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

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I. EXECUTIVE SUMMARY

The California Department of Public Health, Maternal Child Adolescent Health (MCAH) Branch has mandated that county maternal child adolescent health programs conduct a comprehensive community needs assessment every five years. The data compiled will be used to develop a five-year action plan to guide overall program and funding decisions by the county MCAH program. This document contains the results of these efforts.

This document's intended audience includes the county and state MCAH programs, as well as, anyone interested in maternal and child health issues in Inyo County. One primary goal is that this data will be useful to other service providers in their own planning process and service provision.

The local needs assessment process included the creation of a core MCAH Group that was tasked to review the previous Community Needs Assessment and Five Year Plan and to develop a strategy to conduct the 2009 Needs Assessment. The group consisted of the Inyo County MCAH staff. The group determined that though most of the MCAH priorities were not expected to change dramatically from the last assessment, there was an interest to reassess and update the problem priorities. Input from stakeholders, the medical community and the public were obtained through the use of a survey created by the group.

The use of the survey input along with an analysis of the twenty-seven health status indicators allowed the group to identify the problems and create a needs prioritization for the following five years. Inyo County typically had small numbers specific to the health status indicators, which questions the ability to use the data for problem identification. However, the data was useful in the areas where trends were clearly moving away from the intended Healthy People 2010 goals and the State rate. Highlights from the analysis of the twenty-seven health status indicators included areas related to low birth weights, short inter-pregnancy intervals and access to prenatal care during the first trimester. In addition the indicators demonstrate a high percentage of childhood obesity among Inyo County's children. The data from the indicators further validates the survey results, which identify prenatal access and childhood obesity as local problem areas.

The five problem areas identified through the assessment process reflect current MCAH concerns and emerging public health issues. The following are the problems to be addressed in the next five years and are listed in their prioritized order.

1. Dental Care Access
2. Prenatal Healthcare and associated issues
3. Childhood Obesity
4. Healthcare Access
5. Teen Healthcare Access

The assessment of the local MCAH system and its ability to address the needed health care and related components, activities, competencies and capacities was evaluated through the use of the mCAST-5 instrument. Stakeholders completing the tool were

defined as individuals and organizations that either provides services to the MCAH population or clients representing the target group. The participants completing the mCAST tool were from 4 groups for a total of 22 completed tools. The results were averaged into one consolidated instrument. The capacity needs were identified, ranked and strategies were developed to address the shortfalls indicated by the survey process.

II. MISSION STATEMENT AND GOALS

All *women and* children *(0 to 19 years of age)* residing in Inyo County *shall* ~~reach adulthood having~~ experience~~d~~ a safe, healthy, and nurturing environment. ~~The resulting sense of self-worth, coupled with e-~~Equal access to resources *shall* empower~~s~~ them to develop their unique potential ~~so that they mature~~ *to* realize a strong sense of responsibility to self, culture and society.

Goal #1: All women, children and their families in the county have access to preventive, primary care services to ensure optimal health and well-being.

Goal #2: All children in the county live in a safe, nurturing environment that promotes optimal health, growth, and development.

Goal #3: Agencies serving children and families engage in collaborative and county wide planning and evaluation efforts to ensure provision of a comprehensive community-based health care system.

The core MCAH group developed the overall vision for the community needs assessment planning process and modified the mission statement previously reported 10 years ago. The original mission statement had been prepared by a planning group entitled the MCH Advisory Committee and was comprised of professionals whose clients and patients include members of the MCAH population. The membership included medical providers, educators, local hospital staff, county agencies, community based organizations, the local domestic violence agency and others.

The core MCAH group working on the 2010 assessment determined the mission statement required only simple modifications as seen above.

III. PLANNING GROUP AND PROCESS

The local needs assessment process included the creation of a core MCAH Group that was tasked to review the previous Community Needs Assessment and Five Year Plan and to develop a strategy to conduct the 2009 Needs Assessment. The group consisted of the Inyo County MCAH staff to include the MCAH Director, the MCAH Coordinator, the

Perinatal Services Coordinator and the program administrative secretary. The group determined that though most of the MCAH priorities were not expected to change dramatically from the last assessment, there was an interest to reassess and update the problem priorities.

The MCAH group met consistently each week during the assessment process to develop assessment strategies, create tools, assign tasks and finally analyze the results of the data. The previous MCAH assessment problem list was modified to address public health issues that had emerged over the past five years and a survey was created. (See Appendices 1a, 1b and 1c). Input from stakeholders, the medical community and the public were obtained through the use of the survey. Additionally a survey was developed to target pregnant women to assess access to dental services during pregnancy. (See Appendix 2).

As part of the planning process, the MCAH staff collaborated with the Inyo County First Five Commission in their mandate to conduct a five-year community assessment. The MCAH staff attended the community town hall meetings, which functioned to obtain input from the attendees regarding community needs. (See Appendices 3a, 3b, 3c, and 3d). First Five and the MCAH group shared information to facilitate each of their goals to obtain community and stakeholder input.

The completed Worksheet A: MCAH Stakeholder Input Worksheet enumerates the stakeholders, partners and community members that were involved in the local needs assessment and indicates the portion of the assessment in which the input was provided. (Refer to attached Worksheet A).

IV. COMMUNITY HEALTH PROFILE

MCAH Program Functions with in Public Health

Inyo County, as a rural community, facilitates networking among MCAH providers on many levels including planning, problem solving, and the coordination and provision of direct services. The dynamics are unique to rural counties since the MCAH Director is also the CHDP Deputy Director, CCS Administrator, Communicable Disease Controller, Immunization Coordinator, Disaster Preparedness Coordinator, direct supervisor of the MCAH Coordinator and PSC Coordinator, functions in the clinical setting as a Public Health Nurse and the Clinical Services Director of the Health Department. Public Health is a division within the Department of Health & Human Services. As part of a super-agency, the MCAH Director in the dual role of the Clinical Services Director collaborates closely with Social Services, Behavioral Health, Alcohol & Other Drugs, Child & Adult Protective Services, Senior Services, First Five, and Prevention Services.

The MCAH Coordinator functionally coordinates the MCAH outreach programs, distributes educational materials to stakeholders, and attends multiple collaboratives as an

advocate for the maternal child and adolescent population. The Coordinator facilitates the county High Risk Families Program and functions in the clinical setting as a Public Health Nurse and the clinic manager. These multiple roles within the Health Department allow the MCAH Coordinator to network with many issues of maternal child health care delivery.

The Perinatal Services Coordinator focuses on the needs of the pregnant women and family and keeps the local CPSP providers up to date on program changes and guidelines. The PCG nurse as part of the MCAH team works directly with the at risk perinatal clients and facilitates referrals as needed. Both nurses work at the public health clinics providing direct reproductive health services to women and immunizations to children. Additionally they provide healthcare in the county jail and juvenile facility to the high risk incarcerated woman or minor.

The MCAH program has a bi-lingual, bi-cultural staff person that is well integrated and well known as an advocate for the Hispanic community. She functions as a translator, outreach worker, community liaison and educator. The need to address dental access has been a long-term problem in Inyo County. The MCAH program has a part time dental case manager that assists women and child into dental care by setting appointments, facilitating dental insurance and providing transportation.

The total public health team consists of 2 full time PHNS, 3 full time RNs, 1 part time nurse practitioner, 1 part time case manager, 2.5 full time health aides/ office assistants, 1 full time administrative secretary, 1 part time prevention specialist and 1 part time Health Officer. Each position devotes varying percentages of their work to providing services to the maternal-child health population.

MCAH Program Functions with the Larger MCAH System

Multiple county collaboratives look to the MCAH staff to represent the maternal child adolescent population and function as an advocate for the needs of the population. In this role the staff brings expertise and a knowledge of resources. The networking facilitates planning, problem solving, and the coordination and provision of direct services. The MCAH Director and Coordinator have assumed the leadership on multiple task forces, working groups and committees within the larger MCAH system.

The MCAH programs and direct services at the public health department have always functioned as a safety net assuring that the maternal, child and adolescent populations are offered comprehensive care. If there is a designated gap in services and it is impossible or inappropriate for the public health to deliver the services, the MCAH Director and/or the MCAH Coordinator research the feasibilities of multiple service delivery models, funding sources and working with the stakeholders to address the gap.

Community Profile

Geographic features

Inyo County is a rural, geographically isolated county located on the east side of the Sierra Nevada, between the mountains and the California-Nevada border. It is the second largest county in California with a total area of 10,227 square miles. It encompasses the deepest valley in North America, the Owens Valley; the highest elevation point in the lower 48 states, Mt. Whitney (14,495 feet); the lowest elevation point, Bad Water (-282 feet). Most of the land within the county is under federal ownership (92%). Less than 2% of the land is in private ownership.

US Highway 395 is the main north/south route, joining many of the communities the length of the county. The construction to complete the two-lane highway project will be completed in 2010. It is at least fours by car to reach a moderately large city in California and at least three and one half hours by car from the northernmost communities to Reno, Nevada. Mountain pass road closures can limit access to the county from mid October to June. Windstorms have occasionally closed US 395 severing the county in two for periods up to a few hours.

Inyo County is sparsely populated. The most recent census indicated a population of 17,136 spread across the small towns of the Owens Valley with approximately 2 persons per square mile. The largest town is Bishop with approximately 3457 residents within the city limits and 10, 300 residents in the surrounding area. While over half of the population lives in Bishop area, the US Census Bureau does not consider them to be living in an urbanized area, in sharp contract to the population of California, which over 90% urban.

Population

The population of Inyo County has decreased by 4.5% since 2000. The decline may have been due to a variety of factors-loss of jobs in key sectors such as mining, migration of wage earners and families and changes in the pattern of births and deaths.

Race/Ethnicity

The county's population base is changing in ways that parallel to the state. The percentage of the population that is white is estimated to have declined from 81% in 1990 to 78% in 1998 and finally to 69% in 2008. This shift is due to the aging of the white population. The fastest growing population group is Hispanic due to a steady level in migration and a younger population in which births exceed deaths. The number of Hispanic residents increased from 8.4% in 1990 to 10.6% in 1998 to 17% in 2008. The number of English learners in Inyo County Schools has steadily increased from 185 students in 1995 to 333 students in 2008. There are five recognized tribal entities in Inyo County located in Bishop, Big Pine, Independence, Lone Pine and Furnace Creek. The Native American population grew slightly from 9.3% in 1998 to 11% in 2008.

Age

The population of Inyo County is getting older. Data shows that percent of 18 years old and younger has continued to decrease since 1980 in which this group was at 25.5%. In the 1990 census the percentage decreased to 24.3% and as of 2007 the number has dropped to 21% of the total population. Consistent with this trend the median age has increased over the past 2 decades. In 1980 the age was 35.5 and increased to 39 in 1990. In the 2000 census the median age increased to 43 years. There is a slight increase of 1% in the 65 years and older population from 18.5% (1990) to 19% (2000).

Income and Family Size

The median family income is $46,685 per year. 36% of the households have a woman as the wage earner, which is noteworthy since the median income for women in Inyo County is $12,000 less than the median income for men. The average size of a family through out the county is 2.88.

Poverty

According to the 2007 updated census information 11% of the population live 100% or less of poverty. This figure has been consistent for the past 19 years. The population that is less than 200% poverty is 31%.

Unemployment Rates

Inyo's economy is based primarily on the leisure and hospitality industries, although the government sector is the largest employer, accounting for 40% of all jobs in 2006. Inyo County's current unemployment rate (March 2009) is 9.3%, which is an increase of 3.4% from a year ago. This increase is consistent with the state increases of unemployment over the past year. In March 2008 the state had an unemployment rate of 6.6 and with an increase of 5.4% over the past year it is now at 12%. This current rate change is reflects the nationwide economic crisis and future forecasting predicts ongoing problems with unemployment for another 2 years.

Description of Health Services System

Inyo County, with it's rural nature and isolated communities, has been designated as a Health Professional Shortage Area (HPSA) for medical services and a Dental Professional Shortage Area (DPSA) in the delivery of dental care.

Medical Facilities

- Two hospitals are located in the county: one in Bishop, and one in Lone Pine. Northern Inyo Hospital in Bishop is a general and acute care facility with 25 beds, 4 ICU beds, 6 obstetric beds, 24-hour emergency room, and is staffed by 33 resident and contract physicians and surgeons. A hospital based rural health clinic is open to all insurance types with clinic hours 8-5, five days a week.
- Southern Inyo Hospital/Clinic, located in Lone Pine has 4 acute beds and 4 emergency room beds. They have one full time physician, and 2 contract physicians. A hospital based rural health clinic is open to all insurance types with clinic hours 8-5, five days a week.
- The Inyo County Health and Human Services, Public Health Division

maintains community clinics in Bishop and Lone Pine. Their staff includes one part-time Health Officer, a part-time nurse practitioner, and 6 nurses. The Inyo County Family Dental Program provides case management services to facilitate clients into dental care. There are case management services available for the HIV population and community nurses addressing high-risk family needs.

