III.E.3. State Action Plan Narratives by Domain

2025-26 Women/Maternal Application Narrative

CDPH/MCAH identified the below Women/Maternal Health Domain Priority Need Statement, National Performance Measure (NPM), objectives, and Evidence-Based and -Informed Strategy Measures (ESMs) based on the comprehensive five-year state needs assessment.

Women/Maternal Priority Need Statement: Advance healthy birth outcomes by supporting mothers to thrive through pregnancy and the postpartum period.

Performance Measures

Postpartum Visit NPM:
A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth, and
B) Percent of women who attended a postpartum checkup and received recommended care components

Women/Maternal Objective 1: By 2030, reduce the rate of pregnancy-related cardiovascular deaths from 3.3 per 100,000 live births (2019-2021 CA-PMSS) to 3.0 per 100,000 live births.

Women/Maternal Objective 2: By 2030, reduce the rate of pregnancy-related deaths among Black birthing women from 49.7 per 100,000 live births (2019-2021 CA-PMSS) to 42.3 per 100,000 live births.

Women/Maternal ESM 1: Percent of regular Big 6 peer learning meetings of the MCH Subgroup (postpartum visit) attended with active participation (e.g., presenting, responding to peer discussions).

Surveillance

CDPH/MCAH will monitor key quantifiable characteristics and measures to track the health of California women and mothers as part of its routine surveillance efforts. The selected indicators and measures, listed in the table below, will be continuously and systematically collected, analyzed and interpreted to guide program planning, implementation, and evaluation of interventions. CDPH/MCAH will continue to analyze

these indicators at state and sub-state (when possible) levels to identify specific improvement opportunities.

Select Women/Maternal Health Indicators and Measures	Data Source
Well-woman visit	California Behavioral Risk Factor Survey (BRFS)
Pregnancy-related mortality	California Pregnancy-Associated Review Committee (CA-PARC); California Pregnancy Mortality Surveillance System (CA-PMSS)
Pregnancy-associated injury deaths	CA-PARC, CA-PMSS
Severe maternal morbidity	California Patient Discharge Data
Receipt of mental health services	Maternal and Infant Health Assessment (MIHA)
Maternal substance use	California Patient Discharge Data
Postpartum checkup	MIHA

The selected indicators and measures above serve as an early warning system to identify emerging issues, target program interventions, track progress toward specified objectives in the Five-Year Action Plan, allow priorities to be re-evaluated, and inform public health policy and strategies. CDPH/MCAH will utilize information gleaned from health surveillance data to lead, fund, partner and support efforts at the state and local levels to reach desired outcomes.

To provide greater depth in understanding the health status of women and mothers and to uncover differences across populations, analysis of these indicators and measures will include stratification by key demographic factors, as appropriate, given the specific measure and the data constraints.

Strategies & Activities by Focus Area

The comprehensive five-year state needs assessment led to the development of five CDPH/MCAH Division-wide focus areas. The Women/Maternal Health Domain Team developed strategies in each of the five focus areas to achieve the Women/Maternal Health Domain objectives:

- Women/Maternal Focus Area 1: Access to Quality Care & Services
- Women/Maternal Focus Area 2: Mental Health & Substance Use
- Women/Maternal Focus Area 3: Community Health Factors & Family Supports
- Women/Maternal Focus Area 4: Physical Health & Prevention
- Women/Maternal Focus Area 5: Injury Prevention & Safe Environments

Women/Maternal Focus Area 1: Access to Quality Care & Services

Women/Maternal Focus Area 1: Strategy 1: Improve systems of risk-appropriate maternity care including (childbirth) regionalization and prenatal/postpartum access.

Activities:

- Partner to identify and remove financial and other barriers and care delivery policies that impede regionalization and perinatal access to care.

Women/Maternal Focus Area 1: Strategy 2: Increase the proportion of facilities that evaluate the quality of their care using both patient experience and clinical measures.

Activities:

- Identify facilities that would benefit from adoption of respectful maternity care practices and recommend systems-level tools and resources to promote respectful care.
- Help facilities align their policies, procedures and practices with those recommended by experts to combat and mitigate poor quality treatment of populations, tailored to each facility.

