Maternal, Child, and Adolescent Health (MCAH) Local Health Jurisdictions (LHJ) Needs Assessment

1) Santa Barbara County is the 19th largest LHJ in California with a population of 427,358. SBC covers a large geographical area of 2,737 square miles. The majority of SBC residents live in the cities of Santa Maria - North County (23.3%), Santa Barbara - South County (20.9%) and Lompoc - Mid County (10.0%). Of the 5,803 births 66% were to Latina mothers. In North County, the total births to women of Hispanic ethnicity 82.7%. There are an estimated 15,000 – 25,000 Mixtecos that have immigrated to the Santa Maria area in recent years mostly working in agriculture.

2) The major Industries and employers are agriculture, tourism, the health care industry, higher education and county government. The southern end of the county is relatively urban with a high degree of tourism and students while the northern and mid county is predominantly agricultural.

3) Walkability varies widely from city to city. Lompoc and Santa Barbara are HEAL cities (Healthy Eating Active Living) although walkability scores vary from 47 to 62 respectively. Santa Maria has a walkability average score of 48. There are bike paths and bike lanes in south county. Parks are spread throughout the county with an effort to keep parks safe from drug sales and homeless citizens. There are many open space areas to hike on the beach and on trails in the local Los Padres National Forest.

Section 3: Health System - Access to Health and Human Services for the MCAH Population

Describe the following using brief narratives and bullets: Available resources that comprise the health system for your MCAH population. Include the numbers of hospitals where women give birth, Comprehensive Perinatal Services Program (CPSP) providers, and Denin-Cal providers for children. Discuss local challenges, key disparities and barriers to accessing medical, mental, dental, and social services. List Medi-Cal Managed Care plan that provide services to women and children, located at www.dhca.ca.gov/Individuals/Pages/MMCDHealthPlanDir.aspx.

There are 3 hospitals and one birthing center where women give birth in Santa Barbara County. Hospital birthing sites are in Santa Barbara, Lompoc and Santa Maria. There are 12 CPSP provider sites, of these 7 FQHC health centers that offer obstetric care in Santa Barbara. Six CPSP applications are in progress (4 FFS/2 FQHC). There are approximately 324 Dentists in SBC and most do not accept Denin-Cal, especially in south county SBC. • North County - 24/36 Dentists accept Denin-Cal for 29,050 (56.6%) children on M/C (2013) • South County 11/196 accept Denin-Cal for 12,668 children on M/C (24.6%) • Mid-County - 8/42 Dentists for 9,630 (18.8%) children on M/C. SBC currently has three surgical centers for medi-cal with none in South or mid-county and a backlog of over 300 children waiting for treatment. SBC Alcohol, Drug & Mental Health Department is undergoing a major reorganization after it was determined to have minimal access to care and customer service. Transportation for medical appointments are available by bus and can be difficult because of long distances between regions for specialized medical or dental care. SBC has a large population of immigrant farm workers and Mixteco population in North County that do not readily access medical, dental and social services, have no written language and do not speak English or Spanish. CenCal Health is the Medi-Cal Managed Care Plan in SBC and is carved-out for CPSP and CHDP services.

Section 4: Health Status and Disparities for the MCAH Population

Describe the following using brief narratives and bullets: Key health disparities and how health behaviors, the physical environment and social determinants of health (social/economic factors) contribute to these disparities for specific populations. Highlight areas where progress has been made in improving health outcomes.

The greatest health disparities are for women and children is in the North County. In general, families in North County are likely to be young, Latino, Spanish-speaking, and live in poverty than residents in South County. They are also more likely to have births and to have teen births. They are less likely to have health insurance and less likely to be employed. The percentage of births to mothers with an education level below GED in North County (51.5%) is higher than South County (18.4%). Dental access throughout the county is limited. There has been an increase in positive tox screens on new mothers at the south county hospital, especially with opiates. In MCAH Field Nsg FY 12-13, 14% of families self-disclosed drug issues & 26% had a Edinburgh depression score of >12. (See Santa Barbara County MCAH 2015 Title V Community Assessment PowerPoint) There is much progress in children accessing health care and insurance, awareness of healthy eating and exercise throughout the county and a concerted effort to bring a family strengthening approach to all social programs. Children’s oral health advocacy and services have increased with an oral health manager. There is increased child development screening and increased awareness of postpartum depression screening. SBC has a large collaborative network on behalf of children’s issues.
## Maternal, Child, and Adolescent Health (MCAH)
### Local Health Jurisdictions (LHJ) Needs Assessment

**Purpose:**
This Summary, also known as your Community Profile that is submitted annually with the Agreement Funding Application, provides a snapshot of the health status of your local community. You may use this Summary to share information with stakeholders/community partners and to educate your population. The Summary should provide key data, a description of the community, including major employers, health system, health status of the MCAH population and disparities, local problems, and strategies or programs to address these problems.

**Instructions:**
The Local and State data in Section 1 will be available in February 2014. Add your local data from your CHSR to this document and refer to your Databook for the State Infant Deaths per 1000 live births, and add this to the Demographic section. Complete Sections 2-4 using the instructions in each Section. Section 5 will automatically generate from your results in Deliverable Form B. Please limit the Summary to approximately two pages.

### Section 1: Demographics

<table>
<thead>
<tr>
<th>Local</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population</td>
<td>37,570,367</td>
</tr>
<tr>
<td>Total Population, African American</td>
<td>2,195,966</td>
</tr>
<tr>
<td>Total Population, American Indian/Alaskan Native</td>
<td>150,392</td>
</tr>
<tr>
<td>Total Population, Asian/Pacific Islander</td>
<td>4,994,232</td>
</tr>
<tr>
<td>Total Population, Hispanic</td>
<td>14,277,952</td>
</tr>
<tr>
<td>Total Population, White</td>
<td>14,995,619</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Local</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Live Births</td>
<td>501,994</td>
</tr>
</tbody>
</table>

- % of women delivering a baby who received prenatal care beginning in the first trimester of their pregnancy | 73.1 |
- % of births covered by Medi-Cal | 60.0 |
- % of women ages 18-64 without health insurance | 23.9 |
- % of women giving birth to a second child within 24 months of a previous pregnancy | 24.8 |

### Section 2: About Our Community

**Health Start: Where We Live, Learn, Work, and Play**
Describe the following using brief narratives and bullets: 1) Geography, 2) Major Industries and employers (public/private), 3) Walkability, open space

