

Women/Maternal Health – Application Narrative

(FY 2021-22)

Surveillance: The California Department of Public Health Maternal, Child and Adolescent Health Division (CDPH/MCAH) will monitor select quantifiable characteristics to track the health of California women and mothers as part of its routine surveillance efforts. The following select 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 the state level and, when possible, sub-state levels to identify specific improvement opportunities.

Select Women/Maternal Health Indicators and Measures	Data Source
Well-woman visit	California Behavioral Risk Factor Survey (BRFS)
Maternal death reviews	California Pregnancy-Associated Mortality Review (CA-PAMR)
Pregnancy-related mortality	California Pregnancy Mortality Surveillance System (CA-PMSS)
Severe maternal morbidity	California Patient Discharge Data (PDD)
Receipt of mental health services	Maternal and Infant Health Assessment (MIHA) survey
Interpregnancy interval	California Comprehensive Master Birth File (CCMBF)
Maternal substance use	California Patient Discharge Data

The select indicators and measures above serve as an early warning system to identify emerging issues, target program interventions, track progress toward specified objectives in the 5-Year Action Plan, allow priorities to be re-evaluated and inform public health policy and strategies. CDPH/MCAH will utilize information gathered from health surveillance data to lead, fund, partner and support efforts at the state and local levels that will lead to desired outcomes.

To provide a greater depth in understanding the health status of women and mothers and to uncover health disparities, analysis of these key indicators and measures will include stratification by key demographic factors such as race/ethnicity, maternal age or county as appropriate, given the specific measure and the data constraints.

Note: Due to the extreme demands of the COVID-19 pandemic on the public health workforce, many of the activities planned during 2020-21 have been delayed or paused. The timeline for

resuming these activities is uncertain. Activities that have been paused or delayed are marked in the narrative plan below with an asterisk (*) symbol.

Women/Maternal Health: Priority Need 1

Ensure women in California are healthy before, during and after pregnancy. (2020-25 Action Plan)

Women/Maternal Focus Area 1

Reduce the impact of chronic conditions related to maternal mortality.

Women/Maternal Objective 1:

By 2025, reduce the rate of pregnancy-related deaths (up to 1 year after the end of pregnancy) from 11.3 deaths per 100,000 live births (2013 CA-PMSS) to 10.8 deaths per 100,000 live births.

Women/Maternal Objective 1 - Strategy 1:

Lead surveillance and research associated with pregnancy-related deaths (up to 1 year after the end of pregnancy) in California.

Activities:

- CDPH/MCAH will lead and fund pregnancy-related mortality surveillance and public health investigation activities (e.g., CA-PMSS and CA-PAMR) that include identification, verification and review of deaths among persons who were pregnant within a year of death. Data from comprehensive case reviews will inform recommendations for preventing pregnancy-related mortality.
- CDPH/MCAH will lead surveillance and reporting of pregnancy-related mortality as mandated by Senate Bill (SB) 464 – California Dignity in Pregnancy and Childbirth Act. Mandated reporting will occur at least once every three years and will include, but is not limited to, data on the conditions listed in SB 464 aggregated by state regions and race/ethnicity.
- CDPH/MCAH will focus surveillance and reporting on disparities to inform MCAH programs and promote health equity in California.
- CDPH/MCAH will lead, fund and disseminate data findings and products related to pregnancy-related mortality, and improve clinical best practices in maternity care.

Women/Maternal Objective 1 - Strategy 2:

Partner to translate findings from pregnancy-related mortality surveillance and research into recommendations for action to improve maternal health and perinatal clinical practices.

Activities:

- CDPH/MCAH will lead the development of recommendations for prevention of pregnancy-related deaths.
- CDPH/MCAH will partner with community partners to update and/or develop toolkits based on data findings related to improving maternity care and supports.

Women/Maternal Focus Area 2

Reduce the impact of chronic conditions related to maternal morbidity.

Women/Maternal Objective 2:

By 2025, reduce the rate of severe maternal morbidity from 91.0 per 10,000 delivery hospitalizations (2018 PDD) to 86.5 per 10,000 delivery hospitalizations.

Women/Maternal Objective 2 - Strategy 1:

Lead surveillance and research related to maternal morbidity in California.

Activities:

- CDPH/MCAH will lead surveillance and reporting of maternal morbidity, including measurement of trends and disparities, and review of scientific literature to remain informed on both scientific methods and emerging issues. Special focus will be given to any reference discussing the coding change from ICD-9-CM to ICD-10-CM, which began October 1, 2015, in patient discharge data.
- CDPH/MCAH will lead surveillance and reporting of severe maternal morbidity as mandated by Senate Bill (SB) 464 (now Health & Safety Codes 123630-123630.4), the California Dignity in Pregnancy and Childbirth Act. Mandated reporting will occur at least once every three years and will include, but is not limited to, data on the conditions listed in SB 464 aggregated by state regions and race/ethnicity.
- CDPH/MCAH will identify and partner with an academic subject matter expert to conduct complex, population-based data analyses to inform decision-making for implementation of Levels of Maternal Care. This expert will develop a risk profile of women to look at the distribution of medically complex pregnancies throughout the state and identify where they give birth.

Women/Maternal Objective 2 - Strategy 2:

Lead statewide regionalization of maternal care to ensure women receive appropriate care for childbirth.

Activities:

- CDPH/MCAH will fund the Regional Perinatal Programs of California (RPPC) to focus on quality improvement in participating labor and delivery hospitals throughout the state and to coordinate and support a regionalized perinatal system.
- CDPH/MCAH will be in the data analysis phase of our efforts to lead and fund data collection through the CDC LOCATe survey to measure hospital Levels of Maternal Care, unless the data collection is postponed due to COVID-19.
- CDPH/MCAH will lead and fund the convening of key partners, such as RPPC Directors, birthing hospitals, the California Maternal Quality Care Collaborative (CMQCC), etc., to identify opportunities to establish a Levels of Maternal Care system.
- CDPH/MCAH will fund CMQCC to coordinate a collaborative of perinatal experts to consider clinical medicine, population health and systems of care to promote quality improvement efforts in maternal health.
- CDPH/MCAH will partner with the California Perinatal Services Program (CPSP), Women, Infants and Children (WIC) Regional Breastfeeding Liaisons, and local MCAH programs to ensure a coordinated delivery system for women during and after their pregnancy.

Women/Maternal Objective 2 - Strategy 3:

Partner to strengthen knowledge and skill among health care providers and individuals on chronic conditions exacerbated during pregnancy.

Activities:

- CDPH/MCAH will fund the California Diabetes and Pregnancy Program (CDAPP) Sweet Success Resource Center to train providers, develop educational materials and produce a revised Guidelines for Care to improve and expand quality services for women with diabetes and during pregnancy.
- CDPH/MCAH will lead the development and dissemination of culturally appropriate materials to address chronic disease in disparate populations such as people who are overweight, people with diabetes, people with heart disease and people who use tobacco.
- CDPH/MCAH will lead the maintenance and implementation of a work plan to reduce the rate of diabetes in pregnancy and instances of being overweight/obese in childbearing parents.
- CDPH/MCAH will develop referral forms to CDAPP Sweet Success and from CDAPP Sweet Success to the Diabetes Self-Management Education & Support program and National Diabetes Prevention Program to improve continuity of care.

