

Women/Maternal Health – Application Narrative (FY 2022-23)

Women/Maternal Priority Need 1:

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

Surveillance: 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 and sub-state (when possible) levels to identify specific improvement opportunities.

Select Women/Maternal Health Indicators and Measures	Data Sources for Women/Maternal Health Indicators and Measures
Well-woman visits	California Behavioral Risk Factor Survey (BRFS)
Pregnancy-related mortality 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
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 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 improve efforts that will lead to desired outcomes.

To provide greater depth in understanding the health status of women and mothers and to uncover health disparities, analysis of these 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.

Women/Maternal Focus Area 1:

Reduce the impact of chronic conditions related to maternal mortality.

Women/Maternal Objective 1:

By 2025, reduce the pregnancy-related mortality ratio (up to 1 year after the end of pregnancy) from 12.8 deaths per 100,000 live births (2019 CA-PMSS) to 12.2 deaths per 100,000 live births.

Women/Maternal Objective 1: Strategy 1:

Lead surveillance and investigations of pregnancy-related deaths (up to one year after the end of pregnancy) in California.

Activities:

- CDPH/MCAH will lead and fund pregnancy-related mortality surveillance and public health investigation activities.
- 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 and SB 65 – Maternal Care and Services.
- CDPH/MCAH will focus surveillance and reporting on disparities to inform MCAH programs and promote health equity in California.
- CDPH/MCAH will continue to lead and fund data products associated with pregnancy-related mortality.
- CDPH/MCAH will lead the dissemination of data findings from CA-PMSS and CA-PAMR case reviews to raise awareness about pregnancy-related deaths and to improve clinical best practices in maternity care.

Women/Maternal Objective 1: Strategy 2:

Partner to translate findings from pregnancy-related mortality investigations 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 mortality.
- CDPH/MCAH will partner with community stakeholders to disseminate best practices related to improving maternal health and support systems based on data findings.

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 93.5 per 10,000 delivery hospitalizations (2018 PDD) to 88.8 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 current with respect to 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 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 the California Dignity in Pregnancy and Childbirth Act aggregated by state regions and race/ethnicity.
- CDPH/MCAH will identify and partner with subject matter experts to conduct population-based data analyses to inform decision-making for coordination, support, and possible implementation of Levels of Maternal Care.

Women/Maternal Objective 2: Strategy 2:

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

Activities:

- CDPH/MCAH will continue to fund the Regional Perinatal Programs of California (RPPC) Directors 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 continue to partner with the Comprehensive Perinatal Services Program (CPSP), WIC Regional Breastfeeding Liaisons, and local MCAH programs to ensure a coordinated delivery system for women during and after their pregnancy.

- CDPH/MCAH will continue to coordinate the planning, collaboration, and promotion of integrated regional perinatal systems for the delivery of high quality, risk-appropriate health care and social support to pregnant women and their newborn infants.
- CDPH/MCAH will fund a contractor to partner with RPPC Directors to improve the system of care for high-risk women by encouraging the growth and maturation of transfer agreements for the provision of risk-appropriate care specific to maternal health needs.
- CDPH/MCAH will continue to support and sustain a statewide collaborative of public and private entities that combine clinical medicine, population health, and systems of care to promote quality improvement efforts in perinatal health.

Women/Maternal Objective 2: Strategy 3:

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

Activities:

- CDPH/MCAH will lead the development and implementation of a work plan to reduce the rate of diabetes in pregnancy and overweight/obesity in childbearing parents.
- CDPH/MCAH will continue to lead the development and dissemination of culturally appropriate materials to address chronic disease in disparate populations such as an overweight and obesity brief, a MyPlate for preconception, and a heart disease factsheet.
- CDPH/MCAH will lead the development of a social media campaign to disseminate information about maternal overweight and obesity.
- CDPH/MCAH will continue to fund local Black Infant Health (BIH) sites to develop a statewide media campaign to inform Black women about chronic health conditions and the BIH Program.

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 responsible for the provision of mental health services (CalMHSA, DHCS) to identify gaps and opportunities in the availability, quality, and use of mental health services for women of reproductive age, and support and promote policy that would reduce mental health conditions in the perinatal period.
- CDPH/MCAH will continue to 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 continue to support state and local workforce development to address mental health with the population we serve.
- CDPH/MCAH will lead to translate findings from the Maternal Suicide PAMR report into a resource for use by health care providers, individuals, and communities.