<table>
<thead>
<tr>
<th>Problem</th>
<th>Strategy</th>
</tr>
</thead>
</table>
| Children, especially in the south and mid county, have high rates of tooth decay and poor dental health due to pediatricians not using fluoride varnish, no water fluoridation and minimal school-based involvement. | - Community collaboration (Children's Oral Health Initiative) to promote a support system for children's oral health needs  
- Oral screening in targeted preschool and elementary population  
- Free dental clinics in South and North County  
- Coordination of key oral health messages  
- Field Nurses promote dental coverage, linkage to providers and provide anticipatory guidance  
- Increase number of pediatricians providing fluoride varnish in offices  
- Community outreach to increase knowledge of oral health information |
| High risk women are having perinatal mental health issues that are not treated due to a lack of screening and treatment services. In the MCAH Field Nursing Program, 27% of clients have an Edinburgh score of > 11. Children are at risk for complication of | - Continue to lead the Maternal Mental Health and Substance Abuse Coalition that will provide a list of resources and fact sheets for staff to disseminate to the MCAH FNU, CPSP/CHDP Providers and community based organizations and promote screening.  
- Field nurses will screen, support and refer women to postpartum support call lines, support groups, and long-term case management including Healthy Families America, SafeCare, Psychiatrist services, counseling and support groups in both English and Spanish. The FNU staff review and offer a list of resources on perinatal mental health issues to pregnant and postpartum women with an Edinburgh score > 11 or to those at high risk for depression and offer follow-up short-term case management.  
- Provide a PHN at WIC sites to screen and refer women for maternal mental health and substance abuse services.  
- Continue collaborative efforts between the Child Abuse Prevention Council, First 5 and local home visitation programs to identify and implement strategies to strengthen families and prevent neglect. |
| High risk, low income and undocumented women of newborns have a presumed increase of unexpected infant deaths due to unsafe infant sleep environments, e.g., lack of space in home, lack of understanding &/or exposure to cig smoke and/or alcohol in utero or | - Field nurses will use the Safe to Sleep campaign and the 2011 AAP recommendations to educate parents and caregivers about ways to reduce the risk for SIDS and other sleep-related causes of infant death. They will call and survey a designated number of families to assess if there is adequate understanding of SIDS reduction methods, co-sleeping risks, using proper sleep position and reporting no smoking inside the home.  
- Local hospitals educate on SIDS reduction in the postpartum period.  
- MCAH will promote SIDS education in the PhD Health Care Center OB departments and other provider offices.  
- The CDRT will continue to address SIDS cases and promote SIDS prevention awareness in coordination with |
| 1 in 10 children in SBC are uninsured due to complicated enrollment process for publicly funded health insurance, distrust of system and undocumented status. | • Targeted outreach to MCAH population through Field Nursing case management services.  
• Support collaborative efforts between MCAH and the Children's Health Initiative of Santa Barbara (CHISB) and Oral Health Executive Committee for access to health and dental care and assistance for children and mothers ineligible for Medi-Cal.  
• CHDP TSAC funding of $30K that assists non-M/C eligible children with dental care is available and administered by the MCAH Director through the CHDP program.  
• Field nurses will provide information and assist children to obtain medical coverage.  
• Continue to disseminate Affordable Care Act materials county-wide at local community gatherings. SBC PHD Health Care Centers are leading efforts in assisting in ACA registration in coordination with SBC Dept. of Social Services.  
• SBC PSC or designee to attend health fairs and disseminate information on health care access. |

| Gestational diabetes in the low-income and Hispanic population is increasing due to high rates of obesity and poor dietary habits in the pre and intra-conception period. SBC WIC reported 13% mothers self-declared hx GDM. SBC PHD Health Clinics reported 1 | Efforts in this area will continue but it is undecided if a 5 year plan will be developed for the MCAH SOW.  
• Targeted outreach to MCAH population in the antepartum and immediate postpartum period through Field Nursing care management services utilizing the PHN GDM Toolkit and local referral systems.  
• Community classes for women of childbearing age who have metabolic disorders, including obesity, prior GDM and Type 2 diabetes between pregnancies utilizing Sansum Diabetes Institute and local Promotores.  
• Conferences for Promotores on preventive perinatal education for Latina women through a collaboration with MCAH, the March of Dimes and the Santa Barbara County Promotores Network.  
• SBC PSC (or) designee to attend health fairs and disseminate information on Gestational Diabetes. |