- Toiyabe Indian Health Project operates medical and dental clinics in Bishop and Lone Pine. Services at the Bishop clinic are offered to both Native American and recently opened to non-Native American population. Both clinics provide prenatal care and CHDP check-ups. However deliveries are limited to Northern Inyo Hospital. A dialysis unit is open to all Inyo residents at the Bishop clinic.
- There are skilled nursing facilities in Bishop and Lone Pine (at Southern Inyo Hospital).

Medical and dental Providers

Specialty	Number of Providers*	Location
Dental	9	8 in Bishop 1 in Lone Pine
Family Practice	11	8 in Bishop 3 in Lone Pine
Gynecology	2	Bishop
Internal Medicine	3	Bishop
Obstetrics	1	Bishop
Ophthalmology	1	Bishop
Pediatrics	3	Bishop

* Number of providers is not reflective of FTE.

For a thorough list of local resources established to improve maternal, child and adolescent health see Appendix 4.

Health Access: a Risk to Health Status in Inyo County

The lack of low cost health insurance, lack of Denti-Cal providers, and geography are the primary challenges to the delivery of maternal child health services in Inyo County. Poverty and cultural barriers are also important factors in access to services. The majority of Inyo County's health and social service agencies are based in Bishop, located at the northern end of the county. Some agencies also have offices located in Independence and Lone Pine, which is still a several hour drive for some outlying communities. Because there is limited public transportation traversing the length county, it is very difficult for residents residing in the southern communities who don't own cars to access services. The Death Valley, Tecopa, and Shoshone areas are of the most isolated communities. Residents of these communities mostly go across the Nevada state line into Pahrump for services, however these medical providers do not accept Medi-Cal. These individuals must travel to southern California towns south of Inyo County for regular medical care.

The lack of dental providers offering services to Medi-Cal patients has created a huge gap in the delivery of health care services for medically underserved, indigent populations in Inyo County. For over 20 years the local dentists have had their practices closed to the "new" Denti-Cal client. To address the need public health has maintained a part time dental case manager to provide "gate keeping" functions to assure client compliance, set appointments and provide transportation. Sierra Park Dental Clinic in Mono county (45 miles north of Inyo county) has been willing to collaborate with the dental case manager to see Inyo residents 2 to 3 half days a month. In addition, Toiyabe Indian Dental Clinic working with the dental case manager has recently re-opened its practice to non-Native Americans. Consistent delivery of dental services through Toiyabe has been unreliable due to their difficulty in maintaining dentists and changing Tribal policies. A 5 year collaboration with First Five's Oral Health Initiative through a Wellness Foundation Grant funding a school-based oral health program ended in December, 2008. The four components of the school-based oral health program were education, screening, sealants, and case management. The rate of the screening averaged 650 annually with 160 children receiving sealants. Children identified with dental needs without a dental home were referred to the dental case manager and treatment was provided.

Inyo County is a designated Dental Health Professional Shortage Area (DPSA). There is a total of 7.28 Full Time Equivalent (FTE) dental care providers with only a .29 FTE addressing the needs of the Denti-Cal population. At the time of the last DPSA application, the ratio of population to dental providers was 2,054:1, however, the ratio of population to dental providers for the low-income population is 16,362:1.

Historically, inadequate access to medical services for the CMSP and Medi-Cal population had been a problem for the adults of Inyo County. The northern end of the county with the majority of the population was designated as a Health Professional Shortage Area (HPSA) in 1999. And within 2years Northern Inyo Hospital and a private practice established rural health clinics. The 2004 HPSA application indicated that the 14 physicians represent an 11.4 FTE. An analysis of the Medi-Cal claims indicated that less than 1 FTE of a provider services the low-income patients (.79 FTE). Even with the availability of the rural health clinics the utilization of the facilities by the targeted populations is minimal. Data from the hospital rural health clinic indicates only 16.5% of the clients accessing the clinic are Medi-Cal or CMSP. The remaining distribution of payment sources include: 34% MediCare, 39% private insurance and 10.6% are either cash pay or Charity Care due to no insurance.

Finally, the lack of health insurance is another barrier to the delivery of maternal child health services. Many of the working poor in Inyo County earn wages that disqualify them for Medi-Cal and Healthy Families or are ineligible due to lack of citizenship status. The rural health clinics do provide sliding scales as a mechanism to contain costs for the uninsured. However, the hospital requires anyone applying for the sliding scale benefit to go to Inyo County Social Services and obtain a Medi-Cal denial. This additional step has functioned as a further barrier for the uninsured seeking medical care. Needed treatment is often delayed until it becomes an emergency. It is hard to design effective outreach programs to address this population's needs.

V. Health Status Indicators

Refer to attached ***Worksheet B***
Local Title 5 Indicators & Trends

Other Health Status Indicators

The other sources utilized to gain an understanding of the health of the MCAH population in Inyo County are referenced in the appropriate sections. Summaries of several of the findings have been captured in graph form and are forwarded as appendices. The longitudinal study that clearly depicts the dental environment of school age children as a result of a 5 year funded oral health initiative is included in it's entirety.

Other documents used in the assessment but not included are: 1) The First 5 Inyo County's 2009-2014 Strategic Plan recently released in May, 2009; 2) the 2004 Application for HPSA Designation for MSSA 53 Bishop Inyo County; and 3) the 2007 Application for DPSA Designation for MSSAs 53 & 54 Bishop Inyo County.

VI. Local MCAH Problems/ Needs

The five problem areas identified through the assessment process reflect current MCAH concerns and emerging public health issues. The following are the problems to be addressed in the next five years and are listed in their prioritized order.

1. Dental Care Access
2. Prenatal Healthcare and associated issues
3. Childhood Obesity
4. Healthcare Access
5. Teen Healthcare Access

Stakeholder Input Process

Stakeholders were defined as individuals and organizations that either provides services to the MCAH population or clients representing the target group. The overall method of obtaining input into the assessment process was through surveys and their analysis and by community meetings designed to engage participants to contribute ideas about needs.

The survey used was developed by modifying the previous MCAH assessment problem list to include the public health issues that had emerged over the past five years. (See Appendix 1a, 1b, and 1c). Input from stakeholders, the medical community and the public were obtained through the use of the survey. There were a total of 160 surveys

completed. 102 came from service providers and 58 from the public. (See Appendix 5a and 5b). Additionally a survey was developed to target pregnant women to assess access to dental services during pregnancy. (See Appendix 2). This survey brought the public input up by another 19.

In collaboration with the Inyo County First Five Commission staff, the MCAH staff assisted with and attended community town hall meetings, which functioned to obtain input from the attendees regarding community needs. (See Appendices 3a, 3b, 3c, and 3d). The community meetings served as a launching point for surveys designed by the First Five staff to assess and prioritize need categories of the families with children ages 0 to 5 years. A total of 1500 surveys were distributed with a response rate of 20%, 256 from parents and 88 from providers for a total of 344 respondents. First Five and the MCAH group shared information to facilitate each of their goals to obtain community and stakeholder input.

The completed Worksheet A: MCAH Stakeholder Input Worksheet enumerates the stakeholders, partners and community members that were involved in the local needs assessment and indicates the portion of the assessment in which the input was provided. (Refer to attached Worksheet A). Please note the Worksheet A lists the stakeholders responding to the MCAH survey, it does not enumerate the respondents to the First Five survey process.

Problem Areas and Descriptions

1. Problem Area: Dental Care Access

Problem Description: Poor oral health among low income children and families

The lack of dental providers offering services to Medi-Cal patients has created a huge gap in the delivery of health care services for medically underserved, indigent populations in Inyo County. Over the past 20 years of this problem, the County of Inyo, Public Health and more recently First Five has addressed the access problem with grant funding that has provided a full spectrum of strategies for periods of time. It has been a challenge to consistently build sustainability into the grants.

The most effective and enduring intervention has been maintaining a part time dental case manager to provide "gate keeping" functions to assure client compliance, set appointments and provide transportation. In fiscal year 2008/09 the dental case manager received 157 referrals for children unable to access dental care. The referrals came from the school-based oral health program funded through the First Five Oral Health Initiative. The four components of the school-based oral health program were education, screening, sealants, and case management. The referrals represented children with treatment needs ranging from moderate to severe or needing dental insurance. 56% of the children participating in the school dental program were either without dental insurance or had Denti-Cal. In both situations the children would need help obtaining dental services. Over

the 5 years of the program a rate of 650 children were screened and 160 children received sealants.

In 2008/09 78 children were assisted in finding a dental home by the dental case manager. A longitudinal study evaluating the school based oral health program written by the consulting dentist/ MPH concluded the following when reviewing the data of classrooms participating over the entire time period: "The most significant finding is the reduction in the number of children with frank caries requiring restoration" (See Appendix 6). The funding for the school-based program ended December 2008.

Inyo County is a designated Dental Health Professional Shortage Area (DPSA). There are a total of 7.28 Full Time Equivalent (FTE) dental care providers with only a .29 FTE addressing the needs of the Denti-Cal population. At the time of the last DPSA application in 2007, the ratio of population to dental providers was 2,054:1 however; the ratio of population to dental providers for the low-income population is 16,362:1.

2. Problem Area: Prenatal Healthcare and associated issues

Problem Description: Delayed Entry into Prenatal Care

The local Title V Health Indicators demonstrates a significant occurrence of women in Inyo County seeking prenatal care after the first trimester of pregnancy. The rate of women seeking care after the first trimester during the period of 2004 through 2006 was 32%. The State rate during this same period was 19.5%. Examining the trend over the period of 1995 through 2006, Inyo County when compared to the State and 2010 Healthy People Objectives continues to move away from the goal of 90% of all pregnant women seeking care within the first trimester.

Consistent with this data trend, Inyo County continues to maintain an occurrence of low birth weights higher than the stated 2010 Healthy People Objective and is actually moving away from the 2010 goal. However in this instance the County is consistent with the overall State birth weights.

Locally there is no association with delayed entry into prenatal care and low birth weight occurrences. In fact it is difficult with the current available information to demonstrate locally negative health outcomes for the infant whose mother chose to enter prenatal care after the first trimester. However, since the literature clearly associates delayed entry into care with low birth weight and multiple other problems for the infant, Inyo County has identified this as a MCAH problem to focus on over the next five years.

3. Problem Area: Childhood Obesity

Problem Description: Childhood Obesity

Several sources of data indicate that the children of Inyo County are overweight or are considered at risk for being overweight. The local Title V Health Indicators demonstrates a significant occurrence of overweight among children under 5 years of age increasing over the period of 1995-1997 at 12.8% to 17.4% during the period of 2004-2006. Similarly the child between 5 to 19 represent an increase of overweight rates during the same periods from 20% to 28.7%. These values are far from the 2010 Healthy People goal of a 5% rate.

In 2007 when the Pediatric Nutrition Surveillance data clearly indicating the magnitude of the overweight problems among Inyo county children became available the local service provider community alerted to the problem felt a need to address this growing public health epidemic. Inyo County Public Health took the lead in establishing a task force with the mission to reduce the disability and chronic disease associated with obesity in children by reducing the incidence of obesity through the improvement of nutrition and physical activity. Participants included: First Five representation, WIC nutritionist, social services and public health staff. The task force came up with several one-time activities to address the issue that each participating agency could implement. However to sustain the momentum the group acknowledged the need to collaborate with programs such the City Parks & Recreation and the Inyo County Prevention programs. There also was a need within the communities to recognize the growing problem. In an attempt to assess community awareness, a survey was conducted at the annual County fair in 2007. The results were not conclusive.

This year the First Five 2009-2014 Strategic Plan through it's community assessment process identified the following objective and indicators:

Children have access to proper nutrition and the fitness resources to maintain a healthy weight.

1. *Number and percentage of parents and caregivers who are educated regarding appropriate nutrition and fitness, and are implementing this knowledge with their children ages 0-5.*
2. *Number and percentage of children ages 0-5 who eat a healthy diet and engage in age appropriate active play.*
3. *Number and percentage of children ages 2-5 that are in the expected range of height and weight.*

The above objective was determined based on the survey responses of 257 parents and 88 service providers that consistently indicated that nutrition and fitness focus needs were among the highest needs for the 0-5 population.

Similarly the MCAH Community Assessment surveys demonstrated that childhood obesity ranked high in concerns by the medical community as well as the public. (See Appendix 5a and 5b). Clearly the service providers ranked it as the number 2 problem and the public ranked it as number 1 of all the identified options.

4. Problem Area: Healthcare Access

Problem Description: Minimal utilization of the primary healthcare system by the adult low income and uninsured population

There appears to be a two prong problem specific to healthcare access by the low income and uninsured adults of Inyo County. Clearly demonstrated by the 2004 HPSA data there is a shortage of physicians providing services to the Medi-Cal and CMSP insured population. The 2004 HPSA application indicated that the 14 physicians represent an 11.4 FTE. An analysis of the Medi-Cal claims indicated that less that 1 FTE of a provider services the low-income patients (.79 FTE).