Women/Maternal Focus Area 1: Strategy 3: Increase maternal mortality/morbidity prevention by disseminating California Pregnancy Associated Review Committee (CA-PARC) recommendations and engaging potential implementation partners.

Activities:

- Lead the dissemination of CA-PARC data findings and recommendations and partner to inform policy and prevention strategies to reduce pregnancy-related morbidity and mortality.

Women/Maternal Focus Area 2: Mental Health & Substance Use

Women/Maternal Focus Area 2: Strategy 1: Implement policy, systems and environmental change (PSE) activities to improve mental/behavioral health, including in the postpartum period.

Activities:

- Support Local MCAH programs to establish PSE changes and/or initiatives to improve mental/behavioral health across the perinatal period.

Women/Maternal Focus Area 2: Strategy 2: Improve primary prevention, early intervention and social supports across the perinatal period to improve mental/behavioral health.

Activities:

- Support community adaptations of mental health interventions and models.
- Support implementation of postpartum maternal mental health screenings at well-baby checkups.

Women/Maternal Focus Area 3: Community Health Factors & Family Supports

Women/Maternal Focus Area 3: Strategy 1: Promote community-aligned care and expand perinatal care teams (e.g., doulas, midwives) to include staff from the community, including during the postpartum period.

Activities:

- Share innovative strategies that promote best and promising practices across the perinatal care team amongst public health professionals, including practices that are community informed.
- Explore capacity building on routine postpartum visits for licensed or unlicensed healthcare workers.
- Partner with local organizations who serve birthing persons and their families to provide awareness and instruction on how to access quality care services (prenatal, intrapartum, postpartum), including care team options.
- Partner to promote the increase of educational programs in midwifery and doula training across the state.

Women/Maternal Focus Area 3: Strategy 2: Partner to improve neighborhood conditions, quality education, and economic opportunities and social supports.

Activities:

- Collaborate with strategic partners to identify best practices for MCAH programs to improve neighborhood conditions, quality education, economic opportunities and social supports.

Women/Maternal Focus Area 4: **Physical Health & Prevention**

Women/Maternal Focus Area 4: Strategy 1: Promote policy, systems and environmental change (PSE) strategies for leading causes of morbidity before, during and after pregnancy.

Activities:

- Collaborate with Preconception Health Council (PHCC) members and Local MCAH programs to identify and implement PSE strategies that address leading causes of morbidity before, during and after pregnancy.
- Implement Local MCAH PSE training and technical support cohorts to increase local capacity for gestational diabetes prevention.

Women/Maternal Focus Area 4: Strategy 2: Partner on maternal anemia prevention across the perinatal period through policy, systems and environmental change (PSE) strategies.

Activities:

- Partner with Women, Infants and Children (WIC) and the California Maternal Quality Care Collaborative (CMQCC) on anemia prevention strategies through PSE.

Women/Maternal Focus Area 5: **Injury Prevention & Safe Environments**

Women/Maternal Focus Area 5: Strategy 1: Expand the capacity of CA-PARC to review pregnancy related injury deaths.

Activities:

- Identify and track injury deaths (i.e., suicide, homicide, overdose or other injury) that occur within one year of pregnancy.

2025-26 Perinatal/Infant Application Narrative

CDPH/MCAH identified the below Perinatal/Infant Health Domain Priority Need Statement, National Performance Measure (NPM), objectives, and Evidence-Based and -Informed Strategy Measure (ESM) based on the comprehensive five-year state needs assessment.

Perinatal/Infant Priority Need Statement: Advance healthy birth outcomes by supporting mothers and families to have thriving infants.

Performance Measures

Breastfeeding NPM -
A) Percent of infants who are ever breastfed.
B) Percent of infants breastfed exclusively through six months.

Perinatal/Infant Mortality Objective 1: By 2030, reduce the rate of Black infant deaths from 8.81 per 1,000 live births (2023 CCMBF/CCMDF) to 8.37 per 1,000 live births.

