

2024-2025 Women/Maternal Health Application Narrative

The following new Postpartum Visit Universal National Performance Measure (NPM) will be one of CDPH/MCAH's NPMs going forward.

New Universal NPM

Postpartum Visit

A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth

B) Percent of women who attended a postpartum checkup and received recommended care components

The below Women/Maternal Health Application Narrative is based on the previous guidance and performance measure framework. Beginning next year, CDPH/MCAH will develop new (ESMs), Focus Areas, Objectives, Strategies, and activities that support the universal NPM, based on the outcomes of our five-year needs assessment.

NPM 1: Percent of women, ages 18 through 44, with a preventive medical visit in the past year.

ESM 1.1.: Percent of Local Health Jurisdictions that have adopted a protocol to ensure that all persons in MCAH programs are referred for enrollment in health insurance and complete a preventive visit.

Women/Maternal Priority Need 1: Ensure women in California are healthy before, during, and after pregnancy.

Surveillance:

CDPH/MCAH will monitor key quantifiable characteristics and measures to track the health of California women and mothers as part of its routine surveillance efforts. The selected indicators and measures, listed in the table below, will be continuously and systematically collected, analyzed, and interpreted to guide program planning, implementation, and evaluation of interventions. CDPH/MCAH will continue to analyze these indicators at state and sub-state (when possible) levels to identify specific improvement opportunities.

Select Women/Maternal Health Indicators and Measures	Data Source
Well-woman visit	California Behavioral Risk Factor Survey (BRFS)
Maternal death reviews	California Pregnancy-Associated Review Committee (CA-PARC)

Select Women/Maternal Health Indicators and Measures	Data Source
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 reach 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 rate of pregnancy-related deaths (up to one year after the end of pregnancy) from 18.6 deaths per 100,000 live births (2020 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 focus surveillance and reporting on disparities to inform MCAH programs and promote health equity in California.
- CDPH/MCAH will lead and fund the development and dissemination of data-related work products (e.g., data dashboards, data briefs, conference presentations, journal articles) describing pregnancy-related mortality.
- CDPH/MCAH will lead the dissemination of data findings from the California Pregnancy Mortality Surveillance System (CA-PMSS) and the California Pregnancy-Associated Review Committee (CA-PARC) to raise awareness about trends and disparities in pregnancy-related mortality and prevention strategies.

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 data-informed recommendations for prevention of pregnancy-related deaths.
- CDPH/MCAH will collaborate with clinical and community partners to disseminate data findings and recommendations from the CA-PARC to inform policy and prevention strategies to reduce pregnancy-related morbidity and mortality.
- CDPH/MCAH will partner with a Black-led community-based organization to develop a community-informed CDPH Center for Family Health Black Birth Strategic Plan to implement existing recommendations (e.g., Centering Black Mothers report, CA-PARC, Black birth justice) for preventing Black maternal deaths and improving the health and wellbeing of Black birthing people.

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 110.5 per 10,000 delivery hospitalizations (2021 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.
- 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 not be 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 lead deliberations on severe maternal morbidity as mandated by SB 65 (now Health & Safety Code 123635-12637), Maternal Care and Services, and develop data-driven prevention recommendations.
- 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 coordinated regionalized systems 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 Women, Infants & Children (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 and expert contributors will revise the strategy to improve the systems of care for high-risk women and direct efforts towards (1) promoting more standardized risk assessment to identify when transfer is needed, and (2) building transport relationships through stronger maternal transport guidelines.

- CDPH/MCAH will continue to support and sustain a statewide collaborative of public and private entities that combine clinical medicine and systems of care that contribute to improvements in the quality of maternity and obstetric care.

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 collaborate with Black Infant Health (BIH), California Home Visiting Program (CHVP), Adolescent Family Life Program (AFLP), and WIC to incorporate the importance of diet, exercise, weight loss, insulin management, and referrals into their education/outreach.
- CDPH/MCAH will conduct webinars using MyPlates, especially MyPlates for People with Gestational Diabetes and the Perinatal Food Group Recall Tool for Gestational Diabetes.
- CDPH/MCAH will continue to collaborate with other CDPH chronic disease programs to promote education to health care providers and linkage to services.
- CDPH/MCAH will continue to lead the development and dissemination of culturally appropriate materials to address chronic disease in disparate populations.
- CDPH/MCAH will lead the development of a social media campaign to disseminate information about maternal overweight, obesity, gestational diabetes, and postpartum care.
- CDPH/MCAH will continue to fund local BIH sites to include information about chronic health conditions pertinent to Black women in a culturally responsive manner.