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 continue to partner with existing MCAH programs and other Title V-funded programs (local MCAH, BIH, Indian Health, AFLP, CHVP, CPSP, Preconception Health) in raising awareness about mental health and promoting mental health resources.
- CDPH/MCAH will continue to partner with local CPSP Perinatal Service Coordinators (PSCs) to support new state requirements for provider screening of mental health at

least once during pregnancy and postpartum, as well as ensure CPSP providers receive the required training on mental health.

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 continue to partner with MCAH-funded programs (CPSP, BIH, CHVP, Indian Health, ALFP, local MCAH) to utilize validated mental health screening tools.
- The DHCS/AIMSS program will continue to partner with Indian Health Service, local MCAH, CPSP, Family Spirit, and other resources to provide evidenced-based screening tools to use for mental health screening on all perinatal and postnatal American Indian women.
- CDPH/MCAH will continue to partner with PSCs to ensure CPSP providers utilize the most up-to-date standardized mental health screening tools and appropriate referrals are made to community resources for CPSP clients.

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 percentage 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 continue to partner, communicate, collaborate, and coordinate preconception and interconception program work, best practices, resources, and education cross-sectionally and department wide.
- CDPH/MCAH will continue to support and coordinate the Preconception Health Council of California (PHCC) quarterly meetings and biweekly PHCC Executive Committee meetings.

- CDPH/MCAH will continue to support and share preconception and interconception best practices, resources and MCAH local program updates to PHCC to guide and inform statewide preconception and interconception efforts.
- CDPH/MCAH will continue to support the use of the Every Woman California website to be used as a platform for sharing best practices, resources, and education for preconception and interconception health, health care, sexual and reproductive health services, and psychosocial well-being information for the public and health professionals.
- CDPH/MCAH will support disseminating and promoting best practices, resources, and education from key preconception initiatives and local MCAH programs through statewide channels of communication (i.e., newsletters, eblasts, collaborative updates, briefings, etc.)
- CDPH/MCAH will support PSCs in disseminating and encouraging best practices, resources, and education to local CPSP providers to promote preconception and interconception care to eligible individuals.

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 continue to partner with the University of California San Francisco (UCSF) Center for Health Equity to refine the MIHA questionnaire with new topics of interest 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, and design and implement scientific research studies.
- CDPH/MCAH will lead the dissemination of findings in a variety of MIHA data products.

Women/Maternal Objective 4: Strategy 3:

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

Activities:

- CDPH/MCAH will continue to lead in utilizing standards, set forth in legislation, for an applicant to become a CPSP provider, review applications, and notify the applicant if their application is accepted.
- CDPH/MCAH will continue to support local PSCs to identify and recruit providers in medically underserved areas to increase access to perinatal care.
- CDPH/MCAH will continue to support expansion of community-based perinatal and postpartum services for California's birthing population. CDPH/MCAH will continue to 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 continue to fund the PSC Annual Meeting and asynchronous online training to ensure PSCs are equipped to provide technical assistance to CPSP providers who implement provision of CPSP services.

Women/Maternal Objective 4: Strategy 4:

Fund the DHCS Indian Health Program (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.

Activities:

- DHCS/AIMSS will continue to support and provide case management services to their programs using evidenced-based curricula and resources provided through Family Spirit, CPSP, the American College of Obstetricians and Gynecologists, and other best practices.
- DHCS/AIMSS will continue to provide technical assistance to all program case managers to support home visiting -related activities.
- DHCS/AIMSS will continue to support and share resources, education materials, and training related to American Indian perinatal and postnatal health and well-being.
- DHCS/AIMSS will continue to support and provide AIMSS programs with online or in person (when available) training opportunities to keep providers up-to-date with evidenced-based training from CPSP and Family Spirit.
- DHCS/AIMSS program will continue to support and provide education on the importance of following up with their postpartum visits to the obstetrician partners.

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 and disparities), review of scientific literature, and dissemination of data findings to help inform 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 lead the creation of a social media toolkit to raise awareness about opioids and pregnancy.
- CDPH/MCAH will disseminate resources to stakeholders to promote prevention of maternal opioid and substance abuse.
- CDPH/MCAH will disseminate consumer-facing resources and education materials via the MCAH website.

