

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

Objective	Outcomes and Data Points	Annual Progress Report
<p><b><u>Objective 3.0</u></b>  <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.</b></p>		
<p><b><u>3.1</u></b>            The LHJ provides qualified program experts to manage local MCAH Programs and activities consistent with</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</p>	<p>MCAH Director has 23 years of experience in the field of Maternal Child and Adolescent Health. She supervises experienced staff who work in the specific programs. Community Action Partnership of San Luis Obispo</p>
<p><b><u>3.2</u></b>            The LHJ provides a Perinatal Service Coordinator (PSC) in accordance with the State MCAH Program Policies and Procedures.</p>	<p>Submit a copy of the approval letter or the waiver letter for the PSC with the AFA and in instances where there is a change in the PSC position.</p>	<p>Check appropriate box(es)</p> <p><input checked="" type="checkbox"/> The LHJ submitted an approval and/or waiver letter for the PSC Coordinator with the AFA. Documentation is on file with the LHJ.</p> <p><input type="checkbox"/> The LHJ obtained a new approval and/or waiver letter if there has been a change in the PSC position during the current fiscal year. Documentation is on</p>

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		file at the LHJ.
<p><b><u>3.3</u></b> The PSC and/or MCAH Director's role and responsibilities include the following (a through o):</p>	<p><b><u>3.3.1</u> &amp; <u>3.3.2</u></b> (See the bullets below)</p>	
<p><b><u>a.</u></b> Monitor trends in access and quality of prenatal care.</p>	<ul style="list-style-type: none"> <li>List trends related to access and quality of prenatal care in the LHJ.</li> </ul>	<p>Mental Health services continue to be an access and quality of care problem in SLO County, specifically among the monolingual Hispanic population. Domestic violence and prenatal/post-partum depression services are very difficult to find for all pregnant women, especially those with Medi-Cal. There are limited providers for psycho-social treatment, but very few offer bilingual services. Also, many of our providers limit the number of Medi-Cal clients they will see, which puts a great burden on Community Health Clinics (CHC) who contract with the County for services (most of the Hispanic population receive their services here).</p>
<p><b><u>b.</u></b> Identify geographic areas or population groups that have insufficient access to 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>Spanish speaking clients are disproportionately affected in relationship to access to care, specifically in the northern parts of the county (Shandon, San Miguel and Creston). We continue to negotiate with CHC to expand services in these areas. It looks like they will begin to provide medical and dental services in Shandon/San Miguel area this year.</p>
<p><b><u>c.</u></b> Report assessment findings and activities to the MCAH Director for incorporation 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>	<ul style="list-style-type: none"> <li>Expansion of services in north county</li> <li>Development of teen preconception program due to increase in teen pregnancy (over all teen pregnancy is very low in SLO, but among the Hispanic population it is increasing rapidly. Hispanic teens are 3 x likely to become pregnant than Non- Hispanics)</li> </ul>

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<p><b>Objective 4.0</b></p> <p>The LHJ addresses local priority needs including: a) a specific SIDS objective(s) and activities, and b) other local needs identified through the Title V Needs Assessment. Each LHJ must tailor its SIDS objective and other local priority objectives to address local needs identified through their 5 year needs assessment.</p> <p><b>The LHJ will include their specific local objectives and activities in this section.</b></p>		<p><b>Objective</b></p> <p><b>At least 75% of pregnant women will be assessed for use of tobacco, alcohol and drug use during pregnancy.</b></p> <p>Results: Less than 60 % of all pregnant women were assessed for substance use during pregnancy.</p> <p>4P's Plus data shows that 37% of women have used alcohol, tobacco or marijuana in the months before they knew they were pregnant (30% alcohol only), and 17% continue to use after known pregnant. Even with all the training, educational materials, media campaigns, our percentage remains high.</p> <p>Contributing Factors:</p> <ul style="list-style-type: none"> <li>• In spite of all the trainings and interactions we have had with OB offices, most of the providers are not screening all their patients.</li> <li>• Providers are not recognizing that alcohol use is prevalent among their more affluent patients therefore, deny use with any of their patients</li> <li>• A few providers believe that moderate drinking is okay</li> <li>• Don't ask because they have no where to refer</li> <li>• Physicians state their limited time won't allow them to discuss substance use</li> </ul> <p>Activities :</p> <ul style="list-style-type: none"> <li>• FASD day celebration on September 9, 2009. First 5, BOS, Pub Health, Tobacco Control, Non-profits all took part in a large presentation on Court House steps. Over 2500 white flags placed on court house lawn representing each baby exposed to alcohol</li> </ul>

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		<p>during pregnancy.</p> <ul style="list-style-type: none"> <li>• We continue to collaborate with Martha's Place, a children's assessment center to educate parents on substance use during pregnancy. A parenting class was started this year.</li> <li>• Beginnings Collaboration continues to educate community through media and focus groups (see Attachment 4)</li> <li>• Nurse visits OB offices monthly to collect data and determine needs of office staff in implementing 4P's Plus program.</li> <li>• Round tables/forums are planned and implemented to educate staff/community on effects of alcohol during pregnancy</li> </ul> <p>This next FY, we will brain storm on a different approach with providers to encourage assessment of pregnant women for substance use.</p> <p>Evaluation: Used data information from</p> <ul style="list-style-type: none"> <li>• 4p's Plus Data</li> <li>• Number of hits on web site</li> <li>• Number of attendees at health fairs and trainings</li> </ul> <p><b>Objective</b></p> <p><b>By June 30, 2010, 80% of pregnant women will enter into prenatal care before the end of the 12<sup>th</sup> week of gestation.</b></p> <p>Results:</p> <ul style="list-style-type: none"> <li>• Women entering prenatal care in the 1<sup>st</sup> trimester was 78%</li> </ul>