

MCAH 5 Year Action Plan Synopsis

Problem Statement(s)	Adolescents 12-19 are having babies due to unprotected sex, lack of birth control providers, and lack of knowledge on where to get birth control and or emergency contraception.
Five Year Local Goal(s)	Decrease first pregnancies among teens; Decrease repeat pregnancies among expectant and parenting teens (EPTS) (age 12-19); increase condom use; Increase birth control use, Increase coordination of local resources and agencies addressing adolescent pregnancy; Implement positive youth development strategies in working with expectant and parenting adolescents and at-risk teens; increase the number of teens participating in evidence-based or evidence-informed programs designed to prevent teen pregnancy.

Fiscal Year 1

By June 30, 2016, in collaboration with community partners and providers increase number of providers providing birth control and family planning services by two in order to increase access to family planning services in Tehama County.

Fiscal Year 2

By June 30, 2017, in collaboration with partners, implement a community awareness campaign targeting teens in continuation high schools to increase awareness of adolescent pregnancy and how to access family planning services.

Fiscal Year 3

By June 30, 2018, staff at continuation high schools will demonstrate adequate knowledge of teen-friendly referral processes, including information on family planning, safer sex, and contraception (including use of long-acting reversible contraceptives) and intent to refer to clinics.

Fiscal Year 4

By June 30, 2019, [25 adolescents] in continuation high schools will obtain contraception and condoms and state intent to use in order to decrease repeat pregnancy and prevent STIs.

Fiscal Year 5

By June 30, 2020, two continuation high school(s) will implement policies or programs with a focus on positive youth development among expectant and parenting teens (EPTS)

Problem Statement(s)	Children 0-14 experience unintentional injury leading to major injuries or death due to motor vehicle accidents and home injuries.
Five Year Local Goal(s)	Support the physical, socio-emotional, and cognitive development of children, including the prevention of injuries, through the implementation of prevention, early identification and intervention strategies. Decrease unintentional injuries to children and adolescents (age 0-14).

Fiscal Year 1

By June 30, 2016, 90% of parents and caregivers with children from 0-8 years of age will transport children using approved car safety restraints

MCAH 5 Year Action Plan Synopsis

Fiscal Year 2

By June 30, 2017, 80% of children ages 5-10 will comply with bicycle and skateboard helmet laws while riding to school.

Fiscal Year 3

By June 30, 2018, 80% of community swimming pools at parks and apartment complexes will install self- locking gates and barriers

Fiscal Year 4

By June 30, 2019, homes in 3 mobile home parks in different parts of the county will have installed smoke alarms and carbon monoxide detectors

Fiscal Year 5

By June 30, 2020, 10 schools will offer bicycle safety programs to K-6th graders

Problem Statement(s)	Families are experiencing domestic violence due to low income, substance use, learned behavior, and other life stressors.
Five Year Local Goal(s)	<p>Increase awareness of healthy relationships for females and males</p> <p>Increase screening for intimate partner violence (IPV), physical, sexual, or psychological harm by a current or former partner or spouse for all women, especially at-risk women.</p> <p>Increase awareness of intimate partner violence.</p>

Fiscal Year 1

By June 30, 2016, 80% women of child-bearing age and girls in MCAH programs and presenting at the public health department (PHD) will be screened for intimate partner violence and those who screen positive will be referred to and enter into appropriate care

Fiscal Year 2

By June 30, 2017, 5 providers working with women of childbearing age will adopt policies to screen all girls and women of childbearing age for intimate partner violence and refer those who screen positive to appropriate care

Fiscal Year 3

By June 30, 2018, 3 organizations working with victims or survivors of trauma or intimate partner violence will implement policies to provide their staff with support to deal with secondary trauma

Fiscal Year 4

By June 30, 2019, 5 organizations working with women of childbearing age and girls experiencing intimate partner violence will implement policies to use evidence-based interviewing techniques with their clients

MCAH 5 Year Action Plan Synopsis

Fiscal Year 5

By June 30, 2020, in collaboration with partners, implement a community awareness campaign targeting youth 12-17 to increase awareness of healthy relationships and intimate partner violence

Problem Statement(s)	Infants are at higher risk of sudden infant death syndrome due to unsafe sleeping habits.
Five Year Local Goal(s)	Reduce the number of presumed unexpected infant deaths by promoting infant safe sleep and Sudden Infant Death Syndrome (SIDS) risk reduction education activities

Fiscal Year 1

By June 30, 2016, 80% of parents of newborns will demonstrate increased knowledge and intention to follow infant safe sleep practices and SIDS risk reduction in birth hospital.

Fiscal Year 2

By June 30, 2017, 80% of licensed childcare providers will demonstrate increased knowledge and adopt infant safe sleep practice and SIDS risk reduction in the childcare center.

Fiscal Year 3

By June 30, 2018, 5 community programs that work with parents of newborns will demonstrate increased knowledge and adopt infant safe sleep and SIDS risk reduction practices

Fiscal Year 4

By June 30, 2019, Comprehensive Perinatal Services Program (CPSP) providers will provide correct infant safe sleep and SIDS risk reduction information to all their pregnant and postpartum women

Fiscal Year 5

By June 30, 2020, 80% of OB providers will provide correct infant safe sleep and SIDS risk reduction information to all their pregnant and postpartum women

Problem Statement(s)	Pregnant women are not receiving prenatal care in the first trimester due to lack of providers, medical insurance, and substance use.
Five Year Local Goal(s)	Increase access to prenatal health care in the first trimester.