The establishment of the NIH rural health clinic created a facility with additional providers and a reimbursement mechanism to create incentives for the clinic to see the Medi-Cal/CMSP clients. However, the second aspect of the access problem is that even with the availability of the rural health clinics the utilization of the facilities by the targeted adult populations is minimal. Data from the hospital rural health clinic indicates only 16.5% of the clients accessing the clinic are Medi-Cal or CMSP. The remaining distribution of payment sources include: 34% MediCare, 39% private insurance and 10.6% are either cash pay or Charity Care due to no insurance.

This minimal utilization of the primary healthcare system by the adult low income and uninsured population challenges public health to examine the reasons for low usage. Over the next 5 years MCAH will focus on defining the causes for the low utilization and begin to identify strategies in addressing access.

5. Problem Area: Teen Healthcare Access

Problem Description: Limited Utilization of Confidential Health Services by Inyo County Teens

Anecdotal reports of high-risk behaviors of Inyo County teens expressed by the teens plus the concerns and frustrations verbalized by medical providers and school professionals working with the teens places this problem as a target area for the next 5 years. However, there are minimal statistics that demonstrate a high occurrence of the negative consequences typically seen with high-risk behaviors such as teen pregnancy or sexually transmitted disease.

The teen pregnancy rate in Inyo County is not inordinately high, but in a small community even an increase of a few pregnancies a year causes an alarm among the service providers looking at limited resources to assure healthy pregnancy outcomes in this population. In 2007 13.7 (25) of the total births were to teens. 50% of the clients served under the Inyo County Public Health High Risk Program for a total of 16 are pregnant or parenting teens. In addition, teen pregnancy birth rates do not accurately reflect the level of teen pregnancy since indicators such as emergency contraception use of pregnancy terminations are not adequately tracked locally. This number has not significantly increased over the past several years.

A comparison of the number of adolescent visits to the Inyo County Family Planning clinics in 2001 to 2008 clearly demonstrates an increase in utilization. (See Appendix 7). This is occurring as the incidence of sexually transmitted diseases (STDs) has gone up

and reached a plateau. A review of the total number of sexually transmitted diseases from 1999 to 2007 indicated an average of 42% of the total countywide cases occurred among the 15 to 19 year olds. Clearly as teen utilization of services go up, the ability to identify STDs increases as demonstrated by case counts. The ongoing STD cases among teens illustrate the relationship to the high-risk behavior activities and an expressed need to increase the utilization of confidential health services among teens.

VII. MCAH PRIORITIES

Worksheet C3: MCAH Priorities Worksheet

The required worksheet is attached and includes the Prioritization of the 5 problem areas. During the problem description process the core MCAH GROUP refined each area.

Priority 1 Dental Care Access: Poor oral health among low-income children and families

Priority 2 Prenatal Healthcare: Delayed Entry into Prenatal Care

Priority 3 Childhood Obesity: Childhood Obesity

Priority 4 Healthcare access: Minimal utilization of the primary healthcare system by the adult low income and uninsured population

Priority 5 Teen Healthcare Access: Limited Utilization of Confidential Health Services by Inyo County Teens

Worksheet C1: MCAH Needs Prioritization Worksheet

The local needs assessment process included the creation of a core MCAH Group that was tasked to review the previous Community Needs Assessment and Five Year Plan and to develop a strategy to conduct the 2009 Needs Assessment. The group consisted of the Inyo County MCAH staff. The group determined that though most of the MCAH priorities were not expected to change dramatically from the last assessment, there was an interest to reassess and update the problem priorities. Input from stakeholders, the medical community and the public were obtained through the use of a survey created by the group.

The survey results were used to assist in the prioritization process. (See Appendix 5a and 5b). Overall Dental Care Access and Childhood Obesity lead in highest priorities with prenatal healthcare, teen healthcare access, and healthcare access ranking very close to one another. The core MCAH group chose to further develop the prioritization process by using Worksheet C1. The group agreed upon the criteria contained in Worksheet C1. The next step was to develop criteria rating scales and the group decided to use a ranking scale based severity of the consequences.

The scoring of the problems was conducted as a group activity versus individually with the MCAH Director functioning as the facilitator. The benefit of a group process allowed for the opportunity to discuss problem consequences and impacts. Not all of the criteria were considered by the group members to be of equal importance resulting in lively discussions as the group explored each problem. In the end the group was satisfied that

the process was conducted in an objective and sensitive manner. If a participant did not agree with the majority of the group, she was brought into the process and agreed to accept the group result.

VIII.Capacity Assessment

Worksheet D: Consolidated mCAST-5 Instrument

Four groups of stakeholders for a total of 22 individual mCAST instruments were completed. An average of all the input was used in the consolidated instrument.

IX. MCAH Capacity Needs

Stakeholder Input Process

Stakeholders were defined as individuals and organizations that either provides services to the MCAH population or clients representing the target group. The participants completing the mCAST tool were from 4 groups for a total of 22 completed tools. The groups included: the entire public health staff, the core MCAH group, the Healthy Families Working Group and the Health & Human Services Lead Program Managers. These groups were selected to complete the mCAST because of their understanding of the MCAH mission and close collaboration with MCAH staff. An average of all the input was used in the consolidated instrument.

Major SWOT Themes

There were three dominant themes in the SWOT. Repeatedly viewed as a strength is the ability of the local MCAH staff to use their dual role as MCAH staff and direct providers in service delivery to the target population. This perspective and hands on experience provides a knowledge base of the MCAH focused programs, eligibility and availability in Inyo County. The knowledge of resources and ongoing direct contact with the MCAH population maintains a sensitivity to the needs and promotes advocacy. The small rural community atmosphere facilitates knowledge of the county, the MCAH populations as individuals and strong working relationships with the stakeholders.

A recurrent theme presenting as a weakness is the lack of human resources within the local MCAH staff. The program staff is funded part time in MCAH, which limits time dedicated to the MCAH activities. Data analysis has a limited focus due to limited staff resources and experience. Repeatedly the overshadowing issue of the changing fiscal environment threatening staff, funding and program development surfaced through out the SWOT analysis.

Ranking System

The ranking system used was conducted as a group activity by the core MCAH group. The initial step was to identify the essential service areas in which there was a ranking of 1 in any of the questions. This resulted in 7 of the areas being designated as "capacity need". Then the group using the MCAH Capacity Needs Worksheet E Part A scored the items. The benefit of a group process allowed for a thorough discussion of each essential service when considering each criterion for scoring. Five "capacity needs" were further developed using the Worksheet E Part B.

Worksheet E Part B: MCAH Capacity Needs Worksheet

The worksheet is enclosed.

Appendices

APPENDIX 1a: Patient Survey

TO: Our Patients

We are trying to understand what you think are the problems in our towns. Please take a few minutes to complete this survey and return to the staff at the window. Thank you.

Please circle how you rank each problem listed below. 4 = big problem 3 = a problem 2 = somewhat of a problem 1 = a little problem 0 = no problem

0 1 2 3 4 1. **It is a problem getting to see a doctor in our county.**
Maybe these are reasons for the problem: 1) The doctors are all in Bishop and I can't get to them. 2) I have no insurance or the doctors don't take my insurance. 3) No one speaks my language. 4) I have no way to get to the doctor.
Other: _____

0 1 2 3 4 2. **Teenagers have a problem finding information about how to avoid pregnancy, getting to see a doctor to get birth control or treatment of a sexually transmitted disease.**
Maybe these are reasons for the problem: 1) Teens don't know what services are here for them. 2) Teens are afraid. 3) Teens don't think they may be at risk. 4) Teens are afraid that their parents will find out. 5) The community does not think there is a problem
Other: _____

0 1 2 3 4 3. **It is a problem getting to see a dentist in our county.**
Maybe these are reasons for the problem: 1) The dentists are all in mammoth & Lone Pine Bishop and I can't get to them. 2) I have no insurance or the dentists don't take my insurance. 3) No one speaks my language. 4) I have no way to get to the dentist. 5) My child needs a specialist dentist and there aren't any here. 6) I am pregnant and need to see a dentist but don't have one.
Other: _____

0 1 2 3 4 4. **The number of overweight children are a problem in our county.**
Maybe these are the reasons for the problem: 1) People do not know it is a problem so nothing is being done about it. 2) There is no one to talk to about eating right to us or our children.
Other: _____

0 1 2 3 4 5. **There are problems with making sure every baby is born healthy in our county.** Maybe these are the reasons for the problem: 1) women are not getting to see the doctor early in their pregnancy. 2) Many pregnant women have taken drugs or drank alcohol while they were pregnant. 3) Many pregnant women have been hit by their boyfriend or husband while they were pregnant.
Other: _____

Please write in any other problems not listed above:

_____

_____

Appendix 1b: Service Provider Survey

TO: All HHS Staff

Every five years public health is mandated to examine the needs of the women, children and adolescents of Inyo County. Where do you begin to objectively look at our women and families?

It is logical to build on the previous assessment results, examine new local data and go to the experts for their opinion.

YOU are the experts and we value your thoughts on our shared clients.

Please take a few minutes to complete this survey and forward to Melissa Baker at South Street. Thank you.

Please rank each problem listed below. 4 = problem 0 = no problem

0 1 2 3 4 1. Health Care Access

Contributing Factors: geographic location of providers, uninsured, cultural barriers, access for women, children, teens transportation, limited providers utilizing the Immunization Registry

Other: _____

0 1 2 3 4 2. Teen Health Care Access

Contributing Factors: access to education related to pregnancy prevention and risk reduction behaviors; transition from pediatric to adult medicine, access to contraceptive services, access to unplanned pregnancy interventions, sexually transmitted disease rates, Internet safety education, dating violence

Other: _____

0 1 2 3 4 3. Dental Care Access

Contributing Factors: access to care, uninsured, providers accepting insurance/DentiCal, transportation, specialty providers for the pediatric patient, prenatal management of caries

Other: _____

0 1 2 3 4 4. Childhood Obesity

Contributing Factors: lack of nutrition counseling for adults and children, community awareness

Other: _____

0 1 2 3 4 5. Prenatal Health Care

Contributing Factors: access to care among high risk population, seeking access early in pregnancy, alcohol/drug substance exposed fetus, domestic violence

Other: _____

Please identify other potential problems not listed above:

_____

_____

Appendix 1c: Medical Provider Survey

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Division
Jean Dickinson, Director
207A West South Street
Bishop, CA 93514
TELEPHONE (760) 873-7868
FAX (760) 873-7800
EMAIL healthofficer@inyocounty.us

To: Inyo County Medical Providers

From: Tamara Cohn
Maternal, Child and Adolescent Health Director

Every five years pubic health is mandated to examine the needs of the women, children and adolescents of Inyo County. Where do you begin to objectively look at our women and families? It is logical to build on the previous assessment results, examine new local data and go to the experts for their opinion. YOU are the experts and we value your thoughts on our shared clients.

Please take a few minutes to complete this survey and forward to Melissa Best-Baker at 207A West South Street, Bishop, CA 93514 or via FAX 760-873-7800.

Please rank each problem listed below. 4 = problem 0 = no problem

0 1 2 3 4 1. Health Care Access
Contributing Factors: geographic location of providers, uninsured, cultural barriers, access for women, children, teens transportation, limited providers utilizing the Immunization Registry
Other: _____

0 1 2 3 4 2. Teen Health Care Access
Contributing Factors: access to education related to pregnancy prevention and risk reduction behaviors; transition from pediatric to adult medicine, access to contraceptive services, access to unplanned pregnancy interventions, sexually transmitted disease rates, Internet safety education, dating violence
Other: _____

0 1 2 3 4 3. Dental Care Access
Contributing Factors: access to care, uninsured, providers accepting insurance/DentiCal, transportation, specialty providers for the pediatric patient, prenatal management of caries
Other: _____

0 1 2 3 4 4. Childhood Obesity
Contributing Factors: lack of nutrition counseling for adults and children, community awareness
Other: _____

0 1 2 3 4 5. Prenatal Health Care
Contributing Factors: access to care among high risk population, seeking access early in pregnancy, alcohol/drug substance exposed fetus, domestic violence
Other: _____

Please identify other potential problems not listed above:
_____

_____

Appendix 2: Prenatal Survey

WE ARE TRYING TO UNDERSTAND THE DENTAL NEEDS OF PREGNANT WOMEN IN OUR COMMUNITIES, PLEASE HELP US BY COMPLETING THIS BRIEF SURVEY.

1. Have you been having problems with your teeth? ☐Yes ☐no
2. Have your teeth become worse since you became pregnant? ☐yes ☐no

3. How would you describe the condition of your teeth?
☐ Very good ☐ Good ☐ Fair ☐ Poor ☐ Don't know

4. How would you rate your child/children's Dental health?
☐Good ☐Fair ☐Bad ☐Need Help

5. Do you need help with your Dental health? ☐Yes ☐No
If yes, please let us know how we can help you:

☐ Help finding a Dentist	☐ Education	☐ Insurance	☐ Transportation	☐Other-Please let us know how we can help _____ _____	Please fill in your name and phone number so we may contact you Name:_____ Phone:_____

6. Do you brush and floss your teeth regularly? ☐yes ☐No

7. Do you have a dentist?
☐ for you only ☐your children only ☐for whole family
Is your dentist: ☐ located in Inyo County ☐located in Mono ☐ out of area

8. About how long has it been since you last visited a dentist?
☐ less than 6 months ☐ over a year ago ☐ over two years ☐ Never been to dentist

9. Was your dental visit for:
☐ a specific dental problem ☐ routine checkup? ☐ both ☐other_____
10. If you have not visited the dentist in along period of time (over two years) can you let us know what prevented you from going to the dentist?

