Napa County Maternal, Child and Adolescent Health Needs Assessment 2010-2014

A Tradition of Stewardship
A Commitment to Service

Napa County Health and Human Services
Public Health Division
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MCAH Needs Assessment Executive Report

The Maternal, Child and Adolescent Health (MCAH) program within the Public Health Division of the Napa County Health & Human Services Agency has just completed a year long local Maternal, Child and Adolescent Health Jurisdiction Needs Assessment for 2010-2014. The purpose of this local assessment for Napa County was to access the capacity of our community MCAH system to carry out the Ten Essential Public Health MCAH services in relation to the systems and services that address the needs of our women, children, youth and families.

In order to complete the needs assessment Napa County MCAH completed the following:

- Formed and convened a planning group comprised of the MCAH Director, MCAH Coordinator/PSC and MCAH Epidemiologist.
- Gathered and analyzed data from the 27 Perinatal Health Status Indicators and other pertinent local MCAH data.
- Convened a stakeholder group from the existing Perinatal Collaborative and Public Health Division.
- Held four stakeholder group meetings to present the 27 Perinatal Health Status Indicators and MCAH data, choose local priority needs based on the indicators and data, and complete the capacity assessment.
- Completed an internal capacity assessment with the planning group and combined this with the capacity assessment of the stakeholder group.
- Engaged stakeholders in facilitated discussions to choose priority needs in terms of local MCAH system capacities.
- Framed the needs assessment process in light of the unprecedented economic downturn and State budget crisis so that priorities and capacities were realistically considered in relationship to funding, program and staff cuts in the MCAH and Public Health programs and across the community.

Highlights of the analysis of the 27 Perinatal Health Status Indicators include:

- Significant decrease in the teen birth rate for both Hispanic and White females ages 15 to 19; Napa is currently meeting the Healthy People 2010 Objective.
- The trend for low birth weights is increasing at 6.2% of live births for 2004-2006. Although numbers are small, African American women have significantly higher rates of low or very low birth weight births.
- No significant change in preterm births at 9.1% of births but is still higher than Healthy People 2010 Objective. African American and Asian women have higher percentages of preterm births.
- 2004-2006 data indicates 24% of children 5 to 19 are overweight; this is significantly higher than the Healthy People 2010 Objective of no more than 5% overweight.
- At hospital discharge 70.6% of women report exclusive breastfeeding and this falls below the Healthy People 2010 Objective. Data is lacking at six-months.
- Local data from Welcome Every Baby and Queen of the Valley Community Outreach report estimates of postpartum depression at between 25.5% and 16 %.

Highlights from the Capacity Assessment include:

- The MCAH system within public health and the community has many strengths including outstanding programs; excellent collaborative partnerships, inclusiveness and networking; willingness to share expertise and data; excellent referral processes; strong medical provider involvement; and a good shared sense of community needs.
- MCAH system weaknesses include lack of time and energy to engage in "big picture thinking" to decide true priorities and needs of the MCAH population, and to assess if duplication of services actually exist; no shared formal process to share data, outcomes and evaluation, and include Kaiser and non-Medi-Cal population data; and needing more time to communicate and educate each other regarding programs and services.
- MCAH system threats include the economic downturn; funding, program and staff cuts; funding silos and categorical funding; competition for funding and grants; overload of safety net services; providers and agencies are spread thin; and increasing stress and economic hardship in the community.
- MCAH system opportunities and capacity needs are in two main areas including data and services. System capacity data needs include a shared process for collection, coordination and sharing of data; deciding on shared outcomes and evaluation, including Kaiser and non Medi-Cal population data; and deciding on shared best practices and evidence based approaches. System capacity service needs include assessment of duplication of services; prioritization of services due to decreased funding; increasing communication and education among providers regarding services; and access, demographic and transportation issues.

At the conclusion of the MCAH needs assessment process, both the stakeholder and planning groups felt that in light of the economy and funding cuts it will be important to focus on two priority needs and one capacity need over the next five years. This includes: postpartum depression and breastfeeding, and the development of related shared data collection, evaluation and outcomes. Emerging public health issues related to these include:

- Increasing breastfeeding and preventing and treating postpartum depression will improve the health of mothers and babies, improve attachment, brain development and infant-parent mental health, prevent childhood obesity and chronic disease, and improve the health of the entire community. Creating a system of shared data collection and outcome evaluation will inform us if these interventions are meaningful and obtaining the desired results.
- There is an increasing need for safety net services, mental health services and crisis intervention services in the MCAH population. Service providers need education and training in crisis intervention and brief intervention services.
- Outstanding services and programs should be maintained but there is a need to "work smarter" by offering services in new ways and different venues such as group and population based services.
- Prioritization of services becomes increasingly important as funding cuts continue, programs and services are lost, and MCAH infrastructure is eroded after having been built over many years

MCAH Mission Statement and Goals

In 2004, the planning and stakeholder group at that time formulated, discussed and unanimously approved the MCAH Needs Assessment's mission statement and goals. Currently, for this 2010-2014 MCAH Needs Assessment, the mission statement and goals were reviewed and discussed at two stakeholder meetings of the Perinatal Collaborative and one Public Health Divisional meeting. The stakeholder groups elected to keep the former mission statement and goals and felt they represented ongoing needs and goals for the MCAH population in Napa County.

Mission Statement

To promote family success through coordinated health, nutrition, parenting and other agency and community-based services to invest in Napa's greatest resource-Our children.

Goals

Goal One
All children in Napa County will live in a safe, nurturing environment that promotes optimal health, growth, development and learning.

Goal Two
All children and families are scaffold by the use of a positive, relational model within our community.

Goal Three
All pregnant women, babies, children, and adolescents and their families in Napa County have access to primary care, and preventable services to ensure optimal health and well-being.

Planning Group and Process

The 2010-2014 Napa County MCAH Needs Assessment and Five Year Plan process began after the presentation by the State MCAH staff at the MCAH Action Meeting of the needs assessment process. A planning group was formed including the MCAH Director, MCAH Coordinator/PSC, and the MCAH Epidemiologist. This planning group was joined intermittently by the WIC Director and Welcome Every Baby Coordinator. The Public Health Officer was aware of and supportive of the planning and assessment process at all times, and participated as a public health stakeholder.

The planning group met two times a month whenever possible. All of the MCAH staff work part time in the MCAH program and have multiple other job responsibilities which made time commitments to the planning process challenging. Activities included discussion of the needs assessment process, planning for stakeholder meetings, collection, review and analysis of the 27 Perinatal Health Indicators by the MCAH epidemiologist and discussion with the group, internal capacity assessment, and review and analysis of stakeholder input, priorities and external capacity assessment.

The stakeholder group was formed from the existing Perinatal Collaborative, a long standing historical group started by MCAH that includes perinatal providers and service agencies from across the community. The stakeholder group was involved in most aspects of the Needs Assessment including selecting priority areas and needs from the 27 Perinatal Health Indicators, reviewing mission and goals, collectively completing the capacity assessment, and the final selection of priority areas to be collaboratively worked on over the next five years. This is a passionate stakeholder group that has many members who participated in the prior needs assessment and are committed to the needs of the MCAH population in Napa County.

The first stakeholder meeting was held in September of 2008. The MCAH Director gave a Power Point presentation on the state and local MCAH programs, MCAH priorities, the history of the 2004 Needs Assessment, review of mission statement and goals, 2004 identified needs and objectives and progress and accomplishments in meeting those objectives, and current activities and collaborative strengths. The MCAH epidemiologist gave a Power Point presentation of the 27 Perinatal Health Indicators and related MCAH data. The MCAH Coordinator then led a facilitated discussion with the group regarding local priorities and needs related to the indicators. This same presentation and process was then done with a second stakeholder group, public health staff, at a Public Health Divisional meeting in October 2008.

A third stakeholder meeting was held in January 2009. The MCAH Director did a Power Point review of the Needs Assessment process and plan. The MCAH Epidemiologist did a Power Point review of the Perinatal Health Indicators priority areas discussed by the group at the prior meetings. The MCAH Coordinator lead a facilitated discussion for the Capacity Assessment that involved breaking into groups and discussion of local capacities, strengths, weaknesses, opportunities and threats with a final large group discussion. The larger group then participated in a discussion of the priority needs and then voted on the three top priority areas.
The fourth stakeholder meeting was held in June 2009. The capacity assessment was reviewed along with data and discussion of the three priority need areas decided by the group. A facilitated discussion was held regarding potential collaborative projects and objectives that the group would like to collaboratively address over the next five years to meet the priority and capacity needs.

Community Health Profile

Napa County Health & Human Services Agency's (NCHHSA) Maternal, Child and Adolescent Health program exists within the Public Health Division. NCHHSA has a senior management team that consists of managers and administrators, and the agency is divided into 6 main divisions each under the direction of a department manager. These divisions are: 1) Public Health; 2) Mental Health; 3) Child Welfare; 4) Public Assistance; 5) Alcohol and Other Drugs; and 6) Older Adult. The agency has numerous structural support units including administration, fiscal and ITS.

The Public Health Division offers a comprehensive Maternal, Child and Adolescent Health Program under the leadership of the Public Health Officer and the MCAH Director/Director of Public Health Nursing that includes: WIC and nutrition services; childhood immunizations; clinical services programs including family planning, STI, and HIV testing and counseling services; MCAH public health nursing; Perinatal Services Coordination; MCAH Outreach & Education; childhood injury prevention program; SIDS services; Therapeutic Child Care Center; Touchpoints; Welcome Every Baby Program; and the office and staff of the MCAH Director, MCAH Coordinator and PSC.

The MCAH Director and MCAH Coordinator/PSC conduct ongoing assessment of the community's MCAH needs and participate in a variety of committees, coalitions, boards, councils that assess health indicators and develop strategies to address identifies needs including: 1) The MCAH Director is the Chair of the Napa County Children's and Families Commission; 2) the MCAH Director, Coordinator and Epidemiologist provide statistical information and consultation to various agencies, providers, and non-profits in order to assist with their planning process for the MCAH population and assisting with the reduction of barriers to access services.

The MCAH Director with the assistance of the MCAH Coordinator has responsibility for 1) assessing the status of services for the MCAH population; 2) determining current and emerging needs related to this population; 3) planning, developing and implementing MCAH policies and programs for this population; 4) administering and coordinating the MCAH programs within NCHHSA public health; 5) implementing the scope of work through a team of MCAH staff; 6) coordination and collaborating with private non-profit and for profit providers in assessing and monitoring MCAH related issues; 7) facilitating training and capacity building in these areas; 8) developing and monitoring budgets; 9) writing and developing state reports and attending meetings.

Napa County is located 52 miles northeast of San Francisco in the Bay Area of northern California. The county is often referred to the Napa Valley and consists of a longitudinal north/south valley, 42 miles long and 18 miles wide, covering 794 square miles. The county is bordered to the north by Lake County, west by Sonoma County, northeast by Yolo County, and east/southeast by Solano County.

Napa is primarily an agricultural valley and is one of the most renowned premium wine-producing regions in the world in addition to supporting additional major businesses. The

Napa River flows north to south through the valley and is navigable between the city of Napa and the San Francisco bay. With its valley geography Napa County is bordered by mountains on the north, east, and west making it difficult to access adjoining counties' population centers. Highways that pass into lake, Sonoma, Yolo and portions of Solano County are occasionally impassable in winter due to snow, ice, heavy rain and slides. Portions of the southern and southeastern borders of Napa County are non-mountainous allowing for easy access to the city of Vallejo in Solano County.

As stated in the 2007 Community Health Needs Assessment, Napa County is currently facing some difficult challenges. According to the 2007 Napa County proposed 25 Year General Plan and accompanying environmental impact report, these issues include growth of the economy outpacing growth in housing, worsening traffic at key entrance and exit points, net loss of forest land and sensitive animal populations, increase in greenhouse gas emissions from auto traffic and more pressure on county water supplies. The current State budget crisis and economic downturn has already resulted in loss of jobs, programs and services, and housing foreclosures. Recently, the American Canyon Family Center reported 700 home foreclosures with 300 pending foreclosures in American Canyon.

Population estimates by the Department of Finance for Napa in 2006 put the population size of Napa County at 134,326 residents. Approximately 57% of all residents live in the city of Napa with the remainder living in American Canyon, Calistoga, St Helena, Yountville and other areas. The population can grow to more than 200,000 daily with commuters and seasonal tourists. American Canyon is the fastest growing city in the valley and grew 34.5% between 2000 and 2004.

The population of Napa is becoming increasingly diverse. Department of Finance Population Estimates for Napa County by Age Group and Ethnicity based on 2000 census and 2010 projections show: Non-Hispanic Whites are 65% of the population; Hispanic/Latino are about 28% of residents in 2004; and the majority of children aged 0-5 years in the county identify as Hispanic 48%, and White 44%. One-quarter of students in Napa County's total K-12 enrollment are reported to be English-learners. Napa County has a higher proportion of older residents than California with 15% of all residents being over the age of 65. The senior population is rising and projected through 2030 to show a 99% increase for the age group 65 to 80. This presents challenges for the health care system, community services and the economic tax base to support this growing population.

Socioeconomic factors and status are closely linked to the overall health of the community. Evidence from research on health equity informs us that health status is better in individuals who are White, and have higher education, income and employment. Adverse health outcomes associated with ethnic disparities and poverty include the long term effects of chronic stress leading to susceptibility to infection and chronic disease. Poverty is also associated with poor nutrition and food access, poor housing and exposure to toxic chemicals and environmental hazards, unsafe neighborhoods and violence, higher

incidences of unwanted and unplanned pregnancies, teen pregnancy, inadequate prenatal care, higher rates of low-birth weight babies, infant deaths and low immunization rates. According to the US Bureau of the Census, the self sufficiency income for a family of four living in Napa County was $47,511 in 2003. Children in families in Napa County rank 7th best in the state in family economic well-being indicators of self sufficiency and median family income. As stated in the 2007 Community Needs Assessment, Napa County is not considered a "poor" county and appears economically better off than many agricultural counties in California. However, the substantial wealth of a disproportionate number of Napa valley residents skews the economic indicators for a sizeable portion of the population. Census Bureau data form 2003 shows one in ten, or 10.7% of Napa County children age 0-17 were estimated to live in families with incomes less than 200% of the federal poverty level. About 7.6% of seniors ages 65 and older also live below the poverty level. Overall, 7.8% of Napa County residents live in poverty. According to the California Department of Education, in 2006-2007 40.6% of all children enrolled in Napa County public schools received free or reduced school meals which are another indicator of low income status.

Data from 2007 Employment and Wages, California Economic Development Department shows that Napa County's labor force is 54.4% of the population, and that approximately 72,300 of the 75,000 labor force is employed. In 2007, the unemployment rate was 3.6%, a figure that is increasing in the current economic downturn. Many low-income individuals and families are employed in low-paying jobs in the service, retail and agriculture industry and economic self sufficiency is an increasing problem for many families. In addition, one in five families works in jobs that do not offer employment-based health insurance. According to the 2007 Community Needs Assessment, there were 6,790 farm workers employed in Napa County in 2005 who are considered the backbone of Napa County's $549 million agricultural economy. Of these farm workers: 80% were hired directly by farm operators including wine grape growers and vineyard management companies; 20% were employed by farm labor contractors; and 64% reported permanent resident status in Napa County.

The 2007 Community Health Needs Assessment reported that the Napa County population has a higher level of educational attainment than California as a whole. In 2002, one in five, or 19.6% of persons aged 25 or older in Napa County had not completed high school. Approximately one in three babies was born to mothers with less than 12 years of education. Although data is incomplete, the high school drop out rate in Napa County appears to be increasing.