Fiscal Year 1

By June 30, 2016, 80% of WIC eligible women participating in public health programs will be linked to WIC

Fiscal Year 2

By June 30, 2017, 90% of Medi-Cal eligible pregnant women and children (ages 0-5) who are clients in MCAH programs will be enrolled in Medi-Cal and have timely access to provider(s)

MCAH 5 Year Action Plan Synopsis

Fiscal Year 3

By June 30, 2018, 90% of eligible women, children, and adolescents presenting at the public health department (PHD) will be enrolled in health insurance and will have timely access to needed provider(s)

By June 30, 2018, Comprehensive Perinatal Services Program (CPSP) providers will refer their eligible high risk pregnant and postpartum women to the public health department to ensure that these women are enrolled in a Maternal Child Adolescent Health program that best meets their needs.

Fiscal Year 4

By June 30, 2019, 80% of the OB providers will refer their eligible high risk pregnant and postpartum women to the public health department to ensure that these women are enrolled a Maternal Child Adolescent Health program that best meets their needs.

Fiscal Year 5

By June 30, 2020, all eligible postpartum (PP) moms in need of further services from hospital obstetric (OB) department will be referred to the public health department to ensure that these women are enrolled a Maternal Child Adolescent Health program that best meets their needs.

Problem Statement(s)	Women getting pregnant within 24 months of the previous birth are at a higher risk of birth defects due to depletion of maternal stores of folate and other vitamin depletion during their pregnancy.
Five Year Local Goal(s)	Increase the number of women receiving appropriate Interconception health clinical care and increase the knowledge among women of reproductive age regarding three interconception health concepts: folic acid, well-women visits, and reproductive life planning

Fiscal Year 1

By June 30, 2016, all Public Health staff providing support care to women of reproductive age will have completed training in Preconception and Interconception Health and demonstrate knowledge of the public health and clinical recommendations and identify at least one teaching intervention to incorporate into their clinical practice.

Fiscal Year 2

By June 30, 2017, 10 providers providing primary or public health support care to women of reproductive age will have completed a training in Preconception and Interconception Health and demonstrate knowledge of the public health and clinical recommendations and identify at least one intervention to incorporate into their clinical practice.

Fiscal Year 3

By June 30, 2018, the 10 organizations with staff trained in Fiscal Year 21 will implement institutional policies to uniformly promote preconception and interconception health priority areas (folic acid consumption, reproductive life planning and contraception, and comprehensive well-woman preventive health visits) in all outreach programs.

MCAH 5 Year Action Plan Synopsis

Fiscal Year 4

By June 30 2019, develop and implement a community awareness campaign targeting women aged 15-44 aimed at preconception and interconception health

Fiscal Year 5

By June 30, 2020, 50% of the local and hospitals walk in clinics will perform interconception counseling at patient discharge for women of reproductive age with diagnostic codes related to asthma, seizure, diabetes, hypertension, cardiovascular disease, and cerebrovascular disease. This counseling will include: 1) safe contraception methods to use until the condition is well managed, 2) health targets to achieve prior to conception and 3) medications and therapies that are safe for use should the woman become pregnant in the future.

Problem Statement(s)	Infants are born drug exposed due to pregnant women using drugs and alcohol during their pregnancy.
Five Year Local Goal(s)	Increase the proportion of primary care providers who screen all pregnant and postpartum women for perinatal substance use Decrease the number of infants born toxicology positive for drugs and alcohol

Fiscal Year 1

By June 30, 2016, in collaboration with the Drug and Alcohol Division, the Public Health Department (PHD) staff will be educated on how to screen for Perinatal Substance Use (PSU). As well as, Policies and procedures will be developed regarding how to refer those who screen positive for appropriate follow-up care, and how to follow up on the referrals that are made.

Fiscal Year 2

By June 30, 2017, 80% of the pregnant and postpartum women in MCAH programs and presenting at the Public Health Department (PHD) will be screened for Perinatal Substance Use (PSU), and those who screen positive will be referred for appropriate follow-up care

Fiscal Year 3

By June 30, 2018, determine the number of Comprehensive Perinatal Services Program (CPSP) Providers who screen for perinatal substance use (PSU) and, of those who screen, the number referring women who screen positive for follow-up care

Fiscal Year 4

By June 30, 2019, 80% of the OB providers will screen all pregnant and postpartum women for Perinatal Substance Use (PSU) and refer women who screen positive for follow-up

Fiscal Year 5

By June 30, 2020, develop and implement a community awareness campaign targeting women aged 15-44 aimed at increasing awareness of the adverse effects of Perinatal Substance Use (PSU)

MCAH 5 Year Action Plan Synopsis

Problem Statement(s)	Children 1-17 experience child abuse due to parent’s substance use, anger issues, and lack of parental resilience.
Five Year Local Goal(s)	Support the physical, socio-emotional, and cognitive development of children (age 0-14), including the prevention of child abuse and neglect, through the implementation of prevention, early identification and intervention strategies. Decrease child abuse and neglect among children (ages 0-14).

Fiscal Year 1

By June 30, 2016, five health care providers at pediatric units will intentionally assess children ages 0-14 for maltreatment during well-child visits and have protocols in place for counseling, referrals, and reporting of parents/caregivers as mandated and needed

Fiscal Year 2

By June 30, 2017, five elementary schools will establish protocols for counseling, referrals, and reporting of parents/caregivers for child maltreatment as mandated and needed

Fiscal Year 3

By June 30, 2018, 50 parents/caregivers of children (0-14) in elementary parent clubs will demonstrate an increase in knowledge of child development, age appropriate behavior, school readiness, and positive parenting techniques

Fiscal Year 4

By June 30, 2019, five public and/or private schools will demonstrate increased awareness of prevention of bullying and ability to implement intervention strategies

Fiscal Year 5

By June 30, 2020, five schools will provide training and education for students to increase awareness on bullying and bullying prevention