☐ Scared of going to dentist ☐ cant afford to go ☐ I don't have a dentist ☐ no insurance
☐ don't like to go ☐ unable to get to dentist office ☐ too far to travel ☐ no vehicle
☐ can't drive ☐ Medi-Cal/Denti-Cal not accepted ☐ Local provider not taking new patients
☐ Can't afford or find child care ☐ Haven't needed regular dental care
☐ Private insurance not accepted ☐ Can't find a doctor who speaks same language
☐ other (specify)_____

11. Have you ever heard about the Dental Program? ____ yes ____no

Thank you for filling out this survey.

****Surveys returned within 30 days will be entered in a drawing for a $25 Vons Gift Card!***

Appendix 3a: Independence Community Meeting Notes

First Five Community Meeting

Independence 1800 - 2000

Health and Human Services Conference Room

Health Care Access

- Lack of prenatal care providers – FNP from FHC visits monthly
- Bishop and Mammoth are currently the only alternatives
- Lack of parenting classes
- Minimal access to interpreters
- Recent exodus of MD's from Drummond
- Limited hours of LP Pharmacy
- Lack of retail outlets for OTC medications (Infant Tylenol, etc.)

Dental Care Access

- Lack of providers
- Not aware of Dental Program and follow-up care
- Lack of transportation
- Aware of the annual "Miles of Smiles" program

Teen Health Care Access

- Child Care course at High School – students work in local day care (Lone Pine)

Childhood Obesity

- Lack of fresh produce
- Limited food choices
- Joseph's no longer accepting WIC
- One large and two smaller parks are available but underutilized
- Library is small and uninviting
- No sports programs for younger children or high school age
- Activities do not make all feel welcome to attend

Other

- Lack of day care availability
- School age children are going to Lone Pine
- Total attendance is in the mid-forties
- Lack of activities for parents and children
- Lack of transportation to activities, markets etc.
- Children in Independence may be healthier than in Lone Pine because of the dust off of the dry lake
- Available resources may be: childcare room at the school, Masonic Lodge, Legion Hall

Deterrents to participation may be prejudice, small group of women controlling activities
Programs that may be at risk: Pre-school to kindergarten transition, Storybook Express, Library Etiquette, Summer Bridge and Round-up

03/10/2009 – M Miller

Appendix 3b: Big Pine Community Meeting Notes

Inyo County Health
MCAH Assessment 2010-2014
Notes from community meeting

Date: 3/11/09 **Location: Big Pine** **Moderator: Jamie Beck**

Discussion: There were approximately 15 persons attending. This included families along with their children (6), one father whose wife is a local child care provider and they have a child that attended the Summer Bridge Program, First 5 Commissioner (2), HHS Public Health: (MCAH), Big Pine elementary school staff (3), 3 preschool teachers and 1 IMACA employees. The meeting lasted 2 hours. There was a 20 minute slide presentation by Jamie Beck, and then groups were formed to discuss the needs of categories served by First 5 for another 20 minutes. The last 30-40 minutes were spent in discussing the results of the group discussion. The focus was on the 0-5 population but included issues regarding families, and pregnant women.

Comment relative to the MCAH Needs Assessment:

Health Care Access

- Geographic location of providers was mentioned several times.
- Uninsured was mentioned, but most wanted health care access for all children.
- Cultural barriers-Hispanic and Native American community discussed
- Families felt that access was not an issue.
- Transportation not felt to be a problem since there is a bus to Bishop
- The Health Department offers "free" immunizations in May.
- Most children coming into preschool or school have the required immunizations.
- Dwayne's Pharmacy delivers to local store.
- Families aware of Healthy Families MediCal Insurance.

Teen Health Care Access

- Teens do not have options or activities to keep them away from high risk behaviors. Repeatedly lack of organized activities for any and all community members was identified.
- Not a lot of teen parents but young parents. Attitude seems to be that if the person had graduated from high school and then became a parent, that was acceptable.

Dental Care Access

- Access to care/ specialty providers for pediatric patients was discussed in detail. Some members of the audience stated there were no dentists in the county who were "experts" in children's dental care, Oral surgery, and anesthesia needs. Uninsured- felt that most families do not have dental insurance or access to info about dental plans.
- Attendees felt that there was a lack of education to parents on the importance of dental care.
- Language could be a barrier for Hispanic families

Childhood Obesity

- Lack of nutrition counseling for adults and children was identified as an issue
- Community awareness was identified as a problem
- Desire for Parks and Rec programs that focus on healthy eating and exercise.
- Local grocery has a great choice for fruits and vegetables.
- Breakfast is offered at the school.

Prenatal Health Care

- Need for more licensed child care providers or even a center.
- WIC covers a broad area for services
- Child birth classes are offered at Northern Inyo Hospital

Other

- There was a lot of discussion about the Summer Bridge program that has been offered for several years to children entering into Kindergarten in the Fall. It is a six week course that gives the children an opportunity to meet each other and begin getting used to a structured classroom environment. Parents, preschool teachers and Big Pine school elementary class teachers all spoke on how this program has been an asset. There was even discussion on how this has increased the Native American attendance and social interactions.
- Other issues (domestic violence, single parents, parents in and out of jail, grandparents raising grandchildren, drug and alcohol issues, siblings getting younger siblings to school and emotional issues) were never brought up without prompting and then they were explained as "not publicly discussed".
- The school and the Native American education center were seen as the "meeting locations" for Big Pine.

Notes by Melissa Best-Baker

Appendix 3c: Lone Pine Community Meeting Notes

Inyo County Health
MCAH Assessment 2010-2014
Notes from community meeting

Date: 3/16/09 **Location: Lone Pine** **Moderator: Jamie Beck**

Discussion: There were approximately 30 persons attending. This included several mothers of children under 5 years along with their children (6), one father of twins with special needs, First 5 Commissioner (1), HHS Public Health: (MCAH Director), Lone Pine elementary school staff including the School Readiness staff person (3), Wild Iris staff person, 1 preschool teacher and 2 IMACA employees. The meeting lasted 2 hours. There was a 20 minute slide presentation by Jamie Beck, and then groups were formed to discuss the needs of categories served by First 5 for another 20 minutes. The last 30-40 minutes were spent in discussing the results of the group discussion. The focus was on the 0-5 population but included issues regarding families, and pregnant women.

Comment relative to the MCAH Needs Assessment:

Health Care Access

- Geographic location of providers was mentioned several times. Many clients have to drive long distances, esp. in South County. Fragile infants are often flown out and then families have difficulty with transportation and housing costs to be with their children.
- Very concerned about the costs to use the public transportation to Bishop to access health care. Problems with the limited number of runs between Bishop and Lone Pine. Requires families to spend many hours in Bishop usually with small children in order to use the public transportation.
- Uninsured was mentioned, but most wanted health care access for all children.
- Cultural barriers including availability of bilingual staff at providers/agencies
- Access for women, children to afternoon and evening health care. (working, school aged parents) ie Non traditional times..
- Need to continue and enhance home visiting programs for newborns. To include education on immunization, screening, mental health/support issues.
- No home health services for high risk infants to include infant assessment, and respite for parents.
- Families unaware of Healthy Families Medical Insurance.

Teen Health Care Access

- Access to education related to pregnancy prevention and risk reduction behaviors was mentioned several times. Felt need for more classes for teens in schools and in the community.
- Identified that teens did not know how to access contraceptive services.
- Teens do not have options or activities to keep them away from high risk behaviors. Repeatedly lack of organized activities for any and all community

members was identified. Community feels Bishop gets many more programs and believe very strongly, "Whatever is done in Bishop should be done here!"
- Discussed importance of teen parents staying in school. Suggested a child care facility on high school campuses.

Dental Care Access

- Access to care/ specialty providers for pediatric patients was discussed in detail. Some members of the audience stated there were no dentists in the county who were "experts" in children's dental care, Oral surgery, and anesthesia needs. Uninsured- felt that most families do not have dental insurance or access to info about dental plans.
- Providers accepting insurance/DentiCal- Did not feel that providers in Inyo county accepted DentiCal.
- Cultural barriers including availability of bilingual staff at providers/agencies
- Transportation- was a huge issue for the participants. Even if clients had appointment in Mono County they had to take an entire day off work to meet the schedule of the one bus that travels to Mammoth. Clients in South County also have the issue when traveling to Bishop for care.
- Prenatal management of caries- felt that more education should be done in the prenatal period to discuss bottle mouth, & need for checkups under the age of 5.
- Compliance with keeping appointments was an issue for low income families.
- Families unaware of county dental case manager program or Healthy Families Insurance as an option to pay for dental care.

Childhood Obesity

- Lack of nutrition counseling for adults and children was identified as an issue
- Community awareness was identified as a problem
- Desire for Parks and Rec programs that focus on healthy eating and exercise.
- Local grocery does not accept WIC and women must travel to Bishop to use vouchers.

Prenatal Health Care

- Access to care among high risk population
- Seeking access early in pregnancy is not happening. May be due to the need of more prenatal providers in Lone Pine. Most women travel to Bishop to see provider and deliver.
- Need for licensed child care providers. Need for resource list of available providers.
- Need for source of affordable supplies, cribs, car seats for community. Need for food and clothing bank for low income.
- Need for information of available services ie WIC.
- Need for Prenatal and Breast Feeding Classes.
- Need for programs that provide education on proper use of car seats, and also a resource to get them. Child care connection no longer has funding to purchase.

Notes by Tamara Cohn, PHN

Appendix 3d: Bishop Community Meeting Notes

Inyo County Health
MCAH Assessment 2010-2014
Notes from community meeting

Date: 3/23/09 **Location: Bishop** **Moderator: Jamie Beck, Kelly Marshall**

Discussion: There were approximately 30 persons attending. This included many IMACA staff (?6), First 5 Commissioners(5), HHS Behavioral Health (2), HHS Public Health: (Dental Case manger, CCS Program Manager, MCAH Coordinator, HHS Specialist/interpreter), Episcopal Pastor and spouse, and approximately 10 community/parent members. The meeting lasted 2 hours. There was a 20 minute slide presentation by Jamie Beck, and then groups were formed to discuss the needs of categories served by First 5 for another 20 minutes. The last 30-40 minutes were spent in discussing the results of the group discussion. The focus was on the 0-5 population but included issues regarding families, and pregnant women.

Comment relative to the MCAH Needs Assessment:

Health Care Access

- Geographic location of providers was mentioned several times. Many clients have to drive long distances, esp. in South County. Fragile infants are often flown out and then families have difficulty with transportation and housing costs to be with their children.
- Uninsured was mentioned, but most wanted health care access for all children. Feel that there will be more middle class families who need financial assistance.
- Cultural barriers including availability of bilingual staff at providers/agencies
- Access for women, children to afternoon and evening health care. (working, school aged parents) ie Non traditional times.
- Limited providers utilizing the Iz Registry- there was conversation about what a great idea an IZ registry would be. Not aware of current existence. Mentioned that Mono County had this.
- Desire for all providers to use a reminder system for IZ. Mentioned pets and auto dealers sent out reminders, but families do not get reminders for IZ and well child exams.
- More education for parents on needed immunizations, and to discount the media links to autism.
- Need to continue and enhance home visiting programs for newborns. To include education on immunization, screening, mental health/support issues.

Teen Health Care Access

- Access to education related to pregnancy prevention and risk reduction behaviors was mentioned several times. Felt need for more classes for teens in schools and in the community.
- Transition from pediatric to adult medicine- This was identified as a need, especially in rural counties with no providers that treat older adolescents and

pregnant teens. Need to be more culturally sensitive to Hispanic and Native American teens.
- Access to contraceptive services (was not mentioned) Did mention that teens needed more information on prevention of pregnancy.
- Access to unplanned pregnancy interventions (was not mentioned)
- Sexually transmitted disease rates (was not mentioned)
- Internet safety education (was not mentioned)
- Dating violence- discussed confidentiality concerns in small towns, and that most victims would not go in to an agency for fear of being identified.
- Need for teen parents to have access to the New Parent Kit in the prenatal period instead at a first post partum visit. A lot of prenatal and planning information is included in the kits, and new moms are too overwhelmed to read and absorb all of it. IMACA not sure if the kits will be available during the next fiscal year.
- Discussed importance of teen parents staying in school. Suggested a child care facility on high school campuses.
- Need to focus on abstinence education in the schools.