| Pregnant and childbearing women in SBC have an increase in substance abuse, (+) tox screening due to social acceptance of marijuana and prescription drugs, an influx of heroin in SB county, co-occurring perinatal mental health issues and minimal treatment | • Continue to lead the Maternal Mental Health and Substance Abuse Coalition that will provide a list of resources and fact sheets for staff to disseminate to the MCAH FNU, CPSP/CHDP Providers and community based organizations and promote screening.  
• Field nurses will screen, support and refer women to postpartum support call lines, support groups, and long-term case management including Healthy Families America, SafeCare, Psychiatrist services, counseling and support groups in both English and Spanish. |
<table>
<thead>
<tr>
<th>Maternal, Child, and Adolescent Health (MCAH)</th>
<th>Local Health Jurisdictions (LHJ) Needs Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>• FNU staff will review and offer a list of resources on perinatal mental health issues to pregnant and postpartum women risk factors of alcohol and drug use and offer follow-up short-term case management and referrals.</td>
<td></td>
</tr>
<tr>
<td>• Provide a PHN at WIC sites to screen and refer women for maternal mental health and substance abuse services.</td>
<td></td>
</tr>
<tr>
<td>• Continue collaborative efforts between the Child Abuse Prevention Counsel, First 5 and local home visitation programs to identify and implement strategies to strengthen families and prevent neglect.</td>
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<tr>
<td>Hispanic women are having lower exclusive breastfeeding rates due to lack of Baby Friendly Hospitals, early return to work esp. In manual/farm labor and a cultural norm to supplement.</td>
<td></td>
</tr>
<tr>
<td>• Targeted outreach to low-income breastfeeding women in the immediate postpartum period through Field Nursing case management services to support, educate and assist with exclusive and/or continued breastfeeding.</td>
<td></td>
</tr>
<tr>
<td>• Maintain and encourage Dual Provider Agreements between CPSP providers, Lactation Services and MCAH Field Nursing to utilize PHD Lactation Services.</td>
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</tr>
<tr>
<td>• SBC PSC (or) designee to attend health fairs and disseminate information on Breastfeeding.</td>
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<tr>
<td>• Promote hospital baby friendly services. Currently there are no 'baby-friendly' certified hospitals in SB County.</td>
<td></td>
</tr>
<tr>
<td>• Maintain and develop collaborative efforts with the Breastfeeding Coalition, WIC and Welcome Every Baby (WEB) Advisory Board. Breastfeeding advocacy and support is a goal of WEB's plan for their Collective Impact Model development for improved community-level outcomes.</td>
<td></td>
</tr>
<tr>
<td>The proportion of births to teenage mothers was higher in Santa Maria (11.57%) &amp; Guadalupe (16.31%) compared to the overall proportion of births to teenage mothers in SBC (9.5%) due to a high number of indigenous farmworker pop, minimal teen services and</td>
<td></td>
</tr>
<tr>
<td>This problem may not be included in the MCAH SOW and five year plan due to lack of resources. MCAH will continue to do the following:</td>
<td></td>
</tr>
<tr>
<td>• Targeted outreach to low-income high risk pregnant and parenting teens through Field Nursing case management services with intra-conception education and medical case management.</td>
<td></td>
</tr>
<tr>
<td>• SBC PSC (or) designee to attend health fairs and disseminate teen-friendly preconception and intra-conception messaging.</td>
<td></td>
</tr>
<tr>
<td>• Maintain and continue to develop collaborative efforts with the community based AFLP program (TAPP) and it's grant program CalPrep, Family Resource Centers, Welcome Every Baby, First 5 and Kids Network.</td>
<td></td>
</tr>
<tr>
<td>• Assist In the development and dissemination of information from the Teen Pregnancy Guidelines by PACLAC (2014).</td>
<td></td>
</tr>
<tr>
<td>Only 71.3% of pregnant women in SBC receive prenatal care in the first trimester due to difficulty accessing health insurance, distrust of system and undocumented status (2011 data).</td>
<td></td>
</tr>
<tr>
<td>This problem may not be included in the MCAH SOW and five year plan due to lack of resources.</td>
<td></td>
</tr>
<tr>
<td>• Targeted case management through Field Nursing case management services to high risk prenatal and PHD Health Care Center postpartum women for support and</td>
<td></td>
</tr>
</tbody>
</table>
Maternal, Child, and Adolescent Health (MCAH)
Local Health Jurisdictions (LHJ) Needs Assessment

Below is a summary of the local problems and strategies identified by your LHJ in its needs assessment. Results are automatically populated from the problem statement and best practice strategies identified in Deliverable Form B.

<table>
<thead>
<tr>
<th>Foster care placements have increased from 4.1 (2000-2002) to 6.3 (2009-11) per 1000 and child abuse referrals are up 8% since 2012 due to awareness efforts and CWS building a strong voluntary program, differential response program and the implementation of early prenatal care, intra-conception education and medical case management.</th>
</tr>
</thead>
<tbody>
<tr>
<td>• SBC PSC (or) designee to attend health fairs and continue outreach and preconception messaging at SB County health and community fairs, especially in the North County where there is a high indigenous culture.</td>
</tr>
<tr>
<td>• Encourage SBC Medi-Cal Managed Care, CenCal Health, to include prenatal care messaging to provider sites and in patient education newsletters.</td>
</tr>
<tr>
<td>• Continue collaborative efforts with the SBC Promotores Network to promote early prenatal care.</td>
</tr>
</tbody>
</table>

It is undecided whether this will be included in the MCAH SOW and five year plan with separate measurable goals since Child Welfare Services maintains goals and data.

• Case management to high risk women for support and assistance through Field Nursing services will include a family strengthening approach using the five protective factors and referrals to appropriate programs, e.g. Healthy Families America, Front Porch (DSS-CWS voluntary program), etc.

• Maintain and continue to develop collaborative efforts with the Child Abuse Prevention Council, Kids Network and the First 5 Advisory Board that coordinates community-wide efforts to prevent and respond to child abuse and neglect in coordination with SBC Dept. of Social Services, PHD, First 5, Community-based Organizations and Board representation.

• Encourage PHNs in the CWS system for an integrated case management approach with high risk families.
Maternal, Child, and Adolescent Health (MCAH)
Local Health Jurisdictions (LHJ) Needs Assessment

MCAH SDW Goal 1: Improve Outreach and Access to Quality Health and Human Services

Step 1: Identify the Local Problem

Problem Category
Access to mental health care

Target Population(s) - the primary population experiencing the problem, whose health you are affecting with the intervention; choose one or more
- [x] Infants
- [x] Children
- [x] Adolescents
- [ ] Adult Women
- [ ] Pregnant Women
- [ ] Other

Race/Ethnicity(ies) - choose one or more
- [ ] Asian/Pacific Islanders
- [ ] Blacks
- [x] Latinos
- [ ] Native Americans
- [x] Whites

Other Subpopulation - example: geographic area, socioeconomic status, Medi-Cal eligible, uninsured, undocumented residents

Other 1 - specify: Medi-Cal Eligible and Undocumented

Other 2 - specify: South and Mid Santa Barbara County

Step 2: Describe the Local Problem and State Success With Contemplating the Problem Statement

Problem statement - use the format: "X (population) is facing Y problem due to Z (cause)"

Children, especially in the south and mid county, have high rates of tooth decay and poor dental health due to pediatricians not using fluoride varnish, no water fluoridation and minimal school-based involvement.

Are you addressing this problem?  
- [ ] Yes
- [ ] No

Step 3: Describe How You Addressed This Problem

List best practice strategies or intervention activities you could use to address the problem.