Perinatal/Infant Objective 2:
A) By 2030, increase the percentage of infants who are breastfed exclusively in-hospital from 68.8% to 73.8%.
B) By 2030, increase the percentage of infants breastfed exclusively through three months from 30.8% to 35.8%.

Perinatal/Infant ESM: Number of trainings of Black Infant Health and Perinatal Equity Initiative (PEI) staff and their networks (e.g., doulas) to increase the knowledge, skills and abilities to provide community-aligned breastfeeding support.

Surveillance

CDPH/MCAH will monitor selected quantifiable characteristics to track the health of California infants as part of its routine health surveillance efforts. The indicators and measures listed in the table below are continuously and systematically collected, analyzed and interpreted to guide program planning, implementation and evaluation of interventions. These indicators will be analyzed by state and sub-state levels (to the extent sample-size allows) to identify specific improvement opportunities.

Select Perinatal/Infant Health Indicators and Measures	Data Sources
Breastfeeding initiation and duration	Maternal and Infant Health Assessment

Select Perinatal/Infant Health Indicators and Measures	Data Sources
	(MIHA) Survey and Genetic Disease Screening Program, Newborn Screening Data
Infant mortality, including SUID/SIDS	California Birth Cohort File or California Comprehensive Master Birth and Death Files
Grief and bereavement services	SIDS Program Data
Infant safe sleep practices	MIHA
Preterm birth rate, including rate among infants born to non-Hispanic Black women	California Birth Statistical Master File (BSMF) and California Comprehensive Master Birth File

The selected indicators and measures above serve as an early warning system to identify emerging issues, target program interventions, track progress toward specified objectives in the Five-Year Action Plan, allow priorities to be re-evaluated, and inform public health policy and strategies. CDPH/MCAH will utilize information gleaned from health surveillance data to lead, fund, partner and support efforts at the state and local levels to reach desired outcomes.

To provide greater depth in understanding the health status of infants and to uncover differences across populations, analysis of these indicators and measures will include stratification by key demographic factors, as appropriate, given the specific measure and the data constraints.

Strategies & Activities by Focus Area

The comprehensive five-year state needs assessment led to the development of five CDPH/MCAH Division-wide focus areas. The Perinatal/Infant Health Domain Team developed strategies in four of the five focus areas to achieve the Perinatal/Infant Health Domain objective:

- Perinatal/Infant Focus Area 1: Access to Quality Care & Services
- Perinatal/Infant Focus Area 2: Community Health Factors & Family Supports
- Perinatal/Infant Focus Area 3: Physical Health & Prevention
- Perinatal/Infant Focus Area 4: Injury Prevention & Safe Environments

Perinatal/Infant Focus Area 1: Access to Quality Care & Services

Perinatal/Infant Focus Area 1: Strategy 1: Translate Fetal Infant Mortality Review (FIMR) findings and recommendations into action, including recommendations on the care experience.

Activities:

- Collect and disseminate FIMR findings, best practices and recommendations on health care access and quality, including the care experience.
- Facilitate FIMR Learning Collaborative with peers and experts to support practice change by sharing best practices and applying quality improvement efforts.

Perinatal/Infant Focus Area 2: Community Health Factors & Family Supports

Perinatal/Infant Focus Area 2: Strategy 1: Partner to increase economic and social supports (e.g., transportation, childcare, parenting resources) to families.

Activities:

- Increase the number of programs that involve fathers in maternal and child health by sharing PEI/fatherhood best practices across MCAH programs.
- Partner to identify best practice strategies for MCAH programs to provide families with economic and social supports.

Perinatal/Infant Focus Area 2: Strategy 2: Promote community-aligned grief and bereavement and support services.

Activities:

- Identify or create an infant and/or maternal loss toolkit that provides information on navigating the legal aspects of loss (e.g. death certificates, adding unmarried spouse to birth certificate, etc.)

Perinatal/Infant Focus Area 3: Physical Health & Prevention

Perinatal/Infant Focus Area 3: Strategy 1: Partner on maternal anemia prevention through policy, systems and environmental change (PSE) strategies to improve perinatal and infant outcomes.

Activities:

- Partner with the California Maternal Quality Care Collaborative (CMQCC) and WIC for primary prevention of poor infant outcomes by using PSE strategies for maternal anemia prevention.