Dental Care Access

- Access to care/ specialty providers for pediatric patients was discussed in detail. Some members of the audience stated there were no dentists in the county who were "experts" in children's dental care, Oral surgery, and anesthesia needs. Discussed the need for a mobile dental van with a pediatric dentist to go to schools.."like they did in Mono County".
- Uninsured- felt that most families do not have dental insurance or access to info about dental plans.
- Providers accepting insurance/DentiCal- Did not feel that providers in Inyo county accepted DentiCal.
- Transportation- was a huge issue for the participants. Even if clients had appointment in Mono County they had to take an entire day off work to meet the schedule of the one bus that travels to Mammoth. Clients in South County also have the issue when traveling to Bishop for care.
- Prenatal management of caries- felt that more education should be done in the prenatal period to discuss bottle mouth, & need for checkups under the age of 5.
- Compliance with keeping appointments was an issue for low income families.

Childhood Obesity

- Lack of nutrition counseling for adults and children was identified as an issue
- Community awareness was identified as a problem. IMACA identified that many of their pre-schooler's have obesity problems
- Desire for Parks and Rec programs that focus on healthy eating and exercise.
- Need for more resources that promote nutrition and physical activities throughout the county.

Prenatal Health Care

- Access to care among high risk population

- Seeking access early in pregnancy. One IMACA employee identified that they had about 25 pregnant/parenting teens in their programs, and many of them did not enter prenatal care until late in to their pregnancy.
- Alcohol/drug/substance exposed fetus was mentioned several times. Identified the need for prevention programs, prenatal education, and lack of treatment programs for families.
- Need for child care so that parenting teens can stay in school. Suggested that a child care facility on high school campus would be the best.
- Need for source of affordable supplies, cribs, car seats for teen parents.
- Need for programs that provide education on proper use of car seats, and also a resource to get them. Child care connection no longer has funding to purchase.
- Need for pregnant teens to resources to prepare them to care for an infant including support groups, case management and community resources.
- Mental health support for diagnosis and treatment for post-partum depression.

Other Potential Problem areas

- Early literacy and school readiness programs
- Eligibility assistance and legal advice for grandparents raising grandchildren
- Advocacy for criminal justice affected families.
- Better use of faith based community to work with families out of the criminal justice system
- Mental health services for the middle class. Currently not needs based but is eligibility based.
- More foster parents
- More case managers for Early Start Program
- Co parenting classes for divorced parents.
- Peer to peer support groups
- Services for the medically fragile children and their families
- Parenting classes for those not in the criminal justice system.
- Day care during non traditional hours.
- Advocacy for special needs children. List of resources, screening for the 3-5 years of age group.

Notes by Sue Stoutenburg RN

RESOURCES TO IMPROVE MATERNAL, CHILD AND ADOLESCENT HEALTH

Breast Feeding is Best Support Group (BIBS)

Promotes breast-feeding of infants by providing positive role models, education and access to support services. Membership includes representation from the following: Inyo County MCH, Mono County MCH, WIC, Toiyabe Indian Health Project, Mammoth Hospital and Northern Inyo Hospital. Meets quarterly.

Children Services Council

Functions in an advisory and advocate capacity, evaluate services and their effectiveness, identifies needs through ongoing assessments and recommends the development of services. Focus is on prevention, early intervention and family preservation. Membership includes representatives from: County Board of Supervisors, Probation, Health and Human Services, law enforcement agencies, schools, child care, Child Abuse Council, Juvenile Justice Commission, Mental Health and Substance Abuse Advisory Board. Meets quarterly.

Connections

Funded through Child Abuse Prevention funds to provide support to families facing challenging circumstances or times of crisis. Provided by IMACA in cooperation with Inyo County Health and Human Services.

Children's Dental Access Group

Promotes services to provide and improve dental care to the child population of Inyo County. Members include: Inyo County MCH members, CHDP staff, Dental Program case managers; Headstart, Toiyabe Indian Health Project and local dentists. Meets quarterly

Domestic Violence Council

Provides a coalition of public and private agencies that endeavor to coordinate events to effectively prevent and intervene in relationship violence. Membership includes nearly thirty individuals from both public and private agencies. The group meets quarterly.

Early Start

Provides Inyo Mono infants age birth to three years of age with the support and resources to assist family members and caregivers to enhance children's learning and development through everyday learning opportunities. Meets monthly.

Eastern Sierra Infant Connection Interagency

Provides for a joint agency endeavor to ensure that infants and toddlers with developmental delays or disabilities and their families receive effective services in a timely manner to improve the quality of their lives. Members include: Inyo County MCAH staff, Inyo County Superintendent of Schools staff, Regional Center Case Managers, parent advocates, infant specialists, child care licensing representatives and Headstart. Meets every other month.

Foster Care Commission

Provides for multidisciplinary assessment of concerns related to the delivery of foster care in Inyo County. Establishes methods of recruitment and retention of qualified foster parents as well as providing a supportive network for the children, the Foster parents and the biological parents. Participants include representatives from the courts, Child Protective services, Probation, Public Health, schools, foster parents, Community Connection for Childcare and parents of children in the Foster Care System

HHS High Risk Families Team

Provides assessment and intervention, as needed for high risk pregnancy referrals from local agencies and/or medical providers. Clients are assessed by a nursing staff member and have a plan of care developed. May be referred to other agencies as warranted. Membership includes nursing staff members. Meetings are scheduled monthly.

HHS Lead Program Managers

Provides collaborative strategies and program planning to establish integrated services that assist clients to live independently and productively in their communities. Emphasis is placed on setting priorities for the most effective delivery of services. Membership consists of leaders from each division of the Health and Human Services Department of the County of Inyo. Meets monthly.

Health Services Advisory Committee for Inyo Mono Advocates for Community Action (IMACA) Headstart

Provides pre-school for income eligible three to five year olds in both Inyo and Mono counties. Three sites have "wrap-around programs in cooperation with ICSOS, which allow for extended hours. Ten percent of students must have identified special needs. Parent Policy council meets monthly and the Health Service Advisory Committee meets twice annually.

Healthy Families Working Group

Endeavors to develop strategies to increase the number of children enrolled in Healthy Families and to provide technical support to enrollment assistants. Members meet at least semi-annually and quarterly if needed.

HIV Education and Prevention Group

Strives to provide collaborative activities between agencies, approve of materials and speakers and present programs to the schools and community to aid in the prevention of HIV. Members include public health staff, volunteer agency members, consumers and providers. Meets quarterly

Children Services Council Prevention Programs Sub-Committee

Provides prevention services and activities
in the areas of tobacco, drugs, alcohol, HIV and other sexually transmitted diseases. Member include Public Health staff, Prevention services staff, CPS, AODS, Wild Iris,

Inyo County Sheriff staff, Bishop Police Department, Owens Valley Career Development Center, Superintendent of Schools as well as other interested guests. Meets monthly

Inyo Mono Counties Fetal-Child Death and Domestic Violence Death Review Team

Reviews fetal, infant and child (age 18 and younger) deaths. Also evaluates deaths that may have resulted from domestic violence. Evaluates for trends with the purpose of making recommendations that result in prevention of child or domestic violence related deaths. Closed membership includes: Inyo County coroner, Mono County coroner, law enforcement, District Attorneys from both counties, Child welfare and protective services, Inyo County Counsel, Mono County counsel, medical providers, Inyo County MCAH, Victim/Witness support. Guests as invited. Meets twice yearly.

Local Child Care Planning Council

Promotes the availability of safe, affordable high quality childcare services for the children of Inyo County. Membership includes: Inyo County Superintendent of Schools staff, Child Protective Services, child care licensing staff, Indian Headstart, Child Care Connection, providers, and consumers. Meets every other month.

Multi Disciplinary Team

Evaluation of at risk families and children to coordinate resources and case management issues. Membership includes: schools, probation, CPS, Mental Health, Substance Abuse, IMACA, Kern Regional and Public Health. Meets each month, once in the southern portion of the county and once in the northern section.

Perinatal/Pediatrics Committee

Evaluates quality assurance activities, utilization review and educational programs related to the perinatal and pediatric clients. Membership includes physicians, nurses and hospital staff members. Meets monthly.

Salvation Army

A Christian based non-profit organization that provides assistance to individuals and families based on need. Assistance may be in the form of food, shelter, fuel vouchers (for trips out of town to see medical specialists) as needed.

Sexual Assault Response Team

Provides a comprehensive team approach to offer services to victims of sexual assault. Members include representatives from the District Attorney's office, the Sheriff's Department, Victim Witness Assistance Program, hospital staff, Public Health, Behavioral Health and Wild Iris Family services. Meets quarterly

Disaster Planning Group

Plans for the needs of the residents of Inyo County in the event of a disaster. Current members include representatives from public health, local hospitals, Inyo County Office of Emergency services and others by invitation.

COUNSELING SERVICES

Inyo County Behavioral Health

A division of Health and Human Services. Provides walk-in clinic, evaluation, referrals and case management for children, adults and families.

Inyo County Addictions Task Force

A community group that advocates to fight addiction in Inyo County through a multi-faceted approach that will foster sobriety and recovery as a way of life. Membership is community wide and meets quarterly.

Northern Inyo Hospital

Provides referral and discharge planning for the hospitalized client.

Parenting Women with Addictions

Provides individual and group counseling for women and adolescents with substance abuse issues. Offered through Inyo County Behavioral Health programs.

Private Practitioners

Alpine Counseling Center
Eastern Sierra Counseling Center
Family Health Centre
Private Practitioners

Toiyabe Indian Health Project

Provides individual therapy, marriage counseling, substance Abuse counseling, Anger Management programs, community outreach (weekly Talking Circles), Women in Recovery groups and prevention programs for children from kindergarten through high school age.

Wild Iris Family Services

Provides Safe Haven Crisis program for short-term interventions. Also offers information, counseling and referral services to victims of domestic violence and sexual assault. Sponsors classroom prevention programs for children and young adults. Services provided equally to men and women.

Wellness Center

Consumer-driven out patient setting which provides outlets for artistic endeavors and group sessions. Staff serves only as facilitators. Need for classes, programs and groups are identified and implemented by the program participants.

CASE MANAGEMENT AND TREATMENT INTERVENTION PROGRAMS

Child Protective Services

A division of Inyo County Health and Human Services department. Provides counseling and case management services to families via court mandated or voluntary programs which target children at risk for or who have been recognized as abused or neglected.

Family Dental Program

Provides dental case management for the uninsured, Medi-Cal and Healthy Families enrolled clients. Assists clients with appointments, referrals, transportation and follow up care. Membership includes, Dental Case Manager, public health, ICSOS Health Coordinator. Meets quarterly.

Genetic Counseling Services

Offered through Kern Regional Center to the perinatal client at risk for having an infant with developmental disabilities. Client is assisted with medical assessment and counseling.

High Risk Families Program

Offered by the Inyo County Health Department, which is a division of the Health and Human Services Department. Provides for limited home visits by a public health nurse to assess families at risk for child abuse or neglect. Referrals from other agencies and offices.

Ryan White CARES Program

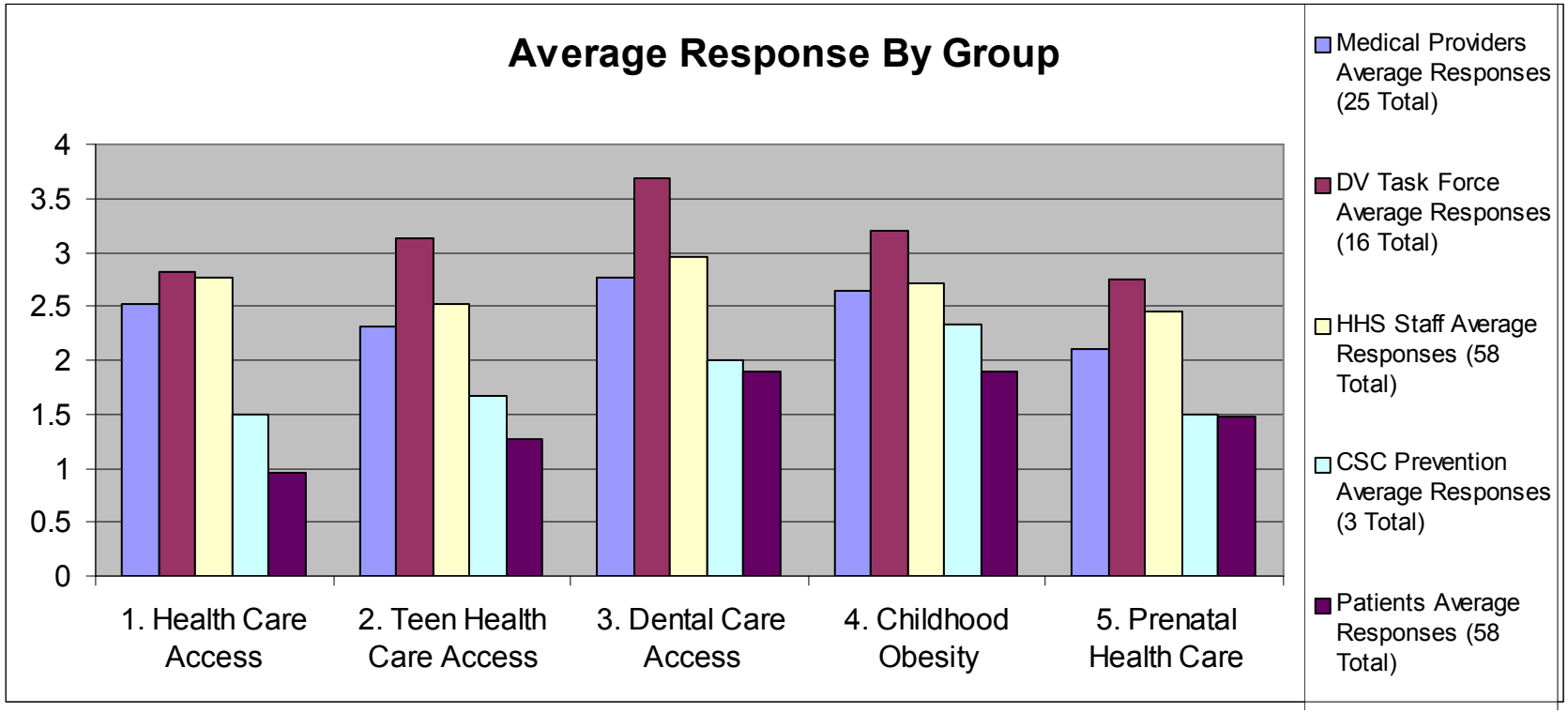
Provided by Inyo County for residents who have HIV, their family members or partners. Services include case management, counseling, financial assistance, medical services and access to mediation programs. Seeks to assure the availability of social and medical services. Assists in maintaining a network of support throughout the county for the HIV positive individual. Membership includes: Inyo County Health and Human Services staff, Toiyabe Indian Health Project, Hospice Director, Northern Inyo Hospital Social Worker, Inyo Mono Ombudsman, Headstart staff and a psychologist.