- CDPH/MCAH will develop a social media campaign to disseminate information from the maternal overweight and obesity brief.*
- CDPH/MCAH will promote the MCAH Healthy Weight for Healthy Birth and Beyond Brief to encourage preconception and pregnancy interventions to reduce perinatal weight.
- CDPH/MCAH will share a statewide media campaign developed by local Black Infant Health (BIH) sites with state and local partners to increase awareness of chronic health conditions affecting Black women during pregnancy.

Women/Maternal Focus Area 3

Improve mental health for all mothers in California.

Women/Maternal Objective 3:

By 2025, increase the receipt of mental health services among women who reported needing help for emotional well-being or mental health concerns during the perinatal period from 49.6% (provisional 2018 MIHA) to 52.1%.

Women/Maternal Objective 3 - Strategy 1:

Partner with state and local programs responsible for the provision of mental health services and early intervention programs to reduce mental health conditions in the perinatal period.

Activities:

- CDPH/MCAH will partner and collaborate with state departments and commissions responsible for the provision of mental health services (California Mental Health Services Authority [CalMHSA], the California Department of Health Care Services [DHCS] and the Mental Health Services Oversight and Accountability Commission [MHSOAC]) to conduct an environmental scan to identify gaps and opportunities in the availability, quality and use of mental health services for women of reproductive age.*
- CDPH/MCAH will partner at the State and local levels to identify and promote best practices to address mental health, including stigma and discrimination due to mental health diagnosis.*
- CDPH/MCAH will support State and local workforce development to address mental health with the populations we serve.

Women/Maternal Objective 3 - Strategy 2:

Partner to strengthen knowledge and skill among health care providers, individuals and families to identify signs of maternal mental health-related needs.

Activities:

- CDPH/MCAH will partner with existing MCAH programs (BIH, DHCS Indian Health Program [DHCS IHP], Adolescent Family Life Program [AFLP], California Home Visiting Program [CHVP], CPSP) in raising mental health awareness and promoting resources.
- CDPH/MCAH will partner with local Perinatal Service Coordinators (PSC) to support mental health requirements for provider screening at least once during pregnancy and postpartum and ensure CPSP providers receive training on mental health.
- CDPH/MCAH will continue to collaborate with local BIH sites to promote the use of the Edinburgh Postnatal Depression Scale during the prenatal and postpartum period with BIH Participants.
- CDPH/MCAH will partner with mental health programs to identify materials, training and other resources to educate and inform individuals and families about maternal mental health signs, symptoms and services.*
- CDPH/MCAH will lead in promoting and disseminating mental health messages through social media platforms and education materials to educate women and families to recognize early signs and symptoms of mental health disorders.*

Women/Maternal Objective 3 - Strategy 3:

Partner to ensure pregnant and parenting women are screened utilizing standardized and validated tools and linked to needed services for mental health conditions in the perinatal period.

Activities:

- CDPH/MCAH will partner with MCAH programs (CPSP, BIH, CHVP, DHCS IHP, AFLP, local health jurisdictions [LHJs]) to utilize validated mental health screening tools.
- CDPH/MCAH will partner with Department of Health Care Services Mental Health Services Division (DHCS/MHS) and the Mental Health Services Act Oversight & Accountability Commission to identify validated tools for mental health screening in the perinatal period.*
- CDPH/MCAH will partner with DHCS/MHS and the Mental Health Services Act Oversight & Accountability Commission to ensure adequate and appropriate access to perinatal mental health services are made available at the local level.*

Women/Maternal Focus Area 4

Ensure optimal health before pregnancy and improve pregnancy planning and birth spacing.

Women/Maternal Objective 4:

By 2025, increase the percent of women who had an optimal interpregnancy interval of at least 18 months from 73.6% (2017 CCMBF) to 76.4%.

Women/Maternal Objective 4 - Strategy 1:

Partner to increase provider and individual knowledge and skill to improve health and health care before and between pregnancies.

Activities:

- CDPH/MCAH will lead the California Preconception Health Council to guide and inform statewide preconception efforts.
- CDPH/MCAH will lead a refresh of the Every Woman California website to re-establish a platform for sharing preconception health information with the public and health professionals.
- CDPH/MCAH will support disseminating and promoting best practices, resources and education from key preconception initiatives (Preconception Collaborative Improvement and Innovation Networks [CoINN] and National Preconception Health & Health Care Initiative).
- CDPH/MCAH will support local MCAH programs in identifying uninsured populations, conducting outreach and awareness of health insurance options, and implementing protocols to assist clients to enroll in health insurance and access services.
- CDPH/MCAH will lead the update and dissemination of interconception care guidelines for health professionals.
- CDPH/MCAH will partner with existing MCAH programs, external stakeholders and other Title V funded programs (BIH, Indian Health, AFLP, CHVP, CPSP), in raising awareness on preconception health.
- CDPH/MCAH will develop and disseminate a new MyPlate focused on preconception health.
- CDPH/MCAH will partner with the CDPH Office of Oral Health to disseminate the Perinatal Oral Health Quality Improvement Project findings and promote best practices, resources and education on oral health during, before and after pregnancy.

Women/Maternal Objective 4 - Strategy 2:

Lead a population-based assessment of mothers in California, the Maternal and Infant Health Assessment Survey (MIHA), to provide data to guide programs and services.

Activities:

- CDPH/MCAH will partner with the University of California San Francisco (UCSF) Center for Health Equity to create a survey and revise the MIHA sampling plan as needed to ensure representative data at the state, regional and county levels.
- CDPH/MCAH will support the UCSF Center for Health Equity to implement data collection activities and maximize participation among individuals selected to participate in the survey.
- CDPH/MCAH will support the UCSF Center for Health Equity to weight the study data and prepare an annual MIHA analytic dataset and codebook.
- CDPH/MCAH will partner with the UCSF Center for Health Equity to conduct analyses of CDPH/MCAH priority topics, develop surveillance products, design and implement scientific research studies.
- CDPH/MCAH will lead the dissemination of findings in a variety of MIHA data products.
- CDPH/MCAH will partner with the CDPH Office of Oral Health to develop, include and analyze new MIHA Survey questions on access and barriers to oral health during pregnancy.

Women/Maternal Objective 4 - Strategy 3:

Lead the implementation of the CPSP program to ensure access to comprehensive prenatal care for Medi-Cal Fee-for-Service clients.

Activities:

- CDPH/MCAH will lead in reviewing CPSP provider enrollment applications based on established standards for an applicant to become a CPSP provider and notify the applicant if their application is accepted.
- CDPH/MCAH will support PSCs in identifying and recruiting providers in medically underserved areas to increase access to perinatal care.
- CDPH/MCAH will develop a new nutrition assessment form based on the MyPlate for pregnant individuals and another for those with diabetes in pregnancy. The MyPlate for Pregnancy and for GDM will be updated to go along with the new nutrition assessments. A mini training will be developed to provide training to CPSP providers, especially comprehensive perinatal health workers.
- CDPH/MCAH will support LHJs by providing technical assistance and training on the CPSP provision of services, and quality of care.

- CDPH/MCAH will continue to fund CPSP provider orientations to ensure CPSP providers understand the role and responsibilities of becoming a CPSP provider in addition to provision of services.
- CDPH/MCAH will lead in monitoring and providing oversight of CPSP, including quality improvement efforts to monitor providers and ensure quality of care for CPSP.
- CDPH/MCAH will partner with the CDPH Office of Oral Health to provide education on the importance of oral health during pregnancy to CPSP providers and PSCs.

