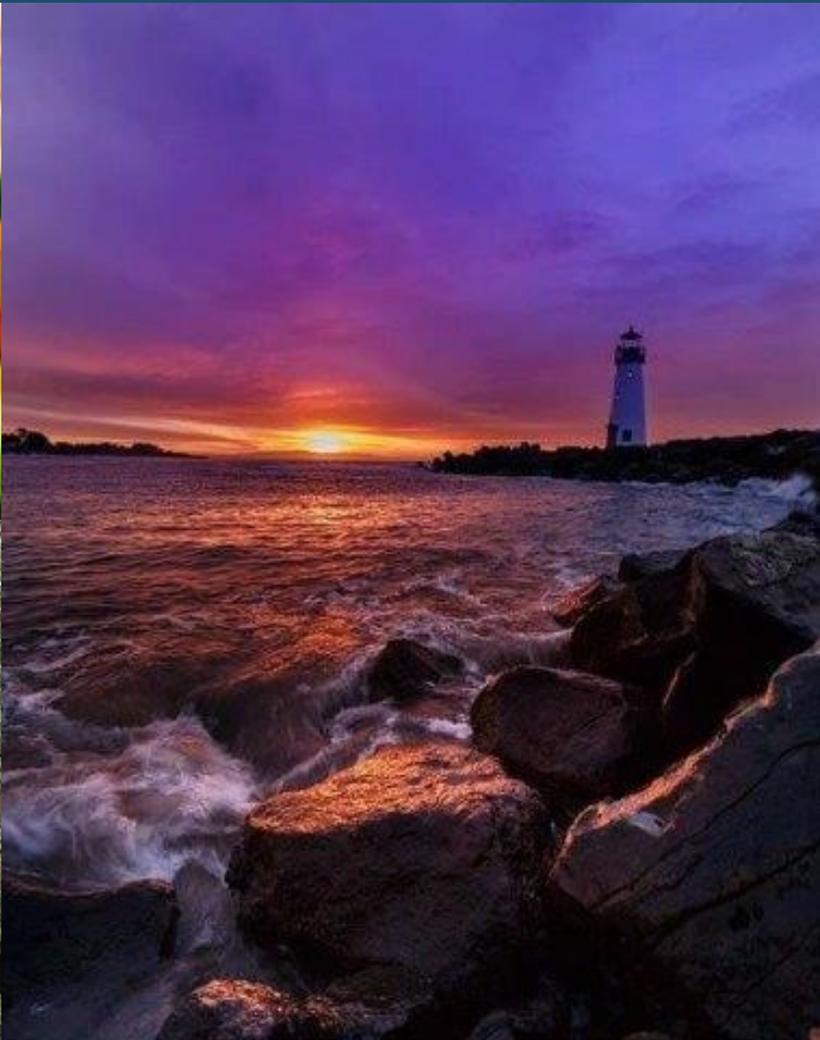


Santa Cruz County Community Health Improvement Plan 2018-2023



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Santa Cruz County Public Health is a division of the Health Services Agency. This strategic plan is part of preparing for nation public health accreditation from the Public Health Accreditation Board. For more information about Santa Cruz County's public health accreditation activities, please visit by clicking [here](#).



The Public Health Institute's Quality Improvement Onsite Technical Assistance Program (QI On-TAP) prepared this strategic plan in collaboration with Santa Cruz County Public Health staff. The plan was adopted in March 2018.

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Santa Cruz County Community Health Improvement Plan (CHIP)

Table of Contents

Mobilizing for Action through Planning and Partnerships (MAPP) Steering Committee	
Members.....	4
Executive Summary	5
Introduction	8
About Santa Cruz County	9
The Process: MAPP	10
• Timeline of MAPP Process.....	11
Vision and Values	12
Strategic Issues and Goals.....	13
• Access to Preventive Care	15
• Access to Mental and Behavioral Health Services	16
• Access to Quality Early Childhood Care and Education	18
• Access to Dental Care	20
Policy and Funding Considerations	21
Linkages to Local Efforts.....	22
Consideration of State Efforts	26
Consideration of National Efforts.....	28
Acknowledgements.....	33
Appendices.....	35
A. Summary of Santa Cruz County CHIP.....	35
B. Glossary of Terms and Acronyms.....	49
Oral Health Addendum.....	50

MAPP Steering Committee Members

County Government

Health Services Agency

Health Services Agency, Public Health Division

Health Services Agency, Behavioral Health

Health Services Agency, Environmental Health

Health Services Agency, Clinics Division

County of Santa Cruz, Public Works Department

County of Santa Cruz, Planning Department

County of Santa Cruz, County Administrative Office

County of Santa Cruz, Board of Supervisors

County of Santa Cruz, Probation Department

Community Partner Organizations

Area on Aging Seniors Council

Central California Alliance for Health

Community Bridges

Community Foundation

Dientes Community Dental Clinic

Dominican Hospital

Encompass Community Services

First 5 of Santa Cruz

Health Improvement Partnership of Santa Cruz County

Pajaro Valley Community Health Trust

Pajaro Valley Prevention & Student Assistance

Palo Alto Medical Foundation, Santa Cruz

Salud Para La Gente

Santa Cruz Community Health Centers

Santa Cruz Community Ventures

Santa Cruz County Office of Education

Second Harvest Food Bank

Sutter Maternity & Surgery Center

United Way of Santa Cruz County

Volunteer Center

Watsonville Community Hospital

Watsonville Law Center

Executive Summary

Santa Cruz County Health Services Agency has a long history of partnering with its community to address health and related social issues. As a result, there are a number of plans that address specific areas of health or social issues related to health. Santa Cruz County used the Mobilizing for Action through Planning and Partnerships (MAPP) model for community health improvement planning to meet national public health accreditation requirements. During the assessment phase of MAPP, the MAPP Steering Committee expressed a desire to create a health improvement plan that did not replicate the work of these existing plans. The Santa Cruz County Community Health Improvement Plan (CHIP) is the result of this process that started in 2015 with a Community Health Assessment.

Their vision for this process is *From the Redwoods through the Valleys to the Sea: Embracing Communities, Enhancing Wellbeing*. Using the data from the Community Health Assessment and their knowledge about the various plans in place, the Santa Cruz County MAPP Steering Committee identified strategic issues to focus their work. The group felt that it was important to address the social determinants of health and start with the youngest population within its county, those ages 0 to 5 years old. They also decided to focus their community health improvement plan around prevention and early childhood education. The overall impact will be to improve the wellbeing of families in Santa Cruz County, which will eventually lead to a healthier population in the future.

The MAPP Steering committee recognized that there are already efforts underway to tackle issues around homelessness, substance use and abuse, and youth risk behaviors. These issues are also associated with adverse childhood experiences known as ACEs. ACEs have been shown to impact a person's health and wellbeing throughout the entire lifespan. In order to reduce the population of those with ACEs, the MAPP Steering Committee determined that working with families of young children is the best way to address the root cause of the impact ACEs has on population health.

The strategic issues in this plan focus on families with children ages 0 to 5 to give the best start to the cohort of children in this age group, and they were selected to address the earlier healthcare needs as well as social determinants such as early childhood education and saving for college. By taking a holistic approach that includes physical, mental, behavioral, and oral health, with an emphasis on prevention, they hope to establish a cohort of residents that have a great start to a long and healthy life.

Access to Preventive Care

The MAPP Steering Committee saw access to preventive care as a priority. The County recently received funding to implement the Nurse Family Partnership Program (NFP), and they wanted to harness those efforts. NFP provides nurse home visits to new mothers and offers an array of preventive health services and referrals. The nurses build trusting relationships with these mothers over a two-year period of time. Although NFP is a major strategy for this area, the group also will address cultural and linguistic competencies of healthcare providers to help reduce some of the disparities observed with the Latino population.

Access to Mental and Behavioral Health Services

ACEs occur when children are exposed to families with substance abuse and untreated mental health issues. Therefore, it is important to ensure that those living with young children are able to receive treatment services to overcome their addictions and maintain mental health with

treatment. Substance abuse is related to a host of child abuse issues, so it is imperative to have their caregivers obtain the treatment and services that they need to reduce the impact on the children. For this area, the interventions will focus on getting children's families the care that they need by providing referrals and linking them with mental and behavioral healthcare providers.

Access to Quality Early Childhood Care and Education

Early childhood care and education has far-reaching life-long benefits, especially when it is of high quality. The focus of Santa Cruz First 5 Commission (Commission) has been on expanding high quality early childhood care and education so that all children 0-5 have the opportunity to participate. By emphasizing the importance of this social determinant of health, the county hopes to achieve some of the Commission's goals of expanding the availability of high quality early childhood care and education through training of caregivers and licensing more providers.

Child Savings Accounts

Children's Savings Accounts, long-term saving or investment accounts designed for post secondary education, have been proven to have a positive impact on children's social-emotional development and increase college expectations. Empirical data on the use of these accounts has also showed that they help decrease maternal depression and increase a mother's engagement with their children and their children's education. This includes increased college expectations for both the parent and the child. In fact, children with just \$500 or less saved for college are 3 times more likely to go to college and 4 times more likely to graduate than those without savings. Studies have also showed how the use of these accounts has a greater impact on low-income children and children with less educated mothers.

Access to Dental Care

Oral health is sometimes overlooked in overall health and wellbeing. Data from Santa Cruz County show that utilization of dental exams and treatment is low in the county, especially with very young children. Dientes Community Dental Care will expand its First Tooth First Birthday program to try to get children into the dentist by the time their first tooth appears. There are many benefits to starting a child off early with a dental exam. It offers the opportunity for the dental provider to educate parents on proper nutrition and care to prevent future problems with dental caries.

Working Together

The MAPP Steering Committee invites members from all community sectors to participate in carrying out the work within this plan. Individuals from community partner organizations have agreed to participate and accept roles based on the services and programs that they provide. Each priority area has a community partner with expertise in that area leading it.

Santa Cruz County and its partners believe that it takes a collective effort from many to achieve the ambitious goals set forth in this plan. Roles and responsibilities for each individual are identified with-in the plan's strategies. The leads for each of the areas welcome anyone who is interested to participate in the implementation of this plan's strategies.

Outcomes

Each of the strategic issues areas has measurable outcomes, also known as measurable objective. These measurable objectives are:

- Objective 1.1: Increase by 20% prevention services provided to families with children ages 0-5, by 2023.
- Objective 1.2: Increase immunization rates by 10% in children ages 0-5, by 2023.
- Objective 1.3: 90% of health care workers will be capable of providing linguistically and culturally appropriate care, by 2023.
- Objective 2.1: Increase the use of family and peer support services to those receiving care, by 2023.
- Objective 2.2: Ensure the availability of bilingual staff to provide services to monolingual Spanish speaking clients at least 80% of the time without the need for an interpreter, by 2023.
- Objective 2.3: The average wait time for a routine psychiatry appointment will be no longer than 15 business days for 85% of the patients needing an appointment, by 2023.
- Objective 3.1: Increase to 80% the number of children for whom licensed care is available where it is most needed, by 2023.
- Objective 3.2: Strengthen workforce and improve quality of child care, by 2023.
- Objective 4.1: Increase use of Children's Savings Accounts by 7% to help families start saving for college, by 2023.
- Objective 5.1: By 2023, increase the number of Denti-Cal recipients ages 0-3 years that have seen the dentist in the past from 43% to 60%.
- Objective 5.2: Maintain Denti-Cal utilization rates of 70% or higher for children ages 4-5.

