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

Timeline and Deliverables:

E-mail deliverables by the due date listed below to CATitleV@cdph.ca.gov. Instructions are included in each form.

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<td>Deliverable Form B - Problem Statements, Strategies, and Partners <em>in this package</em></td>
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<td>Deliverable Form C - Capacity Needs <em>in this package</em></td>
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<tr>
<td>March 13, 2020</td>
<td>Deliverable Form D - 5-Year Action Plans <em>in this package</em></td>
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Resources:

Below are a list of resources for completing the Title V Needs Assessment available here: MCAH LHJ Title V Needs Assessment

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<th>#</th>
<th>Resource</th>
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<tr>
<td>1</td>
<td>Community Health Status Report</td>
<td>A list of health indicators to assist in describing and identifying your local health jurisdiction's health status</td>
</tr>
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<td>2</td>
<td>FHOP Indicator Data Books</td>
<td>Resource providing additional community health status data</td>
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<td>3</td>
<td>Priority Problems List</td>
<td>Short list of MCAH SOW Goals and Problem Categories to provide guidance on State MCAH priorities for use in developing local problem statements.</td>
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<td>4</td>
<td>MCAH Health Problem Prioritization Worksheet</td>
<td>Tool to assist in prioritizing identified problems</td>
</tr>
<tr>
<td>5</td>
<td>Sample Problem Analysis Diagrams</td>
<td>Tools to assist in identifying potential causes of problems and possible intervention points</td>
</tr>
</tbody>
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Completing Deliverable A through C (due June 14th, 2019)

Completing Deliverable D (due March 13th 2020)

To access Deliverable Forms A through D, identify your LHJ below. Once you identify your LHJ, this document will generate Deliverable Forms A through D on the following pages.

Local Health Jurisdiction Santa Barbara
Deliverable Form A - Stakeholders/Community Partners (Due June 14, 2019)

Purpose

Stakeholder/Community Partner input is recommended in completing this Needs Assessment. Stakeholders/Community Partners can help you to:

- Prioritize problems and identify target populations
- Review problem analyses to identify causal pathways, intervention points and possible stakeholders/community partners and strategies, and develop a 5-Year Action Plan
- Develop community support

Instructions:

*Complete this form by listing the Stakeholders/Community Partners you consulted to complete your Needs Assessment, their organizational affiliation and the sector they represent.* Please choose the primary organizational affiliation the participant represents using the options listed below:

- Academia/University affiliate
- Adolescent Family Life Program (AFLP), Personal Responsibility & Education Program (PREP)/Information and Education (I & E) Program
- Coalition/Collaboratives: Specify type
- Community Clinic/Federally Qualified Health Center (FQHC)/Regional Health Center
- Community based organizations (CBO)
- Faith-based organization
- Family Support organization (e.g., Family Voices, Family Resource Center)
- First Five
- Foundation
- Head Start/Child Care Organization
- Health care district
- Hospital
- Indian/Tribal Health organization
- Individual dental care provider
- Individual medical provider (doctor, nurse)
- Individual mental health care provider (counselor, psychologist, psychiatrist)
- Individual or family (community member)
- Individual youth
- Local Black Infant Health (BIH)/Sudden Infant Death Syndrome (SIDS)/Fetal and Infant Mortality Review (FIMR) Program
- Local California Children's Services Office
- Local California Home Visiting Program (CHVP)
- MCAH advisory group
- Medical group or independent practice association
- Medi-Cal Managed Care Plan
- Other (trade and business sector, media)
- Other state/local agency (e.g., social services, justice, mental/behavioral health)
- Professional organization/association (e.g., CA Medical Association, CA Dental Association, American Academy of Pediatrics, California Chapter, CA Academy of Family Physicians, local medical society)
- Regional Perinatal Programs of California (RPPC)/California Maternal Quality Care Collaborative (CMQCC)/California Perinatal Quality Care Collaborative (CPQCC)
- School-based health center
- Schools (e.g., Parent/Teacher Association, school board, school nurse, school district, county office of education)
- State or nationally affiliated non-profit organization
- State/local health department (internal partner)
- Women, Infants, Children (WIC) Program, including Regional Breastfeeding Liaisons
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's/Community Partner's Initials</th>
<th>Organization (Full Name; No Acronyms)</th>
<th>Sector Represented</th>
</tr>
</thead>
<tbody>
<tr>
<td>AA</td>
<td>Santa Barbara Cottage Hospital - Community Health</td>
<td>Hospital</td>
</tr>
<tr>
<td>KB</td>
<td>Santa Barbara County Public Health Department - Maternal, Child and Adolescent Health Program</td>
<td>State/local Health Department</td>
</tr>
<tr>
<td>MB</td>
<td>Santa Barbara County Public Health Department - Nutrition Services Breastfeeding Program</td>
<td>WIC, including Regional Breastfeeding Liaisons</td>
</tr>
<tr>
<td>PB</td>
<td>Santa Barbara County Public Health Department - Community Health Division</td>
<td>State/local Health Department</td>
</tr>
<tr>
<td>FB</td>
<td>Children and Family Resource Services</td>
<td>Schools</td>
</tr>
<tr>
<td>LB</td>
<td>Good Samaritan Shelter</td>
<td>Family Support Organization</td>
</tr>
<tr>
<td>RC</td>
<td>Santa Barbara County Public Health Department - Maternal, Child and Adolescent Health Program</td>
<td>State/local Health Department</td>
</tr>
<tr>
<td>MC</td>
<td>Carpinteria Children’s Project</td>
<td>Family Support Organization</td>
</tr>
<tr>
<td>NC</td>
<td>Santa Barbara County Public Health Department - Child Health and Disability Prevention Program</td>
<td>State/local Health Department</td>
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<tr>
<td>BF</td>
<td>KIDS Network - Social Services</td>
<td>Coalition/Collaboratives</td>
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<td>FW</td>
<td>Santa Barbara County Public Health Department - Maternal, Child and Adolescent Health Program</td>
<td>State/local Health Department</td>
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<tr>
<td>DF</td>
<td>Good Samaritan Shelter</td>
<td>Family Support Organization</td>
</tr>
<tr>
<td>MH</td>
<td>Santa Barbara County Public Health Department - Epidemiologist Intern</td>
<td>State/local Health Department</td>
</tr>
<tr>
<td>Stakeholder's/Community Partner's Initials</td>
<td>Organization (Full Name; No Acronyms)</td>
<td>Sector Represented</td>
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<tr>
<td>CJ</td>
<td>Santa Barbara County Public Health Department - Maternal, Child and Adolescent Health Program</td>
<td>State/local Health Department</td>
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<tr>
<td>CL</td>
<td>Santa Barbara County Public Health Department - Maternal, Child and Adolescent Health Program</td>
<td>State/local Health Department</td>
</tr>
<tr>
<td>SL</td>
<td>Santa Barbara County Public Health Department - Nutrition Services Breastfeeding Program</td>
<td>WIC, including Regional Breastfeeding Liaisons</td>
</tr>
<tr>
<td>ML</td>
<td>Santa Barbara County Public Health Department - Maternal, Child and Adolescent Health Program</td>
<td>State/local Health Department</td>
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<tr>
<td>JM</td>
<td>Santa Barbara Community Action Commission</td>
<td>Community-Based Organization</td>
</tr>
<tr>
<td>MN</td>
<td>Santa Barbara County Public Health Department - Oral Health Program</td>
<td>State/local Health Department</td>
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<tr>
<td>CN</td>
<td>Santa Barbara County Public Health Department - Maternal, Child and Adolescent Health Program</td>
<td>State/local Health Department</td>
</tr>
<tr>
<td>YN</td>
<td>Child Abuse Listening Mediation</td>
<td>Individual Mental Health Care Provider</td>
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<tr>
<td>LO</td>
<td>Santa Barbara County Public Health Department - Maternal, Child and Adolescent Health Program</td>
<td>State/local Health Department</td>
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<tr>
<td>EO</td>
<td>Good Samaritan Shelter</td>
<td>Family Support Organization</td>
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<td>MP</td>
<td>Santa Barbara County Public Health Department - Maternal, Child and Adolescent Health Program</td>
<td>State/local Health Department</td>
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<tr>
<td>JS</td>
<td>Santa Barbara County Public Health Department - Maternal, Child and Adolescent Health Program</td>
<td>State/local Health Department</td>
</tr>
<tr>
<td>ET</td>
<td>Santa Barbara County Public Health Department - Community Health Division</td>
<td>State/local Health Department</td>
</tr>
<tr>
<td>Stakeholder's/Community Partner's Initials</td>
<td>Organization (Full Name; No Acronyms)</td>
<td>Sector Represented</td>
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<tr>
<td>LV</td>
<td>Santa Barbara County Public Health Department - Maternal, Child and Adolescent Health Program</td>
<td>State/local Health Department</td>
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<td>ZV</td>
<td>Santa Barbara County Public Health Department - Maternal, Child and Adolescent Health Program</td>
<td>State/local Health Department</td>
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<td>LW</td>
<td>Santa Barbara County Public Health Department - Maternal, Child and Adolescent Health Program</td>
<td>State/local Health Department</td>
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<tr>
<td>MW</td>
<td>Santa Barbara County Public Health Department - Epidemiologist</td>
<td>State/local Health Department</td>
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<tr>
<td>SV</td>
<td>Santa Barbara County - First 5</td>
<td>First 5</td>
</tr>
<tr>
<td>MO</td>
<td>Dignity Health - Marian Regional Medical Center - Home Health</td>
<td>Hospital</td>
</tr>
<tr>
<td>JS</td>
<td>Santa Barbara County Public Health Department - Maternal, Child and Adolescent Health Program</td>
<td>State/local Health Department</td>
</tr>
<tr>
<td>VDR</td>
<td>Santa Barbara County Public Health Department - Community Health Division</td>
<td>State or Nationally Affiliated Non-Profit Organization</td>
</tr>
<tr>
<td>NW</td>
<td>Dignity Health - Marian Regional Medical Center</td>
<td>Hospital</td>
</tr>
<tr>
<td>RG</td>
<td>Santa Barbara County Public Health Department - Children's Medical Services / MD /Pediatrician</td>
<td>State/local Health Department</td>
</tr>
<tr>
<td>MR</td>
<td>Santa Barbara Neighborhood Clinics</td>
<td>Community Clinic/FQHC/Regional Health Center</td>
</tr>
<tr>
<td>CJ</td>
<td>Dignity Health - Marian Regional Medical Center - NICU/Pediatrics</td>
<td>Hospital</td>
</tr>
<tr>
<td>KK</td>
<td>Maternal Mental Health Now</td>
<td>Community-Based Organization</td>
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<tr>
<td>DD</td>
<td>Advancing Parenting</td>
<td>Community-Based Organization</td>
</tr>
<tr>
<td>SS</td>
<td>Parent</td>
<td>Individual or Family (Community member)</td>
</tr>
<tr>
<td>SR</td>
<td>Dignity Health - Marian Medical Center - HRIF/MVP</td>
<td>Hospital</td>
</tr>
<tr>
<td>Stakeholder's/Community Partner's Initials</td>
<td>Organization <em>(Full Name; No Acronyms)</em></td>
<td>Sector Represented</td>
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<td>------------------------------------------</td>
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</tr>
<tr>
<td>AM</td>
<td>Family Service Agency</td>
<td>Family Support Organization</td>
</tr>
</tbody>
</table>
Deliverable Form B: Problem Statements, Strategies, and Partners (Due June 14, 2019)