Health Insurance coverage and access to health care has improved over the last several years in Napa County due to a variety of community-wide efforts including the Children's Health Initiative. However, the current State budget crisis and economic downturn potentially will cause long term negative consequences for many due to insurance program cuts such as Healthy Families, loss of employment, and restrictions on Medi-Cal benefits and eligibility. Access to care will become increasingly difficult if more providers stop services or are unable to accept decreasing reimbursement rates from insurance types. Data from the 2005 California Health Interview Survey (CHIS) showed

that about 86% of Napa County adult's age 18-64 responding to the survey had some kind of health insurance, and 14% were without medical coverage. About 68% of Napa County residents responding to the CHIS reported having health benefits through their employer. Napa County is one of the eight counties with a Medi-Cal Managed Care system, and in 2005, 6.4% of the total county population who had health insurance were enrolled in Medi-Cal. CHIS data also showed that most seniors in Napa County are covered by health insurance that includes Medicare, a private supplemental plan or Medi-Cal. Estimates of uninsured children from age 0-18 in 2005 CHIS data were 6.8%. The Children's Health Initiative has steadily decreased this number since 2005 by enrolling children in Medi-Cal, Healthy Families, Healthy Kids and Kaiser Cares for Kids, but is now at risk due to funding cuts.

The 2007 Napa County Community Health Needs Assessment looked at the health status and risk factors of Napa County residents. Most of this data was collected and analyzed by the Public Health/MCAH Epidemiologist from a variety of sources and was compared to statewide averages and national standards or objectives such as Healthy People 2010. In summary, Napa County residents fare better than other Californians when it comes to: 1) The percentage of seniors 65 and older who report their health as excellent, good, or fair; 2) AIDS incidence; 3) Chlamydia incidence; 4) Prevalence of diabetes; 5) Prevalence of obesity; 6) Coronary heart disease; 7) Infant low birth rate; 8) Births to teen mothers; 9) Breastfeeding; 10) Breast cancer screening; and 11) Colorectal cancer screening.

Napa residents were more likely than other Californians to: 1) Die from lung cancer; 2) Die from chronic liver disease and cirrhosis; 3) Not enter prenatal care early enough to have adequate prenatal care; 4) Be an adult arrested for alcohol violations; 5) Be an underage user of alcohol; and 6) Be an adult who smokes. Napa County residents were about as likely as other Californians to; 1) Report their health as excellent, good or fair; 2) Be a child who visited a dentist last year; 3) Start kindergarten with a complete set of immunizations; 4) Get screened for cervical cancer; 5) Die from female breast cancer; 6) Die from having diabetes; and 7) Die due to alcohol and drug use.

The 2007 Community Health Needs Assessment cited the highest unmet health needs in Napa County were: 1) Lifestyle related and preventative health issues including obesity, nutrition, exercise, wellness; 2) Mental health including gaps in service, depression and social/cultural isolation; 3) Lack of insurance, providers not accepting Medi-Cal/Medicare and other service issues; 4) Dental services for children, adults and seniors; 5) Drug and alcohol related problems; 6) Lack of bicultural/bilingual health care workers; 7) Lack of awareness of type, location and eligibility for services; and 8) Transportation problems.

As a part of the 2007 Community Health Needs Assessment, survey data from the public identified barriers to accessing health and social services including finding: 1) Reduced-cost health care; 2) Office or clinic open during non-work hours; 3) Providers who take Medi-Cal or other types of insurance; 4) Providers where someone speaks the client's language; 5) Child care; and 6) Transportation.

Local MCAH Problems and Needs

Identification of local MCAH problems and needs included quantitative analysis of health status indicators. Health status indicators included the 27 Perinatal Health Indicators in Workbook B and additional health indicators of interest to the Napa County MCAH stakeholder group. When possible, the most recently available (2007) birth certificate data and other locally available sources of data were utilized in addition to the data included within Workbook B. Analyses were presented to local MCAH stakeholders for prioritization of health status indicators and project planning.

Indictors from Workbook B that had either significant change from previous years or movement away from a corresponding Healthy People 2010 Objective included: teen births, low birth weight live births, preterm births, first trimester prenatal care, adequate prenatal care, overweight in children 5 to 19, non-fatal motor vehicle accident injuries, children living in foster care, and percent of children living in poverty.

Summary of Health Status Indicators from Workbook B

Teen Births

A significant decrease in births per 1,000 females ages 15-19 was noted when the 2004-2006 birth rate was compared to the 1995-1997 rate. For females ages 15-17 this was a linearly decreasing trend. Napa County is currently meeting the Healthy People 2010 Objective of no more than 43 births per 1,000 females ages 15-17. Further analysis demonstrated that the decrease in birth rate was significant for both Hispanic and White females ages 15-17 over a ten year time period (1997-2007). However, the birth rate for Hispanic teens in Napa County is still many times higher than for White teens (21.5/1,000 vs. 1.8/1,000, 2005-2007).

Low Birth Weight Live Births

For 2004-2006, 6.2% of live births in Napa County were low birth weight. This is a significant increase from 1995-1997 when 4.2% of births were low birth weight. The trend for low birth weight births is linearly increasing and Napa County is currently moving away from the Healthy People 2010 objective of no more than 5% low birth weight births. Although the number of births to African American women is small (~20/yr), African American women had significantly higher rates of low or very low birth weight births compared to White women when a multi-year analysis was performed.

Preterm Births

For the 2004-2006 time period, 9.1% of births in Napa County were preterm (<37 weeks gestation). There was no significant change compared to the 1995-1997 time period (7.7% preterm births), but Napa County is moving away from the HP 2010 Objective of no more than 7.6% preterm births. Further analysis of birth certificate data from 2005-

2007 revealed that African American and Asian women had higher percentages of preterm births than White or Hispanic women. Preterm births were significantly higher in Asian women compared to White women.

First Trimester Prenatal Care

For the years 2004-2006, 84.5% of live births received prenatal care beginning in the first trimester. This was a significant increase from the 1995-1997 time period when 79.5% of live births had first trimester entry into prenatal care. Napa County continues to fall below the HP 2010 objective of 90% or more women receiving prenatal care in the first trimester. White women giving birth in Napa County were the group most likely to have received prenatal care in the first trimester, followed by births to Asian, Hispanic and African American women. Hispanic women were significantly less likely to have received prenatal care in the first trimester compared to White women. However, these lower numbers for Hispanic women may partly reflect birth certificate data entry problems that have been identified at the largest hospital in the county; 66% of births at this hospital are to Hispanic women compared to 55% and 39% of births at the two other major hospitals serving the county.

Overweight in children 5 to 19

The most recent data (2004-2006) presented in Workbook B indicates that 24% of children 5 to 19 years are overweight. This is a significant increase from 1995-1997, when 17% of children 5 to 19 were identified as overweight. The percentage of overweight children in Napa County is significantly above the HP 2010 objective of no more than 5% overweight. However, it is important to note that this data is derived from PedNSS, a child based public health surveillance system that targets low income, at risk children ages birth to 19. Because the data are collected from CHDP exams, they are not necessarily representative of all children in Napa County. Results from the California Health Interview Survey (2003/2005 pooled data) estimates that approximately 15% of children in Napa County are overweight. CHIS data is collected from a random sample of the population, but the number of children surveyed in Napa is relatively small and, because the survey is conducted via telephone interview, weight data is self reported. Childhood obesity was identified as a priority problem as part of the 2004 MCH Community Health Needs Assessment. Since that time the Children & Weight Coalition of Napa has been formed. The coalition is represented by approximately 20 partner agencies/stakeholders and has been involved in numerous community activities focused on children's health. This is an area where further collaboration among local MCAH stakeholders may be valuable in terms of collecting additional data and evaluating the current interventions targeting overweight and obesity in Napa children.

Non-fatal motor vehicle accident injuries

Non-fatal motor vehicle accident injuries per 100,000 children ages 0-14 significantly decreased over the 10 year time period and Napa County is meeting the HP 2010 objective of 933 injuries per 100,000. For ages 15 to 24, non-fatal accident injuries have

also significantly decreased. However, with 1,641 accident injuries per 100,000, Napa County is above the HP 2010 objective for this age group.

Children living in foster care

The rate of child foster care in 2005-2007 was significantly lower than the rate for 1998-2000 (3.4/1000 vs. 5.0/1000).

Percent of children living in poverty

The percent of children 0 to 17 years living in poverty was significantly lower for the years 2003-2005 (9.6%) than for the years 1995-1997 (13.9%).

Identification of Priority Areas

Health status indicators prioritized by MCAH stakeholders for focus over the next 5 years included:

1. Postpartum depression,
2. Breastfeeding (longer follow-up and more data collection),
3. Overweight and obesity (child/maternal)
4. Substance abuse issues/screening.

Postpartum depression

Welcome Every Baby (WEB) is a collaborative project of Public Health, hospitals, community based organizations, managed care plan, and providers that brings a universal perinatal home visiting program to all infants born to Napa County residents. As part of this program, visiting nurses administer the Edinburgh Postpartum Depression Scale (EPDS) to clients who have not been recently tested as part of their medical care. Clients whose scores on the EPDS indicate a risk for postpartum depression are referred to Queen of the Valley Community Outreach for further evaluation and referral to individual providers. Of 372 women participating in home visits as part of the Welcome Every Baby (WEB) program who completed evaluations between 2005 and 2007, 95 (25.5%) experienced post-partum depression and were referred for services. Queen of the Valley Community Outreach coordinates with private practitioners throughout the county to administer the EPDS at prenatal and postpartum visits. The surveys are collected by Community Outreach and scored. Over a one year period, 16% of survey's scored as part of this program indicated that the woman was at risk for postpartum depression and a referral was made.

MCAH local stakeholders have selected postpartum depression as the top priority area for focus over the next five years. Local agencies and families throughout the county have been hard hit by the economic downturn and there is a perceived need for providers to increase access to crisis care. MCAH stakeholders envision this occurring through a

community wide collaborative training for local agencies and providers that are currently struggling to meet the demand for postpartum depression and other family mental health services. The training would focus on brief interventions that could be used on a drop-in basis for clients on a wait list for clinical services. Evaluation of this project would focus on the number of clients served, the demand for clinical services (does it decrease as more drop-in help is offered?), and provider knowledge and use of the interventions.

Breastfeeding

Results from the 2007 Newborn Screening Survey for Napa County hospitals indicate that 70.6% of women are exclusively breastfeeding at the time of hospital discharge and 94% report any breastfeeding. Napa County continues to fall below the HP 2010 objective of 75% of women exclusively breastfeeding at discharge. The Newborn Screening Survey only provides breastfeeding data up to the first 48 hours after birth. Napa County Public Health and local MCAH stakeholders are interested in collecting data on breastfeeding over the first 6 months of life. Data on the percent of women breastfeeding (exclusively or in combination with formula) beyond the first few days of life would allow Napa MCAH to better evaluate and tailor current breastfeeding support programs/campaigns to fit the needs of women in our county.

Overweight and Obesity (child/maternal)

Please see the summary above for a discussion of child overweight and obesity.

Substance abuse issues/screening

Data on substance abuse during pregnancy and the postpartum period in Napa County women is very limited. Data is currently available only through the Maternal and Infant Health Assessment (MIHA) on a regional level (the Bay Area). Results from MIHA indicate that alcohol use during the first trimester was highest (ranging from 20 to 30% of those surveyed in each category) among women in the highest income category (>400%), the most education (college grad +), the oldest age group (35+), and women who identified themselves as White. In contrast, smoking during the first trimester was most commonly reported (ranging from 10 to 20% of those surveyed in each category) among women in the lowest income category (0-100%), the least education (some high school), the youngest reported age group (20-24), and women who identified themselves as African American. While maternal substance abuse is considered a priority area, MCAH stakeholders recognized that Napa County currently does not have the capacity to address the issue at this time. The Perinatal Collaborative has been planning on bringing Dr. Ira Chasnoff to Napa County for several years to implement the 4 P's Plus, but in the current economic downturn there is inadequate capacity to make this happen.

Maternal, Child and Adolescent Health Priorities

Both the planning group and the MCAH stakeholder groups were involved in the process of determining the MCAH priorities. After a presentation by the MCAH Epidemiologist on the 27 Perinatal Health Indicators and 10 additional MCAH Indicators selected by the Epidemiologist and planning group, stakeholders were asked to rank all 37 Indicators from most to least important including comments. Additionally, some of the stakeholders also completed the MCAH Needs Prioritization Worksheet. This part of the ranking process took place at two stakeholder meetings; the first a Perinatal Collaborative Meeting and the next a Public Health Divisional Meeting.

The ranking resulted in the identification of 11 MCAH priority areas by the entire group. These priority areas or needs were identified as follows: 1) Breastfeeding; 2) Overweight and Obesity; 3) Postpartum Depression including Infant-Parent Mental Health; 4) Substance Abuse Issues and Screening; 5) Domestic Violence; 6) Lack of Access to Health Care; 7) Preconception and Interconception Care; 8) Teen Issues including birth rate, access to birth control and reproductive life planning, child support and substance abuse; 9) Infant-Parent Mental Health; 10) Preterm and Low Birth Weight Babies; and 11) Children Living in Poverty.

At a third meeting of the stakeholder group at the Perinatal Collaborative, the group was then asked to rank or vote on the three top priority areas or needs. The voting and prioritization was conducted by placing and allocating dot shaped stickers on the posted top 11 ranked MCAH priorities. This voting process resulted in four MCAH priorities being selected as follows: 1) Postpartum Depression; 2) Breastfeeding; 3) Overweight and Obesity; and 4) Substance Abuse Issues/Screening.

At the fourth and final meeting of the stakeholder and planning group convened at a Perinatal Collaborative Meeting, the four top ranked MCAH priorities were discussed in relation to the results and summary of the Capacity Assessment. The facilitated discussion focused on looking at both the MCAH priorities and capacities and asking the following questions: 1) What are we already doing, and what are we doing well; 2) Do we need to do something else or something different; 3) how do our priority needs relate to our capacity needs; and 4) how will the economy and funding cuts effect our choices?

Some important issues came out of this discussion that will guide work on the priority areas and capacity needs over the next five years. All stakeholders feel the current and future restrictions on our ability to move forward due to the economic downturn and funding, program and staff cuts. At the same time the need for safety net services is increasing, as are needs for mental health and crisis intervention services in these times of unprecedented increased stress for the MCAH population and the entire community. The MCAH stakeholder group feels strongly that working on postpartum depression and breastfeeding are the two most important priority areas to work on at this time in order to improve the health and well being of the MCAH population. The stakeholder group also felt strongly that existing services may need to be offered in different ways and in different venues which entails working smarter with existing resources and capacity.

MCAH Priorities Worksheet (Required) C-3

List the top ranked priorities from Part A that the Local MCAH Program will allocate time and resources to work on in the next five years.

MCAH Jurisdiction: Napa County

Priority 1. Postpartum Depression-Increase screening, identification and long term follow-up with collection of outcome data (linked with infant-parent mental health issues)
Priority 2. Breastfeeding –To increase initiation and duration of exclusive breastfeeding and collect outcome data
Priority 3. Overweight and Obesity –Both maternal and child overweight should be reduced
Priority 4. Substance Abuse Issues- Initiate universal screening of pregnant women and interventions for prevention

Assessment of Essential Service #1: Assess and monitor maternal and child health status to identify and address problems.

Instructions

The audience for this tool is the local MCAH system, which includes not only the local MCAH program but also other organizations that contribute to the health and well-being of the MCAH population in the jurisdiction. These may include the local health department, other governmental agencies, healthcare providers, human service organizations, schools, community based organizations, youth development organizations, and many others.

