

**MCAH Annual Report (Form 3A) FY: \_\_\_\_\_**

<b>Objective</b>	<b>Outcomes and Data Points</b>	<b>Annual Progress Report</b>
<p><b><u>1.0</u></b>  <b>MCAH Programs in local health jurisdictions (LHJs) operate under the direction of an approved MCAH Director in accordance with the State MCAH/OFP Branch Policies and Procedures, Key Personnel Section.</b></p>		
<p><b><u>1.1</u></b>                      The LHJ must have a MCAH Director who meets the professional qualifications and time commitment specified in the State MCAH Policies and Procedures.</p>	<p><b><u>1.1.1</u></b>                      Submit a copy of the approval letter or the waiver letter with the AFA.</p>	

Objective	Outcomes and Data Points	Annual Progress Report
-----------	--------------------------	------------------------

**1.2**

The MCAH Director is responsible for programs that improve the health outcomes for the MCAH population.

(See Appendix B in State MCAH Policies and Procedures for the Title V MCAH/OFP Branch priority areas identified during the needs assessment process and a breakdown of topics within the general priority areas for reference.)

The priority areas include:

- a. Enhance preconception care and eliminate disparities in infant and maternal morbidity and mortality.
- b. Promote healthy lifestyle practices among MCAH populations and reduce the rate of overweight children.
- c. Promote responsible sexual behavior to decrease the rate of teen pregnancy and sexually transmitted infections.
- d. Improve mental health and decrease substance abuse among children, adolescents and pregnant and/or parenting women.
- e. Improve access to care and quality of health and dental services, including the reduction of disparities.

**1.2.1**

List all Local MCAH Programs funded by the MCAH/OFP Branch in the table and add rows as needed.

**1.2.2**

Identify the Title V MCAH/OFP Branch priority areas with the corresponding local MCAH Programs.

**For example:**

MCAH Programs in your County include.

- #1. Perinatal Initiative  
(Priorities – a, c, d & g)
- #2. Teens at Risk  
(Priorities- a, b, c, d, & e)

Fill in the table:

MCAH Programs	Priority areas

### MCAH Annual Report (Form 3A)

Objective	Outcomes and Data Points	Annual Progress Report
<p>f. Decrease unintentional and intentional injuries and violence, including community, family, and intimate partner violence.</p> <p>g. Increase breastfeeding initiation and duration.</p>		
<p><b><u>1.3</u></b>            The MCAH Director responsibilities include:</p> <ul style="list-style-type: none"> <li>• Develop policies and procedures, standards and protocols.</li> <li>• Develop agency and/or community infrastructure that promote community partnerships and provide family-centered, culturally competent services.</li> <li>• Ensure implementation and</li> </ul>	<p><b><u>1.3.1</u></b></p> <ul style="list-style-type: none"> <li>• Submit a duty statement that includes the MCAH Director's responsibilities identified in the MCAH/OFP Branch Policies and Procedures with the AFA. When the MCAH Director position changes or the duties change for the MCAH Director, submit the revised duty statement at the time of the change.</li> <li>• Complete and submit <b>Form 4</b> to document the MCAH Director's participation in MCAH-related Collaboratives. (Note: this can be used as secondary documentation for FFP.)</li> </ul>	

### MCAH Annual Report (Form 3A)

Objective	Outcomes and Data Points	Annual Progress Report
<p>coordination of MCAH Programs.</p> <ul style="list-style-type: none"> <li>• Ensure hiring and orientation of key personnel, adhering to MCAH/OFP Branch policy personnel requirements.</li> <li>• Develop activities and evaluation methods to measure results that relate to meeting MCAH priorities and the LHJs multi-year plan.</li> <li>• Use core public health functions to assure that progress is made toward the Title V MCAH/OFP Branch goals and objectives.</li> </ul> <p>(See State MCAH Policies and Procedures, Key Personnel Section for core public health functions.)</p>	<ul style="list-style-type: none"> <li>• The activities and evaluation methods will be documented in Objective 4.</li> </ul> <p>(Nothing is entered here.)</p>	
<p><b><u>Objective 2.0</u></b></p> <p><b>The LHJ MCAH Program provides comprehensive outreach activities that may include outreach, case finding, referrals, patient/client education and community awareness that targets the local MCAH population to assist them in accessing and receiving care and services to improve their health and well-being.</b></p>		

Objective	Outcomes and Data Points	Annual Progress Report
-----------	--------------------------	------------------------

**2.1**

The LHJ provides information on community resources, services and referrals to the MCAH population.