Policy Needs

There are times when strategy implementation becomes challenging and a policy would enable it to be implemented without these constraints. Sometimes policies enable one end of an issue to be addressed, while causing an unintended impact at another part of the system. The CHIP discusses a few areas where policy at the national, state, and local levels may impact the ability to effectively implement this plan.

Linkages with State and National Strategies

The CHIP activities link with Let's Get Healthy California (LGHC) and the National Prevention Strategy (NPS). The CHIP's focus on families with children ages 0-5 links well with the Healthy Beginnings goal reflected in the state plan, and the strategies used in the CHIP to provide a strong network of connecting these families to appropriate services aligns with the LGHC goal of Redesigning the Health System. The national plan calls for local government to foster collaboration among community-based organizations, the education and faith-based sectors, businesses, and clinicians to identify underserved groups and implement programs to improve access to preventive services, thus reflecting a majority of the work proposed in this plan.

Both the state and national plans contain multiple strategies and calls to action in the area of providing a better-linked healthcare system to ensure all aspects of human health and development are met. LGHS has six goals that focus on health throughout the life span; however, there is an entire goal focused on healthy beginnings, which emphasizes the need to give infants and children a strong and healthy start in life where there is opportunity to prevent illness and limited exposure to ACEs, which have been linked to poor indicators of health and wellbeing.

Conclusion and Next Steps

The Santa Cruz County Community Health Improvement Plan was created as a result of the planning process using MAPP as the guide. This document represents a culmination of work between the Santa Cruz County Health Services Agency and multiple community partners representing a variety of community sectors. The aim of this plan is to harness existing efforts and align the work of multiple organizations to provide infants and children the best possible start for happy, healthy, and productive lives. This plan will incorporate funding recommendation and priorities outlined in the Collective Of Results and Evidence-based (CORE) Investments and the Thrive by Three Initiative. As they move through the implementation of the strategies, the MAPP Steering Committee is committed to monitoring progress and adjusting the plan as necessary through an annual review process.

About Santa Cruz County

Santa Cruz County is located on the coast of California, south of the San Francisco Bay Area and on the northern half of Monterey Bay. The county has over 29 miles of beaches, and is a vacation destination. However, much of the coastline consists of rugged cliffs. According to the U.S. Census Bureau, the county has a total area of 607 square miles. The southern part of the county is a fertile valley supporting a majority of the county's agricultural area. The eastern part of the county consists of the Santa Cruz Mountains, which separate the county from the Santa Clara Valley. This diverse geography provided the inspiration for the vision of *From the Redwoods through the Valleys to the Sea: Embracing Communities, Enhancing Wellbeing*.

The population of Santa Cruz County is 274,673.¹ As reported in the Santa Cruz County Community Health Assessment, Santa Cruz County's population is mostly comprised of Whites and Latinos, with fewer Blacks, Asian or Pacific Islanders, and multiracial individuals.² Santa Cruz County is home to four incorporated cities:

- City of Santa Cruz,
- Watsonville,
- Scotts Valley, and
- Capitola.

Santa Cruz County's strong local economy is anchored by vibrant high technology, agriculture, and tourism, and the school system includes Cabrillo Community College and the University of California, Santa Cruz. Santa Cruz also hosts the Long Marine Laboratory, the Lick Observatory, the National Marine Fisheries service, and the Monterey Bay National Marine Sanctuary Exploration Center.

In 2018 Santa Cruz County ranked 16th out of 58 counties in California for health outcomes and 13th out of 58 counties for health factors in the Robert Wood Johnson Foundation's County Health Rankings and Roadmaps program. Some of the areas where the county is strong include physical activity, healthcare provider ratios, preventable hospital stays, diabetes monitoring, mammography screening, high school graduation, and child poverty.³

¹United States Census Bureau (V2016), Quick Facts. Retrieved July 16, 2017, from <https://www.census.gov/quickfacts/fact/table/santacruzcountycalifornia/INC110215>

²Santa Cruz County Community Health Assessment. (2017). Pp.

³County Health Rankings (2018). "How Healthy is your County?" Retrieved June 23, 2017, from <http://www.countyhealthrankings.org/>

The Process: Mobilizing for Action through Planning and Partnerships

Committed to a community-driven health improvement process, Santa Cruz County selected Mobilizing for Action through Planning and Partnerships (MAPP) as its framework. Developed by the National Association of County and City Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC), MAPP is a community-wide strategic planning process for improving community health. MAPP is facilitated by public health professionals and used by local health departments across the country. It is a guide that helps communities apply strategic thinking, using data to prioritize public health issues and identify the resources needed to address them.

MAPP is not an agency-focused assessment framework. Rather, it is an interactive community-driven process that can improve the efficiency, effectiveness, and performance of local public health systems. The MAPP process yields two important documents: 1) a community health assessment and 2) a community health improvement plan. These documents provide a description of the community's current health status and a roadmap or plan toward improving it. It takes a collective approach to fully implement the strategies in the community health improvement plan that yield the desired results over time. Thus, it is the entire community that is responsible for these products. The Santa Cruz County Health Services Agency provides the backbone support that ensures plan implementation, monitors progress, and coordinates annual reporting.

The Community Health Assessment (CHA) was released to the public in February 2018. The MAPP Steering Committee used the data and the findings from the CHA, which includes references to the 2016 Community Assessment Project Report (CAP) and the Santa Cruz County Health Status Report, to discuss how they wanted to proceed with the development of this plan. The process began with a facilitated discussion to elicit a list of strategic issues along with a list of existing countywide plans that may already address some of them. The group acknowledged that much of this work has recently been done and that the data presented aligned with established priorities through related planning processes. They wanted to use the community health improvement planning process as an opportunity to connect the work from the various plans and move further upstream to address the social determinants of health. The aim of the Santa Cruz County Community Health Improvement Plan (CHIP) is to integrate a whole family model with families who have children 0-5 to provide access to preventive services and increase economic stability.

Figure 1 contains a list of the related plans, opportunities and other related reports to help shape the content of the Santa Cruz County Community Health Improvement Plan (SCC CHIP). Given the long history of collaboration across organizations, the county partners also have some guidance for community health improvement work which include:

- Moving healthcare upstream,
- Using cradle to career strategies,
- Incorporating the County's recently adopted Nurse Family Partnership Program, and
- Coordination with the Homeless Entry program.

Figure 1: List of Existing Plans and Related Reports:

- 2016-2020 Area Plan on Aging
- Alcohol & Drug Program Strategic Plan for Substance Use Abuse Disorder Treatment & Intervention Services (2014 -2019)
- Mental Health & Substance Abuse Services Strategic Plan (2014)
- All In - Toward a Home for Every County Resident (ND)
- First 5 Santa Cruz County 2016 – 2020 Strategic Plan & Long-Term Financial Plan
- Health Improvement Partnership of Santa Cruz County 2015 – 2020 Strategic Plan
- Increasing Access to Dental Services for Children & Adults on the Central Coast (2016)
- Oral Health Access Strategic Plan 2017-2020
- Santa Cruz County: A Community Roadmap to Collective Mental Health Wellness, Part 1 (2015)
- Santa Cruz County Child Welfare / Juvenile Probation System Improvement Plan 2015 - 2020
- Santa Cruz County Master Plan For Early Care & Education 2013 - 18
- Turning the Curve: Youth Violence Prevention Strategic Plan 2015
- Thrive by Three: Investing in Santa Cruz County's Youngest Children (2017)

Timeline for Entire MAPP Process

September 2015	Held MAPP Steering Committee kick-off meeting to establish community partnership commitment and plan for the CHA and CHIP process
October 2015	Conducted two visioning and values sessions
December 2015	Held MAPP Steering Committee meeting to determine how to conduct the three selected MAPP assessments and complete the Forces of Change Assessment
December 2015	Conducted Community Health Status Assessment (CHSA) using a MAPP Community Health Status Subcommittee to identify indicators for the CHA
February 2016	The MAPP Community Health Status Subcommittee met to further discuss the final list of possible indicators to present to the MAPP Steering Committee the following day
February 2016	Held a MAPP Steering Committee meeting to review the proposed list of indicators for the CHSA and plan for the community dialogues used for the Community Themes and Strengths Assessment
April 2016	Conducted final Community Health Status Subcommittee workshop and presented final list of indicators to the MAPP Steering Committee for their review and approval
October 2016	Conducted the 11 community dialogues for the CTSA, where community members provided insight into community health issues
November 2016	Conducted a workshop with the MAPP Steering Committee to review and analyze all of the assessment data resulting in a list of strategic issue areas
January – June 2017	Held meetings with goal area leaders to identify strategies, create measurable objectives, assign activity leads, and identify performance measures
February 2018	Place final draft of the CHA online for public review and input
March 2018	Conducted a MAPP Steering Committee meeting for final review and approval of the final CHA and the content of the CHIP
March 2018	MAPP Steering Committee approval of CHA and CHIP

Vision

Partners from a variety of sectors across Santa Cruz County are joining together to build a culture of health and aim to improve the health of every resident. The vision for this effort is:

From the Redwoods through the Valleys to the Sea: Embracing Communities, Enhancing Wellbeing

Values

Values and the intent behind them will guide the process toward developing a community health improvement plan. These values are:

Accountability: We must be transparent to the communities that we serve and provide the utmost fiscal stewardship. Accountability goes beyond the financing of programs and services. It also includes focusing our efforts on effective strategies that are measurable and demonstrated through the achievement of performance measure targets, while ensuring that we are doing no unintentional harm.

Collaboration: We recognize that no one organization alone is able to achieve monumental changes in the health of a community. We will work together in an effort to break down silos, create synergies, and achieve success. Collectively we will achieve optimum health for Santa Cruz County residents.

Equitable: We shall include social justice in our efforts to ensure all residents achieve health equity and use a health in all policies approach whenever deemed appropriate. We must be certain that our efforts do not lead to unintended inequities by continuously monitoring and assessing our outcomes. For equity to be fully achieved, we shall make every effort to address the linguistic and cultural needs of all communities within Santa Cruz County.

Evidence Informed and Data Driven: Strategies implemented to tackle our health concerns will be selected based on their proven ability to improve health outcomes based on scientific research. That said, we would always have an eye toward innovation when it may be necessary to find creative new approaches/solutions in an ever-changing world. We believe that best or promising practice plus innovation equals success.