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Local MCAH Jurisdiction: Napa County

Assessment of Essential Service #1 Process Indicators

Essential Service #1: Assess and monitor maternal and child health status to identify and address problems.		
Process Indicator	**Level of Adequacy**	**Notes**
1.1 Data Use Key Ideas: — Use up-to-date MCAH Public Health and related population data — Generate and use data in planning cycle activities (e.g., planning and policy development)		
1.1.1 Do you use public health data sets to prepare basic descriptive analyses related to priority health issues (e.g., MIHA; CHIS; live birth, fetal death, abortion, linked live birth/infant death data; community health surveys; disease surveillance data, census data; etc.)? *For example:* Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population, • Have access to documentation (e.g., users' guide/list of variables, contact information for the entity generating the data) for data sources? • Have access to raw data from these sources? • Refer to these data sources when it becomes aware of emergent MCAH problems? • Have the capacity to use these data sources to generate information? • Use geographic information systems?	☐ ☐ ☒ ☐ 1 2 3 4 1=weak……..4=strong	PH uses AVVS birth certificate data We have data from many sources including: • CHDP • PEDNSS • Public Health Records • Welcome Every Baby • Medi-Cal • QVMN computer system • Kaiser • Healthy Moms & Babies comprehensive assessment (CPSP) • WIC • The best data that is available is for those who are low-income and on Medi-Cal.

Assessment of Essential Service #1 Process Indicators (continued)

Essential Service #1: Assess and monitor maternal and child health status to identify and address problems.		
Process Indicator	**Level of Adequacy**	**Notes**
1.1 Data Use (continued)		
1.1.2 Do you conduct analyses of public health data sets that go beyond descriptive statistics? *For example:* Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population, • Analyze existing data sets/conduct significance tests to identify associations among risk factors, environmental and other contextual factors, and outcomes? • Compare health status measures across populations or against the state's measures or Healthy People 2010 objectives? • Track trends over time?	☐ ☐ ☒ ☐ 1 2 3 4 1=weak……..4=strong	Public health epidemiologist analyzes data, compares to Healthy People 2010 and state data. Public health participated in a community wide Needs Assessment and contributed and analyzed data.
1.1.3 Do you generate and analyze primary data to address state- and local-specific knowledge base gaps? *For example:* Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population, • Have established and routinely used procedures for identifying knowledge gaps (e.g., community or professional advisory boards)? • Collaborate with local agencies to collect and analyze data related to these knowledge gaps? • Use field surveys, focus groups, key informant interviews or otherwise collect data on the local MCAH populations and the health care delivery system? • Use that data to examine relationships among risk factors, environmental/contextual factors, and outcomes?	☐ ☒ ☐ ☐ 1 2 3 4 1=weak……..4=strong	Current data collection includes: WEB data and surveys, breastfeeding data TCCC data, Teen Pregnancy Task Force data WIC anemia data, childhood obesity data. Public health participates in CPSP Healthy Moms & Babies Provider Meetings and Perinatal Collaborative where data is shared and education is provided.

Assessment of Essential Service #1 Process Indicators (continued)

Essential Service #1: Assess and monitor maternal and child health status to identify and address problems.		
Process Indicator	**Level of Adequacy**	**Notes**
1.1 Data Use (continued)		
1.1.4 Do you report on primary and secondary data analysis for use in policy and program development? *For example:* Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population, • Routinely review the current science base, standards of care, and the results of current research for use in planning and policy development? • Contribute to the production of briefs or updates on selected, timely MCAH issues to distribute to appropriate policy and program-related staff members?	☐ ☐ ☒ ☐ 1 2 3 4 1=weak……..4=strong	Home Visiting Touchpoints PP Depression Health Disparities Share Research Teen Pregnancy
1.2. Data-Related Technical Assistance Key Idea: — Enhance local data capacity		
1.2.1 Do you establish framework/standards about core data expectations for local health jurisdictions and other MCAH providers/programs? *For example:* Has the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population, • Established (or participated in the development of) maternal and child health status indicators and disseminated them to local agencies/programs? • Disseminated maternal, child and youth health status indicators to local stakeholders?	☐ X ☐ ☐ 1 2 3 4 1=weak……..4=strong	Sharing data and health indicator data with Perinatal Collaborative. Established standards creating regular timeframes MCAH Newsletter Asthma Coalition

Assessment of Essential Service #1 Process Indicators (continued)

Essential Service #1: Assess and monitor maternal and child health status to identify and address problems.		
Process Indicator	**Level of Adequacy**	**Notes**
1.2. Data-Related Technical Assistance (continued)		
1.2.2 Do you provide training/expertise about the collection and use of MCAH data to local health agencies or other constituents for MCAH populations? *For example:* Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population, • Have an identified staff person(s) responsible for assistance on data-related matters? • Assist local health agencies and other providers/ programs in developing standardized data collection methods related to established MCAH indicators?	☐ ☐ ☒ ☐ 1 2 3 4 1=weak……..4=strong	MCAH Epidemiologist Local Agencies Universal use of Edinburg-Perinatal collaborative Working towards universal Perinatal screenings
1.2.3 Do you assist local health agencies in data system development and coordination across geographic areas so that MCAH data outputs can be compared? *For example:* Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population, provide resources to enhance local data capacity through data systems development and coordination?	☒ ☐ ☐ ☐ 1 2 3 4 1=weak……..4=strong	Not really relevant in a smaller county BARR

SWOT Analysis for Essential Service #1: Assess and monitor maternal and child health status to identify and address problems.

Strengths *(e.g., human, fiscal, or technological resources; social/political factors; demographic trends; past and current federal involvement/activities; state-local relationships, organizational culture, organizational structure)*

- Small collabrative community
- Good health status and birth outcomes
- Good relationships and willingness to share data
- Active Perinatal Collaborative analyzes collectively gaps in services, creates programs to address gaps
- We individually do well at collecting data
- We are collaborative with one another
- We share data informally

Weaknesses: *(e.g., human resources; budgetary restrictions and fiscal resources; technological resources; state-local relationships; organizational culture; organizational structure)*

- Fiscal and budget constraints
- Time restraints
- Small data sets that make analysis difficult
- Private provider community makes it difficult for agreement on system wide data collection, universal approaches
- Kaiser 30% of births, separate systems
- Prioritizing needs- What are true needs?
- We could share outcomes
- Getting data on those who are not low-income or Medi-Cal
- Sharing data more formally
- Our data is in different formats and we have different data systems
- HIPAA limitations

Opportunities: *(e.g., human, fiscal, or technological resources; statutory/regulatory changes; community/business resources; social/political changes; technological developments)*

- BADC multi county projects
- Strong perinatal collaborative
- PH and MCAH taking leadership role in sharing and disseminating data
- Prioritizing needs- What are true needs?
- We could share outcomes
- Getting data on those who are not low-income or Medi-Cal

- Sharing data more formally
- Our data is in different formats and we have different data systems
- HIPAA limitations

Threats: *(e.g., statutory/regulatory change; organizational change/reorganization; social/political factors; demographic trends)*

- Budget cuts and fiscal constraints are now becoming overwhelming in public health and community wide
- MCAH staff has multiple roles and time constraints regarding time that can be devoted to data projects
- Epidemiologist is only 10% in MCAH program and has many demands on her time

Assessment of Essential Service #2: Diagnose and investigate health problems and health hazards affecting women, children, and youth.

Instructions

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Local MCAH Jurisdiction: Napa County

Assessment of Essential Service #2 Process Indicators

Essential Service #2: Diagnose* and investigate health problems and health hazards affecting women, children, and youth.		
Process Indicator	**Level of Adequacy**	**Notes**
2.1 Do you study factors that affect health and illness to respond to MCAH issues? *For example:* • Has the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population, undertaken a study of and/or analysis of existing data on an MCAH issue at the request of local health administrators, Board of Supervisors, or community or professional groups, or in response to media coverage of an issue?	☐ ☐ ☒ ☐ 1 2 3 4 1=weak……..4=strong	Teen pregnancy Postpartum depression Asthma Obesity Collaborative(s), newspaper Public health gets ongoing requests for data from the community, non profits, newspaper etc. PH epidemiologist has time constraints for how much time can be devoted to this activity.
2.2 Do you engage in collaborative investigation and monitoring of environmental hazards (e.g., physical surroundings and other issues of context) in schools, day care facilities, housing, and other places affecting MCAH populations, to identify threats to maternal, child, and adolescent health? *For example:* Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population, • Work with agencies responsible for monitoring environmental conditions affecting MCAH populations to jointly produce or sponsor reports or recommendations to local legislative bodies? • Establish interagency agreements with these agencies for collecting, reporting on, and sharing data related to environments affecting MCAH populations?	☒ ☐ ☐ ☐ 1 2 3 4 1=weak……..4=strong	Environmental health and lead Asthma coalition indoor environment Triggers Obesity In assessment phase, not investigation and monitoring

*This refers to analyzing the cause or nature of health problems/hazards.

Assessment of Essential Service #2 Process Indicators (continued)

Essential Service #2: Diagnose* and investigate health problems and health hazards affecting women, children, and youth.		
Process Indicator	**Level of Adequacy**	**Notes**
2.3 Do you develop and enhance ongoing surveillance systems/population risk surveys and disseminate the results at the state and local levels? *For example:* Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population, • Maintain ongoing surveillance systems/populations risk surveys to address gaps in knowledge? • Regularly evaluate the quality of the data collected by existing surveillance systems or population-based surveys? • Have a routine means of reporting the results of these surveillance systems/surveys to localities?	☐ ☐ ☒ ☐ 1 2 3 4 1=weak……..4=strong	Data is collected and analyzed on an ongoing basis from: Edinburgh Welcome Every Baby Program Birth certificates-data reported to local groups CHIS Therapeutic Child Care Data Most data results are shared locally, to First Five, and to the state
2.4 Do you serve as the local expert resource for interpretation of data related to MCAH issues? *For example:* Has the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population, • Been regularly consulted on MCAH issues by the local public health administrators, by other agencies and programs, and by local legislators? • Been asked to participate with other local health agencies in the planning process on non-MCAH issues?	☐ ☐ ☐ ☒ 1 2 3 4 1=weak……..4=strong	Consulted as experts Epidemiologist participates in wide variety of community programs, CD, preparedness

*This refers to analyzing the cause or nature of health problems/hazards.

Assessment of Essential Service #2 Process Indicators (continued)

Essential Service #2: Diagnose* and investigate health problems and health hazards affecting women, children, and youth.		
Process Indicator	**Level of Adequacy**	**Notes**
2.5 Do you provide leadership in reviews of fetal, infant, child, and maternal deaths and provide direction and technical assistance for local systems improvements based on their findings? *For example:* Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population, • Participate in or provide resources for any fetal, infant, or child death review processes, if they exist in your LHJ? • Provide technical assistance to localities in conducting FIMR and/or child fatality reviews? • Participate in or provide leadership for a local maternal mortality review program? • Produce an annual report consolidating the findings of local mortality reviews as appropriate?	☐ ☐ ☒ ☐ 1 2 3 4 1=weak……..4=strong	Child Death Review Health Officer MCAH Director Involved in Bay Area Data Collaborative Low incidence of infant and maternal mortality, no FIMR
2.6 Do you study factors that affect health and illness to forecast emerging MCAH threats that must be addressed in strategic planning? *For example:* Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population, • Conduct surveillance or other process to identify *emerging* changes in the MCAH system of care and/or in the demographics or health status of local MCAH populations? • Use the results of that process to plan for data collection and/or analysis to identify avenues for intervention?	☐ ☐ ☐ ☐ 1 2 3 4 1=weak……..4=strong	N/A-No ranking MCAH, PH and Perinatal Collaborative continue to look at postpartum depression, anemia, breastfeeding rates, obesity, teen pregnancy, perinatal substance use Data analysis is ongoing Health inequities and disparities are just beginning to be addressed

*This refers to analyzing the cause or nature of health problems/hazards.

SWOT Analysis for Essential Service # 2: Diagnose* and investigate health problems and health hazards affecting women, children, and youth.

Strengths *(e.g., human, fiscal, or technological resources; social/political factors; demographic trends; past and current federal involvement/activities; state-local relationships, organizational culture, organizational structure)*

- Collaborative community participation and planning to address health issues
- Well recognized as local MCAH experts
- Low incidence of infant and maternal mortality
- Healthy community without emerging health threats
- Identified community health needs are being addressed on a ongoing basis

Weaknesses: *(e.g., human resources; budgetary restrictions and fiscal resources; technological resources; state-local relationships; organizational culture; organizational structure)*

- Staff time
- Budget crisis, loss of PH staff and programs and community programs
- Could do more with more staff and time

Opportunities: *(e.g., human, fiscal, or technological resources; statutory/regulatory changes; community/business resources; social/political changes, technological developments)*

- Good collaboration
- Community of providers willing to take on issues-passionate about well being of community

Threats: *(e.g., statutory/regulatory change; organizational change/reorganization; social/political factors; demographic trends)*

- Loss of epidemiologist
- Budget cuts to PH and local agencies

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Assessment of Essential Service #3: Inform and educate the public and families about maternal and child health issues.

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Local MCAH Jurisdiction: Napa County

Assessment of Essential Service #3 Process Indicators

Essential Service #3: Inform and educate the public and families about maternal and child health issues.		
Process Indicator	**Level of Adequacy**	**Notes**
3.1 Individual-Based Health Education Key Idea: — Assure the provision and quality of personal health education services		
3.1.1 Do you identify existing and emerging health education needs and appropriate MCAH target audiences? *For example:* Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population, • Use the information from the Title V needs assessment in determining priorities for health education services in the community? • Know of existing resources related to these health education needs? • Assess what health education programs and services are already in place when determining priorities for developing new programs?	☐ ☐ ☐ ☒ 1 2 3 4 1=weak……4=strong	Children's Health Initiative, Children & Weight Coalition Perinatal Collaborative HM& Babies provider meeting Presenting data to collaborative Collaborative effort to align perinatal education for CPSP Touchpoints training provided in community and trained almost 700 providers to align approach Infant-Parent Mental Health Fellowship has provided huge educational opportunities Good collaboration for training
3.1.2 Do you conduct and/or fund health education programs/services on MCAH topics directed to specific audiences to promote the health of MCAH populations? *For example:* Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population, • Offer resources, technical assistance, funding, or other incentives to local organizations to implement MCAH education activities? • Use other funds to support existing health education programs? • Collaborate with other public and private agencies/organizations in implementing MCAH education services (e.g., establishing partnerships with community based organizations or businesses)?	☐ ☐ ☐ ☒ 1 2 3 4 1=weak….4=strong	Strong collaboration, perinatal collaborative and HM& B education NBO, Bruce Perry IPMHF Perinatal bereavement Touchpoints Postpartum depression Education opportunities are shared

Assessment of Essential Service #3 Process Indicators (continued)

Essential Service #3: Inform and educate the public and families about maternal and child health issues.		
Process Indicator	**Level of Adequacy**	**Notes**
3.2 Population-Based Health Information Services Key Idea: — Provide health information to broad audiences		
3.2.1 Do you identify existing and emerging MCAH population-based health information needs? *For example:* Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population, • Use information from the Title V needs assessment in determining priorities for MCAH population-based disease prevention/health promotion campaigns? • Know of a wide range of disease prevention/health promotion resources? • Assess what disease prevention/health promotion campaigns are already in place when determining priorities for developing new ones?	☐ ☐ ☐ ☒ 1 2 3 4 1=weak……..4=strong	Needs assessment set priorities over last 5 years CHI, C & W, IPMHP, WEB, PP depression Collaborate on needs
3.2.2 Do you design and implement public awareness campaigns on specific MCAH issues to promote behavior change? *For example:* Has the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population, • Contracted for a public awareness campaign using evidence-based media and communication methods? • Used MCAH funds to support public awareness campaigns? • Identified, educated, and collaborated with other public and private entities in implementing evidence-based public awareness campaigns and health behavior change messages? • Communicated timely information on MCAH topics (e.g., current local, state, and national research findings, MCAH programs and services) through press releases, newsletters, and other local media and community channels?	☒ ☐ ☐ ☐ 1 2 3 4 1=weak……..4=strong	Have not initiated these activities Have held conferences in the past No community campaign

Assessment of Essential Service #3 Process Indicators (continued)

Essential Service #3: Inform and educate the public and families about maternal and child health issues.		
Process Indicator	**Level of Adequacy**	**Notes**
3.2.3 Do you develop, fund, and/or otherwise support the dissemination of MCAH information and education resources? *For example:* Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population, • Provide readily accessible MCAH information and education resources to local communities, policy makers, and stakeholders? • Have access to information regarding current national, state, and local MCAH data reports? • Get approached by policymakers, consumers, and others to provide descriptive information about MCAH populations and health status indicators? • Have a regular means of publicizing its toll-free MCAH line that targets a full range of MCAH constituents in the jurisdiction?	☐ ☒ ☐ ☐ 1 2 3 4 1=weak…….4=strong	Public health brochures MCAH phone tree agencies, collaborative partners share information BOS WEB information Promote use of Kit for New Parents and distribute Touchpoints to Care Booklet as part of Welcome Every Baby Program
3.2.4 Do you release evaluative reports on the effectiveness of public awareness campaigns and other population-based health information services? *For example:* Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population, • Collect information on the individuals and organizations reached by health information campaigns and other methods of disseminating health information? • Collect data on changes in knowledge and behavior resulting from its population-based health information services? • Analyze data on outcomes of these services? • Disseminate results of these analyses to provider organizations or other interested parties? • Use this information to make decisions about continuation of funding or changes in programming?	☒ ☐ ☐ ☐ 1 2 3 4 1=weak…….4=strong	Have not done public health campaigns Public health is just beginning to look at population based services

SWOT Analysis for Essential Service # 3: Inform and educate the public and families about maternal and child health issues.