- Provides activities that facilitate early and continuous access to care and services.
- Promotes screening of pregnant women and women of child bearing age.
- Refers to Healthy Families, Medi-Cal, Access for Infants and Mothers (AIM) and other low cost/no cost health insurance programs for health care coverage.
- Determines high risk populations, targets outreach, case finding and care coordination activities and gives these high risk populations priority. The high risk MCAH populations include:
  - ❖ Low income pregnant women,
  - ❖ Women, children and adolescents who are not linked to a source of care,
  - ❖ Women of childbearing age who are at risk for adverse perinatal outcomes including, but not limited to, tobacco exposure and substance abuse.
  - ❖ Children with special health

**2.1.1**

Complete Form 5, Outreach Activities, and keep on file for audit purposes. Only submit three examples with the Annual Report.

**2.1.2**

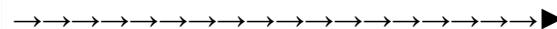
Describe the tracking system for referrals.  
(In 25 words or less)

**2.1.3**

**Enter the number of referrals to each program in the table:**

Program Names	Healthy Families	Medi-Cal	AIM	*No/low cost health insurance
<b>Referral numbers</b>				

\*Identify the health insurance programs in the third column.



**2.1.4**

Identify the targeted high risk populations in Objective 4. (Nothing is entered here.)

Objective	Outcomes and Data Points	Annual Progress Report
care needs.		
<p><b><u>2.2</u></b> The LHJ promotes community wide collaboration in the development and implementation of outreach programs, and works to assure that services are provided in a culturally sensitive manner with no duplication of services.</p>	<p><b><u>2.2.1</u></b> Complete and submit <b>Form 4</b> to document any MCAH staff participation in MCAH-related Collaboratives.  (Note: this can be used as secondary documentation for FFP)</p>	
<p><b><u>2.3</u></b> The LHJs provide a toll free or no cost telephone information service. (Title V requirement.)</p> <ul style="list-style-type: none"> <li>• The telephone number must be disseminated widely throughout the LHJ by means of pamphlets, publications and media publicity.</li> <li>• At minimum, the toll free line must operate during normal business hours and must linguistically reflect the LHJ's population mix.</li> <li>• Personnel staffing the toll free line must have cultural sensitivity training.</li> </ul> <p>After hour messages must be answered by the end of the following business day.</p>	<p><b><u>2.3.1</u></b> Submit <b>Form 6</b>, Toll Free Telephone Report. (This revised form includes specifics about the hours of operation, advertising methods, call volume, staffing, training, etc.)</p> <p><b><u>2.3.1</u></b> Keep documentation on file for audit purposes.</p>	

**MCAH Annual Report (Form 3A)**

Objective	Outcomes and Data Points	Annual Progress Report
<p><b><u>Objective 3.0</u></b> The LHJ provides skilled professional expertise to identify, coordinate and expand services for the MCAH population through collaborative planning and development to assure quality, evidence - based family services.</p>		
<p><b><u>3.1</u></b> The LHJ provides qualified program experts to manage MCAH Programs and activities consistent with specific program requirements.</p>	<p><b><u>3.1.1</u></b> Refer to the individualized programs (e.g. AFLP, BIH, etc.) for specific approval and reporting requirements. Submit the respective Annual Reports.</p>	
<p><b><u>3.2</u></b> The LHJ provides a Perinatal Service Coordinator (PSC) in accordance with the State MCAH Policies and Procedures.</p>	<p><b><u>3.2.1</u></b> The LHJ requests approval verification for a PSC. Documents kept on file for audit purposes.</p> <p><b><u>3.2.2</u></b> Submit a copy of the approval letter or the waiver letter for the PSC with the AFA and when there is a change in the PSC position.</p>	
<p><b><u>3.3</u></b> The PSC's role and responsibilities include the following (a through o):</p>	<p><b><u>3.3.1 &amp; 3.3.2</u></b> (See the bullets below)</p>	
<p><b><u>a.</u></b> Monitor trends in access and quality of</p>	<ul style="list-style-type: none"> <li>• List trends related to access and quality of</li> </ul>	