- Community collaboration (Children's Oral Health Initiative) to promote a support system for children's oral health needs
- Oral screening in targeted preschool and elementary population
- Free dental clinics in South and North County
- Coordination of key oral health messages
- Field Nurses promote dental coverage, linkage to providers and provide anticipatory guidance
- Increase number of pediatricians providing fluoride varnish in offices
- Community outreach to increase knowledge of oral health information

Step 4: Describe who will help address this problem

List stakeholder or community partner organization(s) who will help to address the problem:

- Santa Barbara County Education Office - Oral Health Program Manager
- Children's Oral Health Initiative (COHI), MCAH Director on the Oral Health Executive Committee (OHEC) for this initiative.
- Dental Access Resource Teams (DART)
- Kids Network, MCAH Director on the Kids Network - general membership.
- Children's Health Initiative of Santa Barbara (CHISB)
Maternal, Child, and Adolescent Health (MCAH)  
Local Health Jurisdictions (LHJ) Needs Assessment

MCAH SOW Goal 2: Improve Maternal and Women’s Health

Problem Category
Perinatal mood/ anxiety disorders

Target Population(s) - the primary population experiencing the problem, whose health you are affecting with the intervention; choose one or more


Race/Ethnicity[ies] - choose one or more

- [ ] Asian/Pacific Islanders  [ ] Blacks  [X] Latinos  [ ] Native Americans  [X] Whites

Other Subpopulation - example: geographic area, socioeconomic status, Medi-Cal eligible, uninsured, undocumented residents

Other 1 - specify:  Medi-Cal eligible and undocumented women

Other 2 - specify:

Problem Statement - use the format: “X (population) is (having y problem) due to z (cause)”
High risk women are having perinatal mental health issues that are not treated due to a lack of screening and treatment services. In the MCAH Field Nursing Program, 27% of clients have an Edinburgh score of > 11. Children are at risk for complication of neglect.

Are You Addressing This Problem?  [X] Yes  [ ] No

List best practice strategies or intervention activities you could use to address the problem.

- Continue to lead the Maternal Mental Health and Substance Abuse Coalition that will provide a list of resources and fact sheets for staff to disseminate to the MCAH FNU, CPSP/CHDP Providers and community-based organizations and promote screening.
- Field nurses will screen, support and refer women to postpartum support call lines, support groups, and long-term care management including Healthy Families America, SafeCare, Psychiatric services, counseling and support groups in both English and Spanish. The FNU staff review and offer a list of resources on perinatal mental health issues to pregnant and postpartum women with an Edinburgh score > 11 or to those at high risk for depression and offer follow-up short-term case management.
- Provide a PHN at WIC sites to screen and refer women for maternal mental health and substance abuse services.
- Continue collaborative efforts between the Child Abuse Prevention Council, First 5 and local home visitation programs to identify and implement strategies to strengthen families and prevent neglect.

List stakeholder or community partner organization(s) who will help address this problem:

- Perinatal Mental Health & Substance Use Coalition
- Local hospitals
- Child Abuse Listening and Mediation (CALM) programs
- First 5
- Alcohol Drug and Mental Health Services (ADMHS)
- Child Abuse Prevention Counsel (CAPC)
- CHDP office
Maternal, Child, and Adolescent Health (MCAH)
Local Health Jurisdictions (LHJ) Needs Assessment

MCAH SOW Goal 3: Improve Infant Health

Problem Category
SIDS/SUID

Target Population(s) - the primary population experiencing the problem, whose health you are affecting with the intervention; choose one or more
- Infants
- Pregnant Women
- Other

Race/Ethnicity(ies) - choose one or more
- Asian/Pacific Islanders
- Blacks
- Latinos
- Native Americans
- Whites

Other Subpopulation - example: geographic area, socioeconomic status, Medi-Cal eligible, uninsured, undocumented residents

Other 1 - specify: Medi-Cal eligible and undocumented

Other 2 - specify:  

Problem Statement - use the format: "X (population) is (having y problem) due to z (causes)"

High risk, low income and undocumented women of newborns have a presumed increase of unexpected infant deaths due to unsafe infant sleep environments, e.g., lack of space in home, lack of understanding &/or exposure to cig smoke and/or alcohol in utero or early infancy.

Are You Addressing This Problem?  Yes  No

Step 4: Describe how you plan to address this problem

List best practice strategies or intervention activities you could use to address the problem.

- Field nurses will use the Safe to Sleep campaign and the 2011 AAP recommendations to educate parents and caregivers about ways to reduce the risk for SIDS and other sleep-related causes of infant death. They will call and survey a designated number of families to assess if there is adequate understanding of SIDS reduction methods, co-sleeping risks, using proper sleep position and reporting no smoking inside the home.
- Local hospitals educate on SIDS reduction in the postpartum period.
- MCAH will promote SIDS education in the PHD Health Care Center OB departments and other provider offices.
- The CDRT will continue to address SIDS cases and promote SIDS prevention awareness in coordination with the Child Abuse Prevention Council.
- Provide SIDS information at outreach fairs through the PSC and document response.

Step 5: Describe how you will address this problem

List stakeholder or community partner organization(s) who will help to address the problem:

MCAH Field Nursing Unit
Child Abuse Prevention Council
Child Death Review Team
OB provider sites
Maternal, Child, and Adolescent Health (MCAH)
Local Health Jurisdictions (LHJ) Needs Assessment

MCAH SOW Goal 1: Improve Outreach and Access to Quality Health and Human Services

Problem Category
Access to health care

Target Population(s) - the primary population experiencing the problem, whose health you are affecting with the intervention; choose one or more:
- [x] Infants
- [ ] Children
- [x] Adolescents
- [x] Adult Women
- [x] Pregnant Women
- [ ] Other

Race/Ethnicity(ies) - choose one or more:
- [x] Asian/Pacific Islanders
- [ ] Blacks
- [x] Latinos
- [ ] Native Americans
- [x] Whites

Other Subpopulation - example: geographic area, socioeconomic status, Medi-Cal eligible, uninsured, undocumented residents
Other 1 - specify: Hispanic and Mestizo
Other 2 - specify:

Problem Statement - use the format: "X(population) is having y problem due to z cause(s)"
In 10 children in SBC are uninsured due to complicated enrollment process for publicly funded health insurance, distrust of system and undocumented status.

Are You Addressing This Problem?  [ ] Yes  [ ] No

Steps for Addressing This Problem:
List best practice strategies or intervention activities you could use to address the problem.
- Targeted outreach to MCAH population through Field Nursing case management services.
- Support collaborative efforts between MCAH and the Children’s Health Initiative of Santa Barbara (CHISB) and Oral Health Executive Committee for access to health and dental care and assistance for children and mothers ineligible for Medi-Cal.
- CHDP TSAC funding of $30K that assists non-M/C eligible children with dental care is available and administered by the MCAH Director through the CHDP program.
- Field nurses will provide information and assist children to obtain medical coverage.
- Continue to disseminate Affordable Care Act materials county-wide at local community gatherings. SBC PHD Health Care Centers are leading efforts in assisting in ACA registration in coordination with SBC Dept. of Social Services.
- SBC PSC or designee to attend health fairs and disseminate information on health care access.