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 54.2% (2021 MIHA) to 56.9%.

Women/Maternal Objective 3: Strategy 1:

Partner with state and local programs to disseminate information and resources 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 (e.g., California Mental Health Services Authority, California Department of Health Care Services [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 populations it serves.
- CDPH/MCAH will continue to support and promote Fatherhood/Partnership interventions to address gaps in mental health supports to birthing people and their partners.

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, other Title V-funded programs (local MCAH, BIH, Indian Health, AFLP, CHVP, Preconception Health), providers, health plans, and interested parties in raising awareness about mental health and prenatal/postpartum screening recommendations and requirements and promoting mental health resources.

Women/Maternal Objective 3: Strategy 3:

Partner to ensure pregnant and parenting women are screened and referred to mental health services during the perinatal period.

Activities:

- CDPH/MCAH will continue to partner with MCAH-funded programs (BIH, CHVP, Indian Health/AIMSS, ALFP, local MCAH) to utilize validated mental health screening tools.
- CDPH/MCAH will continue to partner with Perinatal Service Coordinators (PSCs) to ensure they educate and promote appropriate referrals to community resources for reproductive-aged 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 73.1% (2021 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 (via statewide channels), 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) to guide and inform statewide preconception and interconception efforts.
- CDPH/MCAH will continue to support the use of the state's Preconception Health website for sharing best practices, resources, and education for preconception and interconception health, health care, sexual and reproductive health services (including links to abortion resources), and psychosocial well-being information for the public and for health professionals.
- CDPH/MCAH will conduct webinars on the use of the newly released MyPlate for People Who May Become Pregnant to be used by MCAH programs and health paraprofessionals.
- CDPH/MCAH will support PSCs in disseminating and encouraging best practices, resources, and education to local health plans and community organizations 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 Center for Health Equity (UCSF/CHE) 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/CHE to implement data collection activities and maximize participation among individuals selected to participate in the survey.
- CDPH/MCAH will support the UCSF/CHE to weight the study data and prepare an annual MIHA analytic dataset and codebook.
- CDPH/MCAH will lead 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, including web-based data dashboards.

Women/Maternal Objective 4: Strategy 3:

Lead efforts to improve local perinatal health systems utilizing morbidity and mortality data and implement evidence-based interventions to improve the health of pregnant individuals and their infants.

Activities:

- CDPH/MCAH will continue to support, through technical assistance, each fee-for-service applicant to become a California Perinatal Service Provider.
- CDPH/MCAH will continue to support local PSCs to ensure pregnant and postpartum populations have access to perinatal and postpartum care.
- CDPH/MCAH will continue to fund the PSC Annual Meeting or other opportunities to develop a competent and responsive workforce.
- CDPH/MCAH will explore new strategies to improve patient care experiences of Black birthing people and continue to implement and support existing strategies such as culturally congruent workforce capacity building and implicit bias interventions.

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 case management services and provide technical assistance to programs using evidenced-based curricula, resources, tools, and training provided through Family Spirit, the American College of Obstetricians and Gynecologists, and other best practices.
- 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 20.8 per 1,000 delivery hospitalizations (2021 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 partner with CDPH Substance and Addiction Prevention Branch to update the social media toolkit to raise awareness about opioids and pregnancy.
- CDPH/MCAH will disseminate consumer-facing resources and other educational materials, via the MCAH website and partners, to promote prevention of maternal opioid and substance use.

2024-2025 Perinatal/Infant Health Application Narrative

The below Perinatal/Infant Health Application Narrative is based on the previous guidance and performance measure framework. Beginning next year, CDPH/MCAH will select a National Performance Measure (NPM), develop Evidence-based/informed Strategy Measures (ESMs) and Focus Areas, and continue to strengthen Objectives, Strategies, and activities that support the NPM based on the outcomes of its five-year needs assessment.

NPM 4:

A) Percent of infants who are ever breastfed.

B) Percent of infants breastfed exclusively through 6 months.

ESM 4.1: Number of online views to the “Lactation Support for Low-Wage Workers” report

Perinatal/Infant Priority Need 1: Ensure all infants are born healthy and thrive in their first year of life.