### MCAH Annual Report (Form 3A)

Objective	Outcomes and Data Points	Annual Progress Report
prenatal care.	prenatal care in the LHJ.	
<p><b><u>b.</u></b> Identify areas that have a disproportionately high need in relation to access to care and other barriers to the delivery of quality and timely prenatal care.</p>	<ul style="list-style-type: none"> <li>List hot spots and interventions/activities that target these areas or high risk populations.</li> </ul>	
<p><b><u>c.</u></b> Incorporate assessment findings and activities into the LHJ's community profile and local MCAH Plan to improve services.</p>	<ul style="list-style-type: none"> <li>List two examples that show how assessment findings were incorporated into the LHJ's MCAH plan to improve services.</li> </ul>	
<p><b><u>d.</u></b> Inform the perinatal community, including providers, managed care plans, and other health and human service providers about local status and trends of perinatal outcomes and their relationship to the yearly, local MCAH Plan.</p>	<ul style="list-style-type: none"> <li>How many trainings did the PSC conduct?</li> <li>List the topics of the trainings.</li> </ul>	
<p><b><u>e.</u></b> Educate the provider community, including managed care plan providers, and other health and human services providers about CPSP, the needs of the target population and sub-populations such as homeless, substance users, the migrant workers, etc.</p>	<ul style="list-style-type: none"> <li>How was the provider community educated about CPSP, etc?</li> <li>What methods/ways were used to inform the provider community?</li> </ul>	
<p><b><u>f.</u></b> Collaborate with providers and other</p>	<p><b><u>f. and g.</u></b></p> <ul style="list-style-type: none"> <li>Complete and submit <b>Form 4</b> to document</li> </ul>	

### MCAH Annual Report (Form 3A)

Objective	Outcomes and Data Points	Annual Progress Report
<p>third party payers to extend comprehensive perinatal care to all pregnant women at or below 200% of poverty.</p> <p><b>g.</b> Participate in local planning, work groups, advisory committees, etc. (MCAH-related Collaboratives) to address unmet needs to provide access to prenatal care for all pregnant women.</p>	<p>the MCAH-related Collaboratives with PSC participation.</p> <p>(Note: this can be used as secondary documentation for FFP)</p>	
<p><b>h.</b> Conduct provider education and continuous quality improvement (CQI) programs.</p>	<ul style="list-style-type: none"> <li>List any tool kits from the California Perinatal Quality Care Collaborative (CPQCC) that were used, promoted or given to providers.</li> </ul>	
<p><b>i.</b> Promote, develop and coordinate professional and community resources.</p>	<ul style="list-style-type: none"> <li>List examples of professional and/or community resources that were promoted, used or given to providers.</li> </ul>	
<p><b>j.</b> Process applications for those eligible providers desiring to become approved CPSP providers.</p>	<ul style="list-style-type: none"> <li>How many applications did the PSC submit to the State?</li> <li>How many CPSP providers have been inactivated (end-dated)?</li> <li>How many application updates did the PSC complete whether or not the update was submitted to the State?</li> </ul>	<p>Fill in the boxes:</p> <input data-bbox="1276 1170 1409 1224" type="text"/> <input data-bbox="1276 1273 1409 1326" type="text"/> <input data-bbox="1276 1375 1409 1429" type="text"/>
<p><b>k.</b></p>		