PCIT (Parent-Child Interaction Therapy)

An intensive treatment program designed to help both the parent and the child improve the quality of their relationship and to teach parents the skills necessary to manage their child's severe behavior problems. Treatment can be conducted with biological, foster or adoptive parents. This program is offered through Inyo County Behavioral Health.

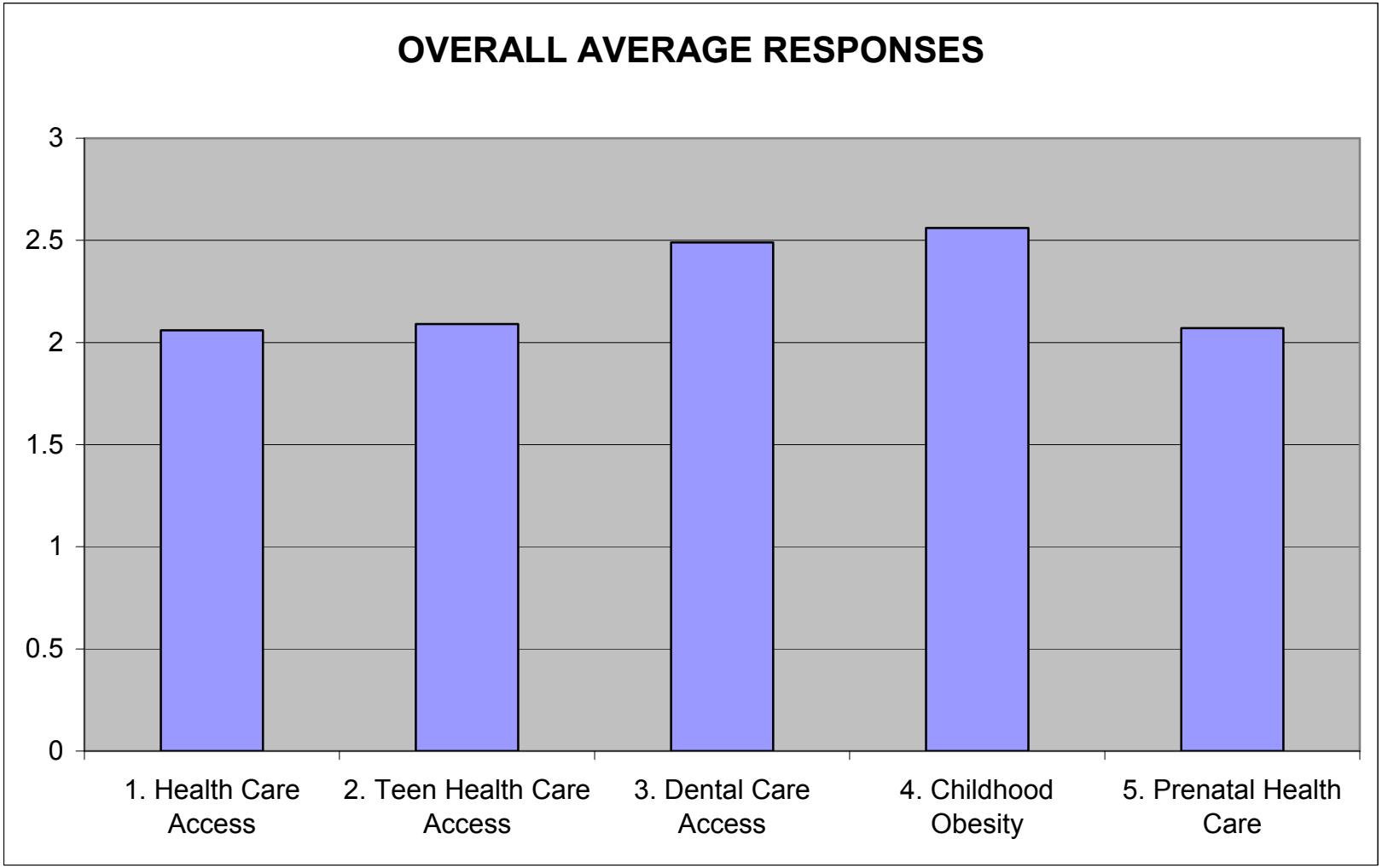
Appendix 5a

	1. Health Care Access	2. Teen Health Care Access	3. Dental Care Access	4. Childhood Obesity	5. Prenatal Health Care
Medical Providers Average Responses (25 Total)	2.52	2.31	2.77	2.65	2.11
DV Task Force Average Responses (16 Total)	2.81	3.13	3.69	3.2	2.75
HHS Staff Average Responses (58 Total)	2.77	2.53	2.95	2.71	2.45
CSC Prevention Average Responses (3 Total)	1.5	1.67	2	2.33	1.5
Patients Average Responses (58 Total)	0.96	1.27	1.89	1.9	1.48



Appendix 5b

	1. Health Care Access	2. Teen Health Care Access	3. Dental Care Access	4. Childhood Obesity	5. Prenatal Health Care
AVERAGE (Total 160)	2.06	2.09	2.49	2.56	2.07

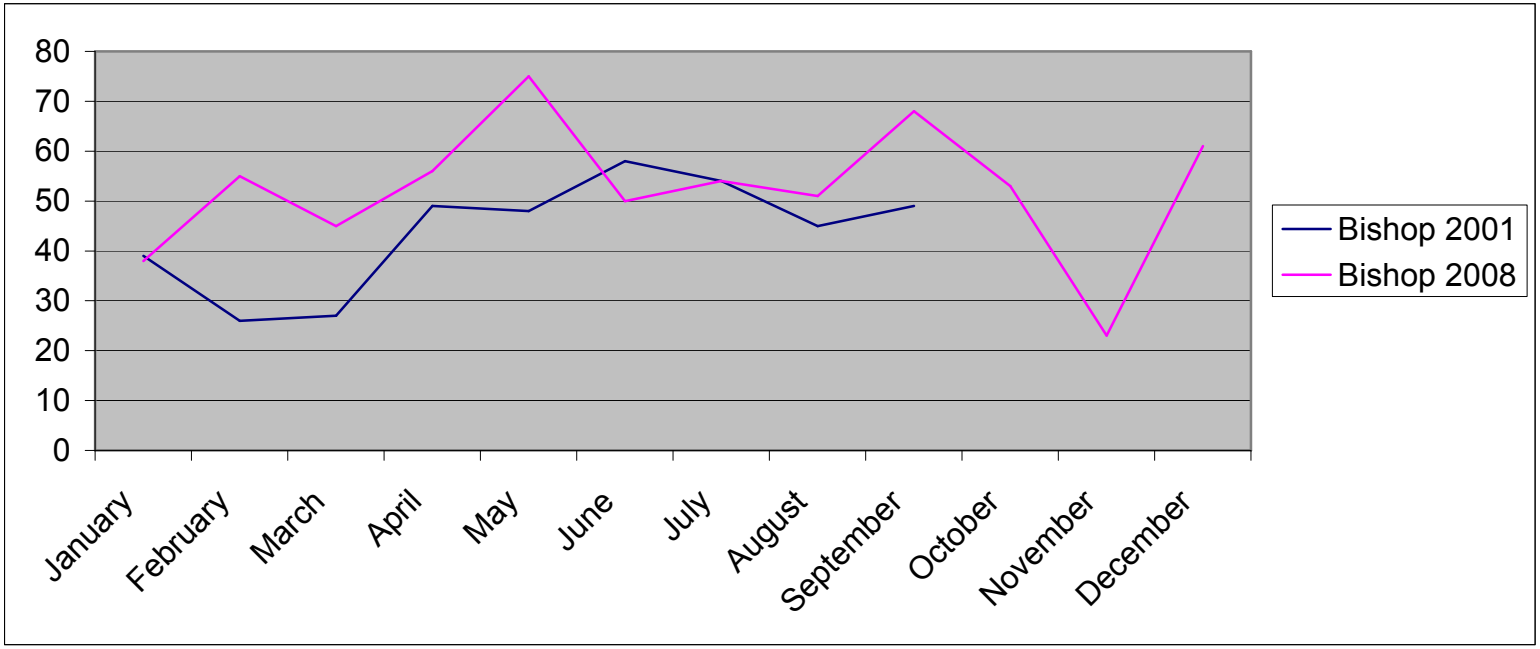


See Attached:
Appendix 6: Longitudinal Evaluation of the Inyo County School-Based Oral Health Program 2004-2008

Appendix 7: Utilization of Teen Services in Inyo County

	Bishop 2001	Bishop 2008
January	39	38
February	26	55
March	27	45
April	49	56
May	48	75
June	58	50
July	54	54
August	45	51
September	49	68
October		53
November		23
December		61

The population of Inyo County has stayed almost the same since 2000 (the US Census Bureau estimates that the 2001 population was 17,942; the 2008 population 17,136).



Worksheets

Worksheet A

MCAH Stakeholder Input Worksheet

MCAH stakeholders may play several roles in the needs assessment process. Stakeholders may be bringing knowledge of the MCAH service user's community into the needs assessment process and disseminate information from the needs assessment back to the community. They may also represent provider groups who have expertise in delivering MCAH services. Moreover, stakeholders may provide guidance in arriving at solutions to health issues or support delivery of MCAH services.

Reaching out to MCAH stakeholders is essential since they have an understanding of the health issues in the community, are aware of the opportunities that exist to address the health issues, and are affected by the activities provided and policies implemented by the local MCAH program to address these health issues. A stakeholder is anyone in the community who benefits from any MCAH service, a member of a team that develops and delivers these services, and those who may be indirectly affected by the services and outcomes of these services.

While it is impossible to identify and involve all stakeholders, it is important to put in place a mechanism to allow us to understand the views of all the different stakeholders represented in the MCAH needs assessment process. Stakeholder input is required for completing the mCAST-5; however, it is optional on all other sections of the local needs assessment. To complete the attached form, you can use the following code for the following columns:

Stakeholder Participant's Initials - Provide the stakeholder participant's initials to uniquely identify each stakeholder.

Organizational Affiliation - Provide the full name of the primary organization the stakeholder participant is affiliated with or representing (e.g., Kaiser, March of Dimes, local MCAH, etc.). No acronyms or abbreviations please.

Sector Represented - Provides a surrogate indicator for the role played by the stakeholder in the needs assessment process. Please enter the code for the primary organizational affiliation the participant represents.

Code	Description
A	State/local health department (internal partner within agency)
B	Other state/local agency (Social Services, Education, Justice, Board of Supervisors)
C	Health provider (dentist, nurse, doctor, nutritionist, counselor, promotora, outreach worker)
D	Individual or family (community member unaffiliated with any organized community agency)
E	Community-based organization (local, non-profit organizations)
F	State or nationally affiliated non-profit organization (local chapter of March of Dimes, American Cancer Society, foundation)
G	School, academia (PTA, School Board, university)
H	Professional organization/association (AMA, ADA, ACOG, etc.)
I	Faith-based organization (ministry, church group)
J	Other (trade and business sector, media and communications, marketing)

Section Provided Input On - Mark the box with "X" for sections of the local needs process that the stakeholder provided input on.