Women/Maternal Objective 4 - Strategy 4:

Fund the DHCS IHP to administer the American Indian Maternal Support Services (AIMSS) to provide case management and home visitation program services for American Indian women during and after pregnancy.

- CDPH/MCAH will fund DHCS IHP to conduct perinatal case management and care coordination to support pregnant American Indian individuals to receive health care, education, emotional support, and referrals to social, health and community services.
- CDPH/MCAH will fund DHCS IHP to provide maternal health training for AIMSS grantees and Indian health clinics through meetings, webinars or conferences.
- CDPH/MCAH will fund DHCS IHP to collect and monitor program data to include in Title V reporting.
- CDPH/MCAH will support DHCS IHP to screen and refer American Indian pregnant individuals for mental health and substance use disorder services.
- CDPH/MCAH will support DHCS IHP to educate women and families to recognize early signs and symptoms of mental health and substance use disorders through health promotion messages.

Women/Maternal Focus Area 5

Reduce maternal substance use.

Women/Maternal Objective 5:

By 2025, reduce the rate of maternal substance use from 20.7 per 1,000 delivery hospitalizations (2018 PDD) to 19.7 per 1,000 delivery hospitalizations.

Women/Maternal Objective 5 - Strategy 1:

Lead research and surveillance on maternal substance use in California.

Activities:

- CDPH/MCAH will lead surveillance of maternal substance use, including measurement of trends or disparities, and review of scientific literature to remain current with respect to both scientific methods and emerging issues.

- CDPH/MCAH will lead in the dissemination of data findings (reports, presentations, etc.) to raise awareness about maternal substance use and provide data to guide programs and services.

Women/Maternal Objective 5 - Strategy 2:

Partner at the state and local level to increase prevention and treatment of maternal opioid and other substance use.

Activities:

- CDPH/MCAH will support UCSF Family Health Outcomes Project (FHOP) in the local dissemination of the Association of State and Territorial Health Officials (ASTHO) Public Health Perinatal Opioid Toolkit, targeting dissemination to counties of greatest need.
- CDPH/MCAH will support the American College of Obstetricians and Gynecologists in promoting the education of obstetricians and gynecologists in perinatal substance use.
- CDPH/MCAH will lead in the development and dissemination of social media campaigns related to maternal opioid/substance use.
- CDPH/MCAH will support local MCAH programs in identifying resources on treatment and best practices to address substance use and opportunities to collaborate and improve linkage to services at the state and local level.

Perinatal/Infant Health – Application Narrative (FY 2021-22)

Surveillance: The California Department of Public Health Maternal, Child and Adolescent Health Division (CDPH/MCAH) will monitor select quantifiable characteristics to track the health of California’s infants as part of its routine health surveillance efforts. The following indicators and measures, as listed in the table below, are continuously and systemically collected, analyzed, and interpreted to guide program planning, implementation and evaluation of interventions. These indicators will be analyzed by state, county, race/ethnicity and other sub-state levels to identify specific improvement opportunities.

Select Perinatal/Infant Health Indicators and Measures	Data Source
Breastfeeding initiation and duration	Maternal and Infant Health Assessment (MIHA) survey and Genetic Disease Screening Program (GDSP), Newborn Screening Data
Infant mortality, including SUID/SIDS	CA Birth Cohort File or CA Comprehensive Master Birth and Death Files
Grief and bereavement services	SIDS Program Data
Infant safe sleep practices	MIHA survey
Preterm birth rate, including rate among infants born to non-Hispanic Black women	CA Comprehensive Master Birth File

Note: Due to the extreme demands of the COVID-19 pandemic on the public health workforce, many of the activities planned during 2020-21 have been delayed or paused. The timeline for resuming these activities is uncertain. Activities that have been paused or delayed are marked in the narrative plan below with an asterisk (*) symbol.

Perinatal/Infant Priority Need 1

Ensure all infants are born healthy and thrive in their first year of life. (2020-25 Action Plan)

Perinatal/Infant Focus Area 1

Improve healthy infant development through breastfeeding and caregiver/infant bonding.

Perinatal/Infant Objective 1:

By 2025, increase the percent of women who report exclusive in-hospital breastfeeding from 70.2% (2018 GDSP) to 72.5%.

Perinatal/Infant Objective 1 - Strategy 1:

Lead surveillance of breastfeeding practices and assessment of initiation and duration trends.

Activities:

- CDPH/MCAH will lead and fund breastfeeding data collection and surveillance in collaboration with Women, Infants and Children (WIC) and University of California San Francisco's (UCSF) Center on Social Disparities in Health utilizing the MIHA survey.
- CDPH/MCAH will lead the dissemination of breastfeeding data findings to improve monitoring of maternal and infant health in relation to increasing breastfeeding initiation and continued activities with breastfeeding.
- CDPH/MCAH will partner with a maternal quality care collaborative to track progress of birthing hospitals and their adoption of the "Ten Steps to Successful Breastfeeding," or an alternate process that includes evidence-based policies and practices and targeted outcomes, or the Model Hospital Policy Recommendations by January 1, 2025.

Perinatal/Infant Objective 1 - Strategy 2:

Lead technical assistance and training to support breastfeeding initiation, including the implementation of the Model Hospital Policy or Baby Friendly in all California birthing hospitals by 2025.

Activities:

- CDPH/MCAH will partner with MCAH programs (e.g., California Home Visiting Program [CHVP], Adolescent Family Life Program [AFLP], Black Infant Health [BIH], Regional Perinatal Programs of California [RPPC], Indian Health Program [IHP], and Comprehensive Perinatal Services Program [CPSP]) to include evidence-based breastfeeding guidance.
- CDPH/MCAH will lead the completion and dissemination of the Model Hospital Policy and partner with RPPC directors and WIC Regional Breastfeeding Liaisons to provide technical assistance.
- CDPH/MCAH will lead breastfeeding quality improvement initiatives with birthing hospitals with RPPC to support local MCAH work efforts.
- CDPH/MCAH will lead the completion and development of resources to assist with compliance of the Model Hospital Policy and the Baby Friendly Hospital Initiative to local MCAH programs.
- CDPH/MCAH will identify best practices to support health care workers in their efforts to educate families on the importance of the 10 Steps to Baby Friendly through Family Health Outcomes Project (FHOP) trainings/webinars for local MCAH programs.
- CDPH/MCAH will partner with RPPC directors to focus on best practices related to implementation of the 10 Steps to Baby Friendly.

- CDPH/MCAH will annually participate on the planning committee of the California Breastfeeding Summit.

Perinatal/Infant Objective 1 - Strategy 3:

Partner to develop and disseminate information and resources about policies and best practices to promote breastfeeding duration, including lactation accommodation within all MCAH programs.

Activities:

- CDPH/MCAH will partner to increase the number of clinics adopting the 9 Steps To Breastfeeding Friendly: Guidelines for Community Health Centers and Outpatient Care Settings, guidelines developed in collaboration with input from community health centers, MCAH and CDPH's Chronic Disease and Injury Control (CDIC), the California WIC Association (CWA) and the California Breastfeeding Coalition (CBC).
- CDPH/MCAH will partner with local MCAH Directors, local health jurisdiction (LHJ) Breastfeeding Coordinators and WIC regional breastfeeding liaisons (RBLs) to develop and disseminate information to communities and businesses on lactation accommodation laws.
- CDPH/MCAH will partner with the Childhood Obesity Collaborative Improvement and Innovation Network (CoIIN) to promote the California Infant Feeding Guide, including development of social media promoting healthy infant feeding and addressing infant feeding cues, including an infographic.