### MCAH Annual Report (Form 3A)

Objective	Outcomes and Data Points	Annual Progress Report
<p>Provide consultation and technical assistance to CPSP providers.</p>	<ul style="list-style-type: none"> <li>List the top three issues.</li> </ul>	
<p><b><u>l.</u></b> Undertake quality assurance activities to address issues related to access and quality of perinatal care.</p> <p><b><u>m.</u></b> Assure comprehensive perinatal services to all Medi-Cal eligible women in both fee-for-service and capitated health systems.</p>	<ul style="list-style-type: none"> <li>List quality assurance activities conducted by the PSC. (e.g. annual site visits, chart reviews, etc.)</li> <li>List the number of site visits, face to face contacts, conducted by the PSC with current and potential providers.</li> <li>List the number of contacts, e.g., email, phone calls, etc., the PSC has with current and potential providers. Do not include face to face contacts.</li> </ul>	
<p><b><u>n.</u></b> Work with the perinatal community, including providers, Regional Perinatal Program Coordinators/Directors, managed care plan providers and other health and human service providers to reduce barriers to care, avoid duplication of services and improve communications.</p>	<ul style="list-style-type: none"> <li>List three barriers to care.</li> <li>Identify key community partners to address these issues.</li> <li>Who is your Regional Perinatal Program Coordinator/Director?</li> <li>How many times has there been communication and collaboration between the PSC and the Regional Perinatal Program Coordinator/Director on local perinatal issues?</li> </ul>	

Objective	Outcomes and Data Points	Annual Progress Report
<p><u>o.</u>                      Attend a new CPSP Coordinator orientation and a CPSP annual statewide and regional meeting.</p>	<ul style="list-style-type: none"> <li>List the date the PSC attended the new PSC's orientation.</li> <li>List the date the PSC attended the statewide meeting.</li> <li>List the date the PSC attended the regional meeting.</li> </ul>	<p>New Coordinators orientation date: _____</p> <p>Statewide meeting date: _____</p> <p>Regional meeting date: _____</p>
<p><b><u>Objective 4.0</u></b>  <b>The LHJ addresses their priority needs:</b>  <b>a) Identified through their community health assessment and</b>  <b>b) Includes a specific Sudden Infant Death Syndrome (SIDS) objective and activities.</b></p>		

Objective	Outcomes and Data Points	Annual Progress Report
<p><b>The LHJ continues to monitor the MCAH needs and modifies the local plan to achieve improvement in maternal, child and adolescent health.</b></p>		
<p><b><u>4.1</u></b> LHJ must complete this process to address their priority needs and SIDS objective:</p> <ul style="list-style-type: none"> <li>• Develop a plan to address the LHJ's priority needs and SIDS by identifying implementation strategies and activities consistent with the MCAH/OFP Branch and Title V goals and objectives.</li> <li>• Ensure implementation activities, interventions and strategies are evidence-based.</li> <li>• Implement activities that are specific and measurable.</li> <li>• Ensure each implementation activity has a method of evaluating the outcome as it relates to meeting the objective.</li> <li>• Complete the plan within the fiscal year in which the allocation applies except if the local priority need is an ongoing issue. These activities may be carried over to the next year.</li> <li>• Continue to monitor local MCAH needs and modify the local plan to improve maternal, child and</li> </ul>	<p><b><u>4.1.1 &amp; 4.1.2</u></b> In the plan :</p> <ul style="list-style-type: none"> <li>• Identify the at risk population.</li> <li>• Identify the implementation strategies and activities that address the local priority needs and SIDS objective.</li> <li>• Identify policies developed related to the health issues.</li> <li>• Describe the method that was used to evaluate the outcomes.</li> <li>• Discuss barriers to completing the plan within the identified timeframe.</li> </ul>	

### MCAH Annual Report (Form 3A)

Agency:  
Allocation Number:

<b>Objective</b>	<b>Outcomes and Data Points</b>	<b>Annual Progress Report</b>
adolescent health. • Report local trends in MCAH and the impact on implementing the plan and meeting the objectives.		