Responsiveness: We will engage the community in dialogues about their health needs and methods for successfully achieving optimum health status. This dialogue will be a bidirectional mode of communication where we inform them about the process and they provide input into it. We will make our best effort to provide information that is linguistically and culturally appropriate so that we may respond to diverse needs appropriately. If we do not have the resources to do so, we shall seek them out.

All of this shall be done so that the quality of life is enhanced for each and every resident of Santa Cruz County.

Aim

The aim of this Community Health Improvement Plan (CHIP) is to use an integrated whole family model provision of services with families who have children 0-5 to provide access to preventive services and increase economic stability.

Selecting Strategic Issues

After reviewing the assessment information, the MAPP Steering Committee decided to primarily focus the CHIP on children ages 0-5 through early childhood education, future college planning and savings, dental prevention services, and family-focused preventive services, which includes culturally appropriate, full-spectrum mental health services. The MAPP Steering Committee also took stock of what was feasible at this time, eliminated the selection of areas where efforts were already underway, and narrowed their priorities in a way that incorporated many elements within a framework focused on families with young children.

Many of the observed disparities in the county are related to access to services and economic stability. Services such as mental health, dental health, physical health, behavioral health, and education were seen as very important in impacting the overall wellness of Santa Cruz County residents. Wrap-around services will be a key strategy in the CHIP. The MAPP Steering Committee was very concerned with the lack of quality early childhood education. This sparked the idea to focus community health improvement on families with children ages 0-5. With this focus, services can be coordinated to ensure the overall health and well-being of those families.

Additionally, the group wanted to consider adverse childhood experiences (ACE's), in developing the CHIP. Recent research suggests that ACE's are linked to risky health behaviors, chronic health conditions, low lifetime potential, and early death. By working with the families of young children, partners hope to reduce childhood exposure to adverse experiences, which in turn will help them grow healthy in all aspects of their lives.

The prioritized areas were approached through the lens of addressing social determinants of health in an upstream manner where possible. This is evidenced in some of the strategies put forth in the Community Health Improvement Plan, including advocacy and implementation of legislation around early childcare licensing and funding, economic security and mobility through creation of child savings accounts, and understanding the linkages between dental health and school attendance.

The CHIP will harness existing efforts and align the work of multiple organizations to provide infants and children the best possible start for happy, healthy, and productive lives. In turn, these families will grow healthier and as time passes, the future generations may not have the same level of need for services in the future.

Strategic Issues

The MAPP Steering Committee identified four strategic issue areas to focus their CHIP work:

- Access to Preventive Care
- Access to Mental and Behavioral Health Services
- Access to Quality Early Childhood Care and Education
- Access to Dental Care

Table 1 shows the goals that were considered when developing the content for each area along with the goals and objectives for each one.

Table 1: Strategic Issues, Goals, and Objectives

Strategic Issues	Goals	Objectives
Access to Preventive Care	Goal 1: Increase access to culturally appropriate preventive health services	Objective 1.1: Increase by 20% prevention services provided to families with children ages 0-5, by 2023.
		Objective 1.2: Increase immunization rates by 10% in children ages 0-5, by 2023.
		Objective 1.3: 90% of health care workers will be capable of providing linguistically and culturally appropriate care, by 2023.
Access to Mental and Behavioral Health Services	Goal 2: Increase access to timely and appropriate care in mental health and behavioral health services	Objective 2.1: Increase the use of family and peer support services to those receiving care, by 2023.
		Objective 2.2: Ensure the availability of bilingual staff to provide services to monolingual Spanish speaking clients at least 80% of the time without the need for an interpreter, by 2023.
		Objective 2.3: The average wait time for a routine psychiatry appointment will be no longer than 15 business days for 85% of the patients needing an appointment, by 2023.
Access to Quality Early Childhood Care and Education	Goal 3: Increase access to affordable, high quality early childhood care and education programs	Objective 3.1: Increase to 80% the number of children for whom licensed care is available where it is most needed, by 2023.
		Objective 3.2: Strengthen workforce and improve quality of child care, by 2023.
	Goal 4: Increase use of Children's Savings Accounts	Objective 4.1: Increase use of Children's Savings Accounts by 7% to help families start saving for college, by 2023.
Access to Dental Care	Goal 5: Increase the number of children ages 0-5 in Santa Cruz County accessing quality dental care	Objective 5.1: By 2023, increase the number of Denti-Cal recipients ages 0-3 years that have seen the dentist in the past from 43% to 60%.
		Objective 5.2: Maintain Denti-Cal utilization rates of 70% or higher for children ages 4-5.

Access to Preventive Care

Santa Cruz County has strong collaborations to address health care needs of its residents. The CHIP will focus on care that is further upstream from the care typically provided in hospitals and primary care settings. This type of preventive care will focus on wellness checks and health screenings so that illnesses and health issues can be identified early enough to prevent secondary and tertiary care and treatment. Part of the preventive services offered will include provision of or referrals to social, economic, and behavioral health services. By addressing these root causes of health and well-being, the work in this area strives to reduce overall health care utilization in the future.

The County Health Services Agency recently implemented the Nurse-Family Partnership (NFP) Program, an evidence-based practice demonstrated through extensive research. NFP works by having specially trained nurses visit young, first-time moms-to-be, starting early in the pregnancy, and continuing through the child's second birthday. New mothers develop a close relationship with a nurse who becomes a trusted resource they can rely on for advice on everything from safely caring for their child to taking steps to provide a stable, secure future for them both. Through the partnership, the nurse provides new mothers with the confidence and the tools they need to assure a healthy start for their babies, and to envision a life of stability and opportunities for success for both mother and child.

In addition to the implementation and expansion of the NFP, nurse home visits will be offered to moms that do not qualify for the NFP program. Nurses will also refer moms to programs offering health insurance; to medical, mental, and behavioral health programs and services; and to the Public Health Nurse bilingual telephone line. There will be a proactive effort to ensure coordination of perinatal care. Activities in the plan also will ensure children complete yearly preventive care visits and are up-to-date with their immunizations. Provider cultural competency training will be provided on an annual basis so that providers are able to provide culturally competent care to all people in the county.

Goal 1: Increase access to culturally appropriate preventive health services

- Objective 1.1: Increase by 20% prevention services provided to families with children ages 0-5, by 2023.
- Objective 1.2: Increase immunization rates by 10% in children ages 0-5, by 2023.
- Objective 1.3: 90% of health care workers will be capable of providing linguistically and culturally appropriate care, by 2023.

Health Indicators:

- Health Insurance Coverage Rates
- Immunization Rates
- Overweight and Obesity Rates
- Percent Early Prenatal Care
- Percentage of Mothers Exclusively Breastfeeding at Birth
- Percentage of Child Care Attendees Fully Vaccinated
- Percentage of Kindergarteners Fully Vaccinated

Program Performance Measures:

- Number of families visited and provided education
- Number of families visited with referrals provided
- Percent of those referred for services obtain those services
- Number of referrals to Medi-Cal, Medi-Cal Access Program, Covered California, California Children's Services, or other low/no-cost health insurance or programs
- Percent of referrals that actually enrolled to low/no-cost health coverage programs
- Number of total phone calls received to PHN nurse line
- Number of Spanish-speaking phone calls received to PHN nurse line
- Number of time a caller was linked to a community or Medicaid service
- Number of technical assistance activities provided to healthcare practitioners
- Number of providers with improvement in knowledge or practice following technical assistance on perinatal care access
- Number of shared activities performed with provider network and/or health plan to improve access to and quality of perinatal services
- Number of activities that promote the yearly preventive medical visit
- Number of children receiving a yearly preventive medical visit by zip code and by parents' primary language
- Number of transportation assistance units provided
- Percent of eligible clients using transportation services (# of families getting transportation assistance/# of families eligible)
- Number of encounters where the family received education/guidance around childhood immunizations
- Percent of children who receive all of the required immunizations through age 2
- Percent of children who receive all of the required immunizations by time they enter kindergarten
- Number of mandatory cultural competency trainings provided on an annual basis
- Number of cultural competency trainings provided on annual basis
- Number of providers who received cultural competency trainings

Access to Mental and Behavioral Health Services

Mental and behavioral health services must be accessible to properly address those affected by adverse childhood experiences (ACE's). Also, there is a need for increasing the availability of mental and behavioral health services along with improving the ability to reduce wait times and ensuring that the level of care is commensurate with what is needed. One key area to providing support to those in need is to improve the public's understanding of mental health and mental wellness and the services available to support individuals and families in the community. There will be an increase of peer and family partners on treatment teams in addition to the expansion of family support services. Additional efforts will focus on providing linguistically and culturally appropriate treatment services to reduce barriers based on language and cultural differences.

Access to Mental and Behavioral Health Services

Mental and behavioral health services will be coordinated with primary care when appropriate. Quality improvement work will focus on reducing wait times between first contact and first psychiatric appointment. Integrated care will be provided at primary clinics, providing therapy and psychiatry services for persons with mild to moderate mental illness, and expand upon the Integrated Behavioral Health Program in the County Federally Qualified Health Center.

Goal 2: Increase access to timely and appropriate care in mental health and behavioral health services

- Objective 2.1: Increase the use of family and peer support services to those receiving care, by 2023.
- Objective 2.2: Ensure the availability of bilingual staff to provide services to monolingual Spanish speaking clients at least 80% of the time without the need for an interpreter, by 2023.
- Objective 2.3: The average wait time for a routine psychiatry appointment will be no longer than 15 business days for 85% of the patients needing an appointment, by 2023.

Health Indicators:

- Self-reported Physical and Mental Health Status
- Suicide Rates
- Self-reported Substance Use in the Past 30 Days

Program Performance Measures:

- Number of peer and family partners recruited to be trained
- Number of family and peer support groups provided by National Alliance on Mental Illness (NAMI) Santa Cruz
- Number of trained peer and family partners on treatment teams
- Number of patients participating in family and peer support groups
- Number of bilingual staff
- Number of psychiatrists who are bilingual
- Number of consumers and families that have access to services in their native language
- Number of training opportunities regarding trauma informed care
- Number of staff trained in trauma informed care
- Number of managers and supervisors trained in trauma informed care
- Number of staff outside of HSA trained in trauma informed care
- Number of days from initial contact to first psychiatric appointment
- Percent of initial contacts receiving timely care and treatment
- Number of psychiatry positions vacant and # filled
- Number of appointment slots available per week versus number available for same period last fiscal year
- Number of primary care clinics with therapy and psychiatry services available

Access to Quality Early Childhood Care and Education

The first goal in this area relies on access to quality early childhood care and education, a key strategy in addressing health equity. Families with working parents need to be able to access affordable, high quality childcare so that parents are able to go to their jobs without worrying about the health and safety of their children. Children need access to quality early care and education to ensure that they are ready for school and equipped for long-term success. Provision of high quality care may also prevent missed working days due to not finding appropriate childcare, which may lead to decreases in income. Research has shown the quality childhood education before the age of five has long-term sustainable benefits for children. As stated on the National Education Association's website:⁴

Research shows that providing a high quality education for children before they turn five yields significant long-term benefits. One well-known study, the HighScope Perry Preschool Study,⁵ found that individuals who were enrolled in a quality preschool program ultimately earned up to \$2,000 more per month than those who were not. Young people who were in preschool programs are more likely to graduate from high school, to own homes, and have longer marriages.