Strengths *(e.g., human, fiscal, or technological resources; social/political factors; demographic trends; past and current federal involvement/activities; state-local relationships, organizational culture, organizational structure)*
Collaborative community partners willing to work on educational materials and alignment of approach. We have a broad range of community providers providing education, linkages and access to care:

- QVMC Outreach Perinatal services
- Public Health-PHN, WEB and POE
- Healthy Moms & Babies
- Breastfeeding coalition
- McPherson Neighborhood Initiative
- Safe Kids
- WIC
- First 5
- AFLP
- COPE
- Family Resource Centers
- IZ clinic
- Head Start/Early Head Start
- School Health Committee
- Parents CAN
- NIP, Winton
- TCCC
- Children & Weight Coalition
- Asthma Coalition

Weaknesses: *(e.g., human resources; budgetary restrictions and fiscal resources; technological resources; state-local relationships; organizational culture; organizational structure)*

- Lack of funding to do public awareness campaigns, time constraints
- Providers are spread thin
- Demographic challenges
- Confusion regarding access
- Transportation

Opportunities: *(e.g., human, fiscal, or technological resources; statutory/regulatory changes; community/business resources; social/political changes, technological developments)*

- CPSP becoming part of local Community Health Clinic Ole, there will be much broader focus for services including education for the Hispanic population
- Focus on health equity will broaden scope of work in PH and MCAH, more focus on population based education and campaigns
- Expertise, willingness to work together
- Good sense of community need

Threats: *(e.g., statutory/regulatory change; organizational change/reorganization; social/political factors; demographic trends)*

- Funding often comes from local hospital, if they change priorities in this budget climate, we could loose funding resources for sustaining the collaborative
- Budget cuts, economy, loss of funding
- Perception of duplication
- Unclear communication

Assessment of Essential Service #4: Mobilize community partnerships between policymakers, health care providers, families, the general public, and others to identify and solve maternal, child and adolescent health problems.

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   - **Assess adequacy in terms of "where you are at"** (taking into consideration the contributions of other agencies in the MCAH system) in terms of carrying out the Essential Service. A rating of "4" means that your local MCAH system has the capacity to address that component. Likewise, a low rating indicates your MCAH system needs additional staff and/or resources to perform that component. This is a self-assessment where there are no right or wrong answers, and your jurisdiction will not be ranked against other jurisdictions. The value of the mCAST-5 lies in the discussion it stimulates and does not rely heavily upon the adequacy ratings.
   - Suggested points for discussion, or examples, are provided below each Process Indicator. **These questions are intended as discussion guides only, not as checklists**, and some questions apply to more than one Process Indicator. Discussions should not focus exclusively on these suggested questions, as they do not necessarily represent *all* of the elements that must be in place for adequate performance. If deliberations tend to be focused exclusively on the questions listed, try skipping them and referring only to the indicators themselves.
   - The CAST-5 tool was developed for use by programs operating under a broad range of circumstances. **Some terms/examples may not apply to your local MCAH system.** Skip those questions and continue to the next component.

2) In the "Notes" box, record notes from the discussion that will inform your SWOT analysis. You may also record other comments or alternate viewpoints, as appropriate.

3) **The SWOT analysis is the main focus of the capacity assessment.** Identify the strengths, weaknesses, opportunities, and threats (SWOT) that are relevant to performing or improving the specified function and record them on the last page of the worksheet for this Essential Service. Examples of factors to consider are provided for each component of the analysis. List concrete examples in the SWOT as it relates to the Essential Service being assessed.

Local MCAH Jurisdiction: Napa County

Assessment of Essential Service #4 Process Indicators

Essential Service #4: Mobilize community partnerships between policymakers, health care providers, families, the general public, and others to identify and solve maternal, child and adolescent health problems.		
Process Indicator	**Level of Adequacy**	**Notes**
4.1 Do you respond to community MCAH concerns as they arise? *For example:* • Are community organizations aware of how to and to whom within the local MCAH program to communicate their concerns? Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population, • Regularly hear from community organizations about their concerns and interests? • Respond actively to community concerns through changes in policies, programs, or other means?	☐ ☐ ☐ ☒ 1 2 3 4 1=weak……4=strong	Very strong collaboration and relationships in the community Phone call away to address concerns and issues Issues and problem solving brought to local groups Ongoing Perinatal Collaborative to address MCAH issues, gaps in services Ongoing excellent communication among providers and groups to articulate concerns
4.2 Do you identify community geographic boundaries and/or stakeholders for use in targeting interventions and services? *For example:* • Do needs assessments and planning activities incorporate detailed assessments of the segments of the community to which services and programs are targeted? • Are community boundaries and/or identities determined with input from community members and/or stakeholder groups?	☐ ☐ ☐ ☐ 1 2 3 4 1=weak……4=strong	N/A –no ranking Small community, local needs assessments include all areas and address gaps in services and community needs

Assessment of Essential Service #4 Process Indicators (continued)

Essential Service #4: Mobilize community partnerships between policymakers, health care providers, families, the general public, and others to identify and solve maternal, child and adolescent health problems.		
Process Indicator	**Level of Adequacy**	**Notes**
4.3 Do you provide trend information to targeted community audiences on local MCAH status and needs? *For example:* • Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population, provide current information about public health trends that are disseminated to provider associations, elected officials, and community organizations?	☐ ☐ ☒ ☐ 1 2 3 4 1=weak……4=strong	Done well with providers and community, not so much with officials, must be granted an audience with BOS Health Officer periodically provides information, data to the BOS Good sharing of data and information between MCAH, non profits, collaboratives
4.4 Do you actively solicit and use community input about MCAH needs? *For example:* Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population, • Have a mechanism for including the perspectives of community members/ organizations in identifying needs? • Provide technical assistance on collaborating with community organizations in identifying needs?	☐ ☐ ☒ ☐ 1 2 3 4 1=weak……4=strong	Do well with community agencies, have not been done in formalized process or focus group for some time Do get individual input from clients Recently including satisfaction surveys to PH MCAH clients WEB survey data includes client input

Assessment of Essential Service #4 Process Indicators (continued)

Essential Service #4: Mobilize community partnerships between policymakers, health care providers, families, the general public, and others to identify and solve maternal, child and adolescent health problems.		
Process Indicator	**Level of Adequacy**	**Notes**
4.5 Do you provide resources for community generated initiatives and partnerships among public and/or private community stakeholders (e.g., CBOs, hospital associations, parent groups)? *For example:* Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population, • Provide funding and/or assistance for CBOs, stakeholders, and other local providers of MCAH services? • Collaborate with community initiatives addressing problems/needs identified by the community?	☐ ☐ ☐ ☒ 1 2 3 4 1=weak……4=strong	Web program, collaborative provides funding to community partners QVMC outreach funding collaborative projects and programs MCAH is involved in many community collaboratives and actively works and participates in these groups to work on identified needs and problems
4.6 Do you collaborate with coalitions and/or professional organizations to develop strategic plans to address health status and health systems issues? *For example:* Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population, • Provide assistance to coalitions? • Obtain funding from grants for convening or participating in coalitions or similar collaborative activities?	☐ ☐ X ☐ 1 2 3 4 1=weak……4=strong	Napa Asthma Coalition Breastfeeding Coalition Children & Weight coalition Others more informal, goals and objectives PH embarking on 2 year strategic planning MCAH Director is chair of local First Five Commission and participates in funding decisions for local programs serving 0-5 population

SWOT Analysis for Essential Service #4: Mobilize community partnerships between policymakers, health care providers, families, the general public, and others to identify and solve maternal, child and adolescent health problems.

Strengths *(e.g., human, fiscal, or technological resources; social/political factors; demographic trends; past and current federal involvement/activities; state-local relationships, organizational culture, organizational structure)*

- Collaboration
- Small community
- Good relationships and excellent communication
- We have a lot of collaborative groups/partners: OB/Peds, QVMC, WIC, COPE, Public Health
- Medical provider involvement including CNM, N.P., PA, MD's, DO's, staff

Weaknesses: *(e.g., human resources; budgetary restrictions and fiscal resources; technological resources; state-local relationships; organizational culture; organizational structure)*

- Funding, time
- Having Kaiser at the table
- Taking time to look at the big picture
- Budget picture is grim with continued cuts in PH and community programs

Opportunities: *(e.g., human, fiscal, or technological resources; statutory/regulatory changes; community/business resource; social/political changes, technological developments)*

- PH embarking on 2 year strategic planning process
- Sharing stories regarding needs
- Upsurge in public interest

Threats: *(e.g., statutory/regulatory change; organizational change/reorganization; social/political factors; demographic trends)*

- Many small strategic plans that are not unified
- Lack of strategic planning to identify community wide strategic plan
- Budget crisis threatens both staff and programs and ability to do collaborative planning

Assessment of Essential Service #5: Provide leadership for priority setting, planning, and policy development to support community efforts to assure the health of women, children, youth and their families.

Instructions

The audience for this tool is the local MCAH system, which includes not only the local MCAH program but also other organizations that contribute to the health and well-being of the MCAH population in the jurisdiction. These may include the local health department, other governmental agencies, healthcare providers, human service organizations, schools, community based organizations, youth development organizations, and many others.

The Process Indicators are used to identify the *current* levels of performance for each of the 10 MCAH Essential Services. First, read through the entire list of Process Indicators for this Essential Service. After reading through the entire list, for each Process Indicator:

1) Discuss the Process Indicator and mark the response category that best reflects how adequately your local MCAH system performs the function based on a 4-point scale with "1" to mean weak or minimal level of adequacy and "4" to mean strong or optimal level of adequacy.

   The following critical points will help the assessment team interpret indicators and reach consensus:
   - **Assess adequacy in terms of "where you are at"** (taking into consideration the contributions of other agencies in the MCAH system) in terms of carrying out the Essential Service. A rating of "4" means that your local MCAH system has the capacity to address that component. Likewise, a low rating indicates your MCAH system needs additional staff and/or resources to perform that component. This is a self-assessment where there are no right or wrong answers, and your jurisdiction will not be ranked against other jurisdictions. The value of the mCAST-5 lies in the discussion it stimulates and does not rely heavily upon the adequacy ratings.
   - Suggested points for discussion, or examples, are provided below each Process Indicator. **These questions are intended as discussion guides only, not as checklists**, and some questions apply to more than one Process Indicator. Discussions should not focus exclusively on these suggested questions, as they do not necessarily represent *all* of the elements that must be in place for adequate performance. If deliberations tend to be focused exclusively on the questions listed, try skipping them and referring only to the indicators themselves.
   - The CAST-5 tool was developed for use by programs operating under a broad range of circumstances. **Some terms/examples may not apply to your local MCAH system.** Skip those questions and continue to the next component.

2) In the "Notes" box, record notes from the discussion that will inform your SWOT analysis. You may also record other comments or alternate viewpoints, as appropriate.

3) **The SWOT analysis is the main focus of the capacity assessment.** Identify the strengths, weaknesses, opportunities, and threats (SWOT) that are relevant to performing or improving the specified function and record them on the last page of the worksheet for this Essential Service. Examples of factors to consider are provided for each component of the analysis. List concrete examples in the SWOT as it relates to the Essential Service being assessed.

Local MCAH Jurisdiction: Napa County

Assessment of Essential Service #5 Process Indicators

Essential Service #5: Provide leadership for priority setting, planning, and policy development to support community efforts to assure the health of women, children, youth and their families.		
Process Indicator	**Level of Adequacy**	**Notes**
5.1 Data-Driven Decision Making/Planning Key Ideas: − Routine use of population-based quantitative and qualitative data, including stakeholder concerns − Dissemination of timely data for planning purposes		
5.1.1 Do you actively promote the use of the scientific knowledge base in the development, evaluation, and allocation of resources for MCAH policies, services, and programs? *For example:* Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population, • Have a systematic process for evaluating current data pertaining to proposed policies, services, and programs? • Regularly consult with expert advisory panels in the formulation of policies, services, and programs? • Use health status indicators and/or other data to establish MCAH objectives and program plans?	☒ ☐ ☐ ☐ 1 2 3 4 1=weak……..4=strong	There exists individual processes for evaluating certain program data such as the WEB program and TCCC There is no overall community systemic process for evaluating data MCAH and Perinatal collaborative looks at data to establish program and plans Consultation with FHOP, BARHI, BADC, CPSP
5.1.2 Do you support the production and dissemination of an annual local report on MCAH status, objectives, and programs? *For example:* Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population, • Contribute resources to the production and dissemination of an annual MCAH local report? • Contribute data and/or analysis in the production of an annual MCAH local report? • Provide *leadership* for the production of an annual MCAH local report?	☒ ☐ ☐ ☐ 1 2 3 4 1=weak……..4=strong	For the first time last year MCAH epidemiologist created a yearly report that was shared at the perinatal collaborative. This has lead to discussions of collecting and compiling community MCAH data and creating a community wide MCAH report. This is in a beginning phase.

Assessment of Essential Service #5 Process Indicators (continued)

Essential Service #5: Provide leadership for priority setting, planning, and policy development to support community efforts to assure the health of women, children, youth and their families.		
Process Indicator	**Level of Adequacy**	**Notes**
5.1.3 Do you establish and routinely use formal mechanisms to gather stakeholders' guidance on MCAH concerns? *For example:* • Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population routinely consult with an advisory structure(s) in the prioritization of health issues and the development of health policies and programs? • Does the advisory structure(s) include representatives of professional associations, community groups, and consumers/families? • Does the advisory structure(s) refer to current data in formulating policy stances? • Do members of the advisory structure(s) feel their input is valued and used in shaping policy?	☐ ☐ ☒ ☐ 1 2 3 4 1=weak……..4=strong	MCAH has established a Perinatal Collaborative with the help of Queen of the Valley Medical Center Community Outreach. This group is longstanding and has gone through several re-creations over the years. This group has widespread participation and input from perinatal providers and agencies serving the MCAH population, there is excellent representation for the MCAH population. The group looks at trends, data, and gaps in services and collectively plans programs and interventions. This is the main forum for the MCAH Needs Assessment.
5.1.4 Do you use diverse data and perspectives for data-driven planning and priority-setting? *For example:* Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population, • Regularly use data from other agencies (state, regional, local, and/or national)? • Have a systematic process for using these data to inform local and state MCAH health objectives and planning?	☐ X ☐ ☐ 1 2 3 4 1=weak……..4=strong	There are many sources of data and some of it is shared. There does not yet exist a community–wide system for collection, coordination and sharing of data to result in a formal setting of priorities.