Perinatal/Infant Focus Area 3: Strategy 2: Promote breastfeeding initiation and duration through PSE and workforce strategies, including considerations of the care experience.

Activities:

- Partner to train local staff to increase capacity of the breastfeeding workforce through lactation training opportunities including International Board-Certified Lactation Consultants (IBCLC's), Lactation Consultants, Breastfeeding Peer Counselors, Lactation Educator Specialists, Certified Lactation Counselors and other lactation professions aimed to support breastfeeding families.
- Develop trainings and tools to support efforts to promote hospital and health care clinic implementation of infant feeding and lactation accommodation policies to increase breastfeeding rates.

Perinatal/Infant Focus Area 4: Injury Prevention & Safe Environment

Perinatal/Infant Focus Area 4: Strategy 1: Identify new partnerships to improve SIDS/SUID prevention.

Activities:

- Develop population-specific recommendations and community-aligned strategies for safe sleep practices based on FIMR data.
- Utilize Preconception Health Council of California (PHCC) to disseminate safe sleep practices.

2025-26 Child Application Narrative

CDPH/MCAH identified the below Child Health Domain Priority Need Statement, National Performance Measure (NPM), objective, and Evidence-Based and -Informed Strategy Measure (ESM) based on the comprehensive five-year state needs assessment.

Performance Measures

Medical Home – Overall NPM:
Percent of children with and without special health care needs, ages 0 through 17, who have a medical home.

Child Priority Need Statement: Improve the physical and mental health and development of all children so they flourish and thrive.

Child Objective: By 2030, increase the percentage of children who have received care within a medical home from 40.1% (NSCH 2021-2023) to 42%.

Child ESM: Number of strategic planning, capacity building and education/outreach efforts completed by CDPH/MCAH to promote medical home for children and families.

Surveillance

CDPH/MCAH will monitor quantifiable characteristics to track the health of California children as part of routine health surveillance efforts. The indicators and measures listed in the table below are continuously and systematically collected, analyzed and interpreted to guide program planning, implementation and evaluation of interventions. These indicators will be analyzed at the state and sub-state (where sample-sizes allow) levels to identify specific improvement opportunities.

Select Child Health Indicators and Measures	Data Sources
Developmental screening	National Survey of Children's Health (NSCH); California Health Interview Survey (CHIS)
Family resilience	NSCH
Preventive dental visit	NSCH
Childhood obesity	NSCH
Childhood flourishing	NSCH
Preventive medical visit	NSCH
Insurance status and adequacy	American Community Survey (ACS); NSCH

Select Child Health Indicators and Measures	Data Sources
Family and childhood poverty	ACS
Adverse childhood experiences	NSCH
Food insecurity	MIHA; KidsData; CHIS; NSCH
Housing and income inequality	County Health Rankings
Reading daily to child (0-5 years)	NSCH
Economic stability	California Employment Development Department; NSCH

Strategies & Activities by Focus Area

The comprehensive five-year state needs assessment led to the development of five CDPH/MCAH Division-wide focus areas. The Child Health Domain Team developed strategies in four of the five focus areas to achieve the Child Health Domain objective:

- Child Focus Area 1: Access to Quality Care & Services
- Child Focus Area 2: Mental Health & Substance Use
- Child Focus Area 3: Physical Health & Prevention
- Child Focus Area 4: Injury Prevention & Safe Environments

Child Focus Area 1: **Access to Quality Care & Services**

Child Focus Area 1: Strategy 1: Promote the pediatric medical home through school-linked and school-based health prevention, education and services.

Activities:

- Partner with CDPH/Office of School Health to increase access to and availability of school-based and school-linked health centers.
- Partner with Department of Health Care Services and California provider networks to increase education, build capacity and improve access to promote the pediatric medical home.

Child Focus Area 1: Strategy 2: Promote linkage and referrals to care and support services, especially those that target community health factors.

Activities:

- Partner with other state agencies to improve outreach, enrollment, linkage and navigation between Medi-Cal and state sponsored support services, including MCAH.