Steps to describe who will help address this problem:
List stakeholder or community partner organization(s) who will help to address the problem:
MCAH Field Nursing Unit
Children’s Health Initiative of Santa Barbara (CHISB)
Children’s Oral Health Initiative (COHI) subcommittee the Oral Health Executive Committee (OHEC)
Affordable Care Act (ACA) Messaging – PHD Health Care Centers and Department of Social Services
Maternal, Child, and Adolescent Health (MCAH)
Local Health Jurisdictions (LHJ) Needs Assessment

MCAH SOW Goal 2: Improve Maternal and Women's Health

Step 1: Describe the local problem

Problem Category
Other problem in improving maternal and women's health

Target Population(s) - the primary population experiencing the problem, whose health you are affecting with the intervention; choose one or more
☐ Infants   ☐ Children   ☐ Adolescents   ☒ Adult Women   ☒ Pregnant Women   ☐ Other

Race/Ethnicity(ies) - choose one or more
☐ Asian/Pacific Islanders  ☐ Blacks   ☐ Latinos   ☐ Native Americans   ☐ Whites

Other Subpopulation - example: geographic area, socioeconomic status, Medi-Cal eligible, uninsured, undocumented residents

Other 1 - specify: Medi-Cal eligible and undocumented Spanish-speaking
Other 2 - specify:

Step 2: Describe the local problem (step 2 is optional with conceptualizing the problem statement)

Problem Statement - use the format: "X (population) is (having y problem) due to z (cause)"

Gestational diabetes in the low-income and Hispanic population is increasing due to high rates of obesity and poor dietary habits in the pre and intra-conception period. SBC WIC reported 13% mothers self-declared hx GDM. SBC PHD Health Clinics reported 12.75% GDM codes.

Step 3: Determine the problem can be addressed by your county?
Are You Addressing This Problem? ☐ Yes   ☐ No

Step 4: Determine how to address the problem

List best practice strategies or intervention activities you could use to address the problem.

Efforts in this area will continue but it is undecided if a 5 year plan will be developed for the MCAH SOW.
- Targeted outreach to MCAH population in the antepartum and immediate postpartum period through Field Nursing case management services utilizing the PHN GDM Tool Kit and local referral systems.
- Community classes for women of childbearing age who have metabolic disorders, including obesity, prior GDM and Type 2 diabetes between pregnancies utilizing Sansum Diabetes Institute and local Promotores.
- Conferences for Promotores on preventive perinatal education for Latina women through a collaboration with MCAH, the March of Dimes and the Santa Barbara County Promotores Network.
- SBC PSC (or) designee to attend health fairs and disseminate information on Gestational Diabetes.

Step 5: Who will address this problem

List stakeholder or community partner organization(s) who will help to address the problem:
Sansum Diabetes Research Institute (SDRI)
Santa Barbara County Promotores Network (SBCPN)
MCAH Field Nursing Unit
Maternal, Child, and Adolescent Health (MCAH)
Local Health Jurisdictions (LHJ) Needs Assessment

MCAH SOW Goal 3: Improve Infant Health

Problem Category
Perinatal substance use

Target Population(s) - the primary population experiencing the problem, whose health you are affecting with the intervention; choose one or more

- Infants
- Children
- Adolescents
- Adult Women [X]
- Pregnant Women [X]
- Other

Race/Ethnicity(ies) - choose one or more

- Asian/Pacific Islanders
- Blacks
- Latinos [X]
- Native Americans
- Whites

Other Subpopulation - examples: geographic area, socioeconomic status, Medi-Cal eligible, uninsured, undocumented residents

Other 1 - specify: Medi-Cal eligible and undocumented residents

Other 2 - specify:

Problem Statement - use the format: "X (population) is having y problem due to z (cause)"
Pregnant and breastfeeding women in SBC have an increase in substance abuse, (+) tox screening due to social acceptance of marijuana and prescription drugs, an influx of heroin in SBC county, co-occurring perinatal mental health issues and minimal treatment opportunities.

Are You Addressing This Problem? [X] Yes [ ] No

Step 4: Describe how to address this problem

List best practice strategies or intervention activities you could use to address the problem.

- Continue to lead the Maternal Mental Health and Substance Abuse Coalition that will provide a list of resources and fact sheets for staff to disseminate to the MCAH FNU, CPSP/CHDP Providers and community based organizations and promote screening.
- Field nurses will screen, support and refer women to postpartum support call lines, support groups, and long-term case management including Healthy Families America, SafeCare, Psychiatrist services, counseling and support groups in both English and Spanish.
- FNU staff will review and offer a list of resources on perinatal mental health issues to pregnant and postpartum women risk factors of alcohol and drug use and offer follow-up short-term case management and referrals.
- Provide a PHN at WIC sites to screen and refer women for maternal mental health and substance abuse services.
- Continue collaborative efforts between the Child Abuse Prevention Counsel, First 5 and local home visitation programs to identify and implement strategies to strengthen families and prevent neglect.

List stakeholder or community partner organizations who will help to address the problem:

- Perinatal Mental Health & Substance Use Coalition
- Local hospitals
- Child Abuse Listening and Mediation (CALM) programs
- First 5
- Alcohol Drug and Mental Health Services (ADMHS)
- Child Abuse Prevention Counsel (CAPC)
- Department of Social Services Kids Network
- CHDP office
Maternal, Child, and Adolescent Health (MCAH)
Local Health Jurisdictions (LHJ) Needs Assessment

MCAH SOW Goal 4: Improve Nutrition and Physical Health

Problem Category

Exclusive breastfeeding initiation and duration

Target Population(s) - the primary population experiencing the problem, whose health you are affecting with the intervention; choose one or more

[✗] Infants [ ] Children [ ] Adolescents [✗] Adult Women [ ] Pregnant Women [ ] Other

Race/Ethnicity(ies) - choose one or more

[ ] Asian/Pacific Islanders [ ] Blacks [ ] Latinos [ ] Native Americans [✗] Whites

Other Subpopulation - example: geographic area, socioeconomic status, Medi-Cal eligible, uninsured, undocumented residents

Other 1 - specify: [ ] Medi-Cal eligible and undocumented

Other 2 - specify: 

Problem Statement - use the format: "X [population] is having y problem due to [cause]"

Hispanic women are having lower exclusive breastfeeding rates due to lack of Baby Friendly Hospitals, early return to work esp. in manual/farm labor and a cultural norm to supplement.