Perinatal/Infant Health – Application Narrative (FY 2022-23)

Perinatal/Infant Priority Need 1:

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

Perinatal/Infant Priority Need 2:

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

Surveillance: CDPH/MCAH will monitor select quantifiable characteristics to track the health of California 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 Sources for Perinatal/Infant Health Indicators and Measures
Breastfeeding initiation and duration	Maternal and Infant Health Assessment (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)

Perinatal/Infant Focus Area 1:

Improve healthy infant development through breastfeeding.

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 breastfeeding data collection and surveillance in collaboration with Women, Infants, and Children (WIC), and University of California San Francisco

(UCSF) on social disparities in health utilizing the Maternal and Infant Health Assessment (MIHA) Survey.

- CDPH/MCAH will lead the dissemination of breastfeeding data findings to increase in-hospital breastfeeding initiation in California.

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 Hospital Initiative in all California birthing hospitals by 2025.

Activities:

- CDPH/MCAH will partner with MCAH programs to include evidence-based breastfeeding guidance within their program curriculum.
- CDPH/MCAH will lead the completion and dissemination of the Model Hospital Policy and partner with Regional Perinatal Programs of California (RPPC) directors and WIC Regional Breastfeeding Liaisons (RBLs) to provide technical assistance.
- CDPH/MCAH will lead the completion and development of resources to assist local MCAH programs with compliance with the Model Hospital Policy and the Baby Friendly Hospital Initiative.
- CDPH/MCAH will identify best practices to support health care workers in their efforts to educate families on the importance of the Ten Steps to Successful Breastfeeding through Family Health Outcomes Project (FHOP) trainings/webinars for local MCAH programs.

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 continue to partner with FHOP, California WIC Association (CWA), and the California Breastfeeding Coalition (CBC) to develop a training for community health centers on how to adopt the “9 Steps to Breastfeeding Friendly: Guidelines for Community Health Centers and Outpatient Care Settings” ([PDF](#)).
- CDPH/MCAH will continue to partner with local MCAH Directors, local health jurisdiction Breastfeeding Coordinators, and WIC RBLs to develop and disseminate information to communities and businesses on lactation accommodation laws.

- CDPH/MCAH will continue to partner with the CWA and CBC on the dissemination and education of the Low Wage Worker Lactation Accommodation Brief developed with the Childhood Obesity Collaborative Innovation and Improvement Network.
- CDPH/ MCAH will continue to provide training, technical assistance, and resources to American Indian Maternal Support Services (AIMSS) programs to promote breastfeeding among American Indian women.

Perinatal/Infant Focus Area 2:

Improve healthy infant development through caregiver/infant bonding.

Perinatal/Infant Objective 1: Strategy 4:

Partner with birthing hospitals to support caregiver/infant bonding.

Activities:

- CDPH/MCAH will support and promote clearer guidelines on skin-to-skin care and Kangaroo Mother Care through MCAH local programs and RPPC Directors.
- CDPH/MCAH will lead the development of social media posts and educational materials to raise awareness about the importance of infant/caregiver bonding.
- CDPH/MCAH will support and expand gender sensitivity in lactation promotion to include breastfeeding.
- DHCS/AIMSS programs will provided education materials, resources, and training on infant bonding that are culturally appropriate.
- DHCS/AIMSS programs will continue to utilize CPSP, Healthy Spirit, and other culturally appropriate educational materials for American Indian infants.

Perinatal/Infant Focus Area 3:

Reduce Black Infant Mortality.

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 deaths, including disparities in race/ethnicity.

- CDPH/MCAH will lead the development and dissemination of data findings, reports, and presentations related to fetal and infant mortality in California.

Perinatal/Infant Objective 2: Strategy 2:

Support local fetal infant mortality review (FIMR) programs by expanding and implementing infant safe sleep strategies and engaging community action team members in efforts to reduce then number of sudden unexpected infant deaths.

Activities:

- CDPH/MCAH will support local FIMR programs to organize community action members to develop a plan and engage community action teams in efforts to reduce the number of sleep related deaths and implement culturally appropriate infant safe sleep strategies.
- CDPH/MCAH will compile and summarize strategies, best practices and lessons learned from local FIMR Programs.