Purpose:

The purpose of this form is:

- To identify local problems, problem statements, best practice strategies and the stakeholders/community partners who will help address these problems, and
- To inform state and local decisions regarding resource allocation if more resources become available.

Instructions:

Complete one (1) Deliverable Form B for each local problem. Identify all local problems, including those that your local health jurisdictions (LHJs) may not have the resources or capacity to address at this time.

All LHJs must list at least two problems in the Maternal domain, two problems in the Infant domain, and at least one problem in each of the remaining domains: Child, Children and Youth with Special Health Care Needs (CYSHCN), and Adolescent. If resources allow, LHJs may also identify additional problems that they may place under any of the population domains or in MCAH goal 6.

For each local problem, complete a Deliverable Form B, doing the following:

<table>
<thead>
<tr>
<th>Step</th>
<th>Instructions</th>
<th>Form Entries</th>
<th>Details</th>
</tr>
</thead>
</table>
| 1    | Describe a local problem | Problem Statement | The problem statement should clearly describe the health problem, which is defined as the difference between the desired and the actual health status of the population as measured by health status indicators. The problem statement should state the local problem, the population affected, and the cause. Example: “X (population) is (having y problem) due to z (cause)”.
| 2    | Classify local problem | Problem Category<br>Target Population<br>Race/Ethnicity<br>Other Subpopulation | Target Population - The primary population experiencing the problem, whose health you are affecting with the intervention<br>Other Population - If you wish to further narrow and define your population group, complete the “Other Subpopulation” fields.
| 3    | Determine if the problem will be addressed by your LHJ | Addressing Problem?<br>Reason For Not Addressing Problem | Describe if you will address the problem. If not, indicate the main reason why you are not addressing this problem.
| 4    | Describe how to best address these problems | Best Practice Evidence Based Intervention(s) | Best Practice/Evidence Based Intervention: The actions or interventions you implement to improve the target population’s health outcome.<br> List activities you intend to use to address the problem. You may use the sample “5-Year Action Plans”, stakeholder/community partner input, existing programs or activities you are conducting and your expertise to identify best practice strategies/intervention activities.<br> If desired, you could also refer to the MCAH Policies and Procedures “Public Health Frameworks” section for sources of additional evidence-based or knowledge-based strategies.
| 5    | Describe who can address the problems | Stakeholders or Community Partners | List stakeholder or community partner organization(s) that will help to address the problem.
Deliverable Form B: Problem Statements, Strategies, and Partners (Due June 14, 2019)

Complete Deliverable Form B for each local problem. Identify all local problems, including those that your local health jurisdiction (LHJ) may not have the resources or capacity to address at this time. Identify your local problems, best practice strategies, and the stakeholders/community partners who will help address these problems.

All LHJs must list at least two problems in the Maternal domain, two problems in the Infant domain, and at least one problem in each of the remaining domains: Child, CYSHCN, and Adolescent. If resources allow, LHJs may also identify additional problems that they may place under and of the population domains or in MCAH goal 6. If you have additional problems under this Goal area or Population Domain, you will be able to add them to Form B after all the required goals are identified and entered on Form B.

Problem # 1

MCAH Goal

MCAH Goal 1: Improve maternal health and increase access to health care  
(Required to address reproductive age women)

Step 1: Classify this local problem

Problem Category

Misstimed/Unwanted pregnancies

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

- Infant
- Children
- CYSHCN
- Adolescent
- Adult Women
- Pregnant Women
- Other

Race/Ethnicity(ies) - choose one or more

- All Ethnicities
- Asian
- Black
- Latino
- Native American
- Pacific Islander
- White

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

Other 1 - specify:  
Other 2 - specify:

Step 2: Describe a local problem (see Step 1 to assist with conceptualizing the problem statement)

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

30% of pregnancies in Santa Barbara County are misstimed or unwanted due to a lack of contraception or inconsistent/incorrect use of effective contraceptive methods.