MCAH Jurisdiction: _____INYO_____

Stakeholder Participant's Initials	Organizational Affiliation	Sector Repre-sented	Section Provided Input On					
			Mission Statement & Goals	Community Health Profile	Health Status Indicators	Local MCAH Problems/Needs	MCAH Priorities	Capacity Assessment
FS	PRENATAL POPULATION	D				X	X	
AA	PRENATAL POPULATION	D				X	X	
MC	PRENATAL POPULATION	D				X	X	
SR	PRENATAL POPULATION	D				X	X	
KR	PRENATAL POPULATION	D				X	X	
AA	PRENATAL POPULATION	D				X	X	
AB	PRENATAL POPULATION	D				X	X	
MA	PRENATAL POPULATION	D				X	X	
AC	PRENATAL POPULATION	D				X	X	
MP	PRENATAL POPULATION	D				X	X	
AS	PRENATAL POPULATION	D				X	X	
JD	PRENATAL POPULATION	D				X	X	
PP	PRENATAL POPULATION	D				X	X	
RM	PRENATAL POPULATION	D				X	X	
EG	PRENATAL POPULATION	D				X	X	
AD	PRENATAL POPULATION	D				X	X	
MR	PRENATAL POPULATION	D				X	X	
OG	PRENATAL POPULATION	D				X	X	
AC	PRENATAL POPULATION	D				X	X	
JH	CSC PREVENTION	B				X	X	
MO	CSC PREVENTION	B				X	X	
KK	CSC PREVENTION	B				X	X	
JM	CSC PREVENTION	B				X	X	
TC	PUBLIC HEALTH	A						X
MB	PUBLIC HEALTH	A						X
NH	PUBLIC HEALTH	A						X
NR	PUBLIC HEALTH	A						X
GM	PUBLIC HEALTH	A						X
SW	PUBLIC HEALTH	A						X
MM	PUBLIC HEALTH	A						X
SS	PUBLIC HEALTH	A						X
EG	PUBLIC HEALTH	A						X
SM	PUBLIC HEALTH	A						X
LR	PUBLIC HEALTH	A						X

GZ	LEAD PROGRAM MANAGERS	B						X
MM	LEAD PROGRAM MANAGERS	B						X
AS	LEAD PROGRAM MANAGERS	B						X
LB	LEAD PROGRAM MANAGERS	B						X

MCAH Jurisdiction: _____INYO_____

Stakeholder Participant's Initials	**Organizational Affiliation**	**Sector Repre-sented**	**Section Provided Input On**					
			Mission Statement & Goals	Community Health Profile	Health Status Indicators	Local MCAH Problems/Needs	MCAH Priorities	Capacity Assessment
JB	LEAD PROGRAM MANAGERS	B						X
AD	DOMESTIC VIOLENCE TASK FORCE	E				X	X	
AE	DOMESTIC VIOLENCE TASK FORCE	E				X	X	
AF	DOMESTIC VIOLENCE TASK FORCE	E				X	X	
AG	DOMESTIC VIOLENCE TASK FORCE	E				X	X	
AH	DOMESTIC VIOLENCE TASK FORCE	E				X	X	
AI	DOMESTIC VIOLENCE TASK FORCE	E				X	X	
AJ	DOMESTIC VIOLENCE TASK FORCE	E				X	X	
AK	DOMESTIC VIOLENCE TASK FORCE	E				X	X	
AL	DOMESTIC VIOLENCE TASK FORCE	E				X	X	
AM	DOMESTIC VIOLENCE TASK FORCE	E				X	X	
AN	DOMESTIC VIOLENCE TASK FORCE	E				X	X	
AO	DOMESTIC VIOLENCE TASK FORCE	E				X	X	
AP	DOMESTIC VIOLENCE TASK FORCE	E				X	X	
AQ	DOMESTIC VIOLENCE TASK FORCE	E				X	X	
AR	DOMESTIC VIOLENCE TASK FORCE	E				X	X	
AS	DOMESTIC VIOLENCE TASK FORCE	E				X	X	
AT	DOMESTIC VIOLENCE TASK FORCE	E				X	X	
AU	DOMESTIC VIOLENCE TASK FORCE	E				X	X	
AV	DOMESTIC VIOLENCE TASK FORCE	E				X	X	
AW	DOMESTIC VIOLENCE TASK FORCE	E				X	X	
AX	DOMESTIC VIOLENCE TASK FORCE	E				X	X	
AY	DOMESTIC VIOLENCE TASK FORCE	E				X	X	
AZ	DOMESTIC VIOLENCE TASK FORCE	E				X	X	
BA	DOMESTIC VIOLENCE TASK FORCE	E				X	X	
SS	INYO COUNTY HHS/PUBLIC HEALTH/MCAH PLANNING GROUP	A	X	X	X	X	X	X
TC	INYO COUNTY HHS/PUBLIC HEALTH/MCAH PLANNING GROUP	A	X	X	X	X	X	X
MM	INYO COUNTY HHS/PUBLIC HEALTH/MCAH PLANNING GROUP	A	X	X	X	X	X	X
MB	INYO COUNTY HHS/PUBLIC HEALTH/MCAH PLANNING GROUP	A	X	X	X	X	X	X

BB	MEDICAL PROVIDER	C				X	X	
BC	MEDICAL PROVIDER	C				X	X	
BD	MEDICAL PROVIDER	C				X	X	
BE	MEDICAL PROVIDER	C				X	X	
BF	MEDICAL PROVIDER	C				X	X	

MCAH Jurisdiction: _____INYO_____

Stakeholder Participant's Initials	Organizational Affiliation	Sector Repre-sented	Section Provided Input On					
			Mission Statement & Goals	Community Health Profile	Health Status Indicators	Local MCAH Problems/Needs	MCAH Priorities	Capacity Assessment
BG	MEDICAL PROVIDER	C				X	X	
BH	MEDICAL PROVIDER	C				X	X	
BI	MEDICAL PROVIDER	C				X	X	
BJ	MEDICAL PROVIDER	C				X	X	
BK	MEDICAL PROVIDER	C				X	X	
B	MEDICAL PROVIDER	C				X	X	
BM	MEDICAL PROVIDER	C				X	X	
BN	MEDICAL PROVIDER	C				X	X	
BO	MEDICAL PROVIDER	C				X	X	
BP	MEDICAL PROVIDER	C				X	X	
BQ	MEDICAL PROVIDER	C				X	X	
BR	MEDICAL PROVIDER	C				X	X	
BS	MEDICAL PROVIDER	C				X	X	
BT	MEDICAL PROVIDER	C				X	X	
BU	MEDICAL PROVIDER	C				X	X	
BV	MEDICAL PROVIDER	C				X	X	
BW	MEDICAL PROVIDER	C				X	X	
BX	MEDICAL PROVIDER	C				X	X	
BZ	INYO COUNTY HEALTH & HUMAN SERVICES	B				X	X	
CA	INYO COUNTY HEALTH & HUMAN SERVICES	B				X	X	
CB	INYO COUNTY HEALTH & HUMAN SERVICES	B				X	X	
CC	INYO COUNTY HEALTH & HUMAN SERVICES	B				X	X	
CD	INYO COUNTY HEALTH & HUMAN SERVICES	B				X	X	
CE	INYO COUNTY HEALTH & HUMAN SERVICES	B				X	X	
CF	INYO COUNTY HEALTH & HUMAN SERVICES	B				X	X	
CG	INYO COUNTY HEALTH & HUMAN SERVICES	B				X	X	
CH	INYO COUNTY HEALTH & HUMAN SERVICES	B				X	X	
CI	INYO COUNTY HEALTH & HUMAN SERVICES	B				X	X	
CJ	INYO COUNTY HEALTH & HUMAN SERVICES	B				X	X	
CK	INYO COUNTY HEALTH & HUMAN SERVICES	B				X	X	

CL	INYO COUNTY HEALTH & HUMAN SERVICES	B				X	X	
CM	INYO COUNTY HEALTH & HUMAN SERVICES	B				X	X	
CN	INYO COUNTY HEALTH & HUMAN SERVICES	B				X	X	
CO	INYO COUNTY HEALTH & HUMAN SERVICES	B				X	X	
CP	INYO COUNTY HEALTH & HUMAN SERVICES	B				X	X	
CQ	INYO COUNTY HEALTH & HUMAN SERVICES	B				X	X	
CR	INYO COUNTY HEALTH & HUMAN SERVICES	B				X	X	
CS	INYO COUNTY HEALTH & HUMAN SERVICES	B				X	X	

MCAH Jurisdiction: _____INYO_____

Stakeholder Participant's Initials	**Organizational Affiliation**	**Sector Repre-sented**	**Section Provided Input On**					
			Mission Statement & Goals	Community Health Profile	Health Status Indicators	Local MCAH Problems/Needs	MCAH Priorities	Capacity Assessment
CT	INYO COUNTY HEALTH & HUMAN SERVICES	B				X	X	
CU	INYO COUNTY HEALTH & HUMAN SERVICES	B				X	X	
CV	INYO COUNTY HEALTH & HUMAN SERVICES	B				X	X	
CW	INYO COUNTY HEALTH & HUMAN SERVICES	B				X	X	
CX	INYO COUNTY HEALTH & HUMAN SERVICES	B				X	X	
CY	INYO COUNTY HEALTH & HUMAN SERVICES	B				X	X	
CZ	INYO COUNTY HEALTH & HUMAN SERVICES	B				X	X	
DA	INYO COUNTY HEALTH & HUMAN SERVICES	B				X	X	
DB	INYO COUNTY HEALTH & HUMAN SERVICES	B				X	X	
DC	INYO COUNTY HEALTH & HUMAN SERVICES	B				X	X	
DD	INYO COUNTY HEALTH & HUMAN SERVICES	B				X	X	
DE	INYO COUNTY HEALTH & HUMAN SERVICES	B				X	X	
DF	INYO COUNTY HEALTH & HUMAN SERVICES	B				X	X	
DG	INYO COUNTY HEALTH & HUMAN SERVICES	B				X	X	
DH	INYO COUNTY HEALTH & HUMAN SERVICES	B				X	X	
DI	INYO COUNTY HEALTH & HUMAN SERVICES	B				X	X	
DJ	INYO COUNTY HEALTH & HUMAN SERVICES	B				X	X	
DK	INYO COUNTY HEALTH & HUMAN SERVICES	B				X	X	
DL	INYO COUNTY HEALTH & HUMAN SERVICES	B				X	X	
DM	INYO COUNTY HEALTH & HUMAN SERVICES	B				X	X	
DN	INYO COUNTY HEALTH & HUMAN SERVICES	B				X	X	
DO	INYO COUNTY HEALTH & HUMAN SERVICES	B				X	X	
DP	INYO COUNTY HEALTH & HUMAN SERVICES	B				X	X	
DQ	INYO COUNTY HEALTH & HUMAN SERVICES	B				X	X	
DR	INYO COUNTY HEALTH & HUMAN SERVICES	B				X	X	
DS	INYO COUNTY HEALTH & HUMAN SERVICES	B				X	X	
DT	INYO COUNTY HEALTH & HUMAN SERVICES	B				X	X	
DU	INYO COUNTY HEALTH & HUMAN SERVICES	B				X	X	

DV	INYO COUNTY HEALTH & HUMAN SERVICES	B				X	X	
DW	INYO COUNTY HEALTH & HUMAN SERVICES	B				X	X	
DX	INYO COUNTY HEALTH & HUMAN SERVICES	B				X	X	
DY	INYO COUNTY HEALTH & HUMAN SERVICES	B				X	X	
DZ	INYO COUNTY HEALTH & HUMAN SERVICES	B				X	X	
EA	INYO COUNTY HEALTH & HUMAN SERVICES	B				X	X	
EB	INYO COUNTY HEALTH & HUMAN SERVICES	B				X	X	
EC	INYO COUNTY HEALTH & HUMAN SERVICES	B				X	X	
ED	INYO COUNTY HEALTH & HUMAN SERVICES	B				X	X	
MB	HEALTHY FAMILIES WORKING GROUP	E				X	X	X

MCAH Jurisdiction: _____INYO_____

Stakeholder Participant's Initials	Organizational Affiliation	Sector Repre-sented	Section Provided Input On					
			Mission Statement & Goals	Community Health Profile	Health Status Indicators	Local MCAH Problems/Needs	MCAH Priorities	Capacity Assessment
LT	HEALTHY FAMILIES WORKING GROUP	B				X	X	X
TC	HEALTHY FAMILIES WORKING GROUP	B				X	X	X
JV	HEALTHY FAMILIES WORKING GROUP	B				X	X	X
SS	HEALTHY FAMILIES WORKING GROUP	B				X	X	X
CG	HEALTHY FAMILIES WORKING GROUP	B				X	X	X
LS	HEALTHY FAMILIES WORKING GROUP	B				X	X	X
HN	HEALTHY FAMILIES WORKING GROUP	B				X	X	X
LC	HEALTHY FAMILIES WORKING GROUP	B				X	X	X
SK	HEALTHY FAMILIES WORKING GROUP	B				X	X	X
NR	HEALTHY FAMILIES WORKING GROUP	B				X	X	X
MJ	HEALTHY FAMILIES WORKING GROUP	B				X	X	X
EE	COMMUNITY	D				X	X	
EF	COMMUNITY	D				X	X	
EG	COMMUNITY	D				X	X	
EH	COMMUNITY	D				X	X	
EI	COMMUNITY	D				X	X	
EJ	COMMUNITY	D				X	X	
EK	COMMUNITY	D				X	X	
EL	COMMUNITY	D				X	X	
EM	COMMUNITY	D				X	X	
EN	COMMUNITY	D				X	X	
EO	COMMUNITY	D				X	X	
EP	COMMUNITY	D				X	X	
EQ	COMMUNITY	D				X	X	
ER	COMMUNITY	D				X	X	
ES	COMMUNITY	D				X	X	

