

**California Title V Block Grant
Five-Year Implementation Plan**

**Maternal, Child and Adolescent Health/
Office of Family Planning Branch
California Department of Public Health**

**Children's Medical Services Branch
California Department of Health Care Services**

July 15, 2007

INTRODUCTION

The California Maternal, Child and Adolescent Health/Office of Family Planning (MCAH/OFP) Branch and the Children's Medical Services (CMS) Branch have joint responsibility for carrying out Title V Maternal and Child Health Block Grant functions. As a recipient of the federal grant, California is required to complete a statewide needs assessment every five years and develop a plan of action for addressing priorities identified during the needs assessment process.

The 2005 five-year needs assessment identified ten priorities for maternal, child, and adolescent health in California. The priorities encompass all levels of the MCAH health services pyramid (Direct Health Care, Enabling Services, Population-Based Services, and Infrastructure-Building Services). The ten priorities for Title V activities in California are as follows:

- Enhance preconception care and work toward eliminating disparities in infant and maternal morbidity and mortality. (MCAH/OFP)
- Promote healthy lifestyle practices among MCAH populations and reduce the rate of overweight children and adolescents. (MCAH/OFP)
- Promote responsible sexual behavior in order to decrease the rate of teenage pregnancy and sexually transmitted infections. (MCAH/OFP)
- Improve mental health and decrease substance abuse among children, adolescents, and pregnant or parenting women. (MCAH/OFP)
- Coordinate to develop and implement a system of timely referral between mental health, developmental services, social services, special education services and the California Children's Services (CCS) program. (CMS)
- Improve access to medical and dental services, including the reduction of disparities. (MCAH/OFP)
- Expand the number of qualified providers participating in the CCS program, e.g., medical specialists, audiologists, occupational and physical therapists, and nutritionists. (CMS)
- Increase the number of family-centered medical homes for children with special health care needs (CSHCN) and the number/percent of CCS children who have a designated medical home. (CMS)
- Decrease unintentional and intentional injuries and violence, including family and intimate partner violence. (MCAH/OFP)
- Increase breastfeeding initiation and duration. (MCAH/OFP)

We recognize that the scope of each of these priorities is broad and will include work undertaken by internal and external partners as well. The purpose of identifying these priorities is to focus on the MCAH/OFP and the CMS Branches' objectives and strategies in relation to these long term priority goals. The MCAH/OFP and CMS Branches are committed to working proactively to provide integrated, efficient and effective health care services and programs that foster healthy behaviors and prevention services to the maternal, child and adolescent health population. The development of the Title V Implementation Plan (IP) is the next step in this process.

The goal of the IP is to develop objectives and strategies for implementation at the State level that address the priorities identified in the 2005 Title V needs assessment process. The Plan is a roadmap for guiding the Branches' activities during the next five-year phase of the Title V Maternal and Child Health Block Grant. Development of the Title V Implementation Plan

involved a collaborative process. Initial drafts were composed by workgroups from both the MCAH/OFP Branch and the CMS Branch. A variety of approaches were utilized to obtain input directly from local health jurisdictions, county MCAH health directors, local CMS programs, community stakeholders and the public. Progress and outcomes related to the IP strategies will continue to be evaluated and assist the Branches in planning future implementation activities.

The IP begins with a brief background of the Title V needs assessment and implementation plan process. The Plan then describes the Branches' priority goals, objectives and strategies. This is followed by a section describing the challenges and constraints facing the Branches. The final section describes ongoing partnerships and collaborative relationships that are an integral component for successful implementation of the strategies identified in this plan.

BACKGROUND

Title V Needs Assessment

California's 2006-2010 Title V Needs Assessment, completed in July 2005, was the culmination of more than three years of planning, analysis and evaluation among local health jurisdictions and stakeholders in partnership with the California Department of Health Services (CDHS).^{*} The Maternal, Child, and Adolescent Health / Office of Family Planning (MCAH/OFP) Branch of the California Department of Public Health (CDPH) and the Children's Medical Services (CMS) Branch of the California Department of Health Care Services (DHCS) provided leadership in assessing and prioritizing the local and statewide needs of MCAH and CSHCN populations.

Each Branch undertook inclusive efforts to produce a comprehensive needs assessment. From 2003 to 2004, the MCAH/OFP Branch took a multi-level approach to conduct the needs assessment. This involved collaborations with the Family Health Outcomes Project (FHOP) at the University of California San Francisco (UCSF) and the state's 61 local health jurisdictions, including various state and local programs, professional groups, provider organizations, community citizens, parents, and former clients. Fifty-five of the 61 jurisdictions (90 percent) submitted needs and capacity assessments in 2004, and the Branch closely analyzed this rich data on local-level needs and process methodology. In April 2005, 46 stakeholders from a range of organizations involved in the maternal, child, and adolescent health arena participated in a stakeholder meeting where the participants discussed the data and issues and, based on an agreed criteria for ranking, provided recommendations for setting state priorities. The Branch also analyzed statewide quantitative data and examined capacity at the state level.

MCAH/OFP Branch priorities were selected based on multiple considerations – the results from the local jurisdiction needs assessment reports, the input from external stakeholders as well as input from Branch staff, the assessment of capacity at the state level, the review of published data, state-level surveillance data, and Healthy People 2010 objectives. In recognition of the inter-connectedness of many issue areas among the MCAH population, a decision was made to combine MCAH priority areas into seven priority statements that, in part, reflect inter-related topics of interest.

The approach the CMS Branch took in developing the five year needs assessment for Children with Special Health Care Needs (CSHCN) included an evaluation of internal capacity, assistance from the FHOP at UCSF in the collection and analysis of data as well as the facilitation of the stakeholder process, and input from stakeholders in the identification of issues and the prioritization of needs. The CMS Branch invited 37 stakeholders to participate in the identification and prioritization components of the needs assessment process. Stakeholders included representatives from local CMS and MCAH programs, California Children's Services (CCS) Technical Advisory Committees, State agencies, professional and provider organizations, and parents. All-day meetings were held in January and April 2005, in which criteria for ranking were selected and weighted, issues were identified, data were reviewed, and priorities were agreed upon for the three priority objectives for CSHCN, the third Title V population group. The CMS Branch priorities for CSHCN were taken directly from the output of the stakeholder process, using the top three prioritized needs.

^{*} Effective July 1, 2007 the California Department of Health Services was reorganized into two departments; the California Department of Public Health, and the California Department of Health Care Services.