Assessment of Essential Service #5 Process Indicators (continued)

Essential Service #5: Provide leadership for priority setting, planning, and policy development to support community efforts to assure the health of women, children, youth and their families.		
Process Indicator	**Level of Adequacy**	**Notes**
5.2 Negotiating Program and Policy Development Key Ideas: − Collaboration − Leadership in promoting the MCAH mission		
5.2.1 Do you participate in and provide consultation to ongoing state initiatives to address MCAH issues and coordination needs? *For example:* Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population, • Participate, as a member, with two or more local or state level advisory councils or working committees? • Routinely partner with other agencies or programs in activities related to training and education, program and policy development, and/or evaluation? • Serve as agency representative for one or more private sector community projects or professional associations? • Have involvement in activities that influence or inform the public health policy process? • Are there key issue areas for which agency partnerships are lacking?	☐ ☐ ☒ ☐ 1 2 3 4 1=weak……..4=strong	Do not participate in state initiatives or advisory councils MCAH routinely partners with other agencies for education, training, planning and evaluation There are many collaborative programs as previously mentioned MCAH Director is chair of First Five Commission and on advisory board of Sustainable Napa County MCAH is part of PH which is a small PH Division. MCAH Director is part of the management team under the health officer and has direct participation in PH planning and policy process Community focus has not moved to key issues of health equity and disparity MCAH and PH has new collaborative relationship with the Calistoga Wellness Institute to begin to address these issues
5.2.2 Do you develop, review, and routinely update formal interagency agreements for collaborative roles in established public programs (e.g., WIC, family planning, Medi-Cal, First Five)? *For example:* Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population, • Participate in interagency agreements for joint needs assessment and/or program planning and evaluation? • Review and update these interagency agreements on a reasonable routine schedule? • Are there programs or issue areas for which there are no interagency agreements but there should be?	☐ ☐ ☐ ☐ 1 2 3 4 1=weak……..4=strong	N/A-no ranking Napa County is a small county and most interagency agreements and collaboration is informal MCAH is part of PH and many services such as WIC, FP, IZ etc are in the same building

Assessment of Essential Service #5 Process Indicators (continued)

Essential Service #5: Provide leadership for priority setting, planning, and policy development to support community efforts to assure the health of women, children, youth and their families.		
Essential Service Indicator	**Level of Adequacy**	**Notes**
5.2.3 Do you serve as a consultant to and cultivate collaborative roles in new local or state initiatives through either informal mechanisms or formal interagency agreements? *For example:* Has the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population, • Contributed to the planning process of a new local or state initiative affecting the MCAH population? • Been part of the implementation of a joint local or state initiative? • Been routinely consulted by the leadership of other programs to provide insight into the impact of policies and procedures on MCAH populations?	☐ ☐ ☐ ☐ 1 2 3 4 1=weak……..4=strong	N/A for rating Again, in Napa County these consultative and collaborative roles are informal. MCAH participates, consults, collaborates and partners with a variety of local initiatives including the Children's Health Initiative. MCAH and PH in a small community take the role of a collaborative partner, but more and more are being regarded as providing a leadership role.

SWOT Analysis for Essential Service #5: Provide leadership for priority setting, planning, and policy development to support community efforts to assure the health of women, children, youth and their families.

Strengths *(e.g., human, fiscal, or technological resources; social/political factors; demographic trends; past and current federal involvement/activities; state-local relationships, organizational culture, organizational structure)*

- Strong community collaboration
- In recent years MCAH is seen as more of an expert and leader
- MCAH now has an epidemiologist, which has greatly contributed to data analysis and sharing, although only 10% of her time is dedicated to MCAH
- Community partnership is a shared value
- Small community offers opportunities for intimacy and excellent collaboration, everyone knows each other
- PH is taking more of a leadership role in the community

Weaknesses: *(e.g., human resources; budgetary restrictions and fiscal resources; technological resources; state-local relationships; organizational culture; organizational structure)*

- Time constraints
- Many competing needs in community
- MCAH program is small
- Budget crisis and shrinking funding sources
- Need more of epidemiologist's time but this is not possible
- Lack of funding and competing for shrinking resources can potentially decrease collaboration

Opportunities: *(e.g., human, fiscal, or technological resources; statutory/regulatory changes; community/business resources; social/political changes, technological developments)*

- Budget crisis may be an opportunity for community prioritizing
- Complicated community issues force a bigger picture perspective and reinforce the need for community solutions, "we must solve problems together"
- MCAH and PH starting to collaborate with private and business sector
- Focus on health equity will broaden community focus with PH providing leadership

Threats: *(e.g., statutory/regulatory change; organizational change/reorganization; social/political factors; demographic trends)*

- Competing priorities
- Agencies scrambling for resources and may neglect community planning and decrease collaboration
- Budget crisis may bring MCAH and PH programs to a grinding halt
- Funding cuts may derail strategic planning and shift to leadership focus on health equity

Assessment of Essential Service #6: Promote and enforce legal requirements that protect the health and safety of women, children, and youth, and ensure public accountability for their well-being.

Instructions

The audience for this tool is the local MCAH system, which includes not only the local MCAH program but also other organizations that contribute to the health and well-being of the MCAH population in the jurisdiction. These may include the local health department, other governmental agencies, healthcare providers, human service organizations, schools, community based organizations, youth development organizations, and many others.

The Process Indicators are used to identify the *current* levels of performance for each of the 10 MCAH Essential Services. First, read through the entire list of Process Indicators for this Essential Service. After reading through the entire list, for each Process Indicator:

1) Discuss the Process Indicator and mark the response category that best reflects how adequately your local MCAH system performs the function based on a 4-point scale with "1" to mean weak or minimal level of adequacy and "4" to mean strong or optimal level of adequacy.

   The following critical points will help the assessment team interpret indicators and reach consensus:
   - **Assess adequacy in terms of "where you are at"** (taking into consideration the contributions of other agencies in the MCAH system) in terms of carrying out the Essential Service. A rating of "4" means that your local MCAH system has the capacity to address that component. Likewise, a low rating indicates your MCAH system needs additional staff and/or resources to perform that component. This is a self-assessment where there are no right or wrong answers, and your jurisdiction will not be ranked against other jurisdictions. The value of the mCAST-5 lies in the discussion it stimulates and does not rely heavily upon the adequacy ratings.
   - Suggested points for discussion, or examples, are provided below each Process Indicator. **These questions are intended as discussion guides only, not as checklists**, and some questions apply to more than one Process Indicator. Discussions should not focus exclusively on these suggested questions, as they do not necessarily represent *all* of the elements that must be in place for adequate performance. If deliberations tend to be focused exclusively on the questions listed, try skipping them and referring only to the indicators themselves.
   - The CAST-5 tool was developed for use by programs operating under a broad range of circumstances. **Some terms/examples may not apply to your local MCAH system.** Skip those questions and continue to the next component.

2) In the "Notes" box, record notes from the discussion that will inform your SWOT analysis. You may also record other comments or alternate viewpoints, as appropriate.

3) **The SWOT analysis is the main focus of the capacity assessment.** Identify the strengths, weaknesses, opportunities, and threats (SWOT) that are relevant to performing or improving the specified function and record them on the last page of the worksheet for this Essential Service. Examples of factors to consider are provided for each component of the analysis. List concrete examples in the SWOT as it relates to the Essential Service being assessed.

Local MCAH Jurisdiction: Napa County

Assessment of Essential Service #6 Process Indicators

Essential Service #6: Promote and enforce legal requirements that protect the health and safety of women, children, and youth, and ensure public accountability for their well-being.		
Process Indicator	**Level of Adequacy**	**Notes**
6.1 Legislative and Regulatory Advocacy Key idea: — Assure legislative and regulatory adequacy		
6.1.1 Do you periodically review *existing* federal, state and local laws, regulations, and ordinances relevant to public health in the MCAH population? *For example:* Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population, • Include an assessment of MCAH legislation and ordinances in its long-term planning about needs and priorities for the local MCAH population? • Participate in an interagency review of legislation and ordinances affecting programs serving the MCAH population? • Review public health related legislation and ordinances to ensure adequacy of MCAH programming, resource allocation, and reporting standards? • Have access to legal counsel for assistance in the review of laws, regulations, and ordinances?	☒ ☐ ☐ ☐ 1 2 3 4 1=weak…....4=strong	Legislation and ordinances are reviewed but there is no formal process in place. Laws and regulations are reviewed to assure program compliance. MCAH has access to legal council from county council.
6.1.2 Do you monitor *proposed* legislation, regulations, and local ordinances that might impact MCAH and participate in discussions about its appropriateness and effects? *For example:* Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population, • Communicate with legislators, regulatory officials, or other policymakers regarding proposed legislation, regulations, or ordinances? • Participate in the drafting, development, or modification of proposed legislation, regulations, or ordinances for current MCAH public health issues and issues that are not adequately addressed? • Does the Local MCAH Director participate in MCAH Action meetings to receive updates on current legislation and communicate with other MCAH leaders on legal or regulatory MCAH issues?	☒ ☐ ☐ ☐ 1 2 3 4 1=weak…....4=strong	MCAH participates in MCAH Action, reviews legislation and participates in discussions and updates. MCAH is not able to communicate with legislators.

Assessment of Essential Service #6 Process Indicators (continued)

Essential Service #6: Promote and enforce legal requirements that protect the health and safety of women, children, and youth, and ensure public accountability for their well-being.		
Process Indicator	**Level of Adequacy**	**Notes**
6.1.3 Do you devise and promote a strategy for informing elected officials about legislative/regulatory needs for MCAH? *For example:* Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population, • Identify MCAH public health issues that can only be addressed through new laws, regulations, or ordinances? • communicate or advocate to local, state, or national elected officials or to regulatory agencies by meeting, calling, faxing, e-mailing or writing to them about current and proposed legislation/ regulations affecting the MCAH population? • Indirectly influence public opinion and policy affecting the MCAH population by writing a letter to the editor or an opinion piece in a newspaper, talking to a reporter or editor, doing radio call-ins, distributing action flyers, and/or bringing up issues at meeting of other groups you belong to and enlist other support in letter writing, signing petitions or grassroots advocacy?	☒ ☐ ☐ ☐ 1 2 3 4 1=weak……....4=strong	The local MCAH program and MCAH Director are not able to advocate or communicate regarding political and legislative issues, or fax, email, write or express opinions. This can only be done as a local citizen. Political topics can be discussed and information given in community meetings. Issues can be addressed and opinions expressed when permission has been given/approved by the Health Officer and Agency Director such as speaking to a reporter. Information can be given but political views cannot be expressed.

Assessment of Essential Service #6 Process Indicators (continued)

Essential Service #6: Promote and enforce legal requirements that protect the health and safety of women, children, and youth, and ensure public accountability for their well-being.		
Process Indicator	**Level of Adequacy**	**Notes**
6.2 Certification and Standards Key idea: — Provide leadership in promoting standards-based care		
6.2.1 Do you disseminate information about MCAH related legislation and local ordinances to the individuals and organizations who are required to comply with them? *For example:* Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population, • Disseminate information about new MCAH related legislation and local ordinances to individuals and organizations as appropriate? • Integrate new legislation and ordinances with existing MCAH programs and activities?	☐ ☒ ☐ ☐ 1 2 3 4 1=weak……...4=strong	The MCAH program in Napa is small and contained within the PH Division. Appropriate staff is informed regarding MCAH legislation and ordinances and this information is shared with local partners as appropriate.
6.2.2 Do you provide leadership to develop and publicize harmonious and complementary standards that promote excellence in quality care for women, infants, and children, in collaboration with professional organizations and other local agencies? *For example:* Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population, • Provide leadership and MCAH expertise in a standards-setting process for programs serving MCAH populations (e.g., school health services, family planning/reproductive health care, WIC, child care, CSHCN)? • Regularly review standards for consistency and appropriateness, based on current advances in the field? • Promote interagency consistency in standards?	☐ ☐ ☒ ☐ 1 2 3 4 1=weak……...4=strong	MCAH acts in a collaborative manner providing expertise when appropriate, and in recent years has started to take more of a leadership role. The MCAH program and community partners are in an ongoing conversation and sharing of ideas related to best practices and evidence based approaches. MCAH has been the leader in promoting and supporting Touchpoints as a standard and aligned practice in the community.

Assessment of Essential Service #6 Process Indicators (continued)

Essential Service #6: Promote and enforce legal requirements that protect the health and safety of women, children, and youth, and ensure public accountability for their well-being.		
Process Indicator	**Level of Adequacy**	**Notes**
6.2.3 Do you integrate standards of quality care into MCAH-funded activities and other publicly or privately funded services? *For example:* Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population, • Collaborate with other funded entities to incorporate MCAH standards of quality care and outcomes objectives into their grant/contract? • Provide resources and information to assist local agencies, providers, and CBOs to incorporate MCAH standards of quality care and outcome objectives into their protocols?	☐ ☒ ☐ ☐ 1 2 3 4 1=weak……..4=strong	MCAH is a small program and does not contract with other entities or CBO's. Again, there is an ongoing collaborative process of sharing expertise, standards of quality care and best practices.
6.2.4 Do you develop, enhance, and promote protocols, instruments, and methodologies for use by local agencies that promote MCAH quality assurance? *For example:* Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population, • Lead or participate in a process to promote maternal, neonatal, perinatal, and children's services and conduct outcome analysis? • Provide leadership in promoting the implementation of existing MCAH standards-based protocols and instruments across the LHJ? • Promote and develop a process to identify quality issues pertaining to MCAH (e.g., infant, maternal, and child deaths, etc.)?	☒ ☐ ☐ ☐ 1 2 3 4 1=weak……..4=strong	This is not a role the MCAH program has taken on in the community. The MCAH program is a collaborative partner in promoting MCAH standards; one example is the universal screening of women for postpartum depression using the Edinburgh by perinatal providers and home visitors.
6.2.5 Do you participate in or provide oversight for quality assurance efforts among local health agencies and systems and contribute resources for correcting identified problems? *For example:* Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population, • Conduct record and site reviews of local health care providers, CBOs and subcontracts? • Allocate resources for addressing deficiencies identified in such reviews?	☒ ☐ ☐ ☐ 1 2 3 4 1=weak……..4=strong	This is not a role the MCAH programs perform.

SWOT Analysis for Essential Service #6: Promote and enforce legal requirements that protect the health and safety of women, children, and youth, and ensure public accountability for their well-being.

Strengths *(e.g., human, fiscal, or technological resources; social/political factors; demographic trends; past and current federal involvement/activities; state-local relationships, organizational culture, organizational structure)*

- Excellent collaboration in the community
- Desire of community providers to adhere to legal requirements and use evidence based practices
- Community looks to MCAH program for expertise and guidance

Weaknesses: *(e.g., human resources; budgetary restrictions and fiscal resources; technological resources; state-local relationships; organizational culture; organizational structure)*

- Community partners do not see the MCAH program in an enforcement or quality assurance role
- Many different programs with a variety of standards and use of different best practices
- Conservative provider community that has a history of deciding standards without outside input

Opportunities: *(e.g., human, fiscal, or technological resources; statutory/regulatory changes; community/business resources; social/political changes, technological developments)*

- Desire of community providers to base programs on MCAH standards of care, best practices and evidence based approaches

Threats: *(e.g., statutory/regulatory change; organizational change/reorganization; social/political factors; demographic trends)*

- Budget crisis and funding cuts may result in staff and program cuts with no time for these efforts

Assessment of Essential Service #7: Link women, children, and youth to health and other community and family services, and assure access to comprehensive, quality systems of care.