Step 3: Determine if problem will be addressed by your LHJ

Are You Addressing This Problem?  Yes

Step 4: Describe how to best address this problem

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

- Home Visiting Programs (ex: MCAH Field Nursing and WEB) provide education to clients about contraceptive options, correct use, and assistance to linking/access to providers
- Collaborate with MCMC plan to promote the postpartum visit where contraception post delivery is often discussed
- Promote use of "One Key Question" or similar assessment in pediatrics, family practice, and OBGYN
- Collaborate with local partners to develop a community awareness campaign on how to access family planning services and evidence-based teen pregnancy prevention programs

Step 5: Describe who will help address this problem

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

OBGYNs
Pediatricians
Family Practice Providers
Perinatal Services Coordinator
Hospitals
Cen-Cal (MCMC plan)
MCAH Field Nursing Unit
Welcome Every Baby (WEB)
Every Woman Counts
Family Resource Centers
Schools
Deliverable Form B: Problem Statements, Strategies, and Partners (Due June 14, 2019)

Complete Deliverable Form B for each local problem. Identify all local problems, including those that your local health jurisdiction (LHJ) may not have the resources or capacity to address at this time. Identify your local problems, best practice strategies, and the stakeholders/community partners who will help address these problems.

All LHJs must list at least two problems in the Maternal domain, two problems in the Infant domain, and at least one problem in each of the remaining domains: Child, CYSHCN, and Adolescent. If resources allow, LHJs may also identify additional problems that they may place under and of the population domains or in MCAH goal 6. If you have additional problems under this Goal area or Population Domain, you will be able to add them to Form B after all the required goals are identified and entered on Form B.

Problem # 2

MCAH Goal

MCAH Goal 1: Improve maternal health and increase access to health care

(Required to address pregnant/postpartum women)

Step 1: Classify this local problem

Problem Category

Mental health

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

- Infant
- Children
- CYSHCN
- Adolescent
- Adult Women
- Pregnant Women
- Other

Race/Ethnicity(ies) - choose one or more

- All Ethnicities
- Asian
- Black
- Latino
- Native American
- Pacific Islander
- White

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

Other 1 - specify: Undocumented population and Indigenous population
Other 2 - specify: Fathers

Step 2: Describe a local problem (see Step 1 to assist with conceptualizing the problem statement)

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

All women are at risk for developing Perinatal Mood and Anxiety Disorders (PMADs), however, Latinas, teens, women with low incomes, and those who have experienced ACEs in their childhood are at heightened risk of developing PMADs due to symptoms being unrecognized and untreated. Women with co-occurring substance abuse disorders and PMADs are more likely to worsen or relapse after 3-6 months postpartum.

Step 3: Determine if problem will be addressed by your LHJ

Are You Addressing This Problem? Yes

Step 4: Describe how to best address this problem

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

- Perinatal Wellness Coalition (PWC) to continue to be a hub for work being done in Santa Barbara County around maternal mental health in order to coordinate efforts
- Coordinate with 211 to keep local Maternal Mood Disorders resource list updated and current
- Continue outreach to local providers (pediatricians, family practice, and OB/GYNs) to educate on current screening recommendations and provide local resources and technical assistance to create policies as needed
- Work with all local hospitals and birthing center to educate perinatal staff on screening recommendations and local resources
- Support and promote trainings related to cultural awareness of the indigenous population
- Support and promote trainings for professional, paraprofessional, and community members on maternal and paternal mental health

Step 5: Describe who will help address this problem

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

Perinatal Wellness Coalition
Local hospitals
Birthing Center
OB/GYNs
Pediatricians
Family Practice Providers
CenCal (MCMC Plan)
Family Resource Centers
Child Abuse Listening and Mediation (CALM) programs
MCAH Field Nursing Unit
Welcome Every Baby (WEB)
Problem # 3

**MCAH Goal**

MCAH Goal 2: Improve infant health and increase access to health care  
(Required)

**Step 1: Classify this local problem**

**Problem Category**

Breastfeeding

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

- Race/Ethnicity(ies) - choose one or more
  - All Ethnicities  
  - Asian  
  - Black  
  - Latino  
  - Native American  
  - Pacific Islander  
  - White

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

  Other 1 - specify:  
  Other 2 - specify:

**Step 2: Describe a local problem (see Step 1 to assist with conceptualizing the problem statement)**

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

  In Santa Barbara County, Hispanic women have lower exclusive breastfeeding rates than White women due early return to work especially in manual/farm labor, lack of support for breastfeeding/pumping at work and home, limited Baby-Friendly Hospitals/Clinics, OB/GYNs not addressing or reinforcing exclusive breastfeeding, lack of bilingual lactation support, SIDS, and cultural norms in breastfeeding.