Other studies, like The Abecedarian Project,⁶ show similar results. Children in quality preschool programs are less likely to repeat grades, need special education, or get into future trouble with the law. Early childhood education makes good economic sense, as well. In Early Childhood Development: Economic Development with a High Public Return,⁷ a high-ranking Federal Reserve Bank official pegs its return on investment at 12 percent, after inflation.

The article from the Federal Reserve Bank makes the case that advocating for funding quality early childhood education should be a top priority for state and local governments given its effectiveness at increasing high school graduation rates, lifelong earning potential, and other socioeconomic indicators that are also tied to improved health outcomes. According to the Centers for Disease Control and Prevention (CDC), early childhood education interventions can improve children's development and act as a protective factor against the future onset of adult disease and disability. Santa Cruz County will work with leadership from Santa Cruz First 5 Commission to increase the number of quality early child education providers.

Goal 3: Increase access to affordable, high quality early childhood care and education programs

Objective 3.1: Increase to 80% the number of children for whom licensed care is available where it is most needed, by 2023.

Objective 3.2: Strengthen workforce and improve quality of child care, by 2023.

⁴Retrieved from <http://www.nea.org/home/18163.htm>

⁵Perry Preschool Study (2005). Retrieved from <https://highscope.org/perrypreschoolstudy>

⁶List of Scholarly Publications Citing the Abecedarian Project. (n.d.) Retrieved from <http://abc.fpg.unc.edu/scholarly-publications>

⁷Rolnick, A. J. (2003, March 1). *Early Childhood Development: Economic Development with a High Public Return*. Retrieved from <https://www.minneapolisfed.org/publications/fedgazette/early-childhood-development-economic-development-with-a-high-public-return>

The second goal in this area addresses economic ability to afford college after these children grow up and graduate from high school. Children's Savings Accounts, long-term saving or investment accounts designed for post secondary education, have been proven to have a positive impact on children's social-emotional development and increase college expectations. Empirical data on the use of these accounts has also showed that they help decrease maternal depression and increase a mother's engagement with their children and their children's education. This includes increased college expectations for both the parent and the child. In fact, children with just \$500 or less saved for college are 3 times more likely to go to college and 4 times more likely to graduate than those without savings. Studies have also showed how the use of these accounts has a greater impact on low-income children and children with less educated mothers. All these factors help decrease risk and build foundations for economic mobility for future workforces.

Goal 4: Increase use of Children's Savings Accounts

Objective 4.1: Increase use of Children's Savings Accounts by 7% to help families start saving for college, by 2023.

Health Indicators:

- Child Poverty
- 3rd Grade Reading Test Scores
- High School Graduation Rate
- Percent of Eligible Children Enrolled in Subsidized Preschool

Program Performance Measures:

- Number of new child care providers receiving support
- Percent of children for whom licensed care is available
- Total dollar amount of investment in early care and education
- Increase total investment in early care and education
- Number of state subsidized infant/toddler/Pre-K child care slots
- Total funding available for subsidized care (infant, toddler, and Pre-K)
- Percent of allocation utilized
- Percent of income-eligible infants and toddlers enrolled in subsidized child care
- Percent of allocation utilized (infant, toddler, and Pre-K)
- Number of state subsidized Pre-K child care slots
- Percent of income-eligible Pre-K students enrolled in subsidized child care
- Number of sites participating in the California Quality Rating Improvement System (CA-QRIS)
- Percent of licensed child care providers participating in the CA-QRIS
- Number of sites rated achieving or exceeding quality standards (Tiers 3-5)
- Percent of licensed child care providers rated at tiers 3-5
- Number of stipends distributed
- Average compensation of early care and education teachers
- Number of new parents receiving information about childhood savings
- Percent of new parents opening accounts for their infants
- Number of hours of professional development
- Number of participants
- Percent of knowledge gained over time

Access to Dental Care

Oral health has been linked to overall physical health. Recent research has suggested possible associations between oral infections and diabetes, cardiovascular disease, and adverse pregnancy outcomes.⁹ According to the CDC, oral health has been linked with other chronic diseases, like diabetes and heart disease, and it is also linked with risk behaviors like using tobacco and eating and drinking foods and beverages high in sugar.¹⁰ Public health strategies such as school dental sealant programs have been proven to save money and prevent cavities.

The county will address oral health under the leadership of Dientes Community Dental Care in implementing the strategies of the First Tooth First Birthday (1T1B) program as well as initiating efforts to ensure all kindergartners or first graders have had dental screening. Additionally they will aim to increase the number of children ages 0-5 in Santa Cruz County with access to quality dental care by collaborating with partners working in other areas of this plan. (See Oral Health Addendum for additional goals and objectives being done with funding from Prop 56)

Goal 5: Increase the number of children ages 0-5 in Santa Cruz County accessing quality dental care

Objective 5.1: By 2023, increase the number of Denti-Cal recipients ages 0-3 years that have seen the dentist in the past from 43% to 60%.

Objective 5.2: Maintain Denti-Cal utilization rates of 70% or higher for children ages 4-5.

Health Indicators:

- Percent of Children Who Received Dental Care in Past 12 Months
- Percent that Never had a Dental Visit (Ages 2-17)
- Percent Children with Current Dental Insurance
- Results of Pre-Kindergarten Dental Screenings

Program Performance Measures:

- Number by type of advertisement placements
- Number of pediatricians and dentists receiving 1T1B educational materials
- Number of patients/parents reached through Alliance and First 5
- Medi-Cal dental utilization rates for children 0-3
- Percent of children entering public school with evidence of untreated tooth decay
- Percent of students with dental screenings completed by May 31st
- Number of passive consent forms distributed annually
- Medi-Cal dental utilization rates for children ages 4-6 years
- Percent of clinic appointments used for new patients ages 4-6 years
- Number of new providers
- Number of dentists receiving education about rate increases
- Number of new dental chairs
- Number of Medi-Cal enrolled children seeing the dentist for the first time
- Number of clinics providing oral health assessments and/or fluoride varnish as a standard of care at well-child visits

⁹National Institute of Dental and Craniofacial Research. (2014, March 7). Retrieved from <https://www.nidcr.nih.gov/DataStatistics/SurgeonGeneral/sgr/part3.htm>

¹⁰Centers for Disease Control and Prevention. (2015, October 8). Retrieved from <https://www.cdc.gov/oralhealth/basics/index.html>

Policy and Funding Considerations

Early Childhood Care and Education

There are a few areas in this plan where policy changes are recommended to ensure the ability for Santa Cruz County to achieve its goals. For high quality early child care and education, the MAPP Steering Committee county believes the adoption of policies that support a continuous 12-month eligibility period, income eligibility guidelines based on current State Median Income (SMI) data, and increased exit eligibility levels would enhance the provision of high quality early child care and education. The MAPP Steering Committee would like to see increased funding for the General Child Care and Alternative Payment programs to ensure flexible child care spaces are available to more infants and toddlers. Additionally, they support enacting the May Revise commitment to expand the State Preschool Program, ensuring those spaces are full-day and can be utilized by non-LEA providers as well.

Other key issues to ensure that all children ages 0-5 in Santa Cruz County are able to obtain high quality early child care and education include:

- Increase the quality and number of state-funded early learning slots for infants, toddlers and preschoolers.
- Embed high-quality standards in all state-funded early learning programs and support state and local efforts to meet them.
- Strengthen the qualifications, compensation and stability of the early learning workforce.

Access to Dental Care

In the area of oral health, the MAPP Steering Committee would like Denti-Cal reimbursement reform to increase number of providers willing to take Medi-Cal patients as well as funding for schools to track K-1 grade oral health screenings in statewide data repository. Lastly, a sugar sweetened beverage tax and labeling would help to decrease dental caries as well as address childhood obesity, although the latter is not a specific focus of this plan, it would be a welcomed by-product. The money raised by the tax could be used for programs addressing the consequences of the overconsumption of sugar.

Thrive by Three

Locally the County has been developing a policy to address the health and developmental needs of the county's youngest, and sometimes most vulnerable, population. This initiative directs local funding from a portion of cannabis-related tax revenue with the intent to invest in evidence-based approaches that allow for the most vulnerable children to have equal opportunities to reach their full potential. Policies resulting from the Thrive by Three Initiative will help guide the work of this CHIP, and conversely, policy needs to further the work outlined in this CHIP will be taken to the Thrive by Three governance for consideration where relevant.

CORE Investments

In April 2015, the Santa Cruz County Board of Supervisors adopted a new funding model called Collective of Results and Evidence-based (CORE) Investments. This model takes a measured and deliberate approach to funding community programs and services by focusing on community derived results from 9 strategic plans (many used in the development of this CHIP). There is list of community level indicators that represent what the CORE Investments will help fund to achieve. These result areas come from each of the countywide strategic plans.

Linkages with Other Local Efforts and Plans

Thrive by Three

Santa Cruz County has a long history of community partnerships to tackle some of the most challenging health and social concerns. In January 2017, the Santa Cruz County Board of Supervisors voted to establish the Thrive by Three Fund dedicated to funding efforts that will achieve specific outcomes for Santa Cruz County’s youngest and most vulnerable children. This CHIP will aid in the coordination of services that will help achieve the Thrive by Three goals as illustrated in the Table 2.