Are You Addressing This Problem? [✗] Yes [ ] No

List best practice strategies or intervention activities you could use to address the problem.

• Targeted outreach to low-income breastfeeding women in the immediate postpartum period through Field Nursing case management services to support, educate and assist with exclusive and/or continued breastfeeding.
• Maintain and encourage Dual Provider Agreements between CPSP providers, Lactation Services and MCAH Field Nursing to utilize PHD Lactation Services.
• SBC PSC (or) designee to attend health fairs and disseminate information on Breastfeeding.
• Promote hospital baby friendly services. Currently there are no ‘baby-friendly’ certified hospitals in SB County.
• Maintain and develop collaborative efforts with the Breastfeeding Coalition, WIC and Welcome Every Baby (WEB) Advisory Board. Breastfeeding advocacy and support is a goal of WEB’s plan for their Collective Impact Model development for improved community-level outcomes.

List stakeholder or community partner organization(s) who will help to address the problem:

MCAH and MCAH Field Nursing Unit
WIC
Breastfeeding Coalition of Santa Barbara
Welcome Every Baby (WEB)
Local hospitals
Maternal, Child, and Adolescent Health (MCAH)
Local Health Jurisdictions (LHJ) Needs Assessment

MCAH SOW Goal 6: Improve Adolescent Health

Problem Category

Adolescent pregnancy

Target Population(s) - the primary population experiencing the problem, whose health you are affecting with the intervention; choose one or more

- Infants
- Children
- Adolescents
- Adult Women
- Pregnant Women
- Other

Race/Ethnicity(ies) - choose one or more

- Asian/Pacific Islanders
- Blacks
- Latinos
- Native Americans
- Whites

Other Subpopulation - example: geographic area, socioeconomic status, Medi-Cal eligible, uninsured, undocumented residents

Other 1 - specify:

Other 2 - specify:

Problem Statement - use the format: "X (population) is having y problem due to z (cause)"

The proportion of births to teenage mothers was higher in Santa Maria (11.57%) & Guadalupe (16.31%) compared to the overall proportion of births to teenage mothers in SBC (9.5%) due to a high number of indigenous farmworker pop, minimal teen services and health education

Are You Addressing This Problem?  Yes  No

List best practice strategies or intervention activities you could use to address the problem.

This problem may not be included in the MCAH SOW and five year plan due to lack of resources. MCAH will continue to do the following:

- Targeted outreach to low-income high risk pregnant and parenting teens through Field Nursing case management services with intra-conception education and medical case management.
- SBC PSC (or) designee to attend health fairs and disseminate teen-friendly preconception and intra-conception messaging.
- Maintain and continue to develop collaborative efforts with the community based AFLP program (TAPP) and it's grant program CalPrep, Family Resource Centers, Welcome Every Baby, First 5 and Kids Network.
- Assist in the development and dissemination of information from the Teen Pregnancy Guidelines by PACLAC (2014).

List stakeholder or community partner organization(s) who will help to address the problem:

PSC outreach activities

PACLAC
MCAH and MCAH Field Nursing
AFLP - Teen Age Parenting Program (TAPP) through Community Action Commission (CAC)
CalPrep - through CAC
Maternal, Child, and Adolescent Health (MCAH) 
Local Health Jurisdictions (LHJ) Needs Assessment

MCAH SOW Goal 2: Improve Maternal and Women’s Health

Problem Category
Late Initiation/ inadequate prenatal care

Target Population[s] - the primary population experiencing the problem, whose health you are affecting with the intervention; choose one or more

- Infants
- Children
- Adolescents
- Adult Women
- Pregnant Women
- Other

Race/Ethnicity[ies] - choose one or more

- Asian/Pacific Islanders
- Blacks
- Latinos
- Native Americans
- Whites

Other Subpopulation - example: geographic area, socioeconomic status, Medi-Cal eligible, uninsured, undocumented residents

Other 1 - specify:

Other 2 - specify:

Problem Statement - use the format: “K (population) is (having y problem) due to z (cause)"

Only 71.3% of pregnant women in SBC receive prenatal care in the first trimester due to difficulty accessing health insurance, distrust of system and undocumented status (2011 data).

Are You Addressing This Problem?  
- Yes
- No

List best practice strategies or intervention activities you could use to address the problem.

This problem may not be included in the MCAH SOW and five year plan due to lack of resources.
- Targeted case management through Field Nursing case management services to high risk prenatal and PHD Health Care Center postpartum women for support and assistance of early prenatal care, intra-conception education and medical case management.
- SBC PSC (or) designee to attend health fairs and continue outreach and preconception messaging at SB County health and community fairs, especially in the North County where there is a high Indigenous culture.
- Encourage SBC Medi-Cal Managed Care, CenCal Health, to include prenatal care messaging to provider sites and in patient education newsletters.
- Continue collaborative efforts with the SBC Promotores Network to promote early prenatal care.

List stakeholder or community partner organization[s] who will help to address the problem:

- MCAH Field Nursing Unit and CPSP program
- CenCal Health Medi-Cal Managed Care
- Santa Barbara County Promotores Network
Maternal, Child, and Adolescent Health (MCAH)
Local Health Jurisdictions (LHJ) Needs Assessment

MCAH SOW Goal 5: Improve Child Health

**Problem Category**
Child abuse

**Target Population(s) - the primary population experiencing the problem, whose health you are affecting with the intervention; choose one or more**

- [x] Infants
- [x] Children
- [x] Adolescents
- [ ] Adult Women
- [ ] Pregnant Women
- [ ] Other

**Race/Ethnicity[es] - choose one or more**

- [ ] Asian/Pacific Islanders
- [ ] Blacks
- [x] Latinos
- [ ] Native Americans
- [x] Whites

**Other Subpopulation - example: geographic area, socioeconomic status, Medi-Cal eligible, uninsured, undocumented residents**

Other 1 - specify: 
Other 2 - specify:

**Problem Statement - use the format: “X population is having y problem due to z cause”**

Foster care placements have increased from 4.1 (2000-2002) to 6.3 (2009-11) per 1000 and child abuse referrals are up 8% since 2012 due to awareness efforts and CWS building a strong voluntary program, differential response program and the implementation of warrants.