- Collaborate with partners and disseminate information regarding economic supports for families, housing supports, affordable, quality childcare, early education and parenting resources.

Child Focus Area 2: Mental Health & Substance Use

Child Focus Area 2: Strategy 1: Promote social connectedness.

Activities:

- Promote family and parent/child dyad positive relationships, bonding, protective childhood experiences, wellness and resilience.
- Partner to promote socioemotionally and physically safe schools and communities.
- Partner with the CDPH/Center for Healthy Communities to promote free play and access to green spaces for children and families.

Child Focus Area 2: Strategy 2: Collaborate to improve education and awareness of, and access to mental and behavioral health care.

Activities:

- Lead technical assistance and outreach to state and local MCAH regarding trauma-informed practices and primary prevention of mental and behavioral health for the MCAH population through the FLOURISH initiative.
- Partner with other statewide efforts (e.g. Children and Youth Behavioral Health Initiative (CYBHI)) to increase access to mental and behavioral health for children and youth and their caregivers.

Child Focus Area 3: Physical Health & Prevention

Child Focus Area 3: Strategy 1: Increase child preventive health rates.

Activities:

- Partner with CDPH/Office of Oral Health and CDPH/Office of School Health to promote child oral health and disseminate information to local MCAH programs and local education agencies.
- Partner to promote childhood immunization access and improve routine childhood immunization rates.

Child Focus Area 3: Strategy 2: Promote early childhood prevention, screening and intervention.

Activities:

- Partner with state-wide early childhood leaders on initiatives such as the Early Childhood Home Visiting Collaborative (ECHCV) to promote developmental screening and early childhood intervention.
- Promote early childhood screening, intervention and support, including promotion of and care coordination with the medical home, across the state through the California Home Visiting Program (CHVP).

Child Focus Area 3: Strategy 3: Optimize nutrition and physical activity for children.

Activities:

- Partner to promote and disseminate information regarding healthy physical activity and nutrition for children and families.

Child Focus Area 3: Strategy 4: Identify and work to reduce negative child health outcomes for all children.

Activities:

- Lead statewide data access and analysis on major child health indicators to improve health outcomes for all children.

Child Focus Area 4: Injury Prevention & Safe Environments

Child Focus Area 4: Strategy 1: Promote safe environments and communities and prevent unintentional injury for children and families.

Activities:

- Partner with CDPH Center for Healthy Communities and other statewide efforts to improve community safety (e.g. Public Health Roadmap for Violence Prevention, All Children Thrive, Transportation Safety Program).
- Partner with CDPH Center for Healthy Communities Injury and Violence Prevention Branch to reduce unintentional child injuries and promote child passenger, teen driving safety and child water safety efforts.

Child Focus Area 4: Strategy 2: Uplift prevention efforts to reduce child abuse and neglect.

Activities:

- Fund local child fatality reporting efforts through collaboration with CDPH Center for Healthy Communities Injury and Violence Prevention Branch.
- Partner to disseminate information on prevention of adverse childhood experiences, child abuse and neglect.
- Partner on data access and analysis regarding child injuries and fatalities to identify opportunities for intervention.

2025-26 Adolescent Application Narrative

CDPH/MCAH identified the below Adolescent Health Domain Priority Need Statement, National Performance Measure (NPM), objective, and Evidence-Based and -Informed Strategy Measure (ESM) based on the comprehensive five-year state needs assessment.

Adolescent Priority Need Statement: Enhance strengths, skills and access to supports, ensuring all youth thrive.

Performance Measures

Adolescent Well-Visit NPM:
Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.

Adolescent Objective: By 2030, increase the percentage of adolescents, ages 12 through 17, with a preventive medical visit in the past year from 62.9% (NSCH 2021-2023) to 66%.

Adolescent ESM: Percentage of LHJs that developed and adopted a protocol to ensure all adolescents connected with local MCAH are enrolled in health insurance, connected to a provider and complete a preventive visit.

Surveillance

CDPH/MCAH will monitor quantifiable characteristics and measures to track the health of California adolescents as part of its routine health surveillance efforts. The select indicators and measures listed in the table below are continuously and systematically collected, analyzed, and interpreted to guide program planning, implementation, and evaluation of interventions. These indicators will be analyzed at the state and sub-state levels to identify specific improvement opportunities.