Perinatal/Infant Objective 1 - Strategy 4:

Partner with birthing hospitals to support infant/caregiver bonding.

Activities:

- CDPH/MCAH will promote skin-to-skin care and Kangaroo Mother Care.
- CDPH/MCAH will expand gender sensitivity in lactation promotion to include breastfeeding and chestfeeding.

Perinatal/Infant Priority Need 2

Reduce infant mortality with a focus on eliminating disparities. (2020-25 Action Plan)

Perinatal/Infant Focus Area 2

Reduce infant mortality with a focus on reducing disparities.

Perinatal/Infant Objective 2:

By 2025, reduce the rate of infant deaths from 4.2 per 1,000 live births (2017 BSMF/DSMF) to 4.0.

Perinatal/Infant Objective 2 - Strategy 1:

Lead research and surveillance related to fetal and infant mortality in California.

Activities:

- CDPH/MCAH will lead and fund the data collection and surveillance of Fetal and Infant Mortality Review (FIMR).
- CDPH/MCAH will lead the development and dissemination of data finding, reports and presentations.
- CDPH/MCAH will support the development and dissemination of the California Black Maternal and Infant Health Report.

Perinatal/Infant Objective 2 - Strategy 2:

Fund the implementation of local fetal infant review programs to identify state and local strategies to reduce infant mortality.

Activities:

- CDPH/MCAH will lead in the standardization of FIMR process, including sampling, data collection and Case Review Team (CRT) recommendations.
- CDPH/MCAH will partner with local FIMR programs to support the assessment of fetal and infant deaths in local communities.
- CDPH/MCAH will support local FIMR programs to organize community members to develop a plan of action to address the factors that lead to fetal and infant deaths.
- For non-FIMR counties, CDPH/MCAH will develop guidelines for LHJs on best practices when an infant death occurs.
- CDPH/MCAH will compile and disseminate best practices/recommendations from Community Action Teams statewide.

Perinatal/Infant Objective 2 - Strategy 3:

Lead the California SIDS Program to provide grief and bereavement support to parents, technical assistance, resources and training on infant safe sleep to reduce infant mortality.

Activities:

- CDPH/MCAH will track reporting of infant deaths from local health jurisdictions,
- CDPH/MCAH will lead the dissemination of data finding, reports and presentations for local SIDS programs.

- CDPH/MCAH will partner with the California SIDS Program to provide training on grief and bereavement support to support families impacted by SIDS, SUID and other sleep-related infant deaths.
- CDPH/MCAH will lead the California SIDS Program by increasing awareness, promoting safe sleep education, identifying risk factors and providing resources.
- CDPH/MCAH will promote the 2016 American Academy of Pediatrics (AAP) Recommendations for a Safe Infant Sleeping Environment, endorse dissemination of the Safe to Sleep® education campaign materials and lead the development of Safe Sleep strategies that address SIDS and other sleep-related causes of infant death.
- CDPH/MCAH will notify California birthing hospitals and licensed midwives of their responsibility to disseminate SUID/SIDS risk reduction information to parents or guardians of newborns upon discharge.
- CDPH/MCAH will lead and fund local MCAH programs (CHVP, AFLP, BIH, and IHP) to provide SUID/SIDS risk reduction and infant safe sleep education and resources to pregnant and parenting women.

Perinatal/Infant Focus Area 3

Reduce preterm births.

Perinatal/Infant Objective 3:

By 2025, reduce the percentage of preterm births from 8.7% (2017 BSMF) to 8.4%.

Perinatal/Infant Objective 3 - Strategy 1:

Lead research and surveillance on disparities in preterm birth rates in California.

Activities:

- CDPH/MCAH will lead and fund the data collection and surveillance of preterm births including disparities in race/ethnicity.
- CDPH/MCAH will lead the dissemination of data findings, reports and presentations related to preterm birth rates in California.
- CDPH/MCAH will support the development and dissemination of the California Black Maternal and Infant Health Report.

Perinatal/Infant Objective 3 - Strategy 2:

Lead the implementation of the Black Infant Health (BIH) Program to reduce the impact of stress due to structural racism to improve Black birth outcomes.

Activities:

- CDPH/MCAH will lead the BIH program.

- CDPH/MCAH will support local MCAH programs' dissemination of public awareness campaigns to state partners and stakeholders.
- CDPH/MCAH will increase the identification of Black women who are at risk for a preterm delivery and connect them to appropriate resources.
- CDPH/MCAH will partner with professional organizations such as the American College of Obstetricians and Gynecologists (ACOG) and March of Dimes (MOD) to provide education materials related to preterm birth reduction strategies to pregnant Black women.

Perinatal/Infant Objective 3 - Strategy 3:

Lead the implementation of the Perinatal Equity Initiative (PEI) to increase perinatal equity in California.

Activities:

- CDPH/MCAH will lead learning collaborative cohorts to promote statewide sharing of best practices to decrease the infant mortality rate.
- CDPH/MCAH will collaborate with experts to support successful implementation of legislated interventions.
- CDPH/MCAH will support implementation of the PEI interventions at the local level.
- CDPH/MCAH will support local MCAH programs' development of public awareness campaigns with PEI funds.

Perinatal/Infant Objective 3 - Strategy 4:

Lead the implementation of the Community Birth Plan (CBP) being piloted in Los Angeles to build community systems to galvanize health care, public health sectors and communities to collaboratively reduce Black preterm birth.

Activities:

- CDPH/MCAH will partner with MOD on determining the most effective preterm birth reduction strategies.
- CDPH/MCAH will develop and disseminate preterm birth reduction materials and resources to BIH and PEI LHJs for dissemination to the Black community (moms, fathers, grandparents, community leaders and churches) and agencies providing services to Black moms and babies.

Perinatal/Infant Objective 3 - Strategy 5:

Lead the development and dissemination of preterm birth reduction strategies across California.

Activities:

- CDPH/MCAH will facilitate the process of incorporating preterm birth reduction strategies in all MCAH programs (CHVP, AFLP, BIH, and CPSP).
- CDPH/MCAH will develop and disseminate culturally appropriate social media messages about preterm birth reduction strategies for populations with high preterm birth rates.

Child Health – Application Narrative (FY 2020-21)

Surveillance: Throughout FY 2020-21, CDPH/MCAH will monitor quantifiable characteristics to track the health of California’s children as part of routine health surveillance efforts. This surveillance will focus on child health and health equity and how they are impacted by childhood poverty and the social determinants of health. 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 will be analyzed at the state and sub-state (where sample-size allowed) levels to identify specific improvement opportunities.

Select Child Health Indicators and Measures	Data Source
Developmental screening	National Survey of Children’s Health (NSCH); California Health Interview Survey (CHIS)
Family resilience	NSCH
Preventive dental visit	NSCH
Childhood overweight and obesity (5 th grade students)	CA Department of Education (CDE), Physical Fitness Testing Research Files (FitnessGram)
Childhood flourishing	NSCH
Preventive Medical visit	Local MCAH program data
Insurance status and adequacy	American Community Survey (ACS); NSCH
Family and childhood poverty	ACS; Public Policy Institute of CA Poverty Measure
Adverse childhood experiences (ACEs)	NSCH; Maternal and Infant Health Assessment (MIHA) Survey
Food insecurity	MIHA; KidsData; CHIS; NSCH
Housing and income inequality	County Health Rankings
Reading daily to child (0-5 years)	CHIS
Economic stability	California Employment Development Department (EDD)

Note: Due to the extreme demands of the COVID-19 pandemic on the public health workforce, many of the activities planned during 2020-21 have been delayed or paused. The timeline for resuming these activities is uncertain. Activities that have been paused or delayed are marked in the narrative plan below with an asterisk (*) symbol.