Table 2: Alignment between Thrive by Three and the Santa Cruz CHIP

Thrive by Three Goals	CHIP Objectives	
<ul style="list-style-type: none"> Decreased rates of substantiated child maltreatment and entries into foster care among infants and toddlers Decreased percentage of mothers and fathers reporting hardships and emotional distress during pregnancy and the child’s first three years of life 	Objective 2.1: Increase the use of family and peer support services to those receiving care, by 2023.	CHIP Goal 2 is centered on improving access to timely mental and behavioral health services for family members with children ages 0-5. By improving access to mental and behavioral health services, adults with young children will be better able to manage their stress and other disorders, which should lead to a decrease in child maltreatment. With timely services, there should also be a decrease in mothers and fathers reporting hardships and emotional distress during these years.
	Objective 2.2: Ensure the availability of bilingual staff to provide services to monolingual Spanish speaking clients at least 80% of the time without the need for an interpreter, by 2023.	
	Objective 2.3: The average wait time for a routine psychiatry appointment will be no longer than 15 business days for 85% of the patients needing an appointment, by 2023.	
<ul style="list-style-type: none"> Increased percentage of young mothers getting prenatal care in the first trimester Decreased percentage of babies being born preterm and low birth weight 	Objective 1.1: Increase by 20% prevention services provided to families with children ages 0-5, by 2023.	CHIP Goal 1, increase access to culturally appropriate preventive health services directly addresses the need to increase young mothers receiving prenatal care in the first trimester and beyond. With appropriate prenatal care, issues that may lead to preterm births can be identified and treated to potentially prevent or minimize the impact of a pre-term birth.
	Objective 1.3: 90% of health care workers will be capable of providing linguistically and culturally appropriate care, by 2023.	
<ul style="list-style-type: none"> Increased access to high-quality care and early learning opportunities for infants and toddlers 	Objective 3.1: Increase to 80% the number of children for whom licensed care is available where it is most needed, by 2023.	CHIP Goal 3 addresses this Thrive by Three goal comprehensively. First 5 Santa Cruz will be leading it, and the plan is to leverage their work to increasing access to affordable, high quality early childhood care and education programs by partnering with other organizations across the county.
	Objective 3.2: Strengthen workforce and improve quality of child care, by 2023.	

Health Services Agency Public Health Strategic Plan

The Health Services Agency Public Health Division developed a public health strategic plan that includes goals and strategies to support the implementation of the Santa Cruz County CHIP. The staff that developed the strategic plan considered the content of the CHIP in addition to considering other important support strategies that will enable better assessments and promotion of health-related topics in the community. Table 3 shows the alignment between the Public Health Strategic Plan and the Santa Cruz County CHIP.

Table 3: Alignment between the Public Health Strategic Plan and the Santa Cruz CHIP

Public Health Strategic Plan	CHIP Objectives	
<ul style="list-style-type: none"> Goal 1.1: Increase access to quality and affordable primary care 	Objective 1.1: Increase by 20% prevention services provided to families with children ages 0-5, by 2023.	<p>Goal 1 of the CHIP centers on preventive care for families with children ages 0-5. The Public Health Strategic Plan includes this group, but it is a subset of all of the children and families that they serve. Services for both plans will be coordinated in a synergistic fashion. The Public Health Strategic Plan has the ability to continue providing access to quality and affordable primary care for those aging out of the services in the CHIP.</p>
	Objective 1.2: Increase immunization rates by 10% in children ages 0-5, by 2023.	
	Objective 1.3: 90% of health care workers will be capable of providing linguistically and culturally appropriate care, by 2023.	
<ul style="list-style-type: none"> Goal 1.2: Increase access to oral health services Goal 1.3: Decrease rates of dental disease 	Objective 5.1: By 2023, increase the number of Dental recipients ages 0-3 years that have seen the dentist in the past from 43% to 60%.	<p>As with Goal 1, Goal 5 is focuses on oral health services for children ages 0-5. The Public Health Strategic Plan includes strategies that not only address the oral health needs of the very young, but also of all county residents in need of oral health services. Public Health will be holding community fluoride treatment and sealant events for all children.</p>
	Objective 5.2: Maintain Dental utilization rates of 70% or higher for children ages 4-5.	

Linkages with Other Community Plans in Santa Cruz County

Appendix A contains matrices with detailed summaries of the CHIP goals, measurable objective, strategies, and measures by strategic issue area. These matrices also contain a column that identifies other plans throughout Santa Cruz County that will be leveraged when carrying out the work. Please refer to Appendix A for more information about these other plan linkages.

CORE Investments

CORE Investments represents the transition from the historical Community Programs funding model that has been in place for over three decades to the new model of Collective of Results and Evidence-based (CORE) Investments. CORE Investments is about the collaborative efforts of community based organizations, public agencies, foundations, and others in improving outcomes. The multiple strategic plans had representatives and academic experts come together to work with the Santa Cruz Human Services Department (HSD) to select and cull community-level indicators that measure the selected result areas from each plan. HSD will track twenty-two community-level indicators and will monitor them annually. The CORE Investment Indicators that are related to the work in this CHIP are in Table 4.

Table 4: Alignment between CORE Investments and the Santa Cruz CHIP

CORE Investment Indicator	CHIP Goals and Objectives
<ul style="list-style-type: none"> Percent of who saw healthcare provider for emotional, mental health and/or substance abuse in the past year 	<p>Goal 2: Increase access to timely and appropriate care in mental health and behavioral health services</p> <p>Objective 2.1: Increase the use of family and peer support services to those receiving care, by 2023.</p>
<ul style="list-style-type: none"> Average number of days from initial contact to first psychiatric appointment 	<p>Goal 2: Increase access to timely and appropriate care in mental health and behavioral health services</p> <p>Objective 2.3: The average wait time for a routine psychiatry appointment will be no longer than 15 business days for 85% of the patients needing an appointment, by 2023.</p>
<ul style="list-style-type: none"> Percent delayed or didn't get medical care 	<p>Goal 1: Increase access to culturally appropriate preventive health services</p> <p>Objective 1.1: Increase by 20% prevention services provided to families with children ages 0-5, by 2023.</p> <p>Objective 1.3: 90% of health care workers will be capable of providing linguistically and culturally appropriate care, by 2023.</p>
<ul style="list-style-type: none"> Percent of people with dental care in past 12 months 	<p>Goal 5: Increase the number of children ages 0-5 in Santa Cruz County accessing quality dental care</p> <p>Objective 5.1: By 2023, increase the number of Denti-Cal recipients ages 0-3 years that have seen the dentist in the past from 43% to 60%.</p> <p>Objective 5.2: Maintain Denti-Cal utilization rates of 70% or higher for children ages 4-5.</p>

Table 4: Alignment between CORE Investments and the Santa Cruz CHIP (Continued)

CORE Investment Indicator	CHIP Goals and Objectives
Rate of referrals to child welfare and substantiations	<p>Goal 1: Increase access to culturally appropriate preventive health services</p> <p>Objective 1.1: Increase by 20% prevention services provided to families with children ages 0-5, by 2023.</p> <p>Goal 2: Increase access to timely and appropriate care in mental health and behavioral health services</p> <p>Objective 2.1: Increase the use of family and peer support services to those receiving care, by 2023.</p>
Reading met or exceeded standards at 3rd grade among economically disadvantaged students	<p>Goal 3: Increase access to affordable, high quality early childhood care and education programs</p> <p>Objective 3.1: Increase to 80% the percent of children for whom licensed care is available where it is most needed, by 2023.</p> <p>Objective 3.2: Strengthen workforce and improve quality of child care, by 2023.</p>
Recurrence of children with abuse allegations/substantiated within 12 months	<p>Goal 1: Increase access to culturally appropriate preventive health services</p> <p>Objective 1.1: Increase by 20% prevention services provided to families with children ages 0-5, by 2023.</p> <p>Goal 2: Increase access to timely and appropriate care in mental health and behavioral health services</p> <p>Objective 2.1: Increase the use of family and peer support services to those receiving care, by 2023.</p>
Percent of children for whom licensed care is available	<p>Goal 3: Increase access to affordable, high quality early childhood care and education programs</p> <p>Objective 3.1: Increase to 80% the number of children for whom licensed care is available where it is most needed, by 2023.</p>

Consideration of *Let's Get Healthy California*

The State of California has its State Health Improvement Plan called *Let's Get Healthy California*. In order for the state to advance the goals in this plan, it is necessary for local health departments to align some of their local Community Health Improvement Plan goals with those set forth by the state. Santa Cruz County took into consideration how its CHIP aligns with *Let's Get Healthy California*. The boxes below shows where the Santa Cruz County CHIP (blue boxes) best aligns with California's goals (gray boxes), including the indicators that the state is monitoring to track progress in each of these goal areas. Note that the language from the State's plan may not reflect local terminology.

Let's Get Healthy California

Healthy Beginnings: Laying the foundation for a healthy life. A healthy beginning sets the stage for health and well-being for a person's entire life. These indicators represent important dimensions of children's health and well-being from infancy through the teenage years. As a society, we can work together to ensure all our children have the opportunity to thrive and reach their full potential.

Indicators:

- Childhood Vaccination Rates
- Adverse Childhood Experiences
- Early Childhood Reading Levels
- Childhood Obesity

CHIP Goal 1: Increase access to culturally appropriate preventive health services

- **Objective 1.1:** Increase by 20% prevention services provided to families with children ages 0-5, by 2023.
- **Objective 1.2:** Increase immunization rates by 10% in children ages 0-5, by 2023.

CHIP Goal 2: Increase access to timely and appropriate care in mental health and behavioral health services

- **Objective 2.1:** Increase the use of family and peer support services to those receiving care, by 2023.

CHIP Goal 3: Increase access to affordable, high quality early childhood care and education programs

- **Objective 3.1:** Increase to 80% the number of children for whom licensed care is available where it is most needed, by 2023.
- **Objective 3.2:** Strengthen workforce and improve quality of child care, by 2023.

CHIP Goal 5: Increase the number of children ages 0-5 in Santa Cruz County accessing quality dental care

- **Objective 5.1:** By 2023, increase the number of Denti-Cal recipients ages 0-3 years that have seen the dentist in the past from 43% to 60%.
- **Objective 5.2:** Maintain Denti-Cal utilization rates of 70% or higher for children ages 4-5.

Let's Get Healthy California

Living Well: Preventing and managing chronic disease. The goal of the Triple Aim is to help people achieve optimal health at all stages of life. This includes physical and mental health as well as social wellbeing. Preventing and managing chronic disease is a particular focus, given the rising prevalence of chronic diseases and the impact they have on the state's residents.

Indicators

- Adult Depression

CHIP Goal 2: Increase access to timely and appropriate care in mental health and behavioral health services

- **Objective 2.1:** Increase the use of family and peer support services to those receiving care, by 2023.
- **Objective 2.3:** The average wait time for a routine psychiatry appointment will be no longer than 15 business days for 85% of the patients needing an appointment, by 2023.

Let's Get Healthy California

Redesigning the Health System: Efficient, safe, patient-centered care. Being the healthiest state in the nation will require the health care system to be better aligned toward population health goals and outcomes. The system should be patient-centered and look beyond illness to health. To advance this goal, health care systems and plans across the state are already innovating ways to redesign the health delivery system.

Indicators

- Linguistic and Cultural Engagement
- Coordinated Outpatient Care for Adults
- Coordinated Outpatient Care for Children
- Preventable Hospitalizations

CHIP Goal 1: Increase access to culturally appropriate preventive health services

- **Objective 1.1:** Increase by 20% prevention services provided to families with children ages 0-5, by 2023.
- **Objective 1.3:** 90% of health care workers will be capable of providing linguistically and culturally appropriate care, by 2023.