Perinatal/Infant Priority Need 2: Reduce infant mortality with a focus on eliminating disparities.

Surveillance:

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

Select Perinatal/Infant Health Indicators and Measures	Data Sources
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

Select Perinatal/Infant Health Indicators and Measures	Data Sources
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 percentage of women who report exclusive in-hospital breastfeeding from 69.2% (2021 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 & Children (WIC), and University of California San Francisco Center for Health Equity (UCSF/CHE) utilizing the 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 program curricula.
- CDPH/MCAH will partner with Regional Perinatal Programs of California (RPPC) Directors and WIC Regional Breastfeeding Liaisons (RBLs) to provide technical assistance on the Model Hospital Policy.
- CDPH/MCAH will disseminate updated online resources to community partners to assist with compliance with the Model Hospital Policy and the Baby-Friendly Hospital Initiative.
- CDPH/MCAH will identify and disseminate resources and best practices to support health care workers in their efforts to educate families on the importance of the Ten Steps to Successful Breastfeeding.

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 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 California WIC Association and the California Breastfeeding Coalition 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 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 local MCAH 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 provide education materials, resources, and training on infant bonding that are culturally appropriate, and evidence based.

Perinatal/Infant Focus Area 3: Reduce Black infant mortality.

Perinatal/Infant Objective 2:

By 2025, reduce the rate of infant deaths from 4.1 per 1,000 live births (2021 BSMF/DSMF) to 4.0.*

**Note: Even though the objective has been met, CDPH/MCAH has chosen to keep the target at the same level (4.0) for now because this might have been a statistical fluctuation, and the division wants to ascertain if it is a stable trend.*

Perinatal/Infant Objective 2: Strategy 1:

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

Activities:

- CDPH/MCAH will facilitate, for local programs, local collection, use, and reporting of fetal/infant mortality review data, utilizing the National Center for Fatality Review and Prevention's National Fatality Review Case Reporting System (NFR-CRS).
- CDPH/MCAH will lead surveillance of fetal and infant deaths, including disparities in race/ethnicity, using California vital statistics data files.
- CDPH/MCAH will lead the development and dissemination of data findings, reports, and presentations related to fetal and infant mortality in California and inform CDPH/MCAH programs (such as BIH, PEI, SIDS, CHVP, AFLP, Local MCAH) about existing disparities in infant mortality.
- CDPH/MCAH will use local expertise and community input to review cases of infant deaths at the local level, identify, and apply lessons learned.
- CDPH/MCAH will track reporting of sudden unexpected infant deaths from Sheriff, Medical Examiner, and Coroner offices and from local MCAH programs.

Perinatal/Infant Objective 2: Strategy 2:

Lead planning and development of evidence-based practices and lessons learned for reducing infant mortality rates.

Activities:

- CDPH/MCAH will partner with the National Center for Fatality Review & Prevention on the use of the NFR-CRS to collect local case reporting by participating Local Health Jurisdictions.
- CDPH/MCAH will partner with communities experiencing the greatest infant mortality rate disparities to identify feasible and effective approaches to translate infant mortality data into local program improvements and systems changes.
- CDPH/MCAH will convene a California Learning Collaborative to clarify and refine understanding of Fetal and Infant Mortality Review efforts through discussion, learning, building relationships, and identifying best practices and resources amongst local MCAH peers.

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 lead the dissemination of data findings, reports, and presentations for local SIDS programs.
- CDPH/MCAH will partner with the California SIDS Program contractor to provide training on grief and bereavement support for 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 to pregnant and parenting individuals, including local MCAH programs (CHVP, AFLP, BIH, Indian Health Program/AIMSS).
- CDPH/MCAH will promote the current 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 notify California birthing hospitals of their responsibility to disseminate SIDS risk reduction information to parents or guardians of newborns upon discharge.

Perinatal/Infant Focus Area 4: Reduce preterm births.

Perinatal/Infant Objective 3:

By 2025, reduce the percentage of preterm births from 9.1% (2021 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 the 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.

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 use BIH funds to support local MCAH programs' development of a statewide public awareness campaign about heightened risk for Black birthing people.
- CDPH/MCAH will partner with Local Health Jurisdictions to actively recruit and increase the number of Black women participating in BIH programs and connect them to appropriate resources.
- CDPH/MCAH will partner with professional organizations to provide education materials related to preterm birth reduction strategies for pregnant Black women.