Title V Implementation Plan

The California Title V Five-Year Needs Assessment was the first step in a cycle for continuous improvement of maternal, child and adolescent health. Developing an implementation plan, with specific objectives and strategies that address these priorities was the next step in this process. A multi-level approach was followed to provide various avenues for input from partners. The MCAH/OFP Branch oversaw the following activities to ensure a comprehensive process:

- Input from MCAH/OFP Branch Section Chiefs and Program Managers;
- On-site meetings with local MCAH representatives from Alameda, Contra Costa, Humboldt, Los Angeles, Orange, San Bernardino, Solano, Stanislaus, and Ventura Counties;
- Input from MCAH Action, the statewide organization of local health jurisdiction Maternal and Child Health Directors;
- Review and input from recognized experts in the MCAH field;
- Stakeholder meeting with representatives from research, government and community based organizations;
- Public input via Web based posting of the plan.

The CMS Branch partnered with the Champions for Progress project to develop an action plan to address the CSHCN priority areas identified in the needs assessment. The CMS Branch is one of the principals in the California Champions for Progress project, an initiative funded by the Health Resources and Services Administration (HRSA). The other partners in this project are Family Voices of California, Children's Regional Integrated Service Systems (CRISS), and the Los Angeles Partnership for Special Needs Children located at the USC University Center of Excellence in Developmental Disabilities at Children's Hospital Los Angeles. This group decided to expand the stakeholder group that had developed the list of prioritized needs to include representatives from local education, mental health, regional center, county welfare, managed health care and foundations.

The Champions stakeholder group met seven times over nine months in professionally facilitated work group meetings to consider strategies that would assist the state to achieve the six MCHB core performance measures and to meet the priorities identified by the state in its needs assessment process. Each stakeholder was charged with assisting in developing strategies for action, circulating draft documents within member organizations for feedback and support, and reaching consensus within the group on the final plan. The CMS Branch extracted the objectives and strategies that related to the three CMS priority goals. The CCS Family Advisory Committee then reviewed the document and provided comments and suggestions.

During the needs assessment process, the MCAH/OFP Branch and the CMS Branch identified ten priority areas with regard to maternal, child and adolescent health. Objectives and strategies for seven of these priorities were developed in fiscal year (FY) 2005/2006 (Phase I); the remaining three priorities were addressed in FY 2006-2007 (Phase II).

The priorities will be reflected in the Title V agency's strategic plans and block grant applications through the five-year grant cycle. Progress will be tracked through national

performance measures, which are required by all states, and state-defined performance measures, which reflect California priorities. The priorities and corresponding Title V performance or outcome measures are detailed on Attachment A.

The purpose of the Implementation Plan is to focus on the MCAH/OFP and CMS Branches' role as it relates to the identified priorities. Because communities have needs that go beyond the scope of Title V programs, MCAH/OFP and CMS work closely with the local health jurisdictions, advocates, community-based organizations, and stakeholders to coordinate service planning and delivery thereby maximizing resources and establishing an integrated approach to health care. The IP is not a detailed list of all Branch activities that might be undertaken pertaining to the MCAH population; rather, it builds on existing and emerging efforts. The strategies listed under each objective illustrate the general direction to be taken by the Branches during the remaining years of the Title V 2006-2010 grant cycle. The goals, objectives, and strategies outlined in the pages that follow serve to guide each Branch toward fulfillment of its mission.

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PRIORITY GOALS, OBJECTIVES AND STRATEGIES

Within each priority goal, specific objectives are outlined; strategies are identified that will lead to reaching the objective and ultimately addressing the targeted goal. Some strategies may address more than one goal, and in some cases the placement of a strategy could be under more than one goal.

Discussions with stakeholders during the development process for the IP identified three cross-cutting objectives:

- Assure awareness and integration of key components of MCAH Program core content among complementary or overlapping MCAH Programs;
- Eliminate health disparities;
- Promote cultural and linguistic competence in MCAH/OFP programs and staff.

These three overarching objectives cut across all of the MCAH/OFP Branch's priority goals, objectives and strategies. The cross-cutting objectives are critical for state and local efforts and will be integrated across all MCAH/OFP activities initiated to address the Title V Priorities.

Priority Goal 1: Enhance preconception care and work toward eliminating disparities in infant and maternal morbidity and mortality.

Objective 1.1: Develop and enhance systems to inform women and their health care providers about the importance of preconception and interconception health.

Strategies:

- Collaborate with state groups and organizations to develop a California Plan for Preconception Care utilizing national recommendations such as the CDC/ATSDR Preconception Care Work Group and Select Panel's *Recommendations to Improve Preconception Health and Health Care – United States*.
- Collaborate with health care provider organizations to enhance systems of preconception care including development of best practices of care for high risk groups.
- Integrate comprehensive preconception health care promotion messages into all maternal and child health programs.
- Develop and support programs using multifaceted and coordinated approaches to provide clear, accurate, age- and culturally-appropriate health information.

Objective 1.2: Determine methods for delivering preconception and interconception care to the MCAH/OFP population with emphasis on the underserved.

Strategies:

- Implement strategies and activities to remove barriers to care that may contribute to delayed entry into prenatal care.
- Sponsor prevention and health programs that promote a continuum of care throughout the lifecycle.
- Ensure accessible and affordable teen-friendly comprehensive health services and opportunities for youth to learn and practice effective communication, negotiation, and refusal skills.

Objective 1.3: Strengthen the MCAH/OFP capacity to identify and investigate maternal, fetal and infant deaths, to improve the accuracy of maternal mortality data, and to ensure that lessons learned for preventing repeat adverse birth outcomes and deaths are reported to and implemented by health care providers.

Strategies:

- Implement a comprehensive statewide data collection system to investigate the underlying causes of fetal and infant deaths.
- Implement interventions to decrease the incidence of infant mortality, low birth weight births (less than 5 ½ pounds), and sudden infant death syndrome (SIDS) with attention to racial disparities.
- Implement review of available data for maternal mortality including pregnancy-related deaths.
- Implement promotional messages about decreasing maternal mortality with professional and public health organizations.

Priority Goal 2: Promote healthy lifestyle practices among MCAH populations and reduce the rate of overweight children and adolescents.

Objective 2.1: Identify healthy lifestyle core curricula utilizing national standards such as the American Academy of Pediatrics' *Policy Statement for Prevention of Pediatric Overweight and Obesity*.

Strategies:

- Collaborate with the California Department of Education and local school districts to implement curricula which incorporate healthy nutrition education and increase physical education opportunities.
- Advocate for physical education programs that emphasize and model learning of daily activities for personal fitness.
- Integrate healthy lifestyle core messages across all maternal and child health programs.
- Promote breastfeeding as a preventative intervention for childhood obesity.

Objective 2.2: Develop initiatives that promote healthy eating and active lifestyles for women, children, and adolescents to achieve and maintain healthy body weight.