Select Adolescent Health Indicators and Measures	Data Sources
Referral to preventive services	Adolescent Family Life Program (AFLP) data
Adolescent birth rate, ages 15-19	California Birth Statistical Master File (BSMF)/ Comprehensive Master Birth File (CMBF)
Intimate partner violence	Maternal and Infant Health Assessment (MIHA)
Hormonal or intrauterine device contraceptive use	Youth Risk Behavior Survey (YRBS)*

Select Adolescent Health Indicators and Measures	Data Sources
Condom use	YRBS*
Contraceptive use (Dual use)	YRBS*
Sexually transmitted infections (STI)	Sexual Transmitted Disease (STD) Control Branch program data
Preventive medical visits	National Survey of Children's Health (NSCH)
Hospitalizations - motor vehicle, mental health and substance use	California Patient Discharge data; YRBS*
Living in foster care	California Child Welfare Indicators Project
Population size	State Population Projections, CA Department of Finance
Insurance status	American Community Survey
High school dropout	California Department of Education
Graduation rates	California Department of Education
California Sexual Health Needs Index (CASHNI)	Multiple sources
Depression (related feelings; suicide ideation)	California Healthy Kids Survey; YRBS*
Teen dating violence	California Healthy Kids Survey; YRBS*
School connectedness	California Healthy Kids Survey
Have an adult that they can rely on for advice or guidance	NSCH

*Note: California did not participate and as such will not have access to 2023 YRBS data due to staff transition at the California Department of Education.

Strategies & Activities by Focus Area

The comprehensive five-year state needs assessment led to the development of five CDPH/MCAH Division-wide focus areas. The Adolescent Health Domain Team developed strategies in three of the five focus areas to achieve the Adolescent Health Domain objective:

- Adolescent Focus Area 1: Access to Quality Care & Services
- Adolescent Focus Area 2: Mental Health & Substance Use
- Adolescent Focus Area 3: Physical Health & Prevention

Adolescent Focus Area 1: **Access to Quality Care & Services**

Adolescent Focus Area 1: Strategy 1: Improve awareness of and access to quality youth-friendly care.

Activities:

- Partner to promote information about access to care, insurance coverage, minor consent, and confidentiality for primary and behavioral health care services.
- Partner to promote characteristics of a youth-friendly practice.
- Partner to promote school-linked/school-based services and school-based health centers.
- Partner to promote the use of evidence-based screening tools and assessments to link youth to services.

Adolescent Focus Area 1: Strategy 2: Support youth in valuing and prioritizing preventative care.

Activities:

- Partner to remove barriers and identify incentives for youth to attend preventive care visits.
- Partner to educate youth about the benefits of preventative care and what happens at preventive care visits.
- Partner to promote virtual visits, telehealth and online/app-based resources.

Adolescent Focus Area 2: **Mental Health & Substance Use**

Adolescent Focus Area 2: Strategy 1: Promote primary prevention and early intervention best practices for behavioral health.

Activities:

- Promote behavioral health training opportunities for youth engaged in peer-to-peer or near-peer programs and adults that work with youth.
- Partner to promote supports for positive engagement with digital technology.
- Partner to promote the identification, utilization, and impact of third places and spaces in communities, defined as a public space where people can gather and socialize, separate from their home and work.

Adolescent Focus Area 2: Strategy 2: Enhance resilience and coping skills.

Activities:

- Partner to help youth build skills and access supports for healthy relationships with themselves and others (family, mentors, peers, romantic and/or sexual partners).
- Partner to promote peer-to-peer supports and near-peer mentorship.
- Partner to promote self-help and harm reduction strategies.

Adolescent Focus Area 3: Physical Health & Prevention

Adolescent Focus Area 3: Strategy 1: Promote youth-friendly sexual and reproductive health services, information and education.

Activities:

- Partner to disseminate sexual and reproductive health information that is appropriate to the different stages of adolescence through young adulthood.
- Partner to increase access to and use of contraception and STI prevention methods.
- Partner to inform youth about their sexual and reproductive rights and improve their sexual health media literacy.