Instructions

The audience for this tool is the local MCAH system, which includes not only the local MCAH program but also other organizations that contribute to the health and well-being of the MCAH population in the jurisdiction. These may include the local health department, other governmental agencies, healthcare providers, human service organizations, schools, community based organizations, youth development organizations, and many others.

The Process Indicators are used to identify the *current* levels of performance for each of the 10 MCAH Essential Services. First, read through the entire list of Process Indicators for this Essential Service. After reading through the entire list, for each Process Indicator:

1) Discuss the Process Indicator and mark the response category that best reflects how adequately your local MCAH system performs the function based on a 4-point scale with "1" to mean weak or minimal level of adequacy and "4" to mean strong or optimal level of adequacy.

   The following critical points will help the assessment team interpret indicators and reach consensus:
   - **Assess adequacy in terms of "where you are at"** (taking into consideration the contributions of other agencies in the MCAH system) in terms of carrying out the Essential Service. A rating of "4" means that your local MCAH system has the capacity to address that component. Likewise, a low rating indicates your MCAH system needs additional staff and/or resources to perform that component. This is a self-assessment where there are no right or wrong answers, and your jurisdiction will not be ranked against other jurisdictions. The value of the mCAST-5 lies in the discussion it stimulates and does not rely heavily upon the adequacy ratings.
   - Suggested points for discussion, or examples, are provided below each Process Indicator. **These questions are intended as discussion guides only, not as checklists**, and some questions apply to more than one Process Indicator. Discussions should not focus exclusively on these suggested questions, as they do not necessarily represent *all* of the elements that must be in place for adequate performance. If deliberations tend to be focused exclusively on the questions listed, try skipping them and referring only to the indicators themselves.
   - The CAST-5 tool was developed for use by programs operating under a broad range of circumstances. **Some terms/examples may not apply to your local MCAH system.** Skip those questions and continue to the next component.

2) In the "Notes" box, record notes from the discussion that will inform your SWOT analysis. You may also record other comments or alternate viewpoints, as appropriate.

3) **The SWOT analysis is the main focus of the capacity assessment.** Identify the strengths, weaknesses, opportunities, and threats (SWOT) that are relevant to performing or improving the specified function and record them on the last page of the worksheet for this Essential Service. Examples of factors to consider are provided for each component of the analysis. List concrete examples in the SWOT as it relates to the Essential Service being assessed.

Local MCAH Jurisdiction: Napa County

Assessment of Essential Service #7 Process Indicators

Essential Service #7: Link women, children, and youth to health and other community and family services, and assure access to comprehensive, quality systems of care.		
Process Indicator	**Level of Adequacy**	**Notes**
7.1 Assure access to services Key ideas: — Provide oversight and technical assistance — Ensure access to comprehensive and culturally appropriate services		
7.1.1 Do you develop, publicize, and routinely update a toll-free line and other resources for public access to information about health services availability? *For example:* Does the local MCAH program, including other agencies that contribute to the health and well-being of the MCAH population, • Run ongoing TV, radio, print, and/or online advertisements publicizing its toll-free MCAH line? • Provide information to consumers about private health insurance coverage and publicly funded MCAH services (e.g., family planning clinics, WIC)? • Assist localities in promoting awareness about local MCAH services? • Routinely evaluate the effectiveness and appropriateness of information about MCAH services availability?	☐ ☐ ☒ ☐ 1 2 3 4 1=weak…..…..4=strong	The MCAH program maintains its toll free line, has information in the Public Health brochure that is widely distributed and is developing material in the PH website. MCAH information is widely shared through the Perinatal Collaborative, Welcome Every Baby Program, and participation in numerous committees, coalitions and meetings. Radio spots and newspaper articles have occurred. Program information is routinely updated.
7.1.2 Do you provide resources and technical assistance for outreach, improved enrollment procedures, and service delivery methods for unserved and underserved populations? *For example:* Does the local MCAH program, including other agencies that contribute to the health and well-being of the MCAH population, • Promote the development of subcontracts, partnerships, and collaboratives to enhance outreach and link people to health care services? • Provide leadership and resources for developing and implementing effective methods of health care delivery (e.g., off-site services such as mobile vans and health centers)? • Provide technical assistance to local agencies, providers, and health plans in identifying and serving unserved and underserved MCAH populations? • Disseminate information on best practices among local agencies, providers, and health plans across LHJs?	☐ ☐ ☒ ☐ 1 2 3 4 1=weak…..…..4=strong	In a small community and MCAH program like Napa County these activities are more informal and collaborative. The POE program, CPSP, Social Services and Children's Health initiative are in close communication regarding access to care. Outreach is an ongoing activity with communication between providers, home visitors and eligibility programs.

Assessment of Essential Service #7 Process Indicators (continued)

Essential Service #7: Link women, children, and youth to health and other community and family services, and assure access to comprehensive, quality systems of care.		
Process Indicator	**Level of Adequacy**	**Notes**
7.1.3 Do you assist unserved and underserved MCAH populations in accessing health care services? *For example:* Does the local MCAH program, including other agencies that contribute to the health and well-being of the MCAH population, • Provide information and assistance to link vulnerable MCAH populations to health services? • Provide information and assistance to link eligible women and children to Medi-Cal, WIC, or Healthy Families? • Work with local agencies to develop recommendations and implement improvements in identification, outreach, and follow-up of high risk, unserved, and underserved MCAH populations?	☐ ☐ ☐ ☒ 1 2 3 4 1=weak……..4=strong	Outreach and assistance to underserved women and children is an ongoing process and is shared across agencies. Because of the small size of the County and excellent collaborative relationships, there is individualized problem solving and assistance to meet the needs of families.
7.1.4 Do you provide resources to strengthen the cultural and linguistic appropriateness of providers and services to enhance their accessibility and effectiveness? *For example:* Does the local MCAH program, including other agencies that contribute to the health and well-being of the MCAH population, • Train its own staff in cultural and linguistic competence for interacting with clients? • Sponsor continuing education opportunities for providers on cultural competence and health issues specific to racial/ethnic/cultural groups living in the LHJ? • Provide resources to culturally representative community groups and their local health agency for outreach materials and media messages targeted to specific audiences? • Provide leadership and resources for the recruitment and retention of culturally and linguistically appropriate staff to assist population groups in obtaining maternal and child health services?	☐ ☐ ☒ ☐ 1 2 3 4 1=weak……..4=strong	The MCAH program has a long standing commitment to cultural and linguistic competence. Training of MCAH and PH staff is ongoing and the larger agency is involved in a long term Diversity Initiative. Bilingual/bicultural staff serves the MCAH population which has a large Latino population. The community as a whole is committed and sensitive to the needs of the MCAH population.

Assessment of Essential Service #7 Process Indicators (continued)

Essential Service #7: Link women, children, and youth to health and other community and family services, and assure access to comprehensive, quality systems of care.		
Process Indicator	**Level of Adequacy**	**Notes**
7.1.5 Do you collaborate with other local agencies to expand the capacity of the health and social services systems, and establish interagency agreements for capacity-building initiatives/access to services? *For example:* Does the local MCAH program, including other agencies that contribute to the health and well-being of the MCAH population, • Collaborate with other agencies in developing proposals for enhanced MCAH services? • Submit or support proposals for private foundation grants for enhanced MCAH services? • Routinely review interagency agreements for effectiveness and meet with professional organizations and other local agencies to assess needs and capacity-building opportunities? • Routinely assess system barriers and successes and develop strategies for making improvements?	☐ ☐ ☒ ☐ 1 2 3 4 1=weak…....4=strong	Grant funding has supported the WEB, Touchpoints and TCCC programs. Ongoing collaboration with MCAH, CPSP, POE, Social Services, QVHMC, First Five and CHCO to improve services. Agreements are mostly informal except for contractual agreements involving grants. Ongoing collaborative discussions to address barriers and build capacity, improve referrals systems and avoid duplication. This includes education regarding services and information sharing through the Perinatal Collaborative.
7.1.6 Do you actively participate in appropriate provider enrollment procedures and provision of services for new enrollees? *For example:* Does the local MCAH program, including other agencies that contribute to the health and well-being of the MCAH population, • Update their enrollment screening protocols to comply with state MCAH program requirements? • Oversee CPSP provider enrollment procedures and ensure compliance with program requirements? • Interact with eligibility workers administering Medi-Cal enrollment protocols? • Develop guides and/or other materials and protocols for assisting consumers in navigating the health care system?	☐ ☐ ☒ ☐ 1 2 3 4 1=weak…....4=strong	MCAH program works with the CPSP program and Social Services to ensure access and timely eligibility for MCAH services and prenatal care. POE works with clients to assure access to services.

Assessment of Essential Service #7 Process Indicators (continued)

Essential Service #7: Link women, children, and youth to health and other community and family services, and assure access to comprehensive, quality systems of care.		
Process Indicator	**Level of Adequacy**	**Notes**
7.2 Coordinate a system of comprehensive care Key Idea: — Provide leadership and oversight		
7.2.1 Do you provide leadership and resources for a system of case management and coordination of services? *For example:* Does the local MCAH program, including other agencies that contribute to the health and well-being of the MCAH population, • Work with community service providers and health plan administrators to develop contracts that link and coordinate health services? • Compile and distribute information on best practices of case management and coordination of services across localities?	☒ ☐ ☐ ☐ 1 2 3 4 1=weak……...4=strong	This is not a role the MCAH program has formally participated in with providers. Again, this is a more informal and collaborative process. MCAH public health nurses provide Targeted Case Management services for clients. Coordination of case management services and avoiding duplication of services is an ongoing discussion in the Perinatal Collaborative.
7.2.2 Do you provide leadership and oversight for systems of risk-appropriate perinatal and children's care? *For example:* Does the local MCAH program, including other agencies that contribute to the health and well-being of the MCAH population, • Support the establishment of cross-agency review teams? • Support and promote the routine evaluation of systems of risk-appropriate perinatal and children's care?	☒ ☐ ☐ ☐ 1 2 3 4 1=weak……...4=strong	The Napa County MCAH program has not participated in an oversight role. This would not be well received by community providers.

SWOT Analysis for Essential Service #7: Link women, children, and youth to health and other community and family services, and assure access to comprehensive, quality systems of care.

Strengths *(e.g., human, fiscal, or technological resources; social/political factors; demographic trends; past and current federal involvement/activities; state-local relationships, organizational culture, organizational structure)*

- Strong outreach programs and services to link families to services and ensure access
- Excellent collaboration and problem solving to assure care
- Agencies and programs know each other on a first name basis and are eager to cooperate to provide client services
- Strong awareness and knowledge of other programs and the need to avoid duplication
- MCAH seen as collaborative partner
- Collaborative rant funded programs lead by MCAH to provide services to MCAH population
- Good funding resources including First Five, Gasser Foundation, Vintners-ANV

Weaknesses: *(e.g., human resources; budgetary restrictions and fiscal resources; technological resources; state-local relationships; organizational culture; organizational structure)*

- MCAH program not accepted in an oversight role
- Time constraints for looking at overall systems of care for MCAH population
- Overlap and some duplication exists, but too busy to fix this
- Transportation problems for clients
- Demographic challenges

Opportunities: *(e.g., human, fiscal, or technological resources; statutory/regulatory changes; community/business resources; social/political changes, technological developments)*

- Expertise and collaboration, willingness to work together
- Collective awareness of community needs

Threats: *(e.g., statutory/regulatory change; organizational change/reorganization; social/political factors; demographic trends)*

- Loss of funding sources
- Staff cuts and program cuts leave little time to communicate regarding larger systems issues regarding access

Assessment of Essential Service #8: Assure the capacity and competency of the public health and personal health* workforce to effectively and efficiently address maternal and child health needs.

Instructions

The audience for this tool is the local MCAH system, which includes not only the local MCAH program but also other organizations that contribute to the health and well-being of the MCAH population in the jurisdiction. These may include the local health department, other governmental agencies, healthcare providers, human service organizations, schools, community based organizations, youth development organizations, and many others.

The Process Indicators are used to identify the *current* levels of performance for each of the 10 MCAH Essential Services. First, read through the entire list of Process Indicators for this Essential Service. After reading through the entire list, for each Process Indicator:

1) Discuss the Process Indicator and mark the response category that best reflects how adequately your local MCAH system performs the function based on a 4-point scale with "1" to mean weak or minimal level of adequacy and "4" to mean strong or optimal level of adequacy.

   The following critical points will help the assessment team interpret indicators and reach consensus:
   - **Assess adequacy in terms of "where you are at"** (taking into consideration the contributions of other agencies in the MCAH system) in terms of carrying out the Essential Service. A rating of "4" means that your local MCAH system has the capacity to address that component. Likewise, a low rating indicates your MCAH system needs additional staff and/or resources to perform that component. This is a self-assessment where there are no right or wrong answers, and your jurisdiction will not be ranked against other jurisdictions. The value of the mCAST-5 lies in the discussion it stimulates and does not rely heavily upon the adequacy ratings.
   - Suggested points for discussion, or examples, are provided below each Process Indicator. **These questions are intended as discussion guides only, not as checklists**, and some questions apply to more than one Process Indicator. Discussions should not focus exclusively on these suggested questions, as they do not necessarily represent *all* of the elements that must be in place for adequate performance. If deliberations tend to be focused exclusively on the questions listed, try skipping them and referring only to the indicators themselves.
   - The CAST-5 tool was developed for use by programs operating under a broad range of circumstances. **Some terms/examples may not apply to your local MCAH system.** Skip those questions and continue to the next component.

2) In the "Notes" box, record notes from the discussion that will inform your SWOT analysis. You may also record other comments or alternate viewpoints, as appropriate.

3) **The SWOT analysis is the main focus of the capacity assessment.** Identify the strengths, weaknesses, opportunities, and threats (SWOT) that are relevant to performing or improving the specified function and record them on the last page of the worksheet for this Essential Service. Examples of factors to consider are provided for each component of the analysis. List concrete examples in the SWOT as it relates to the Essential Service being assessed.

Local MCAH Jurisdiction: Napa County

Assessment of Essential Service #8 Process Indicators

Essential Service #8: Assure the capacity and competency of the public health and personal health* workforce to effectively and efficiently address maternal and child health needs.		
Process Indicator	**Level of Adequacy**	**Notes**
8.1 Capacity Key Ideas: — Assure workforce capacity and distribution — Assure competency across a wide range of skill areas (e.g., technical, cultural, content-related)		
8.1.1 Do you develop and enhance formal and informal relationships with outside analysts, such as students of public health schools or professionals from other agencies, to enhance local public agency analytic capacity? *For example:* Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population, • Collaborate with outside analysts to conduct analyses as a part of needs assessment, program planning, evaluation, or other planning cycle activities? • Seek out internship/practicum students for mentoring and collaboration? • Seek out and support academic partnerships with professional schools in the state (e.g., joint appointments, adjunct appointments, Memoranda of Understanding between the agency and the school, sabbatical placements)? • Provide leadership opportunities for outside analysts in areas where their expertise can provide insight, direction, or resources?	☒ ☐ ☐ ☐ 1 2 3 4 1=weak……..4=strong	The MCAH program and PH has not historically had the time or capacity to develop these collaborations and partnerships. There are logistical problems in the agency for accomplishing these tasks. The MCAH program has an ongoing partnership with Pacific Union College to provide a Public Health Nursing student rotation once a year.
8.1.2 Do you monitor the numbers, types, and skills of the MCAH labor force available at the local level? *For example:* Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population, • Assess existing workforce size, skills and experience? • Collaborate with universities/schools/professional organizations to identify education and training needs and encourage opportunities for workforce development? • Regularly obtain updated workforce data?	☐ ☒ ☐ ☐ 1 2 3 4 1=weak……..4=strong	The MCAH program has an ongoing partnership with Pacific Union College to provide a Public Health Nursing student rotation once a year. This is the best collaboration for recruitment of new public health nurses and increasing interest in careers in public health.