Strategies:

- Develop strategies and activities with local health jurisdictions and MCAH Action Obesity Subcommittee that promote habits and lifestyles that reduce and prevent obesity.
- Network with state leaders, community groups and service organizations to support community planning that promotes safe neighborhoods and environments to encourage participation in sports and other physical activities.
- Support social marketing campaigns that promote healthy food choices and increase physical activity.
- Develop and strengthen working relationships with other state agencies and organizations outside the branch to develop strategies for overweight prevention.

Objective 2.3: Strengthen MCAH/OFP capacity to monitor obesity indicators in women, children and adolescents and support intervention efforts aimed at promoting healthy lifestyle practices in these target populations.

Strategies:

- Evaluate surveillance data in order to identify trends and disparities in the prevalence of overweight and fitness levels of children and adolescents.
- Target prevention and intervention activities to groups identified at highest risk for obesity.
- Develop and strengthen collaborative efforts with other branches within the department and other state agencies that collect health surveillance data.

Priority Goal 3: Promote responsible sexual behavior in order to decrease the rate of teenage pregnancy and sexually transmitted infections.

Objective 3.1 – Improve access to comprehensive reproductive health care services including screening for sexually transmitted infections.

Strategies:

- Conduct outreach to promote access to comprehensive family planning, reproductive life planning and reproductive health and services for all sexually active Californians.
- Provide information on preconception health, unsafe sexual practices and possible consequences for both partners on pregnancy outcomes and STIs.
- Develop and implement teen specific strategies to increase access to Family PACT and/or other comprehensive family planning services; link teen and male outreach programs to clinical provider services.

Objective 3.2 – Increase the sexual health knowledge and counseling skill level of clinicians, counselors, educators, and other professionals providing family planning and reproductive health services to teens.

Strategies:

- Create a comprehensive outline of the knowledge, abilities and skills necessary to be an effective and highly qualified educator, counselor, or case manager in the area of adolescent sexual health.
- Disseminate core competencies applicable to a wide range of professionals for providing sexual health education and counseling services to adolescents and young adults consistent with best practices for effective interventions and appropriate to age and ethnicity.
- Develop a comprehensive and appropriate training based on the core competencies. Explore the need for the development of a certification program for defined categories of counselors.

Objective 3.3 – Strengthen MCAH/OFP capacity to monitor teen births and sexually transmitted infections.

Strategies:

- Monitor rates of teen births, teen birth outcomes and behavioral risks at the state and regional level, and among subgroups of the population.
- Evaluate surveillance data in order to identify trends and disparities in teenage birth rates, behavioral risks and sexually transmitted infection rates.
- Develop and strengthen collaborative efforts with other branches within the department and other state agencies that collect health surveillance data.

Objective 3.4 – Increase and strengthen working relationships with other state and local agencies and community-based organizations to coordinate intervention efforts aimed at promoting responsible sexual behavior.

Strategies:

- Work through partnerships (such as ASHWG, the California Adolescent Health Collaborative) to identify and support consistent use of best practices and intervention efforts aimed at promoting responsible program practices.
- Utilize partnerships with state departments and increase and strengthen working relationships that address high-risk youth (such as CA Departments of Social Services, Education, Corrections, Alcohol and Drug Programs, Mental Health, and Developmental Services) to overcome barriers to categorical funding and service provision.
- Establish processes to identify, disseminate and update findings regarding “best practices” to different stakeholders, including policy makers, providers, program developers, and other interested parties.

Priority Goal 4: Improve mental health and decrease substance abuse among children, adolescents, and pregnant or parenting women.

Objective 4.1: Establish and maintain appropriate linkages between the Department of Alcohol and Drug Programs, the Department of Mental Health, the Department of Rehabilitation, the Department of Social Services, the Department of Health Services and the Governor’s Office of Emergency Services to address systemic barriers for mental health and substance abuse services and create pathways to service delivery.

Strategies:

- Partner with the CA Fetal Alcohol Spectrum Disorders (FASD) Task Force to advance the prevention and treatment of those affected by fetal alcohol spectrum disorders.
- Collaborate with Preventive Services on smoking cessation strategies such as advertising campaigns and promotion of the Statewide NO BUTTS call-in support services.
- Strengthen state-level infrastructure to promote adolescent health; encourage positive interaction between youth and communities, schools, faith institutions, and businesses. Target activities for youth who lack supportive families.
- Collaborate with the Department of Mental Health, the Department of Social Services, the Department of Alcohol and Drug Programs, the Governor’s Office of Emergency Services and the California Teratogen Information Service to improve mental health in preconception/pregnant/parenting women.

Objective 4.2: Develop a comprehensive statewide approach to address maternal depression, substance abuse among the MCAH/OFP population and mental health problems in children that can be implemented at the local level.

Strategies:

- Implement systems to identify and refer to treatment women experiencing depression, including postpartum depression; who are at risk for alcohol and/or drug abuse.
- Target prevention activities based on statistical analysis to identify areas of greatest risk or need.
- Continue to promote smoking cessation among adults and young people, particularly pregnant and parenting women.

Objective 4.3: Build capacity of the provider network that delivers comprehensive perinatal service, including psychosocial assessment and reassessment each trimester and postpartum, development of a care plan, service referral and client follow-up.

Strategies:

- Assist the provider network to assess and address or treat client concerns such as substance abuse, and financial, material and emotional needs.
- Promote opportunities and programs for mothers who stopped smoking during pregnancy to have continued access to classes, counseling, and other aids to continue their smoking cessation.
- Promote providers screening, assessment, education, and referral to treatment for women at risk of alcohol or drug abuse, domestic violence, depression or stress, to improve birth outcomes.

Priority Goal 5: Coordinate to develop and implement a system of timely referral between mental health, developmental services, social services, special education services and California Children's Services.

Objective 5.1: Convene and facilitate a policy committee of representatives from state agencies that serve children and youth with special health care needs together with parents of CSHCN.

Strategies:

- Identify agencies and representatives that should participate in policy committee
- Identify parent organizations that should participate in policy committee
- Identify issues affecting CSHCN and their families that cross agencies and systems
- Identify resources and support services at the state and local levels for these families
- Jointly educate partner agencies regarding:
 - Eligibility criteria for the relevant agencies
 - Benefits and services provided by the relevant agencies
 - Transition policies and timelines for the relevant agencies
 - Program roles and responsibilities of the relevant agencies
- Develop MOUs to clarify program roles and responsibilities

- Develop and implement a universal parent consent form to facilitate information sharing among agencies

Objective 5.2: Encourage local coordination to improve services to CSHCN.