Perinatal/Infant Objective 3: Strategy 3:

Lead the implementation of the State General Fund effort, the Perinatal Equity Initiative (PEI), to support local initiatives for birthing populations of color.

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 use PEI funds to support local MCAH programs' development of public awareness campaigns.

Perinatal/Infant Objective 3: Strategy 4:

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.
- CDPH/MCAH will develop and disseminate a social media campaign about preterm birth reduction strategies that are tailored to be culturally relevant for particular populations (e.g., African American, American Indian, Latin American, and Asian American).

2024-2025 Child Health Application Narrative

The following new Medical Home Universal NPM will be one of CDPH/MCAH’s NPMs going forward.

Universal NPM

Percent of children with and without special health care needs, ages 0 through 17, who have a medical home.

The below Child Health Application Narrative is based on the previous guidance and performance measure framework. Beginning next year, CDPH/MCAH will develop new Evidence-based/informed Strategy Measures (ESMs), Focus Areas, Objectives, Strategies, and activities that support the universal NPM, based on the outcomes of our five-year needs assessment.

NPM 6: Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year.

ESM 6.1.: Percent of children enrolled in the California Home Visiting Program (CHVP) with at least one development screen using a validated instrument within AAP-defined age range (10-months, 18-months, or 24-months) during the reporting period.

Child Priority Need 1: Optimize the healthy development of all children so they can flourish and reach their full potential.

Surveillance:

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

Select Child Health Indicators and Measures	Data Sources
Developmental screening	National Survey of Children’s Health (NSCH); California Health Interview Survey (CHIS)
Family resilience	NSCH

Select Child Health Indicators and Measures	Data Sources
Preventive dental visit	NSCH
Childhood overweight and obesity (fifth grade students)	California Department of Education, Physical Fitness Testing Research Files (FitnessGram)
Childhood flourishing	NSCH
Preventive medical visit	NSCH
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: 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 25.2% (NSCH 2022) 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 analyze data on developmental screening rates from the oversample of the NSCH, including analyzing data at subpopulation levels to the extents sample sizes allow, specifically looking at subpopulations that historically have been marginalized or have experienced discrimination. Data will be shared and used to inform programmatic and policy efforts, where applicable.

Child Objective 1: Strategy 2:

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

Activities:

- CDPH/MCAH Title V will coordinate with MCAH/CHVP to identify areas of opportunity to improve early childhood systems coordination and collaboration through the Early Childhood Home Visiting Collaborative’s workgroup on Systems Change.
- CDPH/MCAH will support The Early Childhood Home Visiting Collaborative, the First 5 Association, and local First 5 programs, as well local MCAH programs that promote Help Me Grow and other similar developmental education, screening, and outreach programs.
- CDPH/MCAH will partner with the California Department of Health Care Services (DHCS) Indian Health Program’s American Indian Maternal Support Services and other programs to promote developmental screening and positive and responsive parenting techniques such as reading infant cues, using appropriate calming and soothing methods, and reading, singing, and playing with infants from an early age.

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 promote developmental screening, monitoring of developmental milestones, and education on child development within MCAH programs.

Child Objective 1: Strategy 4:

Support implementation of DHCS policies regarding child health and well-being, including developmental screening.

Activities:

- CDPH/MCAH will continue to work closely with DHCS on issues related to child health and well-being, such as working to promote and evaluate potential integration of new California Advancing and Innovating Medi-Cal initiatives that promote child health and development across the life course, especially those that target prevention measures and social determinants of health.

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 0-17 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 85.1% (NSCH 2022) to 84.5%.

Note: This objective has been surpassed and will be adjusted in the next needs assessment during the new five-year action plan.

Child Objective 2: Strategy 1:

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

Activities:

- CDPH/MCAH will continue to partner with CDPH Essentials for Childhood and others to analyze child health-related data from the NSCH and other data sources on topics such as social determinants of health, suicide and self-harm, and mental health and substance use, including looking at historically marginalized or underrepresented subpopulations when able.
- CDPH/MCAH will explore the feasibility of analyzing data from other sources and disseminating the analytic findings related to addressing child adversity and promoting family resilience.
- CDPH/MCAH will continue to fund the California Child Fatality Surveillance System and support county reporting and involvement in this system through an agreement with the CDPH Injury and Violence Prevention Branch.