**Step 3: Determine if problem will be addressed by your LHJ**

Are You Addressing This Problem?  Yes

**Step 4: Describe how to best address this problem**

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 Home Visiting Programs (ex: MCAH Field Nursing and WEB) to support, educate and assist with exclusive and/or continued breastfeeding
- Maintain and promote Dual Provider Agreements between CPSP providers and PHD Lactation Services to encourage use of services
- PSC to attend health fairs and disseminate information on breastfeeding
- Promote hospital Baby Friendly certification. Currently there is one ‘Baby-Friendly’ certified hospital in SB County
- Maintain and develop collaborative efforts with the Breastfeeding Coalition, WIC, PHD Lactation Services, and Cottage Hospital Breastfeeding Community Collaborative to improve community-level breastfeeding outcomes
- Collaborate with Regional Breastfeeding Liaison to promote educational opportunities for professionals, paraprofessionals, and community members (especially Pediatricians where women most often ask questions/support regarding breastfeeding)

**Step 5: Describe who will help address this problem**

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

- WIC / Lactation Services
- Pediatricians
- OB/GYNs
- First 5
- Local hospitals
- MCAH Field Nursing Unit
- Welcome Every Baby (WEB)
- Cen-Cal (MCMC plan)
- Family Resource Centers
- Local Breastfeeding Coalition
- Cottage Hospital Breastfeeding Community Collaborative
Complete Deliverable Form B for each local problem. Identify all local problems, including those that your local health jurisdiction (LHJ) may not have the resources or capacity to address at this time. Identify your local problems, best practice strategies, and the stakeholders/community partners who will help address these problems. All LHJs must list at least two problems in the Maternal domain, two problems in the Infant domain, and at least one problem in each of the remaining domains: Child, CYSHCN, and Adolescent. If resources allow, LHJs may also identify additional problems that they may place under and of the population domains or in MCAH goal 6. If you have additional problems under this Goal area or Population Domain, you will be able to add them to Form B after all the required goals are identified and entered on Form B.

Problem # 4

MCAH Goal

MCAH Goal 2: Improve infant health and increase access to health care (Required for SIDS/FIMR)

Step 1: Classify this local problem

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

- Infant
- Children
- CYSHCN
- Adolescent
- Adult Women
- Pregnant Women
- Other

Race/Ethnicity(ies) - choose one or more

- All Ethnicities
- Asian
- Black
- Latino
- Native American
- Pacific Islander
- White

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

Other 1 - specify: Medi-Cal eligible

Other 2 - specify:

Step 2: Describe a local problem (see Step 1 to assist with conceptualizing the problem statement)

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

In Santa Barbara County, infants with mothers who have lower levels of formal education and lower incomes share a bed more often than those with higher levels of education and income. Those infants have a presumed increased risk of dying from SUID due to unsafe sleep environments. Lack of access to the home is a risk factor. A lack of understanding of safe sleep recommendations and unsafe sleep practices is also a risk factor.

Step 3: Determine if problem will be addressed by your LHJ

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

Step 4: Describe how to best address this problem

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

- MCAH Field Nursing Unit will use the Safe to Sleep campaign materials and the 2016 AAP Safe Sleep recommendations to educate parents and caregivers about ways to reduce the risk for SIDS and other sleep-related causes of infant death
- Local hospitals educate on SIDS/safe sleep and model safe sleep in the postpartum period
- MCAH will promote SIDS/safe sleep education in the PHD Health Care Center OB and Peds departments and other provider offices
- MCAH will provide education to organizations that work with families to raise awareness of 2016 AAP Safe Sleep recommendations
- CDRT will continue to address SIDS cases and promote SIDS risk reduction awareness in coordination with the Child Abuse Prevention Council
- MCAH to provide SIDS/safe sleep information at outreach fairs

Step 5: Describe who will help address this problem

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

MCAH Field Nursing Unit
Child Abuse Prevention Council (CAPC)
Child Death Review Team (CDRT)
WIC / Lactation Services
Pediatricians
OBGYNs
First 5
Local hospitals
Child Care Centers
Welcome Every Baby (WEB)
CWS
Complete Deliverable Form B for each local problem. Identify all local problems, including those that your local health jurisdiction (LHJ) may not have the resources or capacity to address at this time. Identify your local problems, best practice strategies, and the stakeholders/community partners who will help address these problems.

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**Problem # 5**

### MCAH Goal

**MCAH Goal 3: Improve child health and increase access to health care**

#### Step 1: Classify this local problem

**Problem Category**

**ACEs**

- Infant
- Children
- CYSHCN
- Adolescent
- Adult Women
- Pregnant Women
- Other

**Race/Ethnicity(ies)** - choose one or more

- All Ethnicities
- Asian
- Black
- Latino
- Native American
- Pacific Islander
- White

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

Other 1 - specify:  
Other 2 - specify:

#### Step 2: Describe a local problem (see Step 1 to assist with conceptualizing the problem statement)

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

In Santa Barbara County, 16.3% of children ages 0-17 have experienced two or more ACEs due to risk factors such as poverty, poor/unstable housing, food insecurity, community violence, systemic discrimination, limited access to social and economic mobility, and lack of parental/adolescent supports.

**Step 3: Determine if problem will be addressed by your LHJ**

Are You Addressing This Problem?  
☐ Yes

#### Step 4: Describe how to best address this problem

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

- MCAH field nursing unit to continue using the NEAR@Home framework in home visits and promote the framework to other organizations working with families
- Support KIDS Network in coordinating local efforts to address ACEs
- MCAH program to continue partnership with Carpinteria HCC and Carpinteria Children's Project to develop a work flow for addressing ACEs in a pediatric clinic with linkages to family resource centers with potential for work flow to expand to other offices/locations
- Promote the use of the Strengthening Families Framework and Protective Factors community-wide
- Promote a trauma informed community of service providers/organizations