Strategies:

- Local CCS programs to participate in existing coordinating groups
- Work with other agencies to identify funding for local committees to coordinate care and assist families to obtain services
- Encourage CCS Special Care Centers to invite other agencies to multi-disciplinary team meetings to coordinate care
- Encourage CCS NICUs to invite all involved agencies to discharge planning meetings
- Define social support component for local CCS programs using CCS social workers and/or parent health liaisons
- Improve coordination between local CCS programs and schools regarding the medical needs of CCS clients

Objective 5.3: Educate providers, in partnership with families, about the need for coordinated care for CSHCN.

Strategies:

- Develop and distribute materials summarizing different programs, including what is covered, how they interact, timelines, and referral requirements
- Partner with families to develop continuing education/training programs, in partnership with parents, regarding medical home and the system of care for CSHCN, including web-based approaches

Priority Goal 6: Improve access to medical and dental services, including the reduction of disparities.

Objective 6.1 – Develop and strengthen working relationships with other state agencies and organizations outside the branch to address medical and oral health access issues.

Strategies:

- Establish and maintain appropriate collaborative relationships to address systemic barriers for medical and oral health services and to improve access to services.
- Participate in the CDHS Oral Health Work Group to address oral health issues in the MCAH population and utilize this group in an advisory capacity for MCAH oral health efforts.
- Participate on the State Interagency Team to address access to medical and oral health services for the MCAH population.
- Partner with health care reimbursement systems including the Medi-Cal/Denti-Cal Programs, MRMIB and Children’s Health Initiatives to improve access to care.
- Work with the CDHS Immunization Branch to develop, implement, and strengthen programs to enroll and target adolescent and young adults so that they are able to access

immunizations, and to serve as a gateway to other preventive health and treatment services.

- Participate in efforts to increase local health jurisdictions' capacity to collect data on the MCAH population's oral health needs and resources.
- Identify opportunities for promoting medical and dental professional representation on existing MCAH Program Advisory Committees.

Objective 6.2 – Promote effective oral health practices among parents, childcare providers, Maternal, Child and Adolescent Health (MCAH) programs, and primary health care providers.

Strategies:

- Assist local MCAH program staff to identify high-risk populations for oral diseases.
- Collaborate with other State internal and external partners to promote MCAH Program activities to increase the number of children receiving preventive dental services such as fluoride (toothpaste, fluoride varnish, mouth rinse and other forms of fluoride), dental sealants and xylitol chewing gum.
- Promote services that improve access to oral health care and education, including: school and community-based enrollment and outreach efforts, mobile and portable dental programs, school based prevention and treatment, and case management or care coordination; identify and share best practices with others throughout the state.

Objective 6.3 – Increase the number of children with medical/dental insurance coverage.

Strategies:

- Through activities of the California Early Childhood Comprehensive Systems grant, identify county-specific funding models to support comprehensive screening of all children ages zero to five years, promoting access to care by linking children and families to needed resources such as health insurance and medical/dental homes.
- Identify, develop and disseminate guidelines and best practices for screening of children zero to five years of age, promoting access to care by encouraging formal agreements for follow-up and the establishment of medical and dental homes.
- Expand access to oral and medical health services for children, adolescents and pregnant women by expanding knowledge of available sources such as Medi-Cal and Healthy Families.
- Identify and provide support for statewide systems change, including legislative changes or language that will improve comprehensive screening of all children ages zero to five, promoting access to care by linking children and families to needed resources such as health insurance and medical/dental homes.

Priority Goal 7: Expand the number of qualified providers participating in the CCS program, e.g., medical specialists, audiologists, occupational and physical therapists, and nutritionists.

Objective 7.1: Maintain and strengthen the provider network for children with special health care needs (CSHCN).

Strategies:

- Collect data on pediatric sub-specialist availability
 - Medical sub-specialties from Children's Specialty Care Coalition (CSCC)
 - Hospital-based providers (nutritionists, PT/OT, audiologists) from California Children's Hospital Association
 - Provider capacity from RAND Corporation
- Review pediatric sub-specialists' capacity compared to numbers of CSHCN
- Identify gaps, causes, and potential strategies for increasing participation in the program
- Work with the Department of Health Services Office of Public Affairs to develop outreach strategies and press releases regarding issues and potential solutions
- Collaborate with the American Academy of Pediatrics (AAP), Children's Specialty Care Coalition, and CCS Transition Workgroup to explore strategies to address provider capacity
 - Encourage AAP and CSCC to work with American Academy of Family Physicians (AAFP) and Internal Medicine physicians to increase their knowledge of and familiarity with youth with special health care needs
- Work with Medi-Cal Managed Care and Healthy Families plans to encourage providers in their networks to become CCS-approved providers
- Evaluate incentives to maintain and build provider network
- Explore strategies used by other states to attract and retain pediatric and sub-specialty providers
- Address reimbursement issues
 - Educate stakeholders regarding the need for an increase in reimbursement rates to address retention of providers and to develop parity with other states
 - Educate stakeholders regarding the CCS carve-out from Medi-Cal Managed Care
- Work with Medi-Cal to streamline approval process for obtaining Medi-Cal provider number to reduce 180-day wait for PCPs and specialists

Objective 7.2: Improve program capacity to serve older teens and youth with special health care needs who are transitioning to adult services.**Strategies:**

- Work with Medi-Cal Managed Care and Healthy Families plans to identify providers who will serve older teens and transition age kids
- Initiate discussions with adult medical providers (via managed care plans, professional organizations for internists and family practice physicians, residency training programs) about the needs of transitioning youth
 - Identify information and training needs
 - Define provider populations (e.g., orthopedists, cardiologists, PCPs)

Objective 7.3: Advocate for enhanced physician training regarding children and youth with special health care needs.**Strategies:**

- Educate stakeholders regarding the need for:

- Increased training opportunities in medical schools, medical residency programs, and other clinical post-graduate programs
- Increased upper limits on numbers of physicians receiving specialty training
- Funds for new training slots, particularly in underserved specialties
- Increased training in medical schools regarding primary care for youth and adults with SHCN
- Increased training in medical schools and residency programs regarding family-centered care and treating parents as partners in health care decisions

Priority Goal 8: Increase the number of family-centered medical homes for CSHCN and the number/percent of CCS children who have a designated medical home.

Objective 8.1: Develop definition of medical home.

Strategies:

- Collect data on pediatricians/other medical providers serving CSHCN:
 - Number of pediatricians in the state and by region
 - Their availability geographically
 - Their availability by payer source (including Medi-Cal)
 - Percentage of CSHCN seen by pediatricians (e.g. from AAP, other sources)
 - Number of pediatric sub-specialists in the state and by region
 - Their availability geographically
 - Their availability by payer source (including Medi-Cal)
 - Review data on neurologists collected for Epilepsy grant
- Collect information from HMOs/Medi-Cal Managed Care/Healthy Families/Healthy Kids plans on how they identify CSHCN and their policies for assigning CSHCN to PCPs
 - Review survey by CCS Transition Workgroup
- Develop workgroup to define criteria, activities, roles, and responsibilities of medical home
- Develop methodology and definition for collection of data regarding medical home

Objective 8.2: Identify a medical home for every CCS client.