Child Priority Need 1

Optimize the healthy development of all children so they can flourish and reach their full potential. (2020-25 Action Plan)

Child Focus Area 1

Expand and support developmental screening. (Note: All activities related to referrals for a positive result on a development screen are included in the CYSHCN domain plan.)

Child Objective 1:

By 2025, increase the percentage of children ages 9 through 35 months who received a developmental screening from a health care provider using a parent-completed screening tool in the past year from 25.9% (NSCH 2017-18) to 32.4%.

Child Objective 1 - Strategy 1:

Partner to build data capacity for public health surveillance and program monitoring and evaluation related to developmental screening in California.

Activities:

- CDPH/MCAH will partner with the CDPH Center for Healthy Communities and others to assess subpopulation data to identify disparities in developmental screening through an oversample of the NSCH.
- CDPH/MCAH will review current data collected related to developmental screening and monitoring.
- CDPH/MCAH will support Department of Health Care Services (DHCS) Medi-Cal Managed Care Quality and Monitoring Division to share information on Medi-Cal-related developmental screening data, when available, and other related data with local MCAH programs and other stakeholders.
- CDPH/MCAH will assess additional opportunities for additional data collection related to developmental screening and monitoring.

Child Objective 1 - Strategy 2:

Partner to improve early childhood systems to support early developmental health and family well-being.

Activities:

- CDPH/MCAH will partner with MCAH California Home Visiting Program (CHVP) and CDPH/MCAH CYSHCN Domain to identify areas of opportunity to improve early childhood systems coordination and collaboration.
- CDPH/MCAH will co-fund the Statewide Screening Collaborative to improve collaboration with other state programs to align system priorities and strengthen connections between systems to increase developmental screening.
- CDPH/MCAH will support First 5 Association and local First 5 programs and partner with local MCAH programs on their Help Me Grow and related efforts.*

- CDPH/MCAH will partner with DHCS Indian Health Program’s (DHCS IHP) American Indian Maternal Support Services and other programs to promote developmental screening, positive and responsive parenting, reading infant cues, calming/soothing, reading, singing, and playing with their infant.*

Child Objective 1 - Strategy 3:

Partner to educate and build capacity among providers and families to understand developmental milestones and implement best practices in developmental screening and monitoring within MCAH programs.

Activities:

- CDPH/MCAH will assess current program policies on developmental screening and monitoring developmental milestones.*
- CDPH/MCAH will assess current education regarding child development, monitoring of developmental milestones and developmental screening within MCAH programs.*
- CDPH/MCAH will partner with local MCAH programs to assess specific educational and resource needs regarding developmental screening and monitoring of developmental milestones.*
- CDPH/MCAH will partner to educate MCAH service providers and families about developmental screening recommendations and tools (e.g., Ages and Stages Questionnaire [ASQ] and ASQ Social Emotional [ASQ:SE]) and developmental milestones (e.g., CDC’s “Learn the Signs. Act Early.”).*
- CDPH/MCAH will partner with Women, Infants and Children (WIC) and other stakeholders to disseminate developmental milestone information, resources and tools (e.g., CDC’s “Learn the Signs. Act Early.” resources and mobile app) to families.*

Child Objective 1 - Strategy 4:

Support implementation of Department of Health Care Services (DHCS) policies regarding child health and well-being, including developmental screening.

Activities:

- CDPH/MCAH will disseminate information regarding the new DHCS’ developmental screening-related policies.*
- CDPH/MCAH will work with health care provider organizations to prioritize early childhood well-child visits during the COVID-19 emergency and later bring children back into well-child care to assure children receive appropriate developmental screenings.*
- CDPH/MCAH will build capacity of local public health professionals to educate local providers about the new Medi-Cal developmental screening reimbursement and quality measure.*

Child Focus Area 2

Raise awareness of adverse childhood experiences and prevent toxic stress through building resilience.

Child Objective 2:

By 2025, increase the percentage of children ages 0 through 17 years who live in a home where the family demonstrated qualities of resilience during difficult times from 82.0% (95% CI: 78.2-85.3%) to 84.5%.

Child Objective 2 - Strategy 1:

Partner with CDPH Essentials for Childhood and other stakeholders to build data capacity to track and understand experiences of adversity and resilience among children and families.

Activities:

- CDPH/MCAH will partner with stakeholders to have a California oversample of the National Survey of Children's Health to better understand key child health-related measures (e.g., ACEs, family resiliency, child flourishing, neighborhood measures).
- CDPH/MCAH will partner with CDPH Essentials for Childhood, Lucille Packard Foundation, CHIS and other stakeholders to explore options for measuring family resilience and positive childhood experiences in CHIS or other surveys.*
- CDPH/MCAH will assess and review other child health-related data, including childhood poverty and social determinants of health, as well as maternal mental health and substance use.*
- CDPH/MCAH will assess and explore feasibility of adding additional data measures related to childhood adversity and family resilience in MCAH programs.*

Child Objective 2 - Strategy 2:

Partner to build capacity and expand programs and practices to build family resiliency by optimizing the parent-child relationship, enhancing parenting skills and addressing child poverty through increasing access to safety net programs within MCAH-funded programs.

Activities:

- CDPH/MCAH will lead within CHVP by improving family resilience through support and education of families on positive parenting and linkage of families to needed services in the community.
- CDPH/MCAH will assess current practices to promote healthy, safe, stable, nurturing parent-child relationships within its funded programs, including activities and policies that promote positive parent-child interactions, parent-child play activities, co-regulation strategies and positive parenting practices within MCAH programs.*

- CDPH/MCAH will identify key statewide initiatives and programs that address social determinants of health.*
- CDPH/MCAH will assess current capacity of MCAH programs to strengthen economic supports for families, including access to safety net programs (e.g., WIC, CalFresh, school meals, Earned Income Tax Credit, Child Tax Credit, housing subsidies, COVID-related assistance, unemployment benefits) for families.*
- CDPH/MCAH will partner and support CDPH Essentials for Childhood Program to develop a plan to enhance parenting knowledge/skills and strengthen economic supports for families.*
- CDPH/MCAH will support and communicate with All Children Thrive leaders to strengthen economic supports for families.*

Child Objective 2 - Strategy 3:

Support the California Office of the Surgeon General and DHCS' ACEs Aware initiative to build capacity among communities, providers and families to understand the impact of childhood adversity and the importance of trauma-informed care.

Activities:

- CDPH/MCAH will support the Surgeon General and DHCS' efforts on trauma screening and training for Medi-Cal providers by disseminating information to local MCAH programs and other partners.*
- CDPH/MCAH will partner to identify and disseminate resources and training opportunities to raise awareness of ACEs and the impact on health outcomes and importance of trauma-informed care across family-serving organizations in California communities.*
- CDPH/MCAH will identify training opportunities on ACEs and trauma-informed care and disseminate to local MCAH programs.*

Child Focus Area 3

Support and build partnerships to improve the physical health of all children.

Child Objective 3:

By 2025, increase the percentage of children, ages 1 through 17 years, who had a preventive dental visit in the past year from 80.2% (95% CI: 76.0- 83.9) [NSCH 2017-18] to 82.6%.