CHIP Goal 2: Increase access to timely and appropriate care in mental health and behavioral health services

- **Objective 2.1:** Increase the use of family and peer support services to those receiving care, by 2023.
- **Objective 2.2:** Ensure the availability of bilingual staff to provide services to monolingual Spanish speaking clients at least 80% of the time without the need for an interpreter, by 2023.
- **Objective 2.3:** The average wait time for a routine psychiatry appointment will be no longer than 15 business days for 85% of the patients needing an appointment, by 2023.

Consideration of the National Prevention Strategy

Released in June 2011, the National Prevention Strategy is a comprehensive plan that focuses on increasing the number of Americans who are healthy at every stage of life. It prioritizes prevention by integrating recommendations and actions across multiple settings to improve health and save lives. This Strategy focuses on both increasing the length of people's lives and ensuring that people's lives are healthy and productive.

The Strategy consists of four strategic directions and seven priorities. The strategic directions that align with this CHIP are Clinical and Community Preventive Services, Empowered People, and Elimination of Health Disparities found in the gray boxes below. The priorities that align with this plan are Preventing Drug Abuse and Excessive Alcohol Use and Mental and Emotional Wellbeing, also in gray boxes. Santa Cruz County CHIP goals are in the blue boxes. Note that the terminology used in the national strategy may not reflect local terminology.

National Prevention Strategy

Clinical and Community Preventive Services

Evidence-based preventive services are effective in reducing death and disability, and are cost-effective or even cost-saving. Preventive services consist of screening tests, counseling, immunizations or medications used to prevent disease, detect health problems early, or provide people with the information they need to make good decisions about their health. While preventive services are traditionally delivered in clinical settings, some can be delivered within communities, work sites, schools, residential treatment centers, or homes. Clinical preventive services can be supported and reinforced by community-based prevention, policies, and programs.

Recommendations

- Support implementation of community-based preventive services and enhance linkages with clinical care.
- Reduce barriers to accessing clinical and community preventive services, especially among populations at greatest risk.
- Enhance coordination and integration of clinical, behavioral and complementary health strategies.

CHIP Goal 1: Increase access to culturally appropriate preventive health services

- **Objective 1.1:** Increase by 20% prevention services provided to families with children ages 0-5, by 2023.
- **Objective 1.2:** Increase immunization rates by 10% in children ages 0-5, by 2023.
- **Objective 1.3:** 90% of health care workers will be capable of providing linguistically and culturally appropriate care, by 2023.

CHIP Goal 2: Increase access to timely and appropriate care in mental health and behavioral health services

- **Objective 2.1:** Increase the use of family and peer support services to those receiving care, by 2023.
- **Objective 2.2:** Ensure the availability of bilingual staff to provide services to monolingual Spanish speaking clients at least 80% of the time without the need for an interpreter, by 2023.

CHIP Goal 5: Increase the number of children ages 0-5 in Santa Cruz County accessing quality dental care

- **Objective 5.1:** By 2023, increase the number of Denti-Cal recipients ages 0-3 years that have seen the dentist in the past from 43% to 60%.
- **Objective 5.2:** Maintain Denti-Cal utilization rates of 70% or higher for children ages 4-5.

National Prevention Strategy

Empowered People

Although policies and programs can make healthy options available, people still have the responsibility to make healthy choices. People are empowered when they have the knowledge, ability, resources, and motivation to identify and make healthy choices. When people are empowered, they are able to take an active role in improving their health, support their families and friends in making healthy choices, and lead community change.

Recommendations

- Provide people with tools and information to make healthy choices.
- Promote positive social interactions and support healthy decision-making.
- Improve education and employment opportunities.

CHIP Goal 1: Increase access to culturally appropriate preventive health services

- **Objective 1.1:** Increase by 20% prevention services provided to families with children ages 0-5, by 2023.
- **Objective 1.3:** 90% of health care workers will be capable of providing linguistically and culturally appropriate care, by 2023.

CHIP Goal 2: Increase access to timely and appropriate care in mental health and behavioral health services

- **Objective 2.1:** Increase the use of family and peer support services to those receiving care, by 2023.
- **Objective 2.2:** Ensure the availability of bilingual staff to provide services to monolingual Spanish speaking clients at least 80% of the time without the need for an interpreter, by 2023.

CHIP Goal 3: Increase access to affordable, high quality early childhood care and education programs

- **Objective 3.1:** Increase to 80% the number of children for whom licensed care is available where it is most needed, by 2023.
- **Objective 3.2:** Strengthen workforce and improve quality of child care, by 2023.

CHIP Goal 4: Increase use of Children's Savings Accounts

- **Objective 4.1:** Increase use of Children's Savings Accounts by 7% to help families start saving for college, by 2023.

National Prevention Strategy

Elimination of Health Disparities

America benefits when everyone has the opportunity to live a long, healthy, and productive life, yet health disparities persist. A health disparity is a difference in health outcomes across subgroups of the population. Health disparities are often linked to social, economic, or environmental disadvantages (e.g., less access to good jobs, unsafe neighborhoods, lack of affordable transportation options). Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health on the basis of their racial or ethnic group, religion, socioeconomic status, gender, age, mental health, cognitive, sensory, or physical disability, sexual orientation or gender identity, geographic location, or other characteristics historically linked to discrimination or exclusion. Many health concerns, such as heart disease, asthma, obesity, diabetes, HIV/ AIDS, viral hepatitis B and C, infant mortality, and violence, disproportionately affect certain populations. Reducing disparities in health will give everyone a chance to live a healthy life and improve the quality of life for all Americans.

Recommendations

- Ensure a strategic focus on communities at greatest risk.
- Reduce disparities in access to quality health care.
- Support research to identify effective strategies to eliminate health disparities.

CHIP Goal 1: Increase access to culturally appropriate preventive health services

- **Objective 1.1:** Increase by 20% prevention services provided to families with children ages 0-5, by 2023.
- **Objective 1.3:** 90% of health care workers will be capable of providing linguistically and culturally appropriate care, by 2023.

CHIP Goal 2: Increase access to timely and appropriate care in mental health and behavioral health services

- **Objective 2.1:** Increase the use of family and peer support services to those receiving care, by 2023.
- **Objective 2.2:** Ensure the availability of bilingual staff to provide services to monolingual Spanish speaking clients at least 80% of the time without the need for an interpreter, by 2023.

CHIP Goal 4: Increase use of Children's Savings Accounts

- **Objective 4.1:** Increase use of Children's Savings Accounts by 7% to help families start saving for college, by 2023.

CHIP Goal 5: Increase the number of children ages 0-5 in Santa Cruz County accessing quality dental care

- **Objective 5.1:** By 2023, increase the number of Denti-Cal recipients ages 0-3 years that have seen the dentist in the past from 43% to 60%.
- **Objective 5.2:** Maintain Denti-Cal utilization rates of 70% or higher for children ages 4-5.

National Prevention Strategy

Preventing Drug Abuse and Excessive Alcohol Use (currently referred to as Substance Use Disorder)

Preventing drug abuse and excessive alcohol use increases people's chances of living long, healthy, and productive lives. Excessive alcohol use includes binge drinking (i.e., five or more drinks during a single occasion for men, four or more drinks during a single occasion for women), underage drinking, drinking while pregnant, and alcohol impaired driving. Drug abuse includes any inappropriate use of pharmaceuticals (both prescription and over-the counter drugs) and any use of illicit drugs. Alcohol and other drug use can impede judgment and lead to harmful risk-taking behavior. Preventing drug abuse and excessive alcohol use improves quality of life, academic performance, workplace productivity, and military preparedness; reduces crime and criminal justice expenses; reduces motor vehicle crashes and fatalities; and lowers health care costs for acute and chronic conditions

Recommendations

- Identify alcohol and other drug abuse disorders early and provide brief intervention, referral and treatment.

CHIP Goal 1: Increase access to culturally appropriate preventive health services

- **Objective 1.1:** Increase by 20% prevention services provided to families with children ages 0-5, by 2023.
- **Objective 1.3:** 90% of health care workers will be capable of providing linguistically and culturally appropriate care, by 2023.

CHIP Goal 2: Increase access to timely and appropriate care in mental health and behavioral health services

- **Objective 2.1:** Increase the use of family and peer support services to those receiving care, by 2023.
- **Objective 2.2:** Ensure the availability of bilingual staff to provide services to monolingual Spanish speaking clients at least 80% of the time without the need for an interpreter, by 2023.
- **Objective 2.3:** The average wait time for a routine psychiatry appointment will be no longer than 15 business days for 85% of the patients needing an appointment, by 2023.

National Prevention Strategy

Mental and Emotional Wellbeing Mental and emotional wellbeing is essential to overall health. Positive mental health allows people to realize their full potential, cope with the stresses of life, work productively, and make meaningful contributions to their communities. Early childhood experiences have lasting, measurable consequences later in life; therefore, fostering emotional wellbeing from the earliest stages of life helps build a foundation for overall health and wellbeing. Anxiety, mood (e.g., depression) and impulse control disorders are associated with a higher probability of risk behaviors (e.g., tobacco, alcohol and other drug use, risky sexual behavior), intimate partner and family violence, many other chronic and acute conditions (e.g., obesity, diabetes, cardiovascular disease, HIV/STIs), and premature death.

Recommendations

- Promote positive early childhood development, including positive parenting and violence-free homes.
- Provide individuals and families with the support necessary to maintain positive mental wellbeing.
- Promote early identification of mental health needs and access to quality services.

CHIP Goal 2: Increase access to timely and appropriate care in mental health and behavioral health services

- **Objective 2.1:** Objective 2.1: Increase the use of family and peer support services to those receiving care, by 2023.
- **Objective 2.2:** Ensure the availability of bilingual staff to provide services to monolingual Spanish speaking clients at least 80% of the time without the need for an interpreter, by 2023.
- **Objective 2.3:** The average wait time for a routine psychiatry appointment will be no longer than 15 business days for 85% of the patients needing an appointment, by 2023.

CHIP Goal 4: Increase use of Children's Savings Accounts

- **Objective 4.1:** Increase use of Children's Savings Accounts by 7% to help families start saving for college, by 2023.

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Appendix A: CHIP Implementation Plan

Goal 1: Increase access to culturally appropriate preventive health services					
Objective 1.1: Increase by 20% prevention services provided to families with children ages 0-5, by 2023.					
Strategy	Activities	Partners	Output Measures	Outcome Measures	Plan Linkages
1.1.1 Provide accessible family focused services for those most in need.	Conduct home visits and offer information and referrals as needed	Public Health Nursing (Nurse Family Partnership and Maternal Child Adolescent Health (MCAH)) Hospitals Community Bridges Safety Net Clinics Encompass Central California	# of families visited and provided education	% of those referred for services obtain those services	
			# of families visited with referrals provided		
1.1.2 Provide accessible family focused services for those most in need.	Conduct activities to facilitate referrals to Medi-Cal, Medi-Cal Access Program (MCAP), Covered CA, CCS, and other low cost/no-cost health insurance programs for health care coverage	Public Health Nursing (Nurse Family Partnership, MCAH and Child Health and Disability Prevention (CHDP)) Hospitals Community Bridges Safety Net Clinics Encompass Central California Alliance for Health Certified Application Assistors (CAAs) County HSD Benefits Collaborative Family Resource Collective (FRC) Frist 5 Baby	# of referrals to Medi-Cal, Medi-Cal Access Program (MCAP), Covered California, California Children's Services, or other low/no-cost health insurance or programs	% of referrals that actually enrolled to low/no-cost health coverage programs	MCAH Program Scope of Work 2016-17

Goal 1: Increase access to culturally appropriate preventive health services

Objective 1.1: Increase by 20% prevention services provided to families with children ages 0-5, by 2023.

