/DATA	DATA SOURCES/RESOURCES/PARTNERS
-----------------------------	---------------------------------

- |  |  |
|--|--|
| <ol style="list-style-type: none"> <li>1. Number of trainings provided across funded partners</li> <li>2. Number of early childhood mental health providers certified/engaged in competency system</li> <li>3. Number of BPS universal pre-K classrooms with parent partner providing outreach and follow up to families with special needs</li> </ol> | <ul style="list-style-type: none"> <li>• Boston Chinatown Neighborhood Center (BCNC) (DoN)</li> <li>• Jamaica Plain Neighborhood Development Corporation (JPNDC) (DoN)</li> <li>• Massachusetts Society for the Prevention of Cruelty to Children (MSPCC) (DoN)</li> </ul> |
|--|--|



**OBJECTIVE 6.2: By 2022 enhance engagement and skill building for parents and families with children birth to 5-years old through community programing**





**Program Development/Systems Change Strategies:**

- 6.2.1: Support parenting education and leadership programs.
- 6.2.2: Expand access to new parent education (The Boston Basics, Families First, First Teacher etc.) for families in community health centers and other community settings.
- 6.2.3: Increase parent leadership roles in CBOs across Boston.

RECOMMENDED INDICATORS/DATA	DATA SOURCES/RESOURCES/PARTNERS
-----------------------------	---------------------------------




- |  |   |
|--|---|
| <ol style="list-style-type: none"> <li>1. Number of parent education trainings provided across funded partners</li> <li>2. Number of new parent education training provided</li> <li>3. Number of learning communities for orgs. with parent partners</li> </ol> | <ul style="list-style-type: none"> <li>• The Boston Basics, Families First, First teacher, BCNC(DoN)</li> <li>• Family Nurturing Center- Boston Family Engagement Network (BFEN) (DoN)</li> </ul> |
|--|---|

**OBJECTIVE 6.3: By 2022, advocate and collaborate to increase the amount of flexible, affordable, high quality child care for children birth to 5-years old**

  	<p><b>Policy/Advocacy Strategies:</b></p> <p>4.2.1: Advocate to improve employer efforts and policies to provide childcare resources to their employees and workplace communities, including employer investment in such resources.</p> <p>4.2.2: Advocate expanding subsidies for childcare for low income families, including a voucher system and other strategies.</p> <p>4.2.3: Collaborate with key strategic leaders to leverage existing efforts to improve quality and access to early education and care services.</p> <p><b>Program Development/Systems Change Strategies:</b></p> <p>4.2.4: Support the development of coordinated networks of home-based child care providers specializing in accommodating the nonstandard schedules of the health care workforce.</p>
--	--

RECOMMENDED INDICATORS/DATA	DATA SOURCES/RESOURCES/PARTNERS
<ol style="list-style-type: none"> <li>1. Number of childcare providers in workplaces</li> <li>2. Percent of affordable after-hour child care</li> <li>3. Number of high-quality childcare spaces available</li> </ol>	<ul style="list-style-type: none"> <li>• Shared Services Networks through United Way</li> <li>• MCP</li> <li>• Neighborhood Villages</li> <li>• Harvard Child Care Center systems</li> <li>• Bright Horizons</li> <li>• Crystal Kornegay, Urban Edges ex director, now at MassHousing</li> <li>• Early Education for All campaign</li> <li>• Care That Works (carethatworks.org)/ Independent Women’s Project</li> <li>• MNA</li> <li>• SEIU1199</li> </ul>

**Key**

Symbol	Meaning
	Year One Strategies
<b>DEV</b>	Developmental Objective (Need to gather baseline data)
	Long-term strategies that will take more than 3-5 years for implementation
	Represents work being done through the Determination of Need funded Collaboration for Community Health at Boston Children’s

**Overall Approach**

1. This implementation plan is a living document that will evolve and be refined as implementation occurs and we learn what is achievable and sustainable.
2. The plan mirrors the format and shares content with Boston CHNA-CHIP Collaborative 2019 Implementation Plan (CHIP)
3. Strategies are grouped into categories: Policy/Advocacy, Systems and Environmental Change (see table below for details)
4. Objectives that did not currently have data sources were labeled as ‘Developmental’ with a primary initial strategy created to identify and compile data.

**Strategy Categories**

<b>Policy/ Advocacy</b>	<b>Program Development/Systems Change</b>	<b>Environmental Change</b>
<ul style="list-style-type: none"> <li>• Legislative Policy:                             <ul style="list-style-type: none"> <li>○ Federal, State, Local</li> <li>○ Is written, debated, voted on, passed, implemented</li> </ul> </li> <li>• Administrative Policy:                             <ul style="list-style-type: none"> <li>○ Public agencies issue guidance</li> <li>○ Administrative rules that govern how laws are implemented</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Changes within an organization to promote health</li> <li>• Organizational infrastructure changes including procurement</li> <li>• Community planning and programming that incorporates child and family health</li> <li>• Building referral systems internally or externally</li> </ul>	<ul style="list-style-type: none"> <li>• Addresses the economic, experienced, or built/physical environment                             <ul style="list-style-type: none"> <li>○ Economic environment – financial incentives or disincentives to promote health</li> <li>○ Experienced environment – safety, stigma</li> <li>○ Built environment – physical spaces to support changes in health behaviors</li> </ul> </li> </ul>