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 and AFLP by promoting and improving family resilience throughout the life course through trauma-informed support and education of families on positive childhood experiences.

- CDPH/MCAH will 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, and co-regulation strategies.
- CDPH/MCAH will work to strengthen economic supports for families by assisting with access to, and providing information about, safety net programs (e.g., Women, Infants & Children [WIC], CalFresh, school meals, Earned Income Tax Credit, Child Tax Credit, housing subsidies, and unemployment).
- CDPH/MCAH will promote mental health primary prevention strategies throughout the life course through the MCAH Mental Health Initiative.

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/Center for Family Health (CFH) will continue to promote trauma-informed trainings and trauma-responsive care for all MCAH staff and continue to promote ACEs awareness training and screening of ACEs by California health care providers.
- CDPH/MCAH will partner with Essentials for Childhood and others to identify and disseminate resources and training opportunities to raise awareness of ACEs and the impact on health outcomes and the 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 1-17 years) who had a preventive dental visit in the past year from 81.1% (NSCH 2022) to 82.6%.

Child Objective 3: Strategy 1:

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

Activities:

- CDPH/MCAH will participate in the California Local Oral Health Workgroup and other Oral Health workgroups, as appropriate, and will support the CDPH/OOH in improving access to pediatric dental care and dental screenings for children in California.
- Based on the CDPH Oral Health workgroup recommendations and the California strategic plan for oral health, CDPH/MCAH will support CDPH/OOH by sharing information and resources with local MCAH programs and local education partners.

Child Objective 4:

By 2025, decrease the percentage of fifth grade students who are overweight or obese from 41.3% (2019) to 39.3%.

Child Objective 4: Strategy 1:

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

Activities:

- CDPH/MCAH will review and use, as appropriate, data related to child overweight and obesity collected via surveys (e.g., NSCH).
- CDPH/MCAH will identify opportunities with other California state governmental offices and programs (e.g., CDPH's Nutrition and Physical Activity Branch, California Department of Education) 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 child MyPlates for ages 2-12 years to promote healthy eating in children through WIC, the Emergency Medical Services Authority (EMSA) targeting childcare providers, local MCAH programs (i.e., AFLP, CHVP, and BIH) 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 WIC.
- CDPH/MCAH will maintain and implement the Policies, Systems, and Environmental Change Toolkit on the MCAH website with a focus on nutrition, physical activity, breastfeeding, and safe communities.

- CDPH/MCAH will partner with the CDPH Center for Healthy Communities, WIC, the California WIC Association, the California Department of Social Services, and others to collaborate on ways to monitor and address, via nutrition and physical activity, child overweight/obesity and family food insecurity.
- CDPH/MCAH will continue to collaborate on early childhood education about nutrition and physical activity with the CDPH Center for Healthy Communities, EMSA, and the California WIC Association.
- CDPH/MCAH will support and collaborate with the Governor’s Council on Physical Fitness and Mental Well-Being, the Move Your Body Calm Your Mind Campaign, and the CDPH Office of School Health to promote physical fitness and nutrition as means to improve physical and mental health.

NPM 17: Medical Home

ESM 17.1: Percent of children enrolled in home visiting who, during the reporting period, received the last recommended visit based on the American Academy of Pediatrics (AAP) schedule.

Child Priority Need 1: Optimize the healthy development of all children so they can flourish and reach their full potential.

Child Focus Area 3: Support and build partnerships to improve the physical health of all children.

Child Objective 5:

By 2025, increase the percentage of children (ages 1 - 17 years) who had a preventive medical visit in the past year from 70.0 % (NSCH 2022) to a target to be determined by MCAH’s upcoming needs assessment.

Child Objective 5: Strategy 1:

Support local MCAH programs in ensuring children and their families have access to preventive and primary medical care.

Activities:

- CDPH/MCAH will provide policies and procedures for all Local Health Jurisdictions to refer and link children and their families to care and support LHJs to create a resource and referral guide, establish outreach and connections to local and regional community-based organizations and family resource centers, and enroll individuals and families in health insurance.

- CDPH/MCAH will collaborate with DHCS to explore mechanisms for expanded care for children and families through CalAIM initiatives, especially those that target social determinants of health, and to help disseminate that information to Local Health Jurisdictions and programs.

Child Objective 5: Strategy 2:

Partner to build data capacity and program monitoring and evaluation to assess the availability and access of regular, routine medical care for children and families in CA.