Child Objective 3 - Strategy 1:

Support the CDPH Office of Oral Health (OOH) in their efforts to increase access to regular preventive dental visits for children by sharing information with MCAH programs.

Activities:

- CDPH/MCAH will support the efforts of the CDPH/OOH to improve access to pediatric preventive dental care, including establishment of a dental home by age one year.
- Based on the CDPH Oral Health Advisory Partnership's recommendations and strategic plan for oral health, CDPH/MCAH will support CDPH/OOH by sharing information and resources with local MCAH programs.

Child Objective 4:

By 2025, decrease the percent of fifth grade students who are overweight or obese from 40.5% (2018) to 39.3%.

Child Objective 4 - Strategy 1:

Partner to enable the reporting of data on childhood overweight and obesity in California.

Activities:

- Review and use, as appropriate, data related to childhood overweight and obesity collected via surveys (e.g., the National Survey of Children's Health).
- Identify opportunities with other California state governmental offices (e.g., CDPH's Nutrition Education and Obesity Prevention [NEOP] Branch, CDE) to collect and report additional data related to childhood overweight and obesity.

Child Objective 4 - Strategy 2:

Partner with WIC and others to provide technical assistance to local MCAH programs to support healthy eating and physically active lifestyles for families.

Activities:

- CDPH/MCAH will partner with WIC and support local MCAH programs to identify resources on healthy eating to disseminate to local programs.
- CDPH/MCAH will partner with WIC and local MCAH programs to identify best practices and tools to refer and link eligible clients to the WIC program.
- CDPH/MCAH will promote the [Policies, Systems, and Environmental Change Toolkit](#) on MCAH web page with focus on nutrition, physical activity and breastfeeding, limiting sedentary activity, and safe communities as a resource.
- CDPH/MCAH will partner with CDPH Center for Healthy Communities, WIC, California WIC Association, the California Department of Social Services and others to address (via nutrition and physical activity) and monitor childhood overweight and obesity, and continue collaboration on early childhood education, nutrition and physical activity with Centers for Healthy Communities.

- CDPH/MCAH will collaborate with WIC and CDPH Center for Healthy Communities to develop and disseminate a new MyPlate for two- to five-year olds and six- to 12-year-olds to promote healthy eating in children.

Children and Youth with Special Health Care Needs (CYSHCN) Health – Application Narrative (FY 2021-22)

Select CYSHCN Health Indicators and Measures	Data Source
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 12 (transition), NOM 17.1 (prevalence), NOM 17.2 (systems of care)	National Survey of Children’s Health (NSCH)
Number of local MCAH Scope of Work activities (CYSYCN Objective 1 and 3)	Local MCAH Scopes of Work

Note: Due to the extreme demands of the COVID-19 pandemic on the public health workforce, many of the activities planned during 2020-21 have been delayed or paused. The timeline for resuming these activities is uncertain. Activities that have been paused or delayed are marked in the narrative plan below with an asterisk (*) symbol.

CYSHCN Priority Need 1

Make systems of care easier to navigate for CYSHCN and their families. (2020-25 Action Plan)

CYSHCN Focus Area 1

Build capacity at the state and local levels to improve systems that serve CYSHCN and their families.

CYSHCN Objective 1:

By 2025, increase the percentage (*from 0 to x%*)¹ of local MCAH programs that implement a Scope of Work objective focused on CYSHCN public health systems and services.

¹Due to the COVID-19 public health emergency, CDPH/MCAH had to delay development of the new local MCAH Scope of Work, which will align with the 2020-25 action plan. Since this objective relies on information from the Scope of Work, it will be finalized after the Scope of Work is complete.

CYSHCN Objective 1 - Strategy 1:

Lead state and local MCAH capacity building efforts to improve and expand public health systems and services for CYSHCN.

Activities:

- CDPH/MCAH will explore mechanisms to fund, create and guide local action collaboratives to focus on topics such as emergency preparedness for CYSHCN, transition to adult health care, local family engagement and/or other needs.*
- CDPH/MCAH will explore mechanisms to expand state level capacity (positions and funding) for CYSHCN activities.*
- CDPH/MCAH will gather information and explore options for training to local MCAH programs on leveraging other sources of funding to expand programs and services available to CYSHCN.*
- CDPH/MCAH will maintain and expand partnerships with CYSHCN system leaders to increase coordination across sectors. Partners will include the California Department of Developmental Services, California Department of Social Services, California Department of Health Care Services (DHCS), California Department of Education, California University Centers for Excellence in Developmental Disabilities (UCEDDs), California Leadership Education in Neurodevelopmental and Related Disabilities (LEND) programs, Family Voices of California, and others.*
- CDPH/MCAH will participate on committees, collaboratives and work groups related to improving systems of care for CYSHCN, including collaboration with the CDPH/MCAH Child Health Domain to guide the efforts of the California Statewide Screening Collaborative.

CYSHCN Objective 1 - Strategy 2:

Lead program outreach and assessment within state MCAH to ensure best practices for serving CYSHCN are integrated into all MCAH programs.

Activities:

- CDPH/MCAH will dedicate a staff position to lead integration of best practices for serving CYSHCN into state level MCAH programs, track and organize CYSHCN resources, create technical assistance materials, and support the work of the CYSHCN director in building state and local MCAH capacity and engagement.*
- CDPH/MCAH will review policies and procedures of state level MCAH programs to identify areas of need and improvement around serving CYSHCN.*
- The CDPH/MCAH CYSHCN domain team will partner with the CDPH/MCAH Child Health domain team to integrate best practices around developmental screening, referrals and linkages to care in local case management and public health nursing programs.*
- The CDPH/MCAH CYSHCN domain team will explore mechanisms to support development of screening and resource pathways at the local level.*

CYSHCN Objective 1 - Strategy 3:

Partner to build data capacity to understand needs and health disparities in the CYSHCN population.

Activities:

- CDPH/MCAH will explore mechanisms to fund a California oversample of the National Survey of Children's Health.
- DHCS/Integrated Systems of Care Division (ISCD), in partnership with the California Perinatal Quality Care Collaborative (CPQCC), will continue to examine existing cardiac datasets to determine whether linkages can be established between CPQCC Neonatal Intensive Care Unit (NICU), High Risk Infant Follow-up (HRIF) and cardiac data to increase identification of neonates requiring HRIF follow-up.
- DHCS/ISCD will continue to assess referrals and loss to follow-up from the HRIF program to identify and address any disparities.

CYSHCN Objective 1 - Strategy 4:

Lead the establishment of a state level learning collaborative to improve systems for CYSHCN through a national collaboration with the five largest states (California, Florida, Illinois, New York, Texas), known collectively as the Big 5.

Activities:

- CDPH/MCAH will participate in meetings/conference calls/discussions and collaborate with other Big 5 states on public health approaches to improve systems for CYSHCN.*
- CDPH/MCAH will collaborate to gather information and assess existing tools and resources on a CYSHCN opportunity for improvement that could be applied across all Big 5 states.*
- CDPH/MCAH will implement activities to launch the focused collaborative work of the Big 5.*

CYSHCN Focus Area 2:

Increase access to coordinated primary and specialty care for CYSHCN.

CYSHCN Objective 2:

By 2025, increase the percentage of adolescents with special health care needs ages 12 through 17 who received services necessary to make transitions to adult health care from 12.6% to 13.9% (NSCH 2017-18).