Perinatal/Infant Objective 2: Strategy 3:

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

Activities:

- CDPH/MCAH will continue to lead and track reporting of infant deaths from local health jurisdictions.
- CDPH/MCAH will continue to lead the dissemination of data findings, reports, and presentations for local SIDS programs.
- CDPH/MCAH will continue to partner with the California SIDS Program to provide training on grief and bereavement support to support families impacted by SIDS, sudden unexpected infant death (SUID), and other sleep-related infant deaths.
- CDPH/MCAH will continue to lead the California SIDS Program by increasing awareness, promoting safe sleep education, identifying risk factors, and providing resources.
- CDPH/MCAH will continue to support and promote the 2016 American Academy of Pediatrics 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 support and 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, PEI, Local MCAH and IHP) to provide SUID/SIDS risk reduction and infant safe sleep education and resources to pregnant and parenting women.
- The DHCS/AIMSS programs will continue to be provided grief and bereavement support through training, resources, and educational materials to support American Indian families experiencing infant mortality.
- The DHCS/AIMSS programs will be provided training, educational materials, and resources for American Indian safe sleep education utilizing best practices.

Perinatal/Infant Focus Area 4:

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 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 continue to lead and fund state and local BIH Program.
- CDPH/MCAH will support local MCAH programs' development of public awareness campaign through BIH funds.

- 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 organization such as the American College of Obstetricians and Gynecologists and March of Dimes 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.
- Collaborate with experts to support successful implementation of legislated interventions.
- CDPH/MCAH will continue to support implementation of the PEI interventions at the local level.
- CDPH/MCAH will continue to support local MCAH programs' development of public awareness campaigns with PEI funds.

Perinatal/Infant Objective 3: Strategy 4:

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

Activities:

- CDPH/MCAH will support and facilitate the process of incorporating preterm birth reduction strategies in all MCAH programs (CHVP, AFLP, BIH, Preconception Health, local MCAH, and CPSP).
- CDPH/MCAH will lead, create, and disseminate social media toolkits that address preterm birth.
- CDPH/MCAH will disseminate preterm birth prevention strategies, resources, and best practices to stakeholder groups.
- CDPH/MCAH will disseminate consumer-facing resources and education materials via the MCAH website.

Child Health – Application Narrative (FY 2022-23)

Child Priority Need 1:

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

Surveillance: Throughout FY 2021-22, CDPH/MCAH will monitor quantifiable characteristics to track the health of California children as part of routine health surveillance 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 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 Sources for Child Health Indicators and Measures
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)	California Department of Education, 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	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

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 create a plan for analyzing subpopulation data to identify disparities in developmental screening through an oversample of the National Survey of Children's Health (NSCH).
- When adequate staffing is in place, CDPH/MCAH will support 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 the need for ongoing oversample of the NSCH data.
- CDPH/MCAH will continue to fund the Fatal Child Abuse and Neglect Surveillance Program through an agreement with the CDPH Injury and Violence Prevention Branch.

Child Objective 1: Strategy 2:

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

Activities:

- When adequate staffing is in place, CDPH/MCAH Title V Child Health Domain will partner with MCAH/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 with the goal of improving collaboration between state programs, aligning system priorities, and strengthening connections between systems to increase developmental screening.

- When adequate staffing is in place, 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 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:

- When adequate staffing is in place, CDPH/MCAH will assess current program policies on developmental screening and monitoring developmental milestones.
- When adequate staffing is in place, CDPH/MCAH will assess current education regarding child development, monitoring of developmental milestones, and developmental screening within MCAH programs.
- When adequate staffing is in place, CDPH/MCAH will partner with local MCAH programs to assess specific educational and resource needs regarding developmental screening and monitoring of developmental milestones.
- When adequate staffing is in place, CDPH/MCAH will partner to educate MCAH service providers and families about developmental screening recommendations and tools (e.g., Ages and Stages Questionnaires (ASQ) and Ages & Stages Questionnaires: Social-Emotional (ASQ-SE)) and developmental milestones (e.g., Learn the Signs. Act Early.)
- When adequate staffing is in place, CDPH/MCAH will partner with WIC and other stakeholders to disseminate developmental milestone information, resources, and tools (e.g., Learn the Signs. Act Early, 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.