#### Step 5: Describe who will help address this problem

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

- Kids Network
- Child Abuse Prevention Council (CAPC)
- Early Childhood and Family Wellness Coalition
- Perinatal Wellness Coalition
- Local hospitals
- Birthing Center
- OB/GYNs
- Pediatricians
- Family Practice Providers
- CenCal (MCMC Plan)
- Child Abuse Listening and Mediation (CALM) programs

Deliverable Form B
Deliverable Form B: Problem Statements, Strategies, and Partners (Due June 14, 2019)

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Problem # 6

MCAH Goal

MCAH Goal 4: Improve CYSHCN health and increase access to health care

(Required)

Step 1: Classify this local problem

Problem Category

Care coordination

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

- Infant
- Children
- CYSHCN
- Adolescent
- Adult Women
- Pregnant Women
- Other

Race/Ethnicity(ies) - choose one or more

- All Ethnicities
- Asian
- Black
- Latino
- Native American
- Pacific Islander
- White

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

- Other 1 - specify:
- Other 2 - specify:

Step 2: Describe a local problem (see Step 1 to assist with conceptualizing the problem statement)

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

CYSHCN may lack care coordination due to families working with multiple specialists and programs, insufficient hand-offs during transition times such as entering the school system, parental lack of or minimal awareness of resources available, complex cases being referred out of specialty care to reduce the volume and cost of services and continue care coordination of services

Step 3: Determine if problem will be addressed by your LHJ

Are You Addressing This Problem?  Yes

Step 4: Describe how to best address this problem

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

- Work with partners such as First 5, Cen-Cal, and the Early Childhood and Family Wellness Coalition to explore the possibility of becoming a "Help Me Grow" county
- Support and promote the newly created Medically Vulnerable Care Coordination Program at Marian Regional Medical Center (MRMC) which assists patients with complex medical and social needs living in the community regardless of their previous contact with MRMC
- Develop resource information about services available for CYSHCN
- Develop mechanisms for providers to refer clients to appropriate programs, such as home visiting and Family Resource Centers, to improve systems of identification, referral, and linkage of CYSHCN to needed services
- Work with CCS and Cen-Cal to improve care coordination for CYSHCN, especially non-CCS eligible children and children enrolled in CCS in need of services not covered by CCS

Step 5: Describe who will help address this problem

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

- First 5
- Early Childhood and Family Wellness Coalition
- Marian Regional Medical Center’s Medically Vulnerable Care Coordination Program
- Local hospitals
- Pediatricians
- Family Practice Providers
- CenCal (MCMC Plan)
- Tri-Counties Regional Center
- Early Childcare Educators
- School Districts
- California Children’s Services (CCS)
Deliverable Form B: Problem Statements, Strategies, and Partners (Due June 14, 2019)

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Problem # 7

MCAH Goal

MCAH Goal 5: Improve adolescent health and increase access to health care

(Required)

Step 1: Classify this local problem

Problem Category

Substance use (Opioid/Cannabis)

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

- Infant
- Children
- CYSHCN
- Adolescent
- Adult Women
- Pregnant Women
- Other

Race/Ethnicity(ies) - choose one or more

- All Ethnicities
- Asian
- Black
- Latino
- Native American
- Pacific Islander
- White

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

Other 1 - specify: 

Other 2 - specify: 

Step 2: Describe a local problem (see Step 1 to assist with conceptualizing the problem statement)

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

The rate of substance abuse diagnosis for 15-24 year olds has been increasing in Santa Barbara County with rates for White adolescents being higher than Hispanic adolescents due to co-occurring mental health disorders, violence, stress/trauma/ACEs, lack of education/employment skills, school dropouts, social isolation, family problems, and community relationships. 

Step 3: Determine if problem will be addressed by your LHJ

Are You Addressing This Problem? Yes

Step 4: Describe how to best address this problem

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

- Work to improve screening and early identification of substance use and mental health issues with linkage to treatment and resources in PHD programs/clinics serving adolescents
- Improve adolescent resiliency and decrease the impact of trauma through NEAR@Home framework and teaching Community Resiliency Model (CRM) skills
- Partner with programs/organizations, such as, the PHD Tobacco Prevention Program & Cannabis Education Program and Fighting Back Santa Maria to promote a community awareness campaign on adolescent substance use, risk factors, resources, and prevention
- Build adolescent emotional resilience by promoting the Protective Factors in families, schools, and community

Step 5: Describe who will help address this problem

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

PHD Tobacco Prevention Program & Cannabis Education Program
Fighting Back Santa Maria
Behavioral Wellness Department
Local hospitals
Pediatricians
Family Practice Providers
CenCal (MCMC Plan)
School Districts
CHDP Program
Family advocates
Family Resource Centers
MCAH Goal

MCAH Goal 6: Optimize health by addressing social determinants of health

(Optional)

Step 1: Classify this local problem

Problem Category

Food security

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

☑ Infant  ☑ Children  ☑ CYSHCN  ☑ Adolescent  ☐ Adult Women  ☐ Pregnant Women  ☐ Other

Race/Ethnicity(ies) - choose one or more

☑ All Ethnicities  ☐ Asian  ☐ Black  ☐ Latino  ☐ Native American  ☐ Pacific Islander  ☐ White

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

Other 1 - specify: low-income  Other 2 - specify:

Step 2: Describe a local problem (see Step 1 to assist with conceptualizing the problem statement)

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

In Santa Barbara County, 18.5% of children 0-18 are food insecure compared to all other ages due to poverty, limited access to social and economic mobility, and individuals/families eligible for food aid programs not enrolled.