Strategies:

- Develop a set of questions to ask parents in order to identify the child's medical home
- Local CCS programs will work with CHDP, health plans, and Healthy Families staff to identify a PCP/medical home for every CCS client
- Establish PCP/medical home as a required field in CMS Net, with at least annual updates
- Ensure that all CCS-approved hospital facilities have on-site CCS care coordinators
- Enhance CCS Special Care Center standards to include expectations regarding communication with the medical home/PCP
- Address transition issues and providing "sensitive services" within the context of the medical home

Objective 8.3: Identify a medical home for every CSHCN.

Strategies:

- Develop a set of questions to ask parents in order to identify the child’s medical home
- Encourage all agencies to ask parents about their access to a medical home/PCP and to send reports and feedback to the child’s PCP
- Encourage all agencies serving CSHCN to collaborate and identify a primary care coordinator for each child, who communicates with the medical home/PCP
- Address transition issues and providing “sensitive services” within the context of the medical home

Objective 8.4: Address reimbursement issues related to providing medical home services.

Strategies:

- Develop CCS policy to reimburse for medical home services
 - Establish definitions of standards for care coordination
 - Explore additional funding for care coordination for medical home providers

Objective 8.5: Educate providers and parents regarding care coordination and medical home.

Strategies:

- Develop continuing education/training programs, in partnership with parents, regarding medical home
 - Review existing training curriculum
 - Adapt or develop training materials
- Target audiences for the trainings
 - Providers
 - Families and youth
 - CCS staff
 - Special Care Centers

Priority Goal 9: Decrease unintentional and intentional injuries and violence, including family and intimate partner violence.

Objective 9.1 – Increase awareness of MCAH population needs and best practices with regard to injuries; intentional (including domestic violence) and unintentional.

Strategies:

- Promote the use of injury prevention guidelines and strategies within MCAH/OFP programs that are based upon current evidence-based research and literature.
- Produce and distribute technical assistance documents on key MCAH injury topics.
- Collaborate with state, local and non-profit agencies and stakeholders to develop multidisciplinary strategies to reduce death and disability related to motor vehicle crashes and other key injury causes to reduce the burden of injury in our children and youth.
- Target prevention and intervention activities within existing MCAH/OFP programs to groups identified at highest risk.

- Support the distribution of information concerning state of the art injury prevention strategies and programs to MCAH/OFP personnel and local MCAH programs.

Objective 9.2 -- Strengthen MCAH/OFP capacity to monitor intentional and unintentional injuries.

Strategies:

- Develop and strengthen collaborative efforts with the Epidemiology and Prevention for Injury Control (EPIC) Branch and other branches within California state agencies that collect health injury data, such as the Criminal Justice Statistics Center, the California Highway Patrol (SWITRS), the California All Incident Reporting System (CAIRS) and the Office of Statewide Health Planning and Development (OSHPD).
- Monitor the incidence of serious injuries (Emergency Department visits, hospital discharges, and deaths) and the prevalence of selected injury risk and protective factors on a statewide, and, if possible, county level, and among subgroups of the population (e.g., seat belt and infant car seat usage; incidents of teen suicide); monitor behavioral risk factors for injuries.
- Report on injury trends and/or disparities based on geographic, race/ethnic, socioeconomic and age factors.
- Monitor California's progress toward meeting Healthy People 2010 injury control goals from Chapters 1, 7, 8, 15, 18, 20, and 26.
- Identify, document, and disseminate best practices reflecting specific California communities that have implemented innovative interventions.

Objective 9.3 – Increase access to domestic violence shelter services in newly specified target populations: mental health and substance abuse; physically disabled, developmentally disabled; and lesbian, gay, bisexual, transgendered and questioning.

Strategies:

- Conduct needs assessment in each of the newly specified populations to MCAH intimate partner violence (IPV): mental health and substance abuse; physically disabled, developmentally disabled; and lesbian, gay, bisexual, transgendered and questioning populations.
- Develop curricula to build capacity with other agencies to serve women experiencing IPV with mental health and substance abuse issues; physically disabled and/or developmentally disabled; and/or lesbian, gay, bisexual, transgendered and questioning.
- Conduct regional trainings and provide technical assistance in the new areas for Domestic Violence Program shelter agencies.
- Implement continuous quality improvement processes to reevaluate and ensure ongoing access to DV shelter services for women experiencing IPV with mental health and/or substance abuse issues, physically or developmentally disabled, and/or lesbian, gay, bisexual, transgendered and questioning.
- Continue to improve the capacity of MCAH Programs to identify persons who may be experiencing IPV and to refer them to appropriate agencies and organizations.

Priority Goal 10: Increase breastfeeding initiation and duration.

Objective 10.1: Initiate strategies to increase the percentage of mothers who exclusively breastfeed their infants at hospital discharge.

Strategies:

- Determine the barriers to the initiation of exclusive breastfeeding.
- Target areas and populations in which exclusive breastfeeding initiation rates are low and promote evidence based education, counseling and other forms of support for antepartum and post partum mothers, hospital administrative staff and hospital and community-based health care providers.
- Support hospitals' efforts to achieve the standards outlined in the "Model Hospital Policy Recommendations".
- Utilize a multi-disciplinary team of health care professionals, including obstetricians, pediatricians, nurses and board-certified lactation consultants to assist hospitals in developing and improving their breastfeeding-related policies.

Objective 10.2: Initiate strategies to increase the percentage of mothers who exclusively breastfeed for six months and continue to breastfeed, with the addition of complementary foods, for at least one year.

Strategies:

- Determine the barriers to non-exclusive and early termination of breastfeeding.
- Target areas and populations in which breastfeeding duration and exclusivity rates are low and promote evidence-based education, counseling and other forms of support for mothers during the antepartum, intrapartum and postpartum periods.
- Provide outreach and education to health care professionals so they may educate and support exclusive and extended breastfeeding; expand the availability of provider information regarding the risks of not breastfeeding.
- Utilize culturally appropriate outreach materials and social marketing campaigns to promote positive breastfeeding images; convey exclusive breastfeeding as the gold standard and societal norm for infant feeding; and provide information regarding the risks of not breastfeeding.
- Partner with health care reimbursement systems including the Medi-Cal Programs, Fee for Service and Managed Care, to strengthen access of care and ensure adequate reimbursement for breastfeeding support services.
- Collaborate with state and national breastfeeding coalitions and other organizations to identify and implement evidence-based strategies, such as work place support for breastfeeding mothers, to eliminate breastfeeding disparities.
- Collaborate with the CDHS Breastfeeding Promotion Advisory Committee to develop and implement a strategic plan to promote and support breastfeeding.