ET	COMMUNITY	D				X	X	
EU	COMMUNITY	D				X	X	
EV	COMMUNITY	D				X	X	
EW	COMMUNITY	D				X	X	
EX	COMMUNITY	D				X	X	
EY	COMMUNITY	D				X	X	
EZ	COMMUNITY	D				X	X	
FA	COMMUNITY	D				X	X	
FB	COMMUNITY	D				X	X	
FC	COMMUNITY	D				X	X	
FD	COMMUNITY	D				X	X	
FE	COMMUNITY	D				X	X	

MCAH Jurisdiction: _____INYO_____

Stakeholder Participant's Initials	**Organizational Affiliation**	**Sector Repre-sented**	**Section Provided Input On**					
			Mission Statement & Goals	Community Health Profile	Health Status Indicators	Local MCAH Problems/Needs	MCAH Priorities	Capacity Assessment
FF	COMMUNITY	D				X	X	
FG	COMMUNITY	D				X	X	
FH	COMMUNITY	D				X	X	
FI	COMMUNITY	D				X	X	
FJ	COMMUNITY	D				X	X	
FK	COMMUNITY	D				X	X	
FL	COMMUNITY	D				X	X	
FM	COMMUNITY	D				X	X	
FN	COMMUNITY	D				X	X	
FO	COMMUNITY	D				X	X	
FP	COMMUNITY	D				X	X	
FQ	COMMUNITY	D				X	X	
FR	COMMUNITY	D				X	X	
FS	COMMUNITY	D				X	X	
FT	COMMUNITY	D				X	X	
FU	COMMUNITY	D				X	X	
FV	COMMUNITY	D				X	X	
FW	COMMUNITY	D				X	X	
FX	COMMUNITY	D				X	X	
FY	COMMUNITY	D				X	X	
FZ	COMMUNITY	D				X	X	
GA	COMMUNITY	D				X	X	
GB	COMMUNITY	D				X	X	
GC	COMMUNITY	D				X	X	

GD	COMMUNITY	D				X	X	
GE	COMMUNITY	D				X	X	
GF	COMMUNITY	D				X	X	
GG	COMMUNITY	D				X	X	
GH	COMMUNITY	D				X	X	
GI	COMMUNITY	D				X	X	
GJ	COMMUNITY	D				X	X	

Worksheet B

See Attached

Worksheet C1

MCAH Needs Prioritization Worksheet (Optional)

The intent of this step is to identify from the list of Problems/Needs in Section 6 of the guidelines a set of priority areas to address in the next five years. Given the local context (e.g., funding cuts, hiring freezes, political will…) how realistic is it to focus on this priority? See Section 7 of the guidelines for instructions on completing this worksheet.

MCAH Jurisdiction: _____INYO_____

Problem/Need	No. of Individuals Affected 5=high 3=medium 1=low	Seriousness of Issue 5=high 3=medium 1=low	Economic Impact 5=high 3=medium 1=low	Has Indicator to Track & Measure 5=high 3=medium 1=low	Impact on Downstream Issues 5=high 3=medium 1=low	Degree of Demographic Disparity 5=high 3=medium 1=low	Current Interventions Apply 5=high 3=medium 1=low	Ease in Addressing issue 5=high 3=medium 1=low	Resource to Address Problem 5=high 3=medium 1=low	Level of Priority for Community 5=high 3=medium 1=low	Total Points	Priority Ranking
Health Care Access	3	3	5	3	5	3	3	3	2	3	33	4
Teen Health Care Access	2	3	3	2	4	3	4	3	3	3	30	5
Dental Care Access	3	3	4	4	4	4	3	4	2	4	35	1
Childhood Obesity	4	3	3	4	4	4	1	5	1	4	33	3
Prenatal Health Care	2	3	4	5	5	2	4	3	4	3	35	2

Worksheet C3

MCAH Priorities Worksheet (Required)

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: _____INYO_____

Priority 1.	Dental Care Access
Priority 2.	Prenatal Health Care Access
Priority 3.	Childhood Obesity
Priority 4.	Health Care Access
Priority 5.	Teen Health Care Access
Priority 6.	
Priority 7.	
Priority 8.	
Priority 9.	
Priority 10.	

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.

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: _____Inyo_____

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 **3**	

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 **2**	
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 **3.33**	

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 **3**	
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?	☐ ☐ ☐ ☐ 1 2 3 4 1=weak……..4=strong **3.67**	

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 **1**	
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 **2**	

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)*

Because we are a small county, we not only do policy development and direct services, we have the opportunity to know our population. Our staff have been working in public health for several years and have directly observed trends of changing public health problems.

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

We don't have the human resources with the epidemiological background to work with the data in a meaningful manner.

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

We have the ability to recognize and create programs that are meaningful to our MCAH population.

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

The overshadowing issue is the changing fiscal environment, which threatens staff, funding, and program development (despite the clear demonstration of need by the data).

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

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: _____Inyo_____

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 **3**	
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 **3**	

*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 **2**	
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 **3.3**	

*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 **3**	
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 **2**	

*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)*

Our strength is the active involvement of MCAH staff in multiple collaboratives targeting the MCAH population.

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

Our staff are only partially funded in the MCAH program and are not consistently available to participate in collaboratives, and/or not available to dedicate time to creating surveillance systems for MCAH problems.

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

We are offered the opportunity of taking on a leadership role in the community and collaboratives.

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

The overshadowing issue is the changing fiscal environment, which threatens staff, funding, and program development (despite the clear demonstration of need by the data).

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

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

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: _____Inyo_____

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 **3**	
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 **3.13**	

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 **3**	
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 **3.09**	

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 **2.91**	
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 **1**	

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)*

Our staff is both motivated and eager to address health education.

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

We have limited staff to focus on health education and prevention. Our staff are only partially funded in the MCAH program and are not consistently available to participate in health education, prevention and program development.

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

We are offered the opportunity to engage our partners to participate in health education.

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

The overshadowing issue is the changing fiscal environment, which threatens staff, funding, and program development (despite the clear demonstration of need by the data).

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.

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: _____Inyo_____

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 **3**	
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 **3.3**	

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 **1**	
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 **3**	

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 **2.6**	
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?	☐ ☐ ☐ ☐ 1 2 3 4 1=weak……4=strong **2.8**	

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)*

Staff have the expertise, and historically we have been involved in a very hands-on manner.

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

We don't have staff time or resources to engage in a meaningful way.

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

We are given the opportunity to have the ability to function in an advisory role.

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

The overshadowing issue is the changing fiscal environment, which threatens staff, funding, and program development (despite the clear demonstration of need by the data).

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: _____Inyo_____

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 **1**	
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 **2.94**	

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 **3.5**	
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?	☒ ☐ ☐ ☐ 1 2 3 4 1=weak……..4=strong **1**	

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 **3**	
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 **3.36**	

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 **3.18**	

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)*

Public health administration is invested in local and state advisory councils and working committees.

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

MCAH staff focus on local issues versus state.

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

Public health administration and MCAH staff meet regularly to update each other on state initiatives and policies.

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

The overshadowing issue is the changing fiscal environment, which threatens staff, funding, and program development (despite the clear demonstration of need by the data).

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: _____Inyo_____

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 **3**	
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 **3.83**	

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 **3.83**	

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 **3**	
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 **3**	

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 **2**	
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 **3.14**	
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 **3.42**	

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)*

Our approaches to quality assurance and adherence to MCAH standards are supportive rather than punitive.

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

We are looked upon as experts, but there are mulitple occasions we are not able to function in that role due to a lack of knowledge. We have a minimum number of staff to focus on a broad spectrum of legal requirements and consequenses. We focus on where we are providers (i.e. immunizations and women's health) versus long term care standards.

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

Our County has the opportunity to use creative mechanisms to address requirement issues.

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

The overshadowing issue is the changing fiscal environment, which threatens staff, funding, and program development (despite the clear demonstration of need by the data).

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

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Local MCAH Jurisdiction: _____Inyo_____

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 **3.61**	
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 **3.06**	

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 **3.83**	
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 **3.5**	

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 **3.04**	
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 **3.26**	

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 **2**	
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 **2**	

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)*

Our knowledge of programs available and their eligibiilty requirements for our MCAH population.

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

Public health focus is working directly with clients to access care versus working with agencies to support clients accessing care.

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

We have the opportunity of having community recognition of Public Health as a resource and referral resulting in direct client management.

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

The overshadowing issue is the changing fiscal environment, which threatens staff, funding, and program development (despite the clear demonstration of need by the data).

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: _____Inyo_____

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 **1**	
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 **1**	

*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 **3.14**	
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 **4**	
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 **1**	

*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, 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 **2.73**	
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 **2**	

*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)*

We have a realistic understanding of our limited workforce capabilities.

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

We have no local universities or other opportunities to promote public health.

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

Unknown.

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

The overshadowing issue is the changing fiscal environment, which threatens staff, funding, and program development (despite the clear demonstration of need by the data).

*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: _____Inyo_____

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 **1**	

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 **1**	
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 **1**	

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 **2**	
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 **1**	
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 **1**	

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)*

Our use of creative mechanisms to adderss requirement issues.

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

Consumer satisfaction and quality. Improvement strategies are limited to direct services provided at public health clinics.

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

We have the opportunity to share evaluation tools with the health care community.

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

The overshadowing issue is the changing fiscal environment, which threatens staff, funding, and program development (despite the clear demonstration of need by the data).

Assessment of Essential Service #10: Support research and demonstrations to gain new insights and innovative solutions to maternal child and 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: _____Inyo_____

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 **3**	
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 **3.26**	
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 **1**	

*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)*

Local public health programs are willing to pilot various approaches to the delivery of services.

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

The lack of a research-based approach in trial programs. Typically, outcome measures small numbers.

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

Unknown.

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

The overshadowing issue is the changing fiscal environment, which threatens staff, funding, and program development (despite the clear demonstration of need by the data).

*This refers to systematic information gathering and analyses.

Worksheet E: MCAH Capacity Needs Worksheet

MCAH Capacity Needs Worksheet

Part A (Optional). The intent of this step is to identify from the list of Capacity Needs identified through the mCAST-5 a set of priority areas to address in the near term. Given the local context (e.g., funding cuts, hiring freezes, political will…) how realistic is it to focus on this capacity need? See Section 9 of the guidelines for instructions on completing this worksheet.

MCAH Jurisdiction: _____Inyo_____

Capacity Need	Importance 5=high 3=moderate 1=low	Minimal Cost 5=high 3=moderate 1=low	Minimal Time 5=high 3=moderate 1=low	Commitment 5=high 3=moderate 1=low	Feasibility 5=high 3=moderate 1=low	Total Points	Priority Ranking
#1 Assessment and monitor maternal and child health status to identify and address problems.	2	1	1	2	1	7	6
#3 Inform and educate the public and families about maternal and child health issues.	4	3	3	4	3	17	1
#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.	4	2	3	4	3	16	2
#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.	4	3	3	3	2	15	3
#8 Assure the capacity and competency of the public health and personal health workforce to effectively and efficiently address maternal and child health needs.	4	1	2	2	1	10	5
#9 Evaluate the effectiveness, accessibility, and quality of personal health and population-based maternal, child and adolescent health services.	4	2	3	3	2	14	4
#10 Support research and demonstrations to gain new insights and innovative solutions to maternal child and adolescent health-related problems.	2	1	1	2	1	7	7

Worksheet E: Part B

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: _____Inyo_____

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
#3 Inform and educate the public and families about maternal and child health issues.	Build into every outreach program measurable outcomes and provide stakeholders the information	Availability of Public Health resources; conflict with community norms	Building collaborative partnerships around MCAH issues
#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.	Utilizing the identified MCAH priorities to target specific interest groups to develop collaborative resources	Availability of Public Health resources; lack of perception of the problem	Develop a working relationship with organizations demonstrating shared goals and demographics
#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.	Develop a plan for data use and distribution	Availability of Public Health resources;	Sharing of data
#9 Evaluate the effectiveness, accessibility, and quality of personal health and population-based maternal, child and adolescent health services.	Develop a MCAH focused Quality Assurance Plan	Availability of Public Health resources; lack of significant numbers	Having other organizations contribute data
#8 Assure the capacity and competency of the public health and personal health workforce to effectively and efficiently address maternal and child health needs.	Designate HHS administration staff to analyze local MCAH workforce population and recruitment incentives	Limited professional labor force to draw from; funding	State provide funding and incentive resources