CYSHCN Objective 2 - Strategy 1:

Partner on identifying and incorporating best practices to ensure that CYSHCN and their families receive support for a successful transition to adult health care.

Activities:

- CDPH/MCAH and DHCS/ISCD will disseminate information to local MCAH and CCS programs on best practices in transition.*
- DHCS/ISCD will support CCS counties to collaborate with Medi-Cal Managed Care Plans on facilitating transition to adult services for CYSHCN.
- DHCS/ISCD will ensure CCS counties continue regular meetings with health plans and other community-based organizations to ensure the CCS program incorporates recommendations from the Transition to Adulthood Workgroup-based organizations.
- DHCS/ISCD will keep the CCS website updated on transition materials and pertinent links to resources.

CYSHCN Objective 2 - Strategy 2:

Fund DHCS/ISCD to assist CCS counties in providing necessary care coordination and case management to CCS clients to facilitate timely and effective access to care and appropriate community resources.

Activities:

- DHCS/ISCD will ensure that CCS counties educate families about CCS benefits to assist them in navigating services.
- DHCS/ISCD will support CCS counties to collaborate with Medi-Cal Managed Care Plans to facilitate care coordination and case management.
- DHCS/ISCD will ensure that CCS shares best practices with Medi-Cal so that these may be broadly applied to the CYSHCN population.

CYSHCN Objective 2 - Strategy 3:

Fund DHCS/ISCD to increase timely access to qualified providers for CCS clients to facilitate coordinated care.

Activities:

- DHCS/ISCD will continue Interagency Agreements with the University of California, Davis and the University of California, San Francisco to ensure that specialty/subspecialty medical expertise are provided to fill critical gaps.
- DHCS/ISCD will continue to process provider applications for CCS paneling in a timely manner.
- DHCS/ISCD will continue to improve/streamline CCS review processes to ensure that comprehensive desk reviews and facility site visits are conducted in a timely manner.
- DHCS/ISCD will continue to implement processes to improve the timeliness of eligibility determinations and service authorization requests.
- DHCS/ISCD will ensure that CCS counties collaborate with Medi-Cal Managed Care Plans to address barriers to utilizing the Medi-Cal transportation benefit.

CYSHCN Priority Need 2

Increase engagement and build resilience among CYSHCN and their families. (2020-25 Action Plan)

CYSHCN Focus Area 3

Empower and support CYSHCN, families and family-serving organizations to participate in health program planning and implementation.

CYSHCN Objective 3:

By 2025, *x of 61*² local MCAH programs will select a Scope of Work (SOW) objective focused on family engagement, social/community inclusion and/or family strengthening for CYSHCN.

²Due to the COVID-19 public health emergency, development of the new local MCAH SOW, which will align with the 2021-25 action plan, has been delayed. Since this objective relies on information from the SOW, it will be finalized after the SOW is complete.

CYSHCN Objective 3 - Strategy 1:

Partner to train and engage CYSHCN and families to improve CYSHCN serving systems through input and involvement in state and local MCAH program design, implementation and evaluation.

Activities:

- CDPH/MCAH will explore mechanisms to support expansion of the Family Voices of California Project Leadership training.*
- CDPH/MCAH will explore mechanisms for compensation of family members and self-advocates who participate in state and local level program planning.*
- CDPH/MCAH will provide technical assistance on family engagement to local MCAH programs, including connections to family-serving organizations and trained local family advocates in collaboration with Family Voices of California.*

CYSHCN Objective 3 - Strategy 2:

Fund DHCS/ISCD to support continued family engagement in CCS program improvement, including the Whole Child Model, to assist families of CYSHCN in navigating services.

Activities:

- DHCS/ISCD will ensure that CCS counties continue to obtain family input by encouraging family participation in transition planning and/or Special Care Center (SCC) team meetings, advisory committees and task forces by providing feedback regarding satisfaction with services.

- DHCS/ISCD will continue to promote participation in the family advisory committees of the Whole Child Model health plans.
- DHCS/ISCD will continue to encourage family representation in the CCS Advisory Group and other pertinent stakeholder groups.

CYSHCN Objective 3 - Strategy 3:

Support statewide and local efforts to increase resilience among CYSHCN and their families.

Activities:

- CDPH/MCAH will expand local MCAH SOW options to include community/social inclusion and community-building activities for families of CYSHCN.*
- The CDPH/MCAH CYSHCN domain team in partnership with the CDPH/MCAH Child Health Domain team will support local MCAH programs to promote trauma-informed practices in case management and public health nursing programs.*
- DHCS/ISCD will support Medi-Cal providers and CCS counties in the promotion of trauma-informed practices in case management.
- CDPH/MCAH and DHCS/ISCD will continue to participate in the Statewide Screening Collaborative to promote developmental screening efforts across the state.
- DHCS/ISCD will provide outreach materials informing families of the benefits/services available for CYSHCN, including CCS, and educating them in the navigation of such services.
- DHCS/ISCD will ensure that CCS counties collaborate with county Departments of Behavioral Health to facilitate referrals to appropriate mental health services for CYSHCN.

Adolescent Health – Application Narrative (FY 2021-22)

Surveillance: Throughout FY 2021-22, The California Department of Public Health Maternal, Child and Adolescent Health Division (CDPH/MCAH) will monitor quantifiable characteristics to track the health of California adolescents as part of its routine health surveillance efforts. The following 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 Source
Referral to preventive services	Adolescent Family Life Program (AFLP) data
Adolescent birth rate, ages 15-19	CA Birth Statistical Master file (BSMF)/ Comprehensive Master Birth File (CMBF)
Adolescent birth rate disparity ratio- Black: White; Hispanic: White	CA BSMF/CMBF
Unintended pregnancy	California Maternal Infant Health Assessment (MIHA)
Intimate partner violence	CA MIHA
Hormonal or intrauterine device contraceptive use	Youth Risk Behavior Survey (YRBS)
Condom use	YRBS
Contraceptive use (dual use)	YRBS
Sexually transmitted infections (STI)	STD Control Branch program data
Preventive medical visits	National Survey of Children's Health
Hospitalizations- motor vehicle, mental health and substance use	CA Patient Discharge data; YRBS
Living in foster care	CA Child Welfare Indicators Project
Population size	State Population Projections, CA Department of Finance
Insurance status	American Community Survey
High school dropout	CA Department of Education (CDE)
Graduation rates	CDE
California Sexual Health Needs Index	Multiple sources
Depression (related feelings; suicide ideation)	CA Healthy Kids Survey; YRBS
Teen dating violence	CA Healthy Kids Survey; YRBS
School connectedness	CA Health Kids Survey
Have a caring adult that they can talk to about a serious problem	National Survey on Drug Use and Health

Note: Due to the extreme demands of the COVID-19 pandemic on the public health workforce, many of the activities planned during 2020-21 have been delayed or paused. The timeline for resuming these activities is uncertain. Activities that have been paused or delayed are marked in the narrative plan below with an asterisk (*) symbol.

Adolescent Priority Need 1

Enhance strengths, skills and supports to promote positive development and ensure youth are healthy and thrive. (2020-25 Action Plan)

Adolescent Focus Area 1

Improve sexual and reproductive health and well-being for all adolescents in California.

Adolescent Objective 1:

By 2025, increase the proportion of sexually active adolescents who use condoms and/or hormonal or intrauterine contraception to prevent pregnancy and provide barrier protection against sexually transmitted diseases as measured by:

- percentage of sexually active adolescents who used a condom at last sexual intercourse from 55% to 58%, and
- percentage of sexually active adolescents who used the most effective or moderately effective methods of FDA-approved contraception from 23% to 25%.