Adolescent Focus Area 3: Strategy 2: Enhance skills for health & wellness and growth into adulthood.

Activities:

- Partner to promote positive youth development models and information about the dimensions of wellness.
- Partner to encourage youth participation in decision-making about programs and initiatives that serve young people.
- Partner to promote universal life-skills education and supports for college and career readiness.

2025-26 CYSHCN Application Narrative

CDPH/MCAH identified the below Children and Youth with Special Health Care Needs (CYSHCN) Domain Priority Need Statement, National Performance Measures (NPMs), objectives, and Evidence-Based and -Informed Strategy Measures (ESMs) based on the comprehensive five-year state needs assessment.

CYSHCN Priority Need Statement: Improve access to supports and services for children and youth with special health care needs.

Performance Measures

CYSHCN NPM 1: Medical Home – Overall
Percent of children with and without special health care needs, ages 0 through 17, who have a medical home.

CYSHCN Objective 1: By 2030, increase the percentage of children with special health care needs, ages 0 through 17, who have a medical home from 34.3% (NSCH 2021-2023) to 35%.

CYSHCN ESM 1: Number of identified key organizations engaged in at least one structured meeting or discussion with CDPH/MCAH on improving medical home care coordination for CYSHCN in California.

CYSHCN NPM 2: Transition NPM
Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transition to adult health care.

CYSHCN Objective 2: By 2030, increase the percentage of adolescents with special health care needs, ages 12 through 17, who received services to prepare for the transition to adult health care from 17% (NSCH 2021-2023) to 18%.

CYSHCN ESM 2: Number of identified key organizations engaged in at least one structured meeting or discussion with CDPH/MCAH on improving transition to adult care for CYSHCN in California.

Surveillance

CDPH/MCAH monitors the prevalence of California CYSHCN and CYSHCN activities at the Local Health Jurisdiction (LHJ) level as part of routine health surveillance and data collection efforts. The following indicators and measures listed in the table below are

continuously and systematically collected, analyzed and interpreted to guide program planning, implementation and evaluation of interventions. These indicators are analyzed at state and sub-state levels (where sample sizes allow) to identify specific improvement opportunities.

Select CYSHCN Indicators and Measures	Data Sources
CYSHCN enrollment in California Children's Services (CCS) (1-22 years of age and % by health coverage)	CMS Net
Newborn hearing screening	Natus database
NPM 17.5 (Medical Home, Care Coordination), NPM 18 (transition), NOM 14.2 (Children's health status), NOM 18 (CYSHCN systems of care), NOM 19 (Flourishing)	National Survey of Children's Health (NSCH)

Strategies & Activities by Focus Area

The comprehensive five-year state needs assessment led to the development of five CDPH/MCAH Division-wide focus areas. The Children and Youth with Special Health Care Needs (CYSHCN) Health Domain Team developed strategies in three of the five focus areas to achieve the CYSHCN Domain objectives:

- CYSHCN Focus Area 1: Access to Quality Care & Services
- CYSHCN Focus Area 2: Mental Health & Substance Use
- CYSCHN Focus Area 3: Community Health Factors & Family Supports

CYSHCN Focus Area 1: Access to Quality Care & Services

CYSHCN Focus Area 1: Strategy 1: Partner to improve access to quality, coordinated care and support services for CYSHCN and their families.

Activities:

- Partner with California Home Visiting Program (CHVP) to connect the work of home visitors to care coordinators within California Children's Services (CCS) and improve medical home care coordination efforts, linking CYSHCN and families to needed care and services.
- Partner with key agencies to improve care coordination and promote the medical home model.
- Lead CDPH/MCAH efforts to build relationships with Office of School Health, the California Department of Education, and health care transition-focused

organizations to identify and incorporate best practices that ensure CYSHCN and their families receive support for successful transition to adult health care.
- Partner with Family Voices of California to engage and include the voices CYSHCN and their families.

CYSHCN Focus Area 1: Strategy 2: Fund the Department of Health Care Services (DHCS) to provide necessary care coordination and case management for California Children's Services (CCS) program clients and improve systems to assist CYSHCN families in navigating services.