Strategy	Activities	Partners	Output Measures	Outcome Measures	Plan Linkages
1.1.3 Provide accessible family focused services for those most in need.	Provide a toll-free or “no-cost to the calling party” bilingual telephone information service and other appropriate methods of communication, e.g. local MCAH program web page to the local community to facilitate linkage of MCAH population to services	Santa Cruz County Public Health Nursing	# of total phone calls received to PHN nurse line # of Spanish-speaking phone calls received to PHN nurse line	# of time a caller was linked to a community or Medicaid service	MCAH Program Scope of Work 2016-2017
	Provide technical assistance or education to perinatal and CPSP providers to improve perinatal care access and quality of perinatal services.	MCAH	List technical assistance activities provided to healthcare practitioners	# of providers with improvement in knowledge or practice following technical assistance on perinatal care access	MCAH Program Scope of Work 2016-2017
1.1.4 All women will have access to quality maternal and early perinatal care.	Conduct activities with local provider networks and/or health plans to improve access to and quality of perinatal services including coordination and integration of care.	MCAH	List current provider networks and/or health plans to work with and share activities to improve access to and quality of perinatal services	Document one shared activity performed with provider network and/or health plan to improve access to and quality of perinatal services	MCAH Program Scope of Work 2016-2017

Goal 1: Increase access to culturally appropriate preventive health services

Objective 1.1: Increase by 20% prevention services provided to families with children ages 0-5, by 2023.

Strategy	Activities	Partners	Output Measures	Outcome Measures	Plan Linkages
1.1.5 All children receive a yearly preventive medical visit.	Promote the yearly medical visit for children.	Public Health Nursing (Nurse Family Partnership and MCAH) Hospitals Community Bridges Safety Net Clinics Encompass Central California Alliance for Health	# of activities that promote the yearly preventive medical visit	# of children receiving a yearly preventive medical visit by zip code and by parents' primary language	MCAH Program Scope of Work 2016-2017
1.1.6 All children receive a yearly preventive medical visit.	Provide transportation assistance	Central California Alliance for Health Public Health Nursing (Nurse Family Partnership and MCAH)	# of transportation assistance units provided	% of eligible clients using transportation services (# of families getting transportation assistance/# of families eligible)	MCAH Program Scope of Work 2016-2017

Objective 1.2: Increase immunization rates by 10% in children ages 0-5, by 2023.

1.2.1 Ensure all children are protected from preventable childhood illnesses (Immunizations)	Children covered by Medicaid will get all of the required immunizations through their second birthday	Public Health Nursing (Nurse Family Partnership and MCAH) Hospitals Community Bridges Safety Net Clinics Encompass Central California Alliance for Health Schools	# of encounters where the family received education/guidance around childhood immunizations	% of children who receive all of the required immunizations through age 2	NFP
	Provide education on immunizations to ensure children receive all the required immunizations by time they enter kindergarten			% of children who receive all of the required immunizations by time they enter kindergarten	

Goal 1: Increase access to culturally appropriate preventive health services

Objective 1.3: 90% of health care workers will be capable of providing linguistically and culturally appropriate care, by 2023.

Strategy	Activities	Partners	Output Measures	Outcome Measures	Plan Linkages
1.3.1 Assess cultural competency of health care system	Determine what, if any, and how frequent cultural competency trainings are provided	Public Health Nursing (Nurse Family Partnership and MCAH) County Clinics HPHP Safety Net Clinics	# of mandatory cultural competency trainings provided on an annual basis	# of providers who received cultural competency trainings	
			# of cultural competency trainings provided on annual basis		

Policy changes needed:

None.

State and federal linkages:

Let's Get Healthy California: [Healthy Beginnings](#) and [Redesigning the Health System](#)

National Prevention Strategy: Clinical and Community Preventive Services; Empowered People; Elimination of Health Disparities; Healthy Eating, Reproductive and Sexual Health; and Mental and Emotional Well-being

Goal 2: Increase access to timely and appropriate care to mental health and behavioral health services

Objective 2.1: Increase the use of family and peer support services to those receiving care, by 2023.

Strategy	Activities	Partners	Output Measures	Outcome Measures	Plan Linkages
2.1.1 Improve public understanding of mental health and mental wellness and the services available to support families in the community	Increase the availability of Peer and Family Partners on treatment teams.	MHCAN Mariposa Center NAMI Santa Cruz Contract provider organizations	# of Peer and Family Partners recruited to be trained	# of trained Peer and Family Partners on treatment teams (target is 5)	Mental Health and Substance Use Disorder Strategic Plans
	Expand family support services to ensure family involvement in treatment and a collaborative approach to care, and to provide the needed support to families.	NAMI Santa Cruz	# of family and peer support groups provided by NAMI Santa Cruz	# of patients participating in family and peer support groups	

Objective 2.2: Ensure the availability of bilingual staff to provide services to monolingual Spanish speaking clients at least 80% of the time without the need for an interpreter, by 2023.

2.2.1 Ensure that services are delivered based on culturally and linguistically appropriate standards	Increase availability of services in more than one language, particularly for individuals who may only speak Spanish by implementing IMR groups in Spanish	County of Santa Cruz Behavioral Health Contracted services providers	# of bilingual staff # of psychiatrists who are bilingual	# of consumers and families that have access to services in their native language	Mental Health and Substance Use Disorder Strategic Plans
	Develop/implement culturally and developmentally-focused strategic outreach in order to effectively engage vulnerable populations by providing training in trauma care	County of Santa Cruz Behavioral Health Contracted Provider Organizations	# of training opportunities regarding trauma informed care	# of staff trained in trauma informed care # of managers and supervisors trained in trauma informed care # of staff outside of HSA trained in trauma informed care	

Goal 2: Increase access to timely and appropriate care to mental health behavioral health services

Objective 2.3: The average wait time for a routine psychiatry appointment will be no longer than 15 business days for 85% of the patients needing an appointment, by 2023.

Strategy	Activities	Partners	Output Measures	Outcome Measures	Plan Linkages
2.3.1 Increase the availability of a full-spectrum of services from prevention and early intervention to ongoing treatment services	Change scheduling template to allow for more rapid access to intake appointments to decrease time between initial contact and first psychiatric appointment	County of Santa Cruz Behavioral Health Clinics	# of days from initial contact to first psychiatric appointment	% of initial contacts receiving timely care and treatment	Mental Health and Substance Use Disorder Strategic Plans
	Fill vacant psychiatry positions		# of psychiatry positions vacant # filled	# of appointment slots available per week vs. # available for same period last fiscal year	
	Provide integrated care at primary clinics, providing therapy and psychiatry services for persons with mild to moderate mental illness, and expand upon the Integrated Behavioral Health Program in the County FQHC.		# of primary care clinics with therapy and psychiatry services available	# of visits per month will reach 800 Within 18-months, IBH staff in Watsonville will be expanded by 8 positions	

Policy changes needed:

None.

State and federal linkages:

Assembly Bill 300 Child Care and Development Services: Individualized County Child Care Subsidy Plans

Assembly Bill 212 California Fostering Connections to Success Act

Let's Get Healthy California: [Healthy Beginnings](#), [Living Well](#), [Redesigning the Health System](#), and [Lowering the Cost of Care](#)

National Prevention Strategy: Empowered People; Elimination of Health Disparities; and Mental and Emotional Well-being

Goal 3: Increase access to affordable, high quality early childhood care and education programs

Objective 3.1: Increase to 80% the number of children for whom licensed care is available where it is most needed, by 2023.

Strategy	Activities	Partners	Output Measures	Outcome Measures	Plan Linkages
3.1.1 Increase capacity of affordable early childhood care and education programs	Support new child care providers through the state licensing process	Santa Cruz County Child Care Planning Council	# of new child care providers receiving support	% of children for whom licensed care is available	Child Care Master Plan
	Increase federal, state, local, and private investment in system of subsidized early care and education programs	Santa Cruz County Early Childhood Advisory Council First 5 Santa Cruz County Subsidized Provider Consortium	Total federal, state, local and private investment in early care and education.	Increase total investment in early care and education	Child Care Master Plan
	Support expansion of subsidized infant/toddler child care slots in Santa Cruz County	Santa Cruz County Child Care Planning Council First 5	# of state subsidized infant/toddler child care slots	% of income-eligible infants and toddlers enrolled in subsidized child care	Santa Cruz County Early Care and Education Needs Assessment
			Total \$ funding available for subsidized care		
	Support expansion of subsidized Pre-K child care slots in Santa Cruz County	Santa Cruz County Child Care Planning Council First 5	# of state subsidized Pre-K child care slots	% of income-eligible Pre-K students enrolled in subsidized child care	Santa Cruz County Early Care and Education Needs Assessment
			Total \$ funding available for subsidized care		

Goal 3: Increase access to affordable, high quality early childhood care and education programs

Objective 3.2: Strengthen Workforce and improve quality of child care, by 2023.

Strategy	Activities	Partners	Output Measures	Outcome Measures	Plan Linkages
3.2.1 Promote quality standards within the early care and education community to match geographically with the expansion of licensed providers	Support child care providers' participation in the California Quality Rating and Improvement System (CA-QRIS)	Santa Cruz County Child Care Planning Council First 5	# of sites participating in the CA-QRIS	% of licensed child care providers participating in the CA-QRIS	First 5
	Support Child care providers to increase their CA-QRIS rating	Santa Cruz County Child Care Planning Council First 5	# of sites rated achieving or exceeding quality standards (Tiers 3-5)	% of licensed child care providers rated at tiers 3-5	
	Increase Early Learning Teachers Stipend Program (Assembly Bill 212) stipends for educators who attend professional development trainings.	Santa Cruz County Early Childhood Advisory Council Cabrillo College ECE Dept. Santa Cruz County CA-QRIS Consortium	# of stipends distributed	# of stipends distributed	Child Care Master Plan
	Raise early care and education teacher compensation	Santa Cruz County Early Childhood Advisory Council Human Care Alliance First 5 Santa Cruz County	Average compensation of early care and education teachers	Average compensation of early care and education teachers	

Goal 3: Increase access to affordable, high quality early childhood care and education programs

Objective 3.2: Strengthen Workforce and improve quality of child care, by 2023.