Adolescent Objective 1 - Strategy 1:

Lead surveillance and program monitoring and evaluation related to adolescent sexual and reproductive health.

Activities:

- CDPH/MCAH will lead in updating and utilizing the California Adolescent Sexual Health Needs Index (CASHNI) to target adolescent health programs in areas of the state with greatest need.
- CDPH/MCAH will lead in updating and disseminating the Adolescent Sexual Health County Profiles.
- CDPH/MCAH will lead surveillance and disseminate findings of California's adolescent birth rates, with a focus on identifying inequities.
- CDPH/MCAH will develop and disseminate at least one brief focused on key topics and trends related to the adolescent birth rate and/or adolescent birth outcomes (e.g., pre-term and low birthweight) and/or suboptimal interpregnancy interval in California.
- CDPH/MCAH will continue to explore opportunities to understand and reduce racial, ethnic, geographic and other disparities (e.g., explore work and possible linkage with the CDPH Office of Binational Border Health and CDPH Office of Health Equity).

- CDPH/MCAH will lead monitoring and evaluation of the MCAH adolescent health programs: California Personal Responsibility and Education Program (CA PREP), Information and Education (I&E) and AFLP.
- CDPH/MCAH will provide both static and dynamic data dashboards to MCAH adolescent health programs to help maintain and/or improve data quality, monitor program implementation, monitor participant engagement with program and inform technical assistance and continuous quality improvement efforts.
- CDPH/MCAH will disseminate MCAH adolescent health programs data and findings and/or statewide population-based surveillance data and research through issue and data briefs and/or programmatic and scientific abstracts and manuscripts.
 - CDPH/MCAH plans to partner with Center for Healthy Communities and Lucille Packard Foundation to assess and disseminate data related to COVID-19 impacts on children and adolescents.
- CDPH/MCAH will continue to lead the California Adolescent Sexual Health Work Group (ASHWG) data and evaluation subcommittee and will analyze and disseminate the integrated data tables on sexual and reproductive health

Adolescent Objective 1 - Strategy 2:

Lead to strengthen knowledge and skills to increase use of protective sexual health practices within CDPH/MCAH-funded programs.

Activities:

- CDPH/MCAH will lead in developing and disseminating a resource brief for public health professionals and parents/caregivers related to youth-friendly sexual and reproductive health information and resources.*
- CDPH/MCAH will lead in disseminating revised Positive Youth Development (PYD) Model content and deliver training related to protective sexual health practices that will be implemented by 16 local AFLP agencies and will track local feedback for the next round of revisions and/or supplemental materials.
- CDPH/MCAH will lead in sharing trainings (live or recorded) on protective sexual health practices to local agencies.
- CDPH/MCAH will lead in providing family planning and safer sex content (as a core program priority) into PYD Model basic trainings held in fiscal year 2021-2022.
- CDPH/MCAH will lead in promoting best practices for parent/caring adult engagement.*
- CDPH/MCAH will partner with the CDPH Violence Prevention Initiative to reduce adolescent relationship violence.

Adolescent Objective 1 - Strategy 3:

Partner across state and local health and education systems to implement effective comprehensive sexual health education in California.

Activities:

- CDPH/MCAH will lead and fund implementation of CA PREP and I&E programs with diverse youth populations using evidence-based and evidence-informed curriculum.
- CDPH/MCAH will lead in updating the selected evidence-based and evidence-informed PREP/I&E curricula.*
- CDPH/MCAH will lead in coordinating ASHWG and participate in the Steering Committee to strengthen the network of state health, education partners, and non-governmental organizations working to improve adolescent sexual and reproductive health.
- CDPH/MCAH will partner with ASHWG to develop and disseminate resources and best practices to local MCAH programs.
- CDPH/MCAH will support the Healthy Sexual Development workgroup led by the California Department of Social Services to ensure comprehensive sexual health education is provided to foster youth.

Adolescent Focus Area 2

Improve awareness of and access to youth-friendly services for all adolescents in California.

Adolescent Objective 2:

By 2025, increase the percentage of adolescents 12 through 17 with a preventive medical visit in the past year from 76.2% to 83.8%.

Adolescent Objective 2 - Strategy 1:

Lead to develop and implement best practices in CDPH/MCAH funded programs to support youth with accessing youth-friendly preventive care, sexual and reproductive health care, and mental health care.

Activities:

- CDPH/MCAH will partner to implement evidence-based screening tools or evidence-informed assessments to link adolescents to needed services.
- CDPH/MCAH will partner to develop resources and templates for local pathway maps to link youth to needed services.
- CDPH/MCAH will lead to ensure CDPH/MCAH program participants are referred to youth-friendly preventive care, mental health care, and sexual and reproductive health care, including the California's Family Planning, Access, Care and Treatment program.
- CDPH/MCAH will partner in the dissemination of recommendations for adolescent preventative care to local MCAH programs.*

Adolescent Objective 2 - Strategy 2:

Partner to increase access to and the quality of preventive care for adolescents in California.

Activities:

- CDPH/MCAH will partner with the California Adolescent Preventative Health Initiative (APHI) to develop, disseminate and sustain a communications platform with a comprehensive set of youth-friendly resources for adolescent service providers.
- Partner with the School Based Health Center Collaborative Improvement and Innovation Network (CoIIN) to improve the quality and sustainability of health and mental health services delivered to students in schools.

Adolescent Focus Area 3

Improve social, emotional, and mental well-being and build resilience among all adolescents in California.

Adolescent Objective 3:

By 2025, increase the percentage of adolescents aged 12-17 who have an adult in their lives with whom they can talk about serious problems from 77.2% to 79.7%.

Adolescent Objective 3 - Strategy 1:

Lead to strengthen resilience among expectant and parenting adolescents to improve health, social and educational outcomes.

Activities:

- CDPH/MCAH will lead and fund implementation of AFLP.
- CDPH/MCAH will lead trainings for local staff to implement the AFLP PYD Model.
- CDPH/MCAH will lead the development of a plan for AFLP PYD Model updates, further evaluation and program expansion.
- CDPH/MCAH will lead implementation and analysis of data from evidence-based and evidence-informed assessment tools such as the AFLP Resiliency Scale.
- CDPH/MCAH will lead in updating and disseminating physical activity and nutrition guidelines for adolescent parents.*
- CDPH/MCAH will partner with local agencies to address impacts of the COVID-19 pandemic on their programs and youth populations they serve.

Adolescent Objective 3 - Strategy 2:

Partner to identify opportunities to build protective factors for adolescents at the individual, community and systems levels.

Activities:

- CDPH/MCAH will partner with ASHWG to finalize the PYD Organizational Assessment and Toolkit and disseminate to other partners.*

- CDPH/MCAH will partner to establish a CDPH youth advisory board.
- CDPH/MCAH will lead to ensure youth voices are reflected in local programs.
- CDPH/MCAH will report on AFLP indicators related to this objective including whether youth reported having an adult in their lives with whom they can talk about serious problem.

Adolescent Objective 3 - Strategy 3:

Partner to strengthen knowledge and skills among providers, individuals and families to identify signs of distress and mental health related needs among adolescents.

Activities:

- CDPH/MCAH will lead in assessing need around adolescent mental health.
- CDPH/MCAH will lead in promoting trainings and resources, including Mental Health First Aid, via MCAH communications platforms.