Activities:

- CDPH/MCAH will analyze NSCH data and disseminate analytic findings on health insurance adequacy, preventive care visits, family-centered care, and establishment of a medical home, with an emphasis on stratifying by historically marginalized and/or underserved subpopulations to the extent sample sizes allow.
- CDPH/MCAH will evaluate local MCAH program effectiveness at linking participants to a regular source of age-appropriate preventive care based on AAP Bright Futures guidelines.

2024-2025 Adolescent Health Application Narrative

The below Adolescent Health Application Narrative is based on the previous guidance and performance measure framework. Beginning next year, CDPH/MCAH will select a National Performance Measure (NPM), develop Evidence-based/informed Strategy Measures (ESMs) and Focus Areas, and continue to strengthen Objectives, Strategies, and activities that support the NPM based on the outcomes of its five-year needs assessment.

NPM 10: Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.

ESM 10.1: Percentage of adolescents, ages 12 through 17 served in the Adolescent Family Life Program (AFLP) with a referral for preventive services.

Adolescent Priority Need 1: Enhance strengths, skills, and supports to promote positive development and ensure youth are healthy and thrive.

Surveillance

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

Select Adolescent Health Indicators and Measures	Data Sources
Referral to preventive services	Adolescent Family Life Program (AFLP) data
Adolescent birth rate, ages 15-19	California Birth Statistical Master File (BSMF)/ Comprehensive Master Birth File (CMBF)
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*

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

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:

- percentage of sexually active adolescents who used a condom at last sexual intercourse from 55% to 58%
- 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 identifying the most effective tools and processes for maximizing available resources toward adolescent health programs in areas of the state with the greatest need.
- CDPH/MCAH will lead in analyzing and visualizing data on adolescent birth rates (ABR) and other birth outcomes, with a focus on disparities.
- CDPH/MCAH will develop and disseminate at least one brief focused on key topics and trends related to ABR and/or other adolescent birth outcomes (e.g., repeat births, suboptimal interpregnancy interval) in California.
- CDPH/MCAH will lead monitoring and evaluation of the MCAH adolescent health programs: Adolescent Sexual Health Education Program (ASH Ed) and AFLP.
- CDPH/MCAH will provide data dashboards to local MCAH adolescent health programs to help maintain and/or improve data quality, monitor program implementation, monitor participant engagement, and inform technical assistance and continuous quality improvement efforts.
- CDPH/MCAH will disseminate local MCAH adolescent health program data and findings 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 implement the updated Positive Youth Development (PYD) content around family planning and safer sex (as a core program priority) that was developed in Fiscal Year (FY) 23-24.
- CDPH/MCAH will lead in using evaluation findings to assess AFLP PYD model content, including protective sexual health practices, and to identify 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) in AFLP PYD model basic trainings.
- 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 ASH Ed, using evidence-based and evidence-informed curriculum, for youth populations who face the greatest inequities in social and health outcomes.
- CDPH/MCAH will lead in coordinating the California Adolescent Sexual Health Work Group (ASHWG) and will 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 youth in foster care.

Adolescent Focus Area 2: Improve awareness of and access to youth-friendly services for all adolescents.

Adolescent Objective 2:

By 2025, increase the percentage of adolescents aged 12-17 with a preventive medical visit in the past year from 62.0% (NSCH 2022) 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 and practices or evidence-informed assessments to link adolescents to needed services.
- CDPH/MCAH will partner with local AFLP agencies to promote and share youth-friendly assessments, educational materials, and content with local resources.
- CDPH/MCAH will lead to ensure CDPH/MCAH programs and local MCAH have appropriate technical assistance and education to link participants to youth-friendly preventive care, mental health care, and sexual and reproductive health care, including California's Family Planning, Access, Care and Treatment program.

Adolescent Objective 2: Strategy 2:

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

Activities:

- CDPH/MCAH will partner with current CDPH and statewide workgroups to increase access to, and the quality of, preventative care for adolescents.
- CDPH/MCAH will continue partnering with local AFLP agencies to statewide MCAH Youth Advisory Council to strengthen protective factors for youth.

Adolescent Focus Area 3: Improve social, emotional, and mental well-being and build resilience among all adolescents.