**Are You Addressing This Problem?**

- [ ] Yes
- [ ] No

**List best practice strategies or intervention activities you could use to address the problem.**

It is undecided whether this will be included in the MCAH SOW and five year plan with separate measurable goals since Child Welfare Services maintains goals and data.

- Case management to high risk women for support and assistance through Field Nursing services will include a family strengthening approach using the five protective factors and referrals to appropriate programs, e.g. Healthy Families America, Front Porch (DSS-CWS voluntary program), etc.
- Maintain and continue to develop collaborative efforts with the Child Abuse Prevention Council, Kids Network and the First 5 Advisory Board that coordinates community-wide efforts to prevent and respond to child abuse and neglect in coordination with SBC Dept. of Social Services, PHD, First 5, Community-based Organizations and Board representation.
- Encourage PHNs in the CWS system for an integrated case management approach with high risk families.

**List stakeholder or community partner organization(s) who will help to address the problem:**

- Child Abuse Prevention Council (CAPC)
- Kids Network
- First 5, Early Childhood Education cohort
- Child Abuse Listening and Mediation (CALM) that Includes Healthy Families America and SafeCare
- Family Resource Centers
- PHD - MCAH, Field Nursing
- Department of Social Services - Child Welfare Services and Foster Care
- CHDP-HCPFCF
- SBC Board of Supervisors
Maternal, Child, and Adolescent Health (MCAH)  
Local Health Jurisdictions (LHJ) Needs Assessment

Purpose:
Capacity needs are resources you require to better address the problems of your community. Capacity needs could include items such as staff training, information on best practices, additional staff, or improved data. The information on this form will help the MCAH Division identify how we can best support your efforts.

Instructions:
In the table below, please list capacity needs in the first column and how the MCAH Division can assist you in developing capacity in the second column. When describing the capacity need, if appropriate, state if the need is related to a particular problem.

<table>
<thead>
<tr>
<th>List Capacity Needs</th>
<th>How can the MCAH Division assist you in developing your capacity?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Field Nursing Unit PHN staffing is not adequate to meet the needs of the high risk maternal child population</td>
<td>Reinstating federal MCAH funding will partially assist. Santa Barbara County (SBC) Public Health Department (PHD) has not actively promoted MCAH growth, public health nursing nor additional community health programs due to loss of state and federal funding, primary care Health Care Center electronic medical record need and the ACA. Less staffing for Community Health MCAH has left little redundancy at the management and operational levels to meet the increasing high risk problems and demands arising in SB County’s maternal child community.</td>
</tr>
<tr>
<td>Evidence-based nursing home visitation</td>
<td>SBC does not have a nursing evidenced-based program, e.g. Nurse-Family Partnership home visitation program. State, federal and SBC PHD financial support would be needed. SBC PHD executive and Board of Supervisors support for increased nursing staff would be needed.</td>
</tr>
<tr>
<td>Lack of Dental Providers. Funding for oral health manager and support services are based on yearly grant opportunities and not sustainable.</td>
<td>State financial assistance would be helpful to sustain and enhance current level of services.</td>
</tr>
<tr>
<td>There is no coordinated funded effort for providers to screen for Perinatal Substance Use.</td>
<td>State-wide education, support and outreach to encourage provider billing opportunities under the ACA and policy support for Medical Managed Care involvement would enhance screening and referral opportunities. County collaborative efforts are needed to promote screening and services. State-wide and County preventative campaigns are still needed: SBC Alcohol Drug &amp; Mental Health focus on perinatal substance use is minimal.</td>
</tr>
<tr>
<td>There is no coordinated funded effort for providers to screen for Perinatal Mental Health.</td>
<td>State-wide education and support, outreach to encourage provider billing opportunities and policy support for Medical Managed Care involvement would enhance screening and referral opportunities. County collaborative efforts are needed to promote screening and services. State-wide and County preventative campaigns are still needed. SBC Alcohol Drug &amp; Mental Health focus on perinatal mental health is minimal.</td>
</tr>
<tr>
<td>Maternal, Child, and Adolescent Health (MCAH)</td>
<td>Local Health Jurisdictions (LHJ) Needs Assessment</td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td>------------------------------------------------</td>
</tr>
<tr>
<td><strong>Breastfeeding</strong></td>
<td>Policy support for Baby Friendly Hospitals. CPSP-like provider oversight and education by MediCal Managed Care to promote breastfeeding education and support. Continued support of lactation services at the State level.</td>
</tr>
<tr>
<td><strong>Adolescent Pregnancy</strong></td>
<td>Funding for AFLP or an evidenced based case management program to address the increasing needs in North Santa Barbara County is needed. There is no AFLP or like service in South or Mid Santa Barbara County. CalSafe funding increases for child care and other services to more teens would be beneficial. Incorporate a county-wide effort including Probation, teen programs, social support programs, public health, clinics and schools to provide education, outreach and healthy activities for teens.</td>
</tr>
<tr>
<td><strong>Public Health Nurse Recruitment of Experienced Nurses</strong></td>
<td>It is difficult to recruit nurses to the SBC Public Health Dept. Pay scale in SBC PHD Nurse pay scale is not commiserate with Hospitals and other clinical areas. There are not many qualified and experienced applicants. There is an extensive recruitment process at the CEO level that hinders obtaining qualified applicants in a timely manner.</td>
</tr>
</tbody>
</table>
Maternal, Child, and Adolescent Health (MCAH)
Local Health Jurisdictions (LHJ) Needs Assessment

List Stakeholders/Community Partners you consulted with to complete your Needs Assessment, the individual's initials, and the sector they represent. Choose the sector the stakeholder represents from the drop-down menu.