Activities:
- Fund DHCS to support County CCS program collaboration with Medi-Cal Managed Care Plans and other organizations on facilitating transition to adult services for CYSHCN.
- Fund DHCS to improve medical home care coordination for Neonatal Intensive Care Unit (NICU) babies transitioning to home/community and link families to home visiting programs or other support services.
- Fund DHCS to engage with universities and other entities working to increase identification of neonates requiring High-Risk Infant Follow-Up (HRIF) program follow-up and assess referral patterns.
- Fund DHCS to improve the referral system, eligibility requirements and service requests for CCS clients through provision of training and resources on their services.

CYSHCN Focus Area 2: Mental Health & Substance Use

CYSHCN Focus Area 2: Strategy 1: Partner to develop programs and resources to enhance resilience and mental wellness support for CYSHCN and their families.

Activities:
- Partner with MCAH Adolescent programs to incorporate CYSHCN populations, CYSHCN considerations and CYSHCN voices in programming and resource development.
- Partner with Family Voices of California and connect to other family-serving organizations in California to build and/or expand family and youth support groups for CYSHCN across California.
- Partner with MCAH Mental Health Initiative to develop and elevate upstream strategies, resources and technical assistance that promote resilience and mental wellness for CYSHCN and their families.

CYSHCN Focus Area 2: Strategy 2: Support LHJs to build workforce capacity in supporting CYSHCN and their families.

Activities:

- Partner with state-level MCAH programs and initiatives to enhance LHJ capacity to meet the mental health needs of CYSHCN and their families.
- Lead state and local capacity-building efforts to improve and expand services and support for CYSHCN and their families.

CYSHCN Focus Area 3: Community Health Factors & Family Supports

CYSHCN Focus Area 3: Strategy 1: Partner with various organizations to build workforce capacity to serve CYSHCN and their families.

Activities:

- Fund CYSHCN Innovation Grants to support local MCAH programs in implementing innovative public health strategies that enhance systems of care for CYSHCN and their families across California.
- Partner with the CDPH Office of School Health, the State Board of Education and the California Department of Education to promote and enhance supportive services in schools for CYSHCN.
- Strengthen relationships with regional centers and County CCS programs to build a capable and qualified workforce serving CYSHCN and their families.

CYSHCN Focus Area 3: Strategy 2: Lead development of informational platforms and tools for CYSHCN and their families.

Activities:

- Lead the development of CYSHCN-related resources to be shared with LHJs.
- Lead the expansion and improvement of the MCAH CYSHCN data dashboard.

2025-26 Cross-Cutting Application Narrative

CDPH/MCAH identified the following Cross-Cutting Domain Priority Need Statements and objectives based on the findings of our comprehensive five-year state needs assessment. The activities identified for the 2025-26 application will support the CDPH/MCAH Cross-Cutting Domain objectives and strategies.

Cross-Cutting Priority Need Statement 1: Increase knowledge and capacity of state and local MCAH workforce to improve maternal and child health outcomes.

Cross-Cutting Objective 1: By 2030, implement at least two process improvements to increase state and local MCAH knowledge and capacity to advance healthy outcomes for all.

Cross-Cutting Objective 1: Strategy 1: Build and streamline CDPH/MCAH infrastructure to increase workforce capacity to improve maternal and child health outcomes.

Activities:

- Streamline contracting processes with local health jurisdictions to improve timeliness of delivering MCAH services.
- Develop trainings for both state and local MCAH to build knowledge and skill of the MCAH workforce to improve maternal and child health outcomes.

Cross-Cutting Priority Need Statement 2: Increase knowledge, skills and best practices regarding policy, systems and environmental change (PSE) practices among state and local MCAH workforce.

Cross-Cutting Objective 2: By 2030, integrate at least two PSE practices into CDPH/MCAH programs or operational protocols.

Cross-Cutting Objective 2: Strategy 1: Build CDPH/MCAH infrastructure and capacity for PSE.

Activities:

- Participate in the Center for Family Health PSE workgroup.
- Provide PSE training to state and local MCAH workforce to increase knowledge and skill around PSE.