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 76.7% (NSDUH 2018-2019) 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 PYD.
- CDPH/MCAH will lead trainings for local staff to implement the AFLP PYD model.
- CDPH/MCAH will lead ongoing evaluation activities, including assessments of whether youth have adults in their lives with whom they can talk about serious problems, and will make AFLP PYD model updates as needed.
- CDPH/MCAH will lead collection and analysis of data from evidence-informed/based

assessment tools such as the AFLP Youth Resilience Survey.

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 disseminate PYD tools and resources to local adolescent and MCAH programs.
- CDPH/MCAH will lead to ensure youth participation and feedback are embedded in local and state adolescent programs and initiatives.
- CDPH/MCAH will report on AFLP indicators related to this objective, including youths' responses to case managers as adults with whom they discuss problems and goals.
- 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 needs around adolescent mental health.
- CDPH/MCAH will lead in promoting mental health and well-being trainings and resources via MCAH communications platforms.
- CDPH/MCAH will be launching a state funded MCAH Maternal Mental Health Initiative and will be building partnership and supporting training and technical assistance around mental health across MCAH populations.

2024-2025 CYSHCN Application Narrative

The new required Medical Home Universal NPM will be one of CDPH/MCAH's National Performance Measure (NPMs) going forward.

Universal NPM

Percent of children with and without special health care needs, ages 0 through 17, who have a medical home.

The below Children and Youth with Special Health Care Needs (CYSHCN) Application Narrative is based on the previous guidance and performance measure framework. Beginning next year, CDPH/MCAH will develop new (ESMs), Focus Areas, Objectives, Strategies, and activities that support the universal NPM, based on the outcomes of our five-year needs assessment.

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

ESM 12.1. Number of local MCAH programs that implement a Scope of Work objective focused on CYSHCN public health systems and services.

CYSHCN Priority Need 1: Make systems of care easier to navigate for CYSHCN and their families.

Surveillance:

CDPH/MCAH monitors the prevalence of California CYSHCN and Local Health Jurisdiction-level CYSHCN activities as part of routine health surveillance and data collection efforts. The following indicators and measures listed in the table below are continuously and systematically collected, analyzed, and interpreted to guide program planning, implementation, and evaluation of interventions. These indicators are analyzed at the state and sub-state levels (where sample sizes allow) to identify specific improvement opportunities.

Select CYSHCN Indicators and Measures	Data Sources
CYSHCN enrollment in California Children's Services (CCS) (1-22 years of age and % by health coverage)	CMS Net
Newborn hearing screening	Natus database
NPM 12 (transition), NOM 17.1 (prevalence), NOM 17.2 (systems of care)	National Survey of Children's Health (NSCH)

Select CYSHCN Indicators and Measures	Data Sources
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, maintain the number of local MCAH programs (44) that chose during FY 21-22 to implement a Scope of Work activity focused on CYSHCN public health systems and services.

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 lead (fund, guide, and oversee) five 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.
- 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:

- The CDPH/MCAH CYSHCN domain team will partner with the CDPH/MCAH Child Health domain team to ensure consistency and coordination and promote best practices within CYSHCN and child-serving MCAH programs.

CYSHCN Objective 1: Strategy 3:

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

Activities:

- CDPH/MCAH plans to review all publicly available National Survey of Children’s Health datasets from 2016 to 2023, with a specific focus on two years of oversample data (2022-2023). The decision regarding aggregating years of data will be made by evaluating whether the sample size is adequate for conducting more precise analyses of special health care needs status and its main correlates, and the potential for exploring trend data.
- The California Department of Health Care Services/Integrated Systems of Care Division (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 across CPQCC Neonatal Intensive Care Unit, High Risk Infant Follow-up (HRIF), and cardiac data to increase identification of neonates requiring HRIF.
- DHCS/ISCD will continue to assess referrals and loss to follow-up from the HRIF program to identify and address any disparities.

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 12-17) who received services necessary to make transitions to adult health care from 18.4% to 20.2% (NSCH 2016-2020).

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 and emerging care coordination opportunities for successful transitions to adult health care.
- 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.

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, maintain the number of local MCAH programs (17) that chose during FY 21-22 to implement a Scope of Work activity focused on family engagement, social/community inclusion, and/or family strengthening for CYSHCN.

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 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:

- The CDPH/MCAH CYSHCN domain team, in partnership with the CDPH/MCAH Child Health Domain team, will support local MCAH programs to enhance trauma-informed and resilience-building 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 support CCS counties in informing families of benefits/services 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.