<table>
<thead>
<tr>
<th>Stakeholder/Community Partners Initials</th>
<th>Organization (Full Name, No ACRONYMS)</th>
<th>Sector Represented</th>
</tr>
</thead>
<tbody>
<tr>
<td>D.H.</td>
<td>Child Abuse Listening Mediation</td>
<td>Community-based organization</td>
</tr>
<tr>
<td>B.F.</td>
<td>Santa Barbara County Department of Social Services / Kids Network</td>
<td>Other state/local agency</td>
</tr>
<tr>
<td>T.H.</td>
<td>Child Care Planning Council</td>
<td>Community-based organization</td>
</tr>
<tr>
<td>T.E.</td>
<td>Welcome Every Baby</td>
<td>Other state/local agency</td>
</tr>
<tr>
<td>K.D.</td>
<td>Santa Maria-Bonita School District</td>
<td>School, academia</td>
</tr>
<tr>
<td>S.J.</td>
<td>Santa Barbara Cottage Hospital</td>
<td>Hospital</td>
</tr>
<tr>
<td>F.B.</td>
<td>Welcome Every Baby</td>
<td>Other state/local agency</td>
</tr>
<tr>
<td>G.L.</td>
<td>Santa Barbara County Education Office</td>
<td>School, academia</td>
</tr>
<tr>
<td>L.B.</td>
<td>Santa Barbara County Board of Supervisors</td>
<td>Other state/local agency</td>
</tr>
<tr>
<td>F.B.</td>
<td>Tri-Counties Regional Center</td>
<td>Other state/local agency</td>
</tr>
<tr>
<td>S.R.C.</td>
<td>North County Rape Crisis and Child Protection Center</td>
<td>Community-based organization</td>
</tr>
<tr>
<td>J.C.</td>
<td>Santa Barbara County Education Office</td>
<td>School, academia</td>
</tr>
<tr>
<td>M.G.</td>
<td>Community Action Committee/Head Start</td>
<td>Community-based organization</td>
</tr>
<tr>
<td>S.K.R.</td>
<td>Santa Barbara Public Health Department</td>
<td>State/local health department</td>
</tr>
<tr>
<td>L.M.</td>
<td>Isla Vista Youth Development Project</td>
<td>Community-based organization</td>
</tr>
<tr>
<td>D.N.</td>
<td>Santa Barbara County Department of Social Services</td>
<td>Other state/local agency</td>
</tr>
<tr>
<td>D.P.</td>
<td>People Helping People-Solvang</td>
<td>Community-based organization</td>
</tr>
<tr>
<td>B.R.</td>
<td>First 5</td>
<td>First 5</td>
</tr>
<tr>
<td>B.T.</td>
<td>Santa Barbara County Probation</td>
<td>Other state/local agency</td>
</tr>
<tr>
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</tr>
<tr>
<td>A.E.</td>
<td>Family Resource Center-Lompoc and Santa Barbara</td>
<td>Community-based organization</td>
</tr>
<tr>
<td>N.L.</td>
<td>Santa Barbara County Department of Social Services</td>
<td>Other state/local agency</td>
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<tr>
<td>A.M.</td>
<td>Family Resource Center-Santa Maria/Santa Maria-Bonita School District</td>
<td>Community-based organization</td>
</tr>
<tr>
<td>A.M.</td>
<td>North County Rape Crisis and Child Protection Center</td>
<td>Community-based organization</td>
</tr>
<tr>
<td>J.N.</td>
<td>Santa Maria Valley Youth and Family Center</td>
<td>Community-based organization</td>
</tr>
<tr>
<td>A.S.</td>
<td>Santa Ynez People Helping People</td>
<td>Community-based organization</td>
</tr>
<tr>
<td>J. S.</td>
<td>St. Vincent's</td>
<td>Community-based organization</td>
</tr>
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<td>J.S.</td>
<td>Child Care Planning Council</td>
<td>Community-based organization</td>
</tr>
<tr>
<td>L.D.</td>
<td>Santa Barbara County Department of Social Services</td>
<td>Other state/local agency</td>
</tr>
<tr>
<td>C.R.</td>
<td>Alcohol, Drug, and Mental Health Services of Santa Barbara County</td>
<td>State/local health department</td>
</tr>
<tr>
<td>K.V.</td>
<td>CenCal</td>
<td>Medi-Cal Managed Care Plan</td>
</tr>
<tr>
<td>L.R.</td>
<td>Santa Barbara County Department of Social Services</td>
<td>Other state/local agency</td>
</tr>
<tr>
<td>B.L.</td>
<td>Santa Barbara and Ventura Counties Dental Care Foundation</td>
<td>Community-based organization</td>
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<tr>
<td>S.B.</td>
<td>Central Coast Dentist</td>
<td>Individual dental care provider</td>
</tr>
<tr>
<td>M.S.</td>
<td>Community Health Clinics</td>
<td>Individual dental care provider</td>
</tr>
<tr>
<td>J.M.</td>
<td>Community Health Clinics</td>
<td>Individual dental care provider</td>
</tr>
<tr>
<td>S.C.</td>
<td>Santa Barbara Health Clinics</td>
<td>Community clinic or FQHC</td>
</tr>
<tr>
<td>M.E.R.</td>
<td>Santa Barbara County Education Office-Health Linkages</td>
<td>School, academia</td>
</tr>
<tr>
<td>L.M</td>
<td>Santa Barbara County Child Health and Disability Program</td>
<td>State/local health department</td>
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<tr>
<td>J.W.</td>
<td>Santa Barbara County Child Health and Disability Program</td>
<td>State/local health department</td>
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<td>Cottage Health System</td>
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<td>Santa Barbara County Public Health Department</td>
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<td>J.W.</td>
<td>Santa Barbara County Board of Supervisors</td>
<td>Other state/local agency</td>
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<tr>
<td>K.C.</td>
<td>Santa Barbara County Public Health Department/Samsung Clinic Research</td>
<td>State/local health department</td>
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<tr>
<td>B.R.</td>
<td>First 5</td>
<td>First 5</td>
</tr>
<tr>
<td>C.I.</td>
<td>Santa Barbara Public Health Department-Maternal Child and Adolescent Health Program</td>
<td>State/local health department</td>
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## Maternal, Child, and Adolescent Health (MCAH)
### Local Health Jurisdictions (LHJ) Needs Assessment

<table>
<thead>
<tr>
<th>MJ.GA.</th>
<th>Santa Barbara Public Health Department-Maternal Child and Adolescent Health Program</th>
<th>State/local health department</th>
</tr>
</thead>
<tbody>
<tr>
<td>L.V.</td>
<td>Santa Barbara Public Health Department-Maternal Child and Adolescent Health Program</td>
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