CDPH/MCAH works closely with DHCS on issues related to child health and well-being. When adequate staffing is in place, CDPH/MCAH will determine activities specific to this strategy.

Child Focus Area 2:

Raise awareness of adverse childhood experiences (ACEs) 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 (i.e., met all four resilience items as identified in the NSCH survey) 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 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 child 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.
- When adequate staffing is in place, 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.
- When adequate staffing is in place, 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) for families.

- When adequate staffing is in place, CDPH/MCAH will partner and support CDPH child health initiatives to build family resiliency.

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/CFH will continue to participate on Surgeon General's Advisory Committees related to increased training and screening of ACEs by California health care providers.
- When adequate staffing is in place, 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.

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 by participating on the Oral Health Advisory Committee.
- 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 5th 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, child-overweight-and-obesity-related data 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 child 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 lead efforts to promote the newly developed child MyPlates (for ages 2-5 and for ages 6-12 years) to promote healthy eating in children through local MCAH programs (WIC, AFLP, CHVP, and BIH) social media posts and the MCAH website.
- CDPH/MCAH will continue to 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 maintain and implement the Policies, Systems, and Environmental Change Toolkit on the MCAH website with a focus on nutrition, physical activity, limiting sedentary activity, breastfeeding, 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 develop a collective impact by addressing (via nutrition and physical activity) and monitoring child overweight/obesity as well as family food insecurity.
- CDPH/MCAH will continue collaboration on early childhood education about nutrition and physical activity with Centers for Healthy Communities.

Children and Youth with Special Health Care Needs (CYSHCN) Health – Application Narrative (FY 2022-23)

CYSHCN Priority Need 1:

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

Select CYSHCN Health Indicators and Measures	Data Sources for CYSHCN Health Indicators and Measures
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
Number of local MCAH Scope of Work activities (CYSHCN Objective 1 and 3)	Local MCAH Scopes of Work

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 number of local MCAH programs that implement a Scope of Work objective focused on CYSHCN public health systems and services from x to x.

Note: Qualitative data for this objective is being validated and analyzed and will be added approx. May 2022 prior to report submission.

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 fund, guide, and oversee a small number of innovation grants for local MCAH programs focused on public health strategies to improve support for CYSHCN and their families.
- CDPH/MCAH will provide technical assistance and training to local MCAH programs as needed on improving systems that serve CYSHCN and their families.

- When adequate staffing is in place, CDPH/MCAH will maintain and expand partnerships with CYSHCN system leaders to increase coordination across sectors and improve systems that serve CYSHCN and their families.

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:

- When adequate staffing is in place, CDPH/MCAH will identify areas of need and improvement around serving CYSHCN in state-level MCAH programs and support integration of best practices.
- When adequate staffing is in place, 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.

CYSHCN Objective 1: Strategy 3:

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

Activities:

- CDPH/MCAH will aggregate and analyze the five-year (2016-2020) publicly available National Survey of Children's Health (NSCH). This aggregated dataset will yield a sample size that will allow exploring CYSCHN and its main correlates such as systems of care and transitioning to adult health care.
- CDPH/MCAH will collaborate to obtain CYSHCN data using the Family Experiences Survey (Family Experiences During the COVID-19 Pandemic. Jul. 2021. Questionnaire: American Academy of Pediatrics, Centers for Disease Control and Prevention, Prevent Child Abuse America & Tufts Medical Center; California oversample: Lucile Packard Foundation for Children's Health & California Essentials for Childhood Initiative, California Dept. of Public Health, Injury and Violence Prevention Branch & California Dept. of Social Services, Office of Child Abuse Prevention).
- The California Department of Health Care Services / Integrated Systems of Care (DHCS/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 2:

By 2025, increase the percent of adolescents with special health care needs, ages 12 through 17, who received services necessary to make transitions to adult health care from 18.4% to 20.2% (NSCH 2016-20).

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:

- When adequate staffing is in place, 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 and pertinent community-based organizations on facilitating transition to adult services for CYSHCN.

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 the provision of appropriate specialty/subspecialty medical expertise.
- 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.

CYSHCN Priority Need 2:

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

CYSHCN Focus Area 2:

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

CYSHCN Objective 3:

By 2025, increase the number of local MCAH programs that select a SOW objective focused on family engagement, social/community inclusion, and/or family strengthening for CYSHCN from x to x.