*This refers to professionals who provide health-related services to individuals on a one-on-one basis.

Assessment of Essential Service #8 Process Indicators (continued)

Essential Service #8: Assure the capacity and competency of the public health and personal health* workforce to effectively and efficiently address maternal and child health needs.		
Process Indicator	**Level of Adequacy**	**Notes**
8.1.3 Do you monitor provider and program distribution throughout the LHJ? *For example:* Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population, • Maintain or have access to a complete resource inventory of relevant programs and providers reaching MCAH populations? • Assess the geographic coverage/availability of programs and providers?	☐ ☐ ☒ ☐ 1 2 3 4 1=weak……..4=strong	Community wide there are resource inventories of all MCAH programs and services. Access to services, overcoming geographic barriers for Up Valley and American Canyon services, and sharing resources and information on services is an ongoing conversation and collaborative process by the Perinatal Collaborative.
8.1.4 Do you integrate information on workforce and program distribution with ongoing health status needs assessment in order to address identified gaps and areas of concerns? *For example:* Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population, • Consider workforce capacity to address identified needs in the five year needs assessment? • Consider workforce gaps as part of ongoing program planning?	☐ ☒ ☐ ☐ 1 2 3 4 1=weak……..4=strong	Workforce issue have become very difficult during this economic crisis due to program and staffing cuts, hiring freezes and loss of funding sources.
8.1.5 Do you create financial and/or other incentives and program strategies to address identified clinical professional and/or public health workforce shortages? *For example:* Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population, • Provide financial and/or other incentives to encourage a career in public health? • Actively recruit graduates of public health and other professional schools?	☐ ☐ ☒ ☐ 1 2 3 4 1=weak……..4=strong	The MCAH program has an ongoing partnership with Pacific Union College to provide a Public Health Nursing student rotation once a year. This is the best collaboration for recruitment of new graduate public health nurses and increasing interest in careers in public health. MCAH PH has limitations fiscally for providing incentives except to hire at a higher step and provide flexible hours.

*This refers to professionals who provide health-related services to individuals on a one-on-one basis.

Assessment of Essential Service #8 Process Indicators (continued)

Essential Service #8: Assure the capacity and competency of the public health and personal health* workforce to effectively and efficiently address maternal and child health needs.		
Process Indicator	**Level of Adequacy**	**Notes**
8.2 Competency Key Ideas: — Provide and support continuing professional education — Participate in pre-service and in-service training		
8.2.1 Do you make available and/or support continuing education on clinical and public health skills, emerging MCAH issues, and other topics pertaining to MCAH populations (e.g., cultural competence, availability of ancillary services and community resources, and the community development process)? *For example:* Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population, • Collaborate with state professional associations, universities, and others in providing continuing education courses (face-to-face or distance learning)? • Provide training, workshops, or conferences for local public health professionals and others on key emerging MCAH issues? • Provide or support in-service training for program staff?	☐ ☐ ☐ ☒ 1 2 3 4 1=weak……..4=strong	For a small county MCAH and PH has along history of providing outstanding trainings and conferences including: Touchpoints NBO Postpartum Depression Dr Bruce Perry Dr Brazelton Infant-Parent Mental Health Fellowship
8.2.2 Do you play a leadership role in establishing professional competencies for MCAH programs? *For example:* Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population, • Collaborate with LHJ personnel/human resources in establishing job competencies, qualifications, and hiring policies? • Include job competencies and qualifications in contract requirements with local agencies and in Title V grants to community-based organizations and others?	☐ ☐ ☒ ☐ 1 2 3 4 1=weak……..4=strong	Only within the MCAH program in PH, there is collaboration with Human Resources regarding qualifications and hiring of MCAH staff.

*This refers to professionals who provide health-related services to individuals on a one-on-one basis.

SWOT Analysis for Essential Service #8: Assure the capacity and competency of the public health and personal health* workforce to effectively and efficiently address maternal and child health needs.

Strengths *(e.g., human, fiscal, or technological resources; social/political factors; demographic trends; past and current federal involvement/activities; state-local relationships, organizational culture, organizational structure)*

- Strong collaborative relationship with Pacific Union College for student PHN rotation and recruitment of graduate public health nurses
- Long history of excellent training opportunites, educational experiences and conferences with collaborative support form PH and First Five and others
- Strong community commitment to sharing information and resources, educating each other on services

Weaknesses: *(e.g., human resources; budgetary restrictions and fiscal resources; technological resources; state-local relationships; organizational culture; organizational structure)*

- Sometimes competing priorities
- Lack of staff time to incorporate Napa Valley Junior College nursing students for PH experience
- Organizational and time barriers to bring on interns and MPH students
- Budget crisis, funding cuts limit capabilities

Opportunities: *(e.g., human, fiscal, or technological resources; statutory/regulatory changes; community/business resources; social/political changes, technological developments)*

- Passion and political will of community partners to continue educational efforts and recruitment
- Funding cuts may provide opportunity to rethink the process of recruitment and providing students with educational opportunities

Threats: *(e.g., statutory/regulatory change; organizational change/reorganization; social/political factors; demographic trends),*

- Budget crisis and funding cuts, competing priorities, loss of programming, re-emergence of Swine Flu may paralyze our ability to move forward

*This refers to professionals who provide health-related services to individuals on a one-on-one basis.

Assessment of Essential Service #9: Evaluate the effectiveness, accessibility, and quality of personal health and population-based maternal, child and adolescent health services.

Instructions

The audience for this tool is the local MCAH system, which includes not only the local MCAH program but also other organizations that contribute to the health and well-being of the MCAH population in the jurisdiction. These may include the local health department, other governmental agencies, healthcare providers, human service organizations, schools, community based organizations, youth development organizations, and many others.

The Process Indicators are used to identify the *current* levels of performance for each of the 10 MCAH Essential Services. First, read through the entire list of Process Indicators for this Essential Service. After reading through the entire list, for each Process Indicator:

1) Discuss the Process Indicator and mark the response category that best reflects how adequately your local MCAH system performs the function based on a 4-point scale with "1" to mean weak or minimal level of adequacy and "4" to mean strong or optimal level of adequacy.

   The following critical points will help the assessment team interpret indicators and reach consensus:
   - **Assess adequacy in terms of "where you are at"** (taking into consideration the contributions of other agencies in the MCAH system) in terms of carrying out the Essential Service. A rating of "4" means that your local MCAH system has the capacity to address that component. Likewise, a low rating indicates your MCAH system needs additional staff and/or resources to perform that component. This is a self-assessment where there are no right or wrong answers, and your jurisdiction will not be ranked against other jurisdictions. The value of the mCAST-5 lies in the discussion it stimulates and does not rely heavily upon the adequacy ratings.
   - Suggested points for discussion, or examples, are provided below each Process Indicator. **These questions are intended as discussion guides only, not as checklists**, and some questions apply to more than one Process Indicator. Discussions should not focus exclusively on these suggested questions, as they do not necessarily represent *all* of the elements that must be in place for adequate performance. If deliberations tend to be focused exclusively on the questions listed, try skipping them and referring only to the indicators themselves.
   - The CAST-5 tool was developed for use by programs operating under a broad range of circumstances. **Some terms/examples may not apply to your local MCAH system.** Skip those questions and continue to the next component.

2) In the "Notes" box, record notes from the discussion that will inform your SWOT analysis. You may also record other comments or alternate viewpoints, as appropriate.

3) **The SWOT analysis is the main focus of the capacity assessment.** Identify the strengths, weaknesses, opportunities, and threats (SWOT) that are relevant to performing or improving the specified function and record them on the last page of the worksheet for this Essential Service. Examples of factors to consider are provided for each component of the analysis. List concrete examples in the SWOT as it relates to the Essential Service being assessed.

Local MCAH Jurisdiction: Napa County

Assessment of Essential Service #9 Process Indicators

Essential Service #9: Evaluate the effectiveness, accessibility, and quality of personal health and population-based maternal, child and adolescent health services.		
Process Indicator	**Level of Adequacy**	**Notes**
9.1 Do you support and/or assure routine monitoring and structured evaluations of MCAH services and programs? *For example:* • Are routine *process* evaluations built into the planning, implementation, and funding cycles of local MCAH programs? • Are routine *outcome* evaluations built into the planning, implementation, and funding cycles of local MCAH programs? Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population, • Have contracts with local providers that require monitoring and evaluation strategies? • Identify gaps in the provision of MCAH services and programs? • Establish criteria (goals, quality standards, target rates, etc.) to evaluate MCAH services and programs?	☐ ☐ ☒ ☐ 1 2 3 4 1=weak……..4=strong	Within the local MCAH program there are grant funded programs that have routine evaluation and outcomes including TP, TCCC and WEB. These are all collaborative programs and involve community partners. Contracts with partners for the WEB program include participation in evaluation. MCAH as part of the Perinatal collaborative looks at gaps in services as an ongoing process. MCAH, PH and Agency wide Quality Management are in the process of establishing quality standards for all programs.

Assessment of Essential Service #9 Process Indicators (continued)

Essential Service #9: Evaluate the effectiveness, accessibility, and quality of personal health and population-based maternal, child and adolescent health services.		
Process Indicator	**Level of Adequacy**	**Notes**
9.2 Do you collaborate with local or community based organizations in collecting and analyzing data on consumer satisfaction with services/programs and on perceptions of health needs, access issues, and quality of care? *For example:* Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population, • Allocate and/or advocate for funding for state and local efforts to collect information on consumer satisfaction with services and/or programs? • Allocate and/or advocate for funding for state and local efforts to collect information on community constituents' perceptions of health and health services systems needs? • Assist localities in study design, data collection, and analysis (including surveys, focus groups, town meetings, and other mechanisms) for the purpose of obtaining community input on programs and services? • Regularly receive and use input from an advisory structure(s) composed of parents, community members, and/or other constituents?	☐ ☐ ☒ ☐ 1 2 3 4 1=weak……..4=strong	Public Health just finished participating in a community wide needs assessment with local hospitals, Kaiser, Partnership HealthPlan and CHCO. This was the first time the individual required needs assessments were done in a collaborative process. Community input was a large part of the needs assessment. The WEB program collects satisfaction results from parents participating in the program. MCAH and PH have begun to incorporate client satisfaction and input as part of the QM plan. Individual agencies and hospitals serving MCAH population collect their own data and client input, but there is no overall organized system.
9.3 Do you perform comparative analyses of programs and services? *For example:* Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population, • Perform analyses comparing the effectiveness of programs/services across different populations or service arrangements? • Compare local data on program effectiveness with data from other health jurisdictions or the state as a whole?	☒ ☐ ☐ ☐ 1 2 3 4 1=weak……..4=strong	This is not an activity MCAH has engaged in, or had the time, staffing and funding to undertake such a process.

Assessment of Essential Service #9 Process Indicators (continued)

Essential Service #9: Evaluate the effectiveness, accessibility, and quality of personal health and population-based maternal, child and adolescent health services.		
Essential Service Indicator	**Level of Adequacy**	**Notes**
9.4 Do you disseminate information about the effectiveness, accessibility, and quality of personal health and population-based MCAH services? *For example:* Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population, • Report the results of monitoring and evaluation activities to program managers, policy-makers, communities, and families/consumers? • Disseminate information on "best practices" in the local jurisdiction, other LHJs or the state?	☐ ☒ ☐ ☐ 1 2 3 4 1=weak……..4=strong	Sharing of information regarding the effectiveness and quality of services occurs with reports to First Five, the Perinatal Collaborative, CPSP, at the request of the BOS and others. There is no established systemic method of doing this and regularly sharing information and best practices at this time.
9.5 Do you use data for quality improvement at the state and local levels? *For example:* Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population, • Provide data to local agencies for quality improvement activities? • Communicate to local agencies about national, state, or local (public and/or non-governmental) quality improvement efforts, activities, or resources? • Translate information from evaluation activities and best practices reports into local-level programs and policies to improve services and programs?	☐ ☒ ☐ ☐ 1 2 3 4 1=weak……..4=strong	At the local level this is done within PH and the MCAH programs as part of the QM program. First Five is also involved in this process on a community level with grantees. The MCAH program shares information as requested and at the Perinatal Collaborative.
9.6 Do you assume a leadership role in disseminating information on private sector MCAH outcomes? *For example:* Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population, • Identify a core set of indicators for monitoring the outcomes of private providers? • "Come to the table" in discussions with insurance agencies, provider plans, etc. about the use of these MCAH outcome indicators in their own assessment tools?	☒ ☐ ☐ ☐ 1 2 3 4 1=weak……..4=strong	This is not an activity that the MCAH program has been involved in, nor is it an activity that would be necessarily appreciated by the provider community unless we were invited to participate.

SWOT Analysis for Essential Service #9: Evaluate the effectiveness, accessibility, and quality of personal health and population-based maternal, child and adolescent health services.

Strengths *(e.g., human, fiscal, or technological resources; social/political factors; demographic trends; past and current federal involvement/activities; state-local relationships, organizational culture, organizational structure)*

- Within the MCAH program and PH there are strong evaluation components, data analysis of grant programs and a QM program to evaluate effectiveness of MCAH services
- Community agencies and entities have their individual evaluation methods
- The recent collaborative Community Needs Assessment investigated the effectiveness, accessability, quality and needs of the Napa community

Weaknesses: *(e.g., human resources; budgetary restrictions and fiscal resources; technological resources; state-local relationships; organizational culture; organizational structure)*

- Besides the needs assessment there is not an agreed upon systemic method for evaluation of services on a collective, community basis
- Although the MCAH program is looked to for expert advice and information, the provider community would not welcome the MCAH program in a QM role for monitoring outcomes
- Time constraints of individual agencies for looking at the big picture evaluation
- Fuding silos and categorical funding with required evaluation makes more global evaluation, or across service evaluation difficult

Opportunities: *(e.g., human, fiscal, or technological resources; statutory/regulatory changes; community/business resources; social/political changes, technological developments)*

- History of collaboration and networking lends itself to addressing these issues on a larger scale
- Perinatal Collaborative provides a venue for sharing data and collaborative decision making
- Economic crisis presents an opportunity for rethinking and prioritizing needs

Threats: *(e.g., statutory/regulatory change; organizational change/reorganization; social/political factors; demographic trends)*

- Funding, budget cuts, loss of staff and programs
- Economic crisis forces competition for funding and silo mentality

Assessment of Essential Service #10: Support research and demonstrations to gain new insights and innovative solutions to maternal child & adolescent health-related problems.

Instructions

The audience for this tool is the local MCAH system, which includes not only the local MCAH program but also other organizations that contribute to the health and well-being of the MCAH population in the jurisdiction. These may include the local health department, other governmental agencies, healthcare providers, human service organizations, schools, community based organizations, youth development organizations, and many others.

The Process Indicators are used to identify the *current* levels of performance for each of the 10 MCAH Essential Services. First, read through the entire list of Process Indicators for this Essential Service. After reading through the entire list, for each Process Indicator:

1) Discuss the Process Indicator and mark the response category that best reflects how adequately your local MCAH system performs the function based on a 4-point scale with "1" to mean weak or minimal level of adequacy and "4" to mean strong or optimal level of adequacy.