CHALLENGES & CONSTRAINTS

The Title V Implementation Plan outlines the focus and strategies for the MCAH/OFP and CMS Branches for the 2006-2010 Title V grant cycle. External challenges facing the Branches over the next five years have also been taken into consideration. The following broad themes and trends were noted as critical for consideration for Title V planning and future decisions.

Funding Gaps – A tighter fiscal environment is anticipated. The decrease in State Title V funding means that state and county administrators are being asked to do more with less. Resources must be utilized wisely in order to maximize their impact. Many of the priority areas identified in this plan will be directly impacted by fiscal constraints, particularly ones dealing with building infrastructure and provider recruitment. Mental health, substance abuse, preconception care and early childhood health are some of the issues that require an over-lapping and coordinated approach. Maximizing internal and external partnerships and opportunities is critical.

Federal Deficit Reduction Act -- Provisions of the Federal Deficit Reduction Act of 2005 are expected to have a negative impact on California's MCAH Programs. The new provision regarding verification of citizenship is likely to be particularly challenging. In addition to affecting Medi-Cal, increased documentation requirements may negatively impact other Medi-Cal-related programs serving the MCAH population, including Family PACT (family planning services for teens and low-income women), and the Comprehensive Perinatal Services Program.

Demographic Changes – The 2000 census figures underscore the increasing diversity of the State of California. Given the expected increase in diversity in California's population over the next several decades, the MCAH/OFP and CMS Branches and their partners will have to strive to increase their cultural competencies. In addition, according to projections by the State of California, Department of Finance, between 2000 and 2020, the number of Californians age 65 and over will increase 71 percent from 3,627,000 to 6,212,000.[†] The expected aging of the population will have significant implications for the demands on the health care system, especially long-term care. During the same time frame, the number of children (ages 0 - 18) in California, will increase by 15 percent to approximately 11,255,000.¹ Adequate and appropriate prevention and education services will be crucial to ensure that these children establish healthy lifestyles.

Department Reorganization – Effective July 1, 2007 the CDHS was reorganized into two departments. The new California Department of Public Health (CDPH) will protect and promote health through a focus on population-wide interventions, while the new Department of Health Care Services (DHCS) will focus on the financing and delivery of individual healthcare services. The MCAH/OFP Branch will be in CDPH, and the CMS Branch will be in DHCS. The MCAH/OFP and CMS Branches currently have joint responsibility for carrying out Title V functions; it is not clear if, or how, this partnership will be affected by the reorganization.

The CMS Branch will be located in the Systems of Care Division. CMS Branch programs will be included in the new Division, along with Medi-Cal programs.

[†] State of California, Department of Finance

Emerging Issues – New public health challenges, such as the emergence of new diseases and disasters, and the persistence of existing challenges, such as chronic illnesses, will tax the public health infrastructure even further. Hurricanes Katrina and Rita, the pandemic flu threat, and increased consciousness of terrorism have made emergency preparedness an important issue in the maternal and child health community. One of the major challenges MCAH programs face when preparing for an emergency is establishing the concerns of the MCAH population as a priority in plans created by other officials.

PARTNERSHIPS AND COLLABORATIONS

The strategies identified in the implementation plan serve to guide the Branches toward fulfillment of their missions. To accomplish its goals, each Branch maintains partnerships, contracts, and agreements with state, federal, and local agencies in both the public and private sectors.

Although a number of agencies and departments provide services to women, adolescents and children, the MCAH/OFP and CMS Branches take the lead on Title V programs in California. The MCAH/OFP and CMS Branches participate with these agencies and programs in coordinating, planning, and evaluating efforts that address the needs of the MCAH populations. In addition, MCAH/OFP and CMS Branches work with various universities and professional organizations on programs and projects related to Title V.

Inter- and intra-agency collaboration is vital for meeting the needs of the MCAH population. MCAH/OFP and CMS have numerous collaborative relationships with state and local public health agencies, in the public and private sectors, as well as working relationships with organizations such as local foundations, medical professional associations, coalitions and children's advocacy groups.

Currently formal and informal linkages exist between the MCAH/OFP and CMS Branches and the following programs:

- American Academy of Pediatrics
- California Association of Home Health Agencies
- California Association of Neonatologists
- California Association of Ophthalmologists
- California Association of Orthodontists
- California Attorney General's Office
- California Children's Hospital Association
- California Conference of Local Health Officers
- California Dental Association
- California Department of Alcohol and Drug Programs
- California Department of Developmental Services
- California Department of Education
- California Department of Employment Development
- California Department of Mental Health
- California Department of Social Services
- California Hospital Association
- California Managed Risk Medical Insurance Board
- California Orthopedic Surgeons Association
- California Perinatal Quality Care Collaborative
- California Workforce Investment Board
- CDHS Birth Defects Monitoring Program
- CDHS Center for Health Statistics
- CDHS Childhood Lead Poisoning Prevention Branch
- CDHS Environmental Health Investigations Branch
- CDHS Epidemiology and Prevention for Injury Control Branch
- CDHS Genetic Disease Branch

CDHS Immunization Branch
CDHS Medi-Cal Managed Care Division
CDHS Office of AIDS
CDHS Office of Audits and Investigations
CDHS Office of Multicultural Health
CDHS Office of Oral Health
CDHS Office of Women's Health
CDHS Primary Care and Family Health Division
CDHS Sexually Transmitted Disease Control Branch
CDHS Women, Infants & Children Supplemental Nutrition Branch
CDSS Children in Foster Care
Children's Regional Integrated Service Systems
Children's Specialty Care Coalition
County Health Executives Association of California
Easter Seals
Family Resource Centers Network of California
Family Voices of California
First Five California Children and Families Commission
Hemophilia Council of California
Interagency Coordinating Council on Early Intervention
March of Dimes
Oral Health Access Council
Protection and Advocacy
USC University Center of Excellence in Developmental Disabilities at Childrens Hospital
Los Angeles

ACKNOWLEDGEMENTS

The Implementation Plan is a product of a MCAH/OFP IP Steering Committee, convened by MCAH/OFP in January 2006, and the Champions for Progress stakeholders which met seven times between September 2005 and March 2006. Although the planning process was convened individually by the MCAH/OFP and CMS Branches, many individuals and organizations provided input and participated in the process. Developing the IP would not have been possible without their input.