Note: Qualitative data for this objective is being validated and analyzed and will be added approx. May 2022 prior to report submission.

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:

- When adequate staffing is in place, CDPH/MCAH will explore mechanisms for compensation of family members and self-advocates who participate in state and local level program planning.

- When adequate staffing is in place, 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 team meetings, advisory committees, and task forces.
- 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:

- When adequate staffing is in place, 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.
- 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 2022-23)

Adolescent Priority Need 1:

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

Surveillance: Throughout FY 2022-23, 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 Sources for Adolescent Health Indicators and Measures
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)
Adolescent birth rate disparity ratio - Black: White; Hispanic: White	California BSMF/CMBF
Unintended pregnancy	Maternal Infant Health Assessment (MIHA)
Intimate partner violence	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	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	Multiple sources
Depression (related feelings; suicide ideation)	California Healthy Kids Survey; YRBS*

Select Adolescent Health Indicators and Measures	Data Sources for Adolescent Health Indicators and Measures
Teen dating violence	California Healthy Kids Survey; YRBS*
School connectedness	California Health Kids Survey
Have a caring adult that they can talk to about a serious problem	National Survey on Drug Use and Health

*Note: California will not have access to 2021 YRBS data because the sample size was too small.

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 the following:

- percent of sexually active adolescents who used a condom at last sexual intercourse from 55% to 58%
- percent 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 the greatest need.
- CDPH/MCAH will lead in analyzing data on adolescent birth outcomes and present as part of the Data Visualization Project.
- CDPH/MCAH will lead surveillance of California adolescent birth rates (ABR), with a focus on identifying inequities, and disseminate findings.
- CDPH/MCAH will develop and disseminate at least one brief focused on key topics and trends related to ABR and/or adolescent birth outcomes (e.g., preterm and low birthweight), suboptimal interpregnancy interval in California.

- CDPH/MCAH will lead monitoring and evaluation of the MCAH adolescent health programs: California Personal Responsibility and Education Program (CA PREP), Information and Education Program (I&E), and Adolescent Family Life Program (AFLP).
- 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.
- 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.

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 resources for parents/caregivers related to youth-friendly sexual and reproductive health information.
- CDPH/MCAH will lead in assessing local implementation of new Positive Youth Development (PYD) content around family planning and safer sex that was developed in FY 20-21.
- CDPH/MCAH will lead in using evaluation findings to assess PYD model content, including protective sexual health practices, and identifying areas of improvement needed.
- 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 FY 23-24.
- 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 the Adolescent Sexual Health Education (ASH Ed) Program, comprised of CA PREP and I&E Program, with youth populations who experience the greatest inequities in social and health outcomes using evidence-based and evidence-informed curriculum.
- CDPH/MCAH will lead in coordinating the California Adolescent Sexual Health Work Group (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 partner with ASHWG and its members to adopt an anti-racist framework to guide its work.
- 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 percent 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 continue to partner with local agencies and MCAH programs to implement evidence-based screening tools or evidence-informed assessments to link adolescents to needed services.

- CDPH/MCAH will partner with local AFLP agencies to develop youth-friendly assessments and pathway maps to local resources.
- 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 development and dissemination of recommendations for adolescent preventive 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 current CDPH workgroups to increase access to and the quality of preventative care for adolescents.

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 percent 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 partner with local agencies to address impacts of the COVID-19 pandemic on their programs and the youth populations they serve.
- CDPH/MCAH will lead trainings for local staff to implement the AFLP PYD model.
- CDPH/MCAH will lead ongoing evaluation activities and make AFLP PYD model updates when needed.
- CDPH/MCAH will lead implementation and analysis of data from evidence-informed/based assessment tools such as the AFLP Resiliency Scale.

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 to disseminate PYD tools and resources to local adolescent and MCAH programs.
- CDPH/MCAH will lead to ensure youth leadership is embedded in local and state adolescent programs and initiatives.
- 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 problems.
- CDPH/MCAH will partner with the Essentials for Childhood Initiative, part of CDPH's Injury and Violence Prevention Branch.
- CDPH/MCAH will lead in promoting best practices for engagement of parents/caring adults.

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.
- CDPH/MCAH will lead the Adolescent and Young Adult Behavioral Health Collaborative Improvement and Innovation Network (COIIN).