   The following critical points will help the assessment team interpret indicators and reach consensus:
   - **Assess adequacy in terms of "where you are at"** (taking into consideration the contributions of other agencies in the MCAH system) in terms of carrying out the Essential Service. A rating of "4" means that your local MCAH system has the capacity to address that component. Likewise, a low rating indicates your MCAH system needs additional staff and/or resources to perform that component. This is a self-assessment where there are no right or wrong answers, and your jurisdiction will not be ranked against other jurisdictions. The value of the mCAST-5 lies in the discussion it stimulates and does not rely heavily upon the adequacy ratings.
   - Suggested points for discussion, or examples, are provided below each Process Indicator. **These questions are intended as discussion guides only, not as checklists**, and some questions apply to more than one Process Indicator. Discussions should not focus exclusively on these suggested questions, as they do not necessarily represent *all* of the elements that must be in place for adequate performance. If deliberations tend to be focused exclusively on the questions listed, try skipping them and referring only to the indicators themselves.
   - The CAST-5 tool was developed for use by programs operating under a broad range of circumstances. **Some terms/examples may not apply to your local MCAH system.** Skip those questions and continue to the next component.

2) In the "Notes" box, record notes from the discussion that will inform your SWOT analysis. You may also record other comments or alternate viewpoints, as appropriate.

3) **The SWOT analysis is the main focus of the capacity assessment.** Identify the strengths, weaknesses, opportunities, and threats (SWOT) that are relevant to performing or improving the specified function and record them on the last page of the worksheet for this Essential Service. Examples of factors to consider are provided for each component of the analysis. List concrete examples in the SWOT as it relates to the Essential Service being assessed.

Local MCAH Jurisdiction: Napa County

Assessment of Essential Service #10 Process Indicators

Essential Service #10: Support research* and demonstrations to gain new insights and innovative solutions to maternal child and adolescent health-related problems.		
Process Indicator	**Level of Adequacy**	**Notes**
10.1 Do you encourage staff to develop new solutions to MCAH-related problems in Local Health Jurisdictions (LHJ)? *For example:* Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population, • Provide time and/or resources for staff to pilot test, review best/promising practices or conduct studies to determine better solutions? • Identify activities and barriers to the implementation of better solutions to health-related problems? • Implement activities most likely to improve maternal, child, and adolescent health-related conditions?	☐ ☐ ☒ ☐ 1 2 3 4 1=weak…..…..4=strong	Although MCAH is a small program and PH a small Division, there is a history of creative research and studies to determine best practices including: Original Touchpoints research with PHNs Touchpoints Training Project, results were used as basis for MCAH programs, PHN home visiting, TCCC, WEB and IPMHF Data is collected from WEB and TCCC for evaluation and ongoing program improvement
10.2 Do you serve as a source for expert consultations to MCAH research endeavors at the local level? *For example:* Is the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population, • Viewed by local agencies and organizations as a leading and important source of information on MCAH population characteristics (e.g., health status, health service use, access to care)? • Consulted by other agencies when they plan MCAH research?	☐ ☐ ☒ ☐ 1 2 3 4 1=weak…….....4=strong	More and more community partners look to MCAH and PH for expert advice, health indicators and status. This has been greatly enhanced with the new epidemiologist on staff. The MCAH program is often consulted for information and advice.
10.3 Do you conduct and/or provide resources for state and local studies of MCAH issues/priorities? *For example:* Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population, • Provide resources for local demonstration projects and special studies of longstanding and/or emerging MCAH problems? • Respond to RFAs or otherwise seek funding for state and local studies? • Participate in demonstrations and "best practices" research beyond the LHJ boundaries? • Coordinate multi-site studies within the state?	☐ ☒ ☐ ☐ 1 2 3 4 1=weak…….....4=strong	The MCAH program is involved in the Bay Area Bata Collaborative and BARHII. The MCAH program has received First Five and Auction Napa Valley funding for local programs. Not involved in state studies or other local health jurisdiction studies at this time.

*This refers to systematic information gathering and analyses.

SWOT Analysis for Essential Service #10: Support research* and demonstrations to gain new insights and innovative solutions to maternal child and adolescent health-related problems.

Strengths *(e.g., human, fiscal, or technological resources; social/political factors; demographic trends; past and current federal involvement/activities; state-local relationships, organizational culture, organizational structure)*

- History in MCAH and PH of creative research projects to serve as best practices and evidence based approaches for the MCAH population. These are also collaborative projects that involve community partners.
- MCAH program seen as expert and information and advice is sought by community partners and local agencies
- Touchpoints has been used by MCAH program and in the community since 1996 as a philosophical framework for giving care to families and as a unified community approach. Almost 700 providers who work with MCAH population have been trained in the Touchpoints Model
- Recent implementation of universal screening for postpartum depression across practices and home visiting using the Edinburgh

Weaknesses: *(e.g., human resources; budgetary restrictions and fiscal resources; technological resources; state-local relationships; organizational culture; organizational structure)*

- Time constraints for working on mutual/shared research projects
- Competing best practice and evidence based approaches
- Funding opportunities diminishing
- Lack of prioritization regarding the true needs of the MCAH population

Opportunities: *(e.g., human, fiscal, or technological resources; statutory/ regulatory changes; community/business resources; social/political changes, technological developments)*

- Prioritizing needs, taking time to look at true needs of the MCAH population including those not on Medi-Cal
- Formal sharing of research data and best practices
- Taking time for community alignment

Threats: *(e.g., statutory/regulatory change; organizational change/reorganization; social/political factors; demographic trends)*

- Economic crisis, budget cuts, staff and program losses including creative programs and research
- Increasing time constraints due to funding cuts

*This refers to systematic information gathering and analyses.

MCAH Jurisdiction: ___Napa County_____

Stakeholder Participant's Initials	Organizational Affiliation	Sector Represented	Section Provided Input On					
			Mission Statement & Goals	Community Health Profile	Health Status Indicators	Local MCAH Problems/Needs	MCAH Priorities	Capacity Assessment
CA	QVHMC Community Outreach	E	x		x	x	x	x
MB	Public Health-WEB Coordinator	A	X		X	X	X	X
JB	QVHMC Maternity	C	X		X	X	X	x
SC	Public Health-Clinic services	A	x		x	x	x	x
JD	SHH-Maternity	A	x		x	x	x	x
KD	CHCO, Children Weight Coalition	C, E	x		x	x	x	x
CE	QVHMC Community Outreach	E	x		x	x	x	x
WF	Public Health-MCAH Outreach	A	X		X	X	X	X
JH	Public Health-Epidemiologist	A	x	x	x	x	x	x
PJLD	Public Health-MCAH Coordinator	A	x	x	x	x	x	x
RL	Napa Women's Medical Group	C	x		x	x	x	x
DH	QVHMC Community Outreach	E, C	X		X	x	X	x
LK	Public Health-MCAH Director	A	x	x	x	x	x	x
ML	Cope, WEB Home visitor	E, C	x		x	x	x	x
CL	Pediatrician	C	x		x	x	x	x
JM	QVHMC Community Outreach	E	x	x	x	x	x	x
JM	Cope	E	x		x	x	x	x
LP	Midwife NWMG	C	x		x	x	x	x
PP	Partnership HealthPlan	B,C	x		x	x	x	x
SSB	ED First Five	E, F	x	x	x	x	x	x
SM	Public Health Nurse	A	X		X	x	x	x
KT	Napa Valley Women's Health Care	C	x		x	x	x	x
KV	Teen Pregnancy School Program	G	x		x	x	x	x
BL	QVHMC-Maternity	C	x		x	x	x	x
AC	Child Start-Head Start	E, G	x		x	x	x	x
EC	CPSP-Healthy Moms & Babies	E, C	x		x	x	x	x
TJ	Public Health Nurse	A	x		x	x	x	x
GN	Public Health Nurse	A	x		x	x	x	x
MC	Public Health-MCAH Outreach	A	x		x	x	x	x
LJ	Planned Parenthood	C	x		x	x	x	x
TC	Public Health-EMS	A	X		X	x	X	
EH	Public Health-Fiscal	A	X		X	X	X	
KS	Public Health-Health Officer	A	X	x	X	X	X	
MR	Public Health-Clinic Supervisor	A	X		X	X	X	
CL	Public Health-WIC	A	X		X	X	X	
ME	Public Health-CD	A	X		X	X	X	

MCAH Jurisdiction: _____Napa County_____

Stakeholder Participant's Initials	Organizational Affiliation	Sector Represented	Section Provided Input On					
			Mission Statement & Goals	Community Health Profile	Health Status Indicators	Local MCAH Problems/Needs	MCAH Priorities	Capacity Assessment
JS	Public Health-Vital Stats	A	X		X	X	X	
ST	Public Health-EP	A	X		X	X	X	
VVD	Public Health-WIC Director	A	X		X	X	X	
RH	Public Health-WIC	A	X		X	X	X	
BD	Public Health-CCS	A	X		X	X	X	
BRM	Public Health-CCS	A	X		X	X	X	
DB	Public Health-CCS	A	X		X	X	X	
TB	Public Health-IZ	A	X		X	X	X	
TU	Public Health-IZ	A	X		X	X	X	
CMMG	Public Health-IZ	A	X	X	X	X	X	
AH	Public Health-EP	A	X		X	X	X	
MM	Public Health-CCS/EP	A	X		X	X	X	
NC	Public Health-WIC	A	X		X	X	X	
CG	Public Health-WIC	A	X		X	X	X	
EA	Public Health-WIC	A	X		X	X	X	
SE	Public Health-MTU	A	X		X	X	X	
JDLS	Public Health-MTU	A	X		X	X	X	
CS	Public Health-CCS Supervisor	A	X		X	X	X	
SB	Public Health-Clinic	A	X		X	X	X	
YC	Public Health-Clinic	A	X		X	X	X	
MM	Public Health-Manager	A	X		X	X	X	
FT	Public Health-CCS	A	X		X	X	X	
KQ	Public Health-CCS	A	X		X	X	X	
CA	Public Health-MCAH/TCM	A	X		X	X	X	
YMR	Public Health-CCS	A	X		X	X	X	
MA	Public Health-EP	A	X		X	X	X	
LR	Public Health-CD	A	X		X	X	X	
MEM	Public Health-CD	A	X		X	X	X	
SA	Public Health-EMS	A	X		X	X	X	
JS	Public Health-CD	A	X		X	X	X	
OB	Public Health-MCAH/Clinic	A	X		X	X	X	
LJ	AFLP	B,C	x		x	x	x	x
MC	Kaiser-Health Education	C	x		x	x	x	x
MT	Breast feeding Coalition	E	x		x	x	x	x
RM	CHCO Medical Director/CPSP	C, E	x		x	x	x	x

MCAH Jurisdiction: _____Napa County_____

Stakeholder Participant's Initials	Organizational Affiliation	Sector Represented	Section Provided Input On					
			Mission Statement & Goals	Community Health Profile	Health Status Indicators	Local MCAH Problems/Needs	MCAH Priorities	Capacity Assessment
BL	QVHMC-Maternity	C				X	X	X
DC	QVHMC ED Community Outreach	E				X	X	X
MJB	QVMC-Maternity/Pediatrics	C				X	X	X
RW	Family Services NV-Mental Health	C, E				X	X	X
YA	Public Health-MCAH	A	X		X	X	X	
RS	Public Health-CD	A	x		x	x	x	
TL	NEWS-DV Shelter	E	x		x	x	x	x
SS	NCHHS-Drug & Alcohol Program	B	x		x	x	x	x
MS	Community Resources for Children	E	x		x	x	x	x

MCAH Capacity Needs

The MCAH Capacity Needs Assessment process took place in several phases over the course of the MCAH Needs Assessment. The planning group including the MCAH Director, MCAH Coordinator/PSC and MCAH Epidemiologist first completed the Capacity Assessment by reviewing the 10 MCAH Essential Services, discussing the process indicators, and completing the ranking and the SWOT analysis on each. The planning group looked internally at the MCAH programs and how they function as a part of Public Health, and how they function within the community as a part of the larger external infrastructure that supports the MCAH population.

As mentioned previously, at the first and second meetings of the stakeholder groups at the Perinatal Collaborative and Public Health Divisional, the 27 Perinatal Health Indicators and additional MCAH indicators were presented, discussed and ranked by the groups. In addition, the Capacity Assessment was introduced and discussed for future work by the stakeholder group. At the third meeting of the Perinatal Collaborative the stakeholder group completed the Capacity Assessment and SWOT Analysis. First the Essential MCAH Services were presented and then stakeholders were divided into groups for in-depth discussion of 2 to 3 of the MCAH Essential Services and SWOT Analysis. A facilitated discussion followed with each group presenting to the larger group so that all stakeholders had a chance to hear and contribute ideas to all 10 Essential MCAH Services. The results of this process of Capacity Assessment were incorporated into the m-CAST 5.

At the fourth and final meeting of the Perinatal Collaborative for the Needs Assessment process, the results of the Capacity Assessment were presented and summarized. The major themes that emerged from the SWOT Analysis as areas that need improvement occurred in two major categories that included capacity needs regarding data, and capacity needs regarding services. The summary of data capacity needs included: 1) Community-wide collection, coordination and sharing of data; 2) Inclusion of Kaiser in data sharing; 3) Shared outcomes and evaluation-what are our true needs and priorities and are they working; 4) Data on non-Medi-Cal population; and 5) Share and prioritize best practices and approaches. The summary of service capacity needs included: 1) Communication-need for more education and information sharing regarding services; 2) Duplication of services-is there a misperception of duplication and do we need assessment for duplication; 3) Access issues; 4) Prioritizing services in light of decreased funding; and 5) Demographic and transportation issues. As expected the overarching capacity need was regarding funding. There are community-wide fears that as funding sources diminish, programs are cut and staff is lost, and the State budget remains unresolved with anticipated further major cuts and negative impacts, the MCAH programs and infrastructure that has been built over many years is at risk of being lost.
The ranking of the Capacity Needs was done informally, first by the planning group and then by facilitated discussion with the stakeholder group during the fourth Perinatal Collaborative meeting. As mentioned previously, the four top ranked MCAH priorities were discussed in relation to the results and summary of the Capacity Assessment.

Part B (Required). Copy the top 5 to 10 capacity needs (e.g., as ranked in Part A above) and provide your analysis below. Bulleted points are preferred over narrative descriptions.

MCAH Jurisdiction: ___Napa County_____

Capacity Need	How this capacity could be improved (include any short term or long term strategies)	Potential challenges on improving this capacity (e.g., impact on local MCAH services, stakeholder concerns, availability of resources)	How other local organizations, local jurisdictions, or the State MCAH Program can help improve this capacity
Funding-What are our priorities in light of decreased funding	Prioritize services Look for alternative funding sources Consolidate services	Lack of time, staff and resources Competition for scarce resources Funding silos and categorical funding limit ability to prioritize services	Maintaining collaborative relationships
Collection, coordination and sharing of community-wide data	Form data work group with objectives to access community-wide data sources and ability to share information	Lack of time, staff and resources Data systems do not interface-Huge IT challenges	Look at how other LHJ share data Maintain Perinatal Collaborative and collaborative relationships
Inclusion of Kaiser and non-Medi-Cal population data	Form data work group with objectives to access community-wide data sources and ability to share information	Lack of time, staff and resources Kaiser and private providers may not want to participate	Maintain Perinatal Collaborative and collaborative relationships
Shared outcomes and evaluation: what are our true needs and priorities and are they working?	Form data work group with objectives to access community-wide evaluation and outcomes, share information and decide priorities	Lack of time, staff and resources Funding silos/categorical funding may drive evaluation and outcome choices	Maintain Perinatal Collaborative and collaborative relationships
Community-wide shared best practices and evidence based approaches	Form best practices work group Continue universal screening for PPD using Edinburgh	Lack of time, staff and resources Funding silos/categorical funding may drive best practice and evidence based approaches choices	Maintain Perinatal Collaborative and collaborative relationships
Communication: need for more education and information sharing regarding services	Continue education and information sharing through Perinatal Collaborative	Lack of time, staff and resources	Maintain Perinatal Collaborative and collaborative relationships
Duplication of services: is this a misperception or do we need an assessment of duplication?	Consider community-wide inventory of MCAH services through Perinatal Collaborative	Lack of time, staff and resources Other more important competing needs	Maintain Perinatal Collaborative and collaborative relationships