MCAH/OFP Title V Implementation Plan Steering Committee

The Steering Committee was made up of staff members from the MCAH/OFP Program and Policy Section and the MCAH/OFP Epidemiology and Evaluation Section. The Steering Committee was charged with the development of the Implementation Plan as well as to facilitate a comprehensive process for review and input from MCAH stakeholders. A list of the individuals that served on the Steering Committee is included in Attachment B.

MCAH Action

The current president for MCAH Action facilitated the process to obtain input from local MCAH Directors. A draft of the IP objectives and strategies was sent out to the MCAH Directors for the 61 Public Health jurisdictions for review and comment. Directors from eleven LHJs in Phase I and twenty-six LHJs in Phase II responded with thoughts and suggestions for additions and or changes. The responding counties are listed in Attachment B.

County Site Visits

Arrangements were made for five (Phase I) and four (Phase II) on-site county visits with MCAH Departments designated by the MCAH/OFP Branch Chief. The visits were conducted with County MCAH Directors and designated staff to discuss best practices as well as strategies and specific activities relevant to the priority goals. Participating counties are listed in Attachment B.

Expert Review

Individuals representing specific areas of expertise pertaining to the priority goals were also asked to provide input on the proposed objectives and strategies. These individuals represent leading researchers and experts in their respective fields and are listed in Attachment B.

MCAH/OFP Branch Stakeholder Meeting

A day-long stakeholder meeting was convened in Phase I and in Phase II to obtain input from MCAH partners throughout the state. Representatives from state and county government agencies as well as health care providers and representatives from community-based and non-profit organizations met to review and provide feedback on the Plan. Organizations represented at the stakeholder meeting are listed in Attachment B.

CMS Branch Stakeholder Meetings

Seven day-long stakeholder meetings were hosted by the Champions for Progress principals (CMS Branch, Family Voices of California, CRISS, and the Los Angeles Partnership for Special Needs Children). Representatives from state and local health departments, other state agencies, providers, parents, and advocates reviewed the six core MCHB outcome measures, prioritized strategies and actions to address the target measures, and crosswalked these to the top three CMS

priorities that were identified in the needs assessment process. Organizations that participated in this process are listed in Attachment B.

CCS Family Advisory Committee Review

Members of the CCS Family Advisory Committee reviewed the final draft of the CSHCN objectives and strategies. The group provided valuable input emphasizing the need to engage parents as partners in the implementation of the strategic plan. Their time and commitment in improving the systems serving CSHCN is greatly appreciated. The individuals who participated in this review process are listed in Attachment B.

ATTACHMENT A

TITLE V PRIORITIES WITH CORRESPONDING PERFORMANCE MEASURES

| Priority | National Performance Measure | State Performance Measure | Health Status Indicator |
|---|-------------------------------------|----------------------------------|--------------------------------|
| Priority 1: Enhance preconception care and work toward eliminating disparities in infant and maternal morbidity and mortality. | 01, 15, 17, 18 | 06 | 01, 02 |
| Priority 2: Promote healthy lifestyle practices among MCAH populations and reduce the rate of overweight children and adolescents. | 14 | 09 | |
| Priority 3: Promote responsible sexual behavior in order to decrease the rate of teenage pregnancy and sexually transmitted infections. | 08 | 08 | 05 |
| Priority 4: Improve mental health and decrease substance abuse among children, adolescents and pregnant or parenting women. | 16 | 03, 04 | |
| Priority 5: Coordinate to develop and implement a system of timely referral between mental health, developmental services, social services, special education services and CCS. | 03, 05 | 01 | |
| Priority 6: Improve access to medical and dental services, including the reduction of disparities. | 01, 04, 07, 09, 12, 13, 17, 18 | | |
| Priority 7: Expand the number of qualified providers participating in the CCS program, e.g., medical specialists, audiologists, occupational and physical therapists, and nutritionists. | 03, 04, 05, 06 | 01, 02 | |
| Priority 8: Increase the number of family-centered medical homes for CSHCN and the number/percent of CCS children who have a designated medical home. | 03 | 01 | |
| Priority 9: Decrease unintentional and intentional injuries and violence, including family and intimate partner violence. | 10, 16 | 05, 10 | 03, 04 |
| Priority 10: Increase breastfeeding initiation and duration. | 11 | | |

National Performance Measures (NPM)

- NPM 01:** The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.
- NPM 02:** The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive.
- NPM 03:** The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home.
- NPM 04:** The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need.
- NPM 05:** Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily.
- NPM 06:** The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.
- NPM 07:** Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.
- NPM 08:** The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

- NPM 09:** Percent of third grade children who have received protective sealants on at least one permanent molar tooth.
- NPM 10:** The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.
- NPM 11:** The percent of mothers who breastfeed their infants at 6 months of age.
- NPM 12:** Percentage of newborns who have been screened for hearing before hospital discharge.
- NPM 13:** Percent of children without health insurance.
- NPM 14:** Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.
- NPM 15:** Percentage of women who smoke in the last three months of pregnancy.
- NPM 16:** The rate (per 100,000) of suicide deaths among youths aged 15 through 19.
- NPM 17:** Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.
- NPM 18:** Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

State Performance Measures (SPM)

- SPM 01:** The percent of children birth to 21 years enrolled in the CCS program who have a designated medical home.
- SPM 02:** The ratio of pediatric cardiologists authorized by the CCS program to children birth through 14 years of age receiving cardiology services from these pediatric cardiologists.
- SPM 03:** The percent of women, aged 18-44 years, who reported 14 or more “not good” mental health days in the past 30 days (frequent mental distress”).
- SPM 04:** The percent of women who reported drinking any alcohol in the first or last trimester of pregnancy.
- SPM 05:** The rate of deaths per 100,000 adolescents aged 15 through 19 years caused by motor vehicle injuries.
- SPM 06:** The incidence of neural tube defects (NTDs) per 10,000 live births plus fetal deaths among counties participating in the California Birth Defects Monitoring System.
- SPM 07:** The percent of newly referred clients to the CCS program whose cases are opened within 30 days of referral.
- SPM 08:** The percent of births resulting from an unintended pregnancy.
- SPM 09:** The percent of 9th grade students who are not within the Healthy Fitness Zone for Body Composition.
- SPM 10:** The percent of women, aged 18 years or older, reporting intimate partner physical, sexual or psychological abuse in the past 12 months.