Step 3: Determine if problem will be addressed by your LHJ

Are You Addressing This Problem?  ☑ Yes  ☐ No

If you are not addressing this problem, what is the main reason? (choose 1 option)

☑ Insufficient capacity

☑ Other MCAH-funded programs addressing this problem

☑ Other community groups are addressing the problem

Identify other community groups that can address this problem:

WIC, CalFresh, Food Bank of Santa Barbara County, Healthy School Pantries

☑ Other
Deliverable Form B: Problem Statements, Strategies, and Partners (Due June 14, 2019)

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Problem # 9

MCAH Goal

MCAH Goal 1: Improve maternal health and increase access to health care

(Optional)

Step 1: Classify this local problem

Problem Category

1st trimester prenatal care

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

- Infant
- Children
- CYSHCN
- Adolescent
- Adult Women
- Pregnant Women
- Other

Race/Ethnicity(ies) - choose one or more

- All Ethnicities
- Asian
- Black
- Latino
- Native American
- Pacific Islander
- White

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

Other 1 - specify: Other 2 - specify:

Step 2: Describe a local problem (see Step 1 to assist with conceptualizing the problem statement)

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

In Santa Barbara County, Latina women have lower rates of prenatal care in the first trimester compared to White women due to lack of trust in healthcare system, fear of deportation due to immigration status, unaware of importance of first trimester prenatal care, lack of knowledge regarding prenatal care, limited access to childcare, and other cultural barriers.

Step 3: Determine if problem will be addressed by your LHJ

Are You Addressing This Problem? ☐ Yes ☐ No

If you are not addressing this problem, what is the main reason? (choose 1 option)

☐ Insufficient capacity

☐ Other MCAH-funded programs addressing this problem

☐ Other community groups are addressing the problem

☐ Other

Identify other community groups that can address this problem:

Community Health Care Centers
Public Health Clinics
Cal-Poly - Public Health Department
Complete Deliverable Form B for each local problem. Identify all local problems, including those that your local health jurisdiction (LHJ) may not have the resources or capacity to address at this time. Identify your local problems, best practice strategies, and the stakeholders/community partners who will help address these problems.

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Problem # 10

### MCAH Goal

MCAH Goal 3: Improve child health and increase access to health care

### Step 1: Classify this local problem

#### Problem Category

Child abuse/neglect

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

- [x] Infant
- [x] Children
- [x] CYSHCN
- [x] Adolescent
- [ ] Adult Women
- [ ] Pregnant Women
- [ ] Other

#### Race/Ethnicity(ies) - choose one or more

- [x] All Ethnicities
- [ ] Asian
- [ ] Black
- [ ] Latino
- [ ] Native American
- [ ] Pacific Islander
- [ ] White

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

Other 1 - specify: __________ Other 2 - specify: __________

### Step 2: Describe a local problem (see Step 1 to assist with conceptualizing the problem statement)

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

Children 0-5, especially under one year, have the highest rates of child abuse and neglect due to associated family risk factors such as substance abuse, domestic violence, mental illness, and caretaker incapacity or absence.

### Step 3: Determine if problem will be addressed by your LHJ

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

- If you are not addressing this problem, what is the main reason? (choose 1 option)

  - [ ] Insufficient capacity
  - [ ] Other MCAH-funded programs addressing this problem
  - [ ] Other community groups are addressing the problem
  - [ ] Other

Identify other community groups that can address this problem:

Santa Barbara County’s Child Abuse Prevention Council has developed a system improvement plan.
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Problem # 11

MCAH Goal

MCAH Goal 3: Improve child health and increase access to health care

(Optional)

Step 1: Classify this local problem

Problem Category

Overweight/obesity

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

- Infant
- Children
- CYSHCN
- Adolescent
- Adult Women
- Pregnant Women
- Other

Race/Ethnicity(ies) - choose one or more

- All Ethnicities
- Asian
- Black
- Latino
- Native American
- Pacific Islander
- White

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

Other 1 - specify: ____________________________ Other 2 - specify: ____________________________

Step 2: Describe a local problem (see Step 1 to assist with conceptualizing the problem statement)

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

The rate of childhood obesity has risen over the past 30 years due to sedentary lifestyles, poor nutrition, increased intake of sugar-sweetened beverages, increased portion sizes, lack of green space / decreased safe spaces for children to play, increase of food desserts, increased intake of fried foods, and decreased access to fresh fruits and vegetables.

Step 3: Determine if problem will be addressed by your LHJ

Are You Addressing This Problem?  ○ Yes  ○ No

If you are not addressing this problem, what is the main reason? (choose 1 option)

- Insufficient capacity
- Other MCAH-funded programs addressing this problem
- Other community groups are addressing the problem  Identify other community groups that can address this problem:

WIC, School Meals Program, Nutrition Education and Obesity Prevention Program (NEOP), local pediatricians, Cen-Cal, Family Resource Centers, Parks and Recs departments, HEAL initiatives.
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Problem # 12

### MCAH Goal

MCAH Goal 1: Improve maternal health and increase access to health care

<table>
<thead>
<tr>
<th>Problem Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance use (Opioid/Heroin/Cannabis/Alcohol/Tobacco)</td>
</tr>
</tbody>
</table>

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

- [ ] Infant
- [ ] Children
- [ ] CYSHCN
- [ ] Adolescent
- [ ] Adult Women
- [ ] Pregnant Women
- [ ] Other

**Race/Ethnicity(ies) - choose one or more**

- [ ] All Ethnicities
- [ ] Asian
- [ ] Black
- [ ] Latino
- [ ] Native American
- [ ] Pacific Islander
- [ ] White

**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)”**

Pregnant and childbearing women in Santa Barbara County have an increase in substance abuse due to social acceptance of marijuana, alcohol, and prescription drugs, easy access to substances, co-occurring perinatal mental health issues, minimal treatment opportunities, and access to treatment centers in rural and suburban areas.

**Step 3: Determine if problem will be addressed by your LHJ**

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

If you are not addressing this problem, what is the main reason? (choose 1 option)

- [ ] Insufficient capacity
- [ ] Other MCAH-funded programs addressing this problem
- [ ] Other community groups are addressing the problem

**Identify other community groups that can address this problem:**

- Tobacco Prevention Program & Cannabis Education Program, Coast Valley, CADA, Casa Serena, Good Samaritan Substance Use Programs, Santa Maria Youth and Family Services, Fighting Back Santa Maria
Complete Deliverable Form B for each local problem. Identify all local problems, including those that your local health jurisdiction (LHJ) may not have the resources or capacity to address at this time. Identify your local problems, best practice strategies, and the stakeholders/community partners who will help address these problems.

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Problem # 13

MCAH Goal

MCAH Goal 5: Improve adolescent health and increase access to health care (Optional)

Step 1: Classify this local problem

Problem Category

Mental health

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

- Infant
- Children
- CYSHCN
- Adolescent
- Adult Women
- Pregnant Women
- Other

Race/Ethnicity(ies) - choose one or more

- All Ethnicities
- Asian
- Black
- Latino
- Native American
- Pacific Islander
- White

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

Other 1 - specify: _____________

Other 2 - specify: _____________

Step 2: Describe a local problem (see Step 1 to assist with conceptualizing the problem statement)

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

According to the National Institute on Mental Health, approximately 13% of children 8-15 had a diagnosable mental health disorder within the previous year. In Santa Barbara County, numbers have remained steady for children with severe mental illness served by the Behavioral Wellness program. Risk factors may include lower self-esteem, neurocognitive skills, and increased parental depression. (childhood)

Step 3: Determine if problem will be addressed by your LHJ

Are You Addressing This Problem?  Yes  No

If you are not addressing this problem, what is the main reason? (choose 1 option)

- Insufficient capacity

- Other MCAH-funded programs addressing this problem

- Other community groups are addressing the problem

Identify other community groups that can address this problem:

Santa Barbara County Behavioral Wellness Department, Cen-Cal, Holman Group
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Problem #  14  Add Problem  Remove Problem

MCAH Goal

MCAH Goal 1: Improve maternal health and increase access to health care

(Optional)

Step 1: Classify this local problem

Problem Category

Gestational diabetes

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

- Infant
- Children
- CYSHCN
- Adolescent
- Adult Women
- Pregnant Women
- Other

Race/Ethnicity(ies) - choose one or more

- All Ethnicities
- Asian
- Black
- Latino
- Native American
- Pacific Islander
- White

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

Other 1 - specify:

Other 2 - specify:

Step 2: Describe a local problem (see Step 1 to assist with conceptualizing the problem statement)

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

In Santa Barbara County, gestational diabetes in the Hispanic population is increasing due to high rates of obesity and poor dietary habits in the pre- and intra-conception period.

Step 3: Determine if problem will be addressed by your LHJ

Are You Addressing This Problem?  ☐ Yes  ☐ No

If you are not addressing this problem, what is the main reason? (choose 1 option)

- Insufficient capacity
- Other MCAH-funded programs addressing this problem
- Other community groups are addressing the problem
- Other

Identify other community groups that can address this problem:

Sansum Diabetes Research Institute, Santa Barbara County Public Health Clinics, Dignity Health Clinics - Sweet Success Program
Purpose:

Technical assistance 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 technical assistance 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 Technical Assistance Needs</th>
<th>How can the MCAH Division assist you in developing this capacity?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evidence-based home visitation program</td>
<td>SBC has minimal evidenced-based home visitation programs, e.g. Nurse-Family Partnership or Healthy Families America. State, federal and SBC PHD financial support would be needed. Education on opportunities should funding become available through the state budget.</td>
</tr>
<tr>
<td>Public Health Nurse Recruitment of Experienced Nurses</td>
<td>Support of statewide benefits such as tuition reimbursement for public health service. Training on successful practices for recruitment.</td>
</tr>
<tr>
<td>Perinatal Mental Health screening</td>
<td>Training on upcoming Maternal Mental Health bills and laws. Support for a singular data collection system of PMAD screening rates and outcomes.</td>
</tr>
<tr>
<td>Breastfeeding</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>Unintended pregnancies</td>
<td>Training on best practices to reduce unintended pregnancies.</td>
</tr>
</tbody>
</table>