Health Status Indicators (HSI)

- HSI 01:** **A:** The percent of live births weighing less than 2,500 grams. **B:** The percent of live singleton births weighing less than 2,500 grams.
- HSI 02:** **A:** The percent of live births weighing less than 1,500 grams. **B:** The percent of live singleton births weighing less than 1,500 grams.
- HSI 03:** **A:** The death rate per 100,000 due to unintentional injuries among children aged 14 years & younger. **B:** The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes. **C:** The death rate per 100,000 from unintentional violence due to motor vehicle crashes among youth aged 15 through 24 years.
- HSI 04:** **A:** The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger. **B:** The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger. **C:** The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.
- HSI 05:** **A:** The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia. **B:** The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

ATTACHMENT B

MCAH/OFP Title V Implementation Plan Steering Committee Members

Phase I

Angela Furnari, RN, PHN, MPA
Janet Hill, MS, RD, IBCLC
Lori Llewelyn, MPP
Kate Marie, MPA
Anita Mitchell, MD
Leona Shields, PHN, MN, NP
Eileen Yamada, MD

Phase II

Angela Furnari, RN, PHN, MPA
Janet Hill, MS, RD, IBCLC
Kate Marie, MPA
Anita Mitchell, MD
Kathleen Nettlesheim-Engel, MPH, BS, RN
Karen Ramstrom, DO, MSPH

MCAH Action – Directors from the following LHJs provided input:

Phase I

Butte Co.
Kern Co.
Los Angeles Co.
Placer Co.
San Bernardino Co.
San Luis Obispo Co.
San Mateo Co.
Santa Cruz Co.
Solano Co.
Sonoma Co.
Stanislaus Co.

Phase II

| | |
|------------------|--------------------|
| Alameda Co. | Sacramento Co. |
| Contra Costa Co. | San Bernardino Co. |
| Humboldt Co. | San Benito Co. |
| Kern Co. | San Diego Co. |
| Kings Co. | San Francisco Co. |
| Madera Co. | San Joaquin Co. |
| Marin Co. | San Mateo Co. |
| Mendocino Co. | Siskiyou Co. |
| Mono Co. | Solano Co. |
| Nevada Co. | Stanislaus Co. |
| Orange Co. | Tulare Co. |
| Pasadena | Ventura Co. |
| Riverside Co. | Yolo Co. |

On-Site County Visits Conducted

Phase I

Alameda County
Contra Costa County
Los Angeles County
San Bernardino County
Sonoma County

Phase II

Humboldt County
Orange County
Stanislaus County
Ventura County

Expert Reviewers:

Phase I

Patricia Crawford, Dr PH, RD
Arlene Cullum, MPH
Scott Gee, MD
Jane Heinig, PhD, IBCLC
Kenneth Lyons Jones, MD

Phase II

Gail Bolen, MD
Claire Brindis, Dr PH
Michelle Coleman
Jared Fine, DDS, MPH
David Lawrence, MPH, RN, CS
Erica Monasterio, RN, MN, FNP
Michael Policar, MD, MPH

MCAH/OFP Stakeholder Meeting Attendees

Phase I

California Conference of Local Health Officers
California Department of Developmental
Services
California Department of Education

California Department of Mental Health
California Department of Rehabilitation
California Family Health Council
California Perinatal Quality Care Collaborative
California Public Health Association South
Chronic Disease and Injury Control Branch
Family & Community Medicine; UCSF

Family Health Outcomes Project, UCSF
Fetal & Infant Mortality Review Program

Genetic Diseases Branch; CDHS
Immunization Branch; CDHS

Institute for Health Policy Studies; UCSF
LA Best Babies Network
March of Dimes
Maternal, Child and Adolescent Health/ Office
of Family Planning Branch, CDHS
Medi-Cal Eligibility Branch, CDHS
Obstetrics, Gynecology & Reproductive
Sciences; UCSF

Primary & Rural Health Care System Branch;
CDHS

Sexually Transmitted Disease Control Branch,
CDHS

Sudden Infant Death Syndrome Program
Sutter Medical Center
Well Start International
WIC Branch, CDHS

Phase II

Adolescent Health Collaborative
California Conference of Local Health Officers

California Department of Alcohol and Drug
Programs

California Department of Education
California Department of Mental Health
California Dept. Developmental Services
California Family Health Council
California Hospital Association
California Perinatal Quality Care Collaborative
Center for Injury Prevention Policy and
Practice; SDSU

Center for Positive Prevention Alternatives
Child & Health Permanency, Department of
Social Services

Children's Medical Services Branch, DHCS
Dept. of Family & Community Medicine,
UCSF

Family Health Outcomes Project, UCSF
FASD Advocacy Group, The Arc of California
Health Initiatives for Youth
Immunization Branch, CDPH

Indian Health Program, DHCS
Institute for Health Policy Studies, UCSF

March of Dimes, California

Maternal, Child and Adolescent Health/Office
of Family Planning Branch, CDPH

MCAH Action Executive Committee
MCH-Contra Costa County
Medi-Cal Dental Services Branch, DHCS
Medi-Cal Policy, DHCS
Office of AIDS, CDPH
Office of Oral Health, CDPH
Office of Perinatal Substance Abuse,
California Department of Alcohol and
Drug Programs
Refugee Health Section; CDPH

MCAH/OFP Stakeholder Meeting Attendees

Phase I

Phase II

Regional Perinatal Programs of California
Sexually Transmitted Disease Control Branch,
CDPH
State & Local Injury Control Section, CDPH
State Council on Developmental Disabilities
WEAVE, Inc.
Women, Infants and Children Supplemental
Nutrition Branch, CDPH

CMS Stakeholder Meeting Attendees

Alameda County CCS Program
American Academy of Pediatrics
American Academy of Pediatrics Chapter Champion for Early Hearing Detection and
Intervention
California Children's Hospital Association
California Department of Developmental Services
California Department of Mental Health
California Department of Social Services
California Hospital Association
California Managed Risk Medical Insurance Board
California Mental Health Directors Association
California Perinatal Quality Care Collaborative
California Regional Integrated Service Systems
CCS Cardiac Technical Advisory Committee
CCS NICU Technical Advisory Committee
CDHS Medi-Cal Managed Care Division
Children's Specialty Care Coalition
CMS Medically Vulnerable Infant Program
County Health Executives Association of California
Family Voices of California
Los Angeles County CCS Program
Los Angeles Partnership for Special Needs Children
MCAH Action
Monterey County CCS Program
Parent Links
Parents Helping Parents
Protection and Advocacy
Regional Center of Orange County
Sacramento County CCS Program
Santa Barbara County CCS Program

Santa Clara County CCS Program
Solano County CCS Program

CCS Family Advisory Committee Reviewers

Marta Anchonodo

Chris Bastian

Debbie Battersby

Juno Duenas

Reva Guimont

Libby Hoy

Laurie Jordan

Cid Van Koresel

Christy Little

Lisa Schoyer

Diane Storman

Linda Swan

Linda Tung