Strategy	Activities	Partners	Output Measures	Outcome Measures	Plan Linkages
3.2.2 Create continuing education opportunities for family, friend, and neighbor care (informal care)	Offer workshops and technical assistance opportunities that help early informal care providers	Santa Cruz County Child Care Planning Council First 5	# hours of professional development # of participants	% knowledge gained over time	

Policy changes needed:

- Adopt Crucial child care and preschool eligibility policies, including a continuous 12-month eligibility period, income eligibility guidelines based on current State Median Income (SMI) data, and increased exit eligibility levels.
- Increasing funding for the General Child Care and Alternative Payment programs to ensure flexible child care spaces are available to more infants and toddlers.
- Enacting the May Revise commitment to expand the State Preschool Program, ensuring those spaces are full-day and can be utilized by non-LEA providers as well.

(Take Action To Support Improved Access to Child Care and Preschool!)

- Increase the quality and number of state-funded early learning slots for infants, toddlers and preschoolers.
- Embed high-quality standards in all state-funded early learning programs and support state and local efforts to meet them.
- Strengthen the qualifications, compensation and stability of the early learning workforce.

2017 First 5 Policy Agenda

State and federal linkages:

Let's Get Healthy California: [Healthy Beginnings](#)

National Prevention Strategy: None at this time. The federal government promotes addressing the social determinants of health, but this plan does not contain any strategies and measures for these types of upstream interventions at the time this document was created.

Goal 4: Increase use of Children’s Savings Accounts

Objective 4.1: Increase use of Children’s Savings Accounts by 7% to help families start saving for college, by 2023.

Strategy	Activities	Partners	Output Measures	Outcome Measures	Plan Linkages
4.1.1 Promote the use of child savings accounts to start saving for college	Work with labor and delivery hospitals, Nurse Family Partnership Program, First 5 to encourage new parents to open a college savings account for their newborn	529 Plan Hospitals First 5 Comprehensive Perinatal Program Home Visitation Providers Vital Records	# of new parents receiving information about childhood savings	% of new parents opening accounts for their infants	

Policy changes needed:

Working with nurse partnership to ensure that a question is asked during follow up meetings about if parents have a Children’s Savings Account

State and federal linkages:

Let’s Get Healthy California: [Healthy Beginnings](#)

National Prevention Strategy: None at this time. The federal government promotes addressing the social determinants of health, but this plan does not contain any strategies and measures for these types of upstream interventions at the time this document was created.

Goal 5: Increase the number of children ages 0-5 in Santa Cruz County accessing quality dental care

Objective 5.1: By 2023, increase the number of Denti-Cal recipients ages 0-3 years that have seen the dentist in the past year from 43% to 60%.

Strategy	Activities	Partners	Output Measures	Outcome Measures	Plan Linkages
5.1.1 Increase awareness of the importance of First Tooth First Birthday (1T1B) dental visits	Develop and implement 1T1B media campaign	Oral Health Access Santa Cruz County (OHASCC) Dientes	#/type of advertisement placements	# of Medi-Cal enrolled children ages 0-3 seeing the dentist in the past year	Oral Health Access Santa Cruz Strategic Plan 2017-2020 (Goal 1)
	Educate pediatricians and dentists about the 1T1B recommendation supported by American Dental Association (ADA) and American Academy of Pediatrics (AAP)	Salud Para la Gente (SPLG) County Health Services Agency Public Health Division (HSA Public Health) Thrive by Three First 5 CCAH	# of pediatricians and dentists receiving 1T1B educational materials		Local Oral Health Program (Objective 10.2)
	Provide information to patients and parents through newsletters and other educational materials through Central California Alliance for Health (CCAH) and First 5		# of patients/parents reached through Alliance and First 5		

Goal 5: Increase the number of children ages 0-5 in Santa Cruz County accessing quality dental care

Objective 5.1 (Continued): By 2023, increase the number of Denti-Cal recipients ages 0-3 years that have seen the dentist in the past year from 43% to 60%.

Strategy	Activities	Partners	Output Measures	Outcome Measures	Plan Linkages
5.1.2 Increase the availability of preventive dental services.	Recruit mid-level providers and pediatric dentist	Salud Para La Gente	# of new providers	Medi-Cal dental utilization rates for children ages 0-3 who have seen the dentist in the past year	Oral Health Access Santa Cruz Strategic Plan 2017-2020 (Goal 3) Local Oral Health Program (Objective 10.1)
	Educate private dentists about increases in Medi-Cal reimbursement rates	HSA Public Health	# of dentists receiving education about rate increases		
	Open new dental clinic to serve more children by 2020	Dientes Santa Cruz Community Health Centers (SCCHC)	# of new dental chairs		
	Work with safety net clinics, FQHCs, and Child health and Disability Prevention (CHDP) providers to institutionalize fluoride varnish application and/or oral screening at well-child visits.	Oral Health Access Santa Cruz County (OHASCC) HSA Public Health HSA Clinics SCCHC Health Improvement Partnership	# of clinics providing oral health assessments and/or fluoride varnish as a standard of care at well-child visits		
	Train medical providers to apply fluoride varnish	Dientes CHDP	# of providers trained		

Goal 5: Increase the number of children ages 0-5 in Santa Cruz County accessing quality dental care

Objective 5.2: Maintain Denti-Cal utilization rates of 70% or higher for children ages 4-5.

Strategy	Activities	Partners	Output Measures	Outcome Measures	Plan Linkages
5.2.1: Increase local compliance with AB 1433, required dental screenings for all children entering public school	Require dental screening (or signed waiver) by May 31st of first year of school	County Office of Education (COE) HSA Public Health Oral Health Access Santa Cruz County (OHASCC)	% of students with dental screenings completed by May 31st	Medi-Cal dental utilization rates for children ages 4-5 years	Oral Health Access Santa Cruz Strategic Plan 2017-2020 (Goal 2) Local Oral Health Program (Objective 7.2)
	Provide the County Office of Education with passive consent forms for school dental screenings, to be included in new student registration packets		# of passive consent forms distributed annually		
5.2.2: Increase clinic capacity to see new patients 4-5 years of age.	Implement and/or modify policies and procedures to support an increase in new pediatric patients.	Dientes Salud Para La Gente	% of clinic appointments used for new patients ages 4-5 years	Medi-Cal dental utilization rates for children ages 4-5 years	Oral Health Access Santa Cruz Strategic Plan 2017-2020 (Goal 2)

Goal 5: Increase the number of children ages 0-5 in Santa Cruz County accessing quality dental care

Objective 5.1: By 2023, increase the number of Denti-Cal recipients ages 0-3 years that have seen the dentist in the past year from 43% to 60%.

Objective 5.2: Maintain Denti-Cal utilization rates of 70% or higher for children ages 4-5.

Policy changes needed:

Denti-Cal reimbursement reform to increase number of providers willing to take Medi-Cal patients.
Funds for schools to track K-1 grade oral health screenings in statewide data repository.
Sugar sweetened beverage tax and labeling.

State and federal linkages:

Let's Get Healthy California: Healthy Beginnings and Redesigning the Health System
National Prevention Strategy: Elimination of Health Disparities

Healthy People 2020

OH-1.1: Reduce the proportion of children aged 3 to 5 years with dental caries experience in their primary teeth
OH-2.1: Reduce the proportion of children aged 3 to 5 years with untreated dental decay in their primary teeth
OH-7: Increase the proportion of children, adolescents, and adults who used the oral health care system in the past year
OH-8: Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year

*California Oral Health Plan 2018-2028**

Goal 1: Improve the oral health of Californians by addressing determinants of health, and promoting healthy habits and population-based prevention interventions to attain healthier status in healthy communities.

Goal 2: Align dental health care delivery systems, payment systems, and community programs to support and sustain community-clinical linkages for increasing utilization of dental services.

*<https://www.cdph.ca.gov/Documents/California%20Oral%20Health%20Plan%202018%FINAL%201%205%202018.pdf>

Appendix B: Glossary of Terms and Acronyms

CHA: Community Health Assessment

CHIP: Community Health Improvement Plan

Cradle to Career: An approach that address health from birth to adulthood

Goal: Long-range outcome statements that are broad

Health Indicator: Health indicators are quantifiable characteristics of a population which researchers use as supporting evidence for describing the health of a population.

Objectives: Specific and measurable outcomes that are time-bound

Performance Measure: The application of quantitative measurements to determine if the activities being pursued by a plan are effective in obtaining the goals of the organization. These measurements should gauge the various activities and processes used to develop, produce, deliver and market the service with the plan's related goals and objectives.

PHAB: Public Health Accreditation Board, the body that grants accreditation to public health departments

Quality Improvement: Also referred to as QI. QI is a formal approach to the analysis of performance and systematic efforts to improve it.

Upstream Manor: An approach to addressing the root causes of adverse health outcomes

Wraparound Services: The provision of services that treat the whole person comprehensively (mind, body, and spirit)

CHIP ORAL HEALTH ADDENDUM

Goal : Increase the number of children in Santa Cruz County accessing quality dental care.

Objective: Between 2019 and 2022, maintain an Oral Health Access Steering Committee (OHA) in Santa Cruz County.

Strategy	Activities	Partners	Output Measures	Outcome Measures	Plan Linkages
Engage community stakeholders to provide qualified professional expertise in dental public health.	Identify Mission, Vision, shared values, and structure of OHA.	Dental and Medical clinics who serve Medi-Cal patients, County Office of Education (COE), Central California Alliance for Health (CCAH), Delta Dental/ Medi-Cal Dental, First 5 Santa Cruz County, CHDP, County elected officials, Health Improvement Partnership (HIP), Pajaro Valley Health Trust	Documented Mission and Vision statement	Increased Medi-Cal Dental rates	Local Oral Health Plan (Objective 1.6)
	Hold quarterly meetings and or communications.				
	Identify goals and objectives for improving oral health in Santa Cruz County.				

Goal : Promote dental care in pregnant women.

Objective: Increase the percentage of pregnant women insured by Medi-Cal who had a dental visit during their pregnancy by 5% by 2022.

Strategy	Activities	Partners	Output Measures	Outcome Measures	Plan Linkages
Collaborate with Comprehensive Perinatal Services Program (CPSP) providers to promote oral health among pregnant women.	Distribute bilingual oral health education materials to CPSP Health Educators and prenatal medical providers.	Santa Cruz Community Health Centers Salud Para la Gente	List and number of distributed education and BMM material	Medi-Cal dental rates for pregnant women	Local Oral Health Program (Objective 10.10)
	Provide updated CHDP dentist directory form is distributed by prenatal providers and health educators.	Dientes WIC	List of CPSP providers involved in collaboration.		California Oral Health Plan (2018-2028) (Objective 2.D)
	Distribute behavior modification materials (BMM) such as toothbrushes, floss, and toothpaste, to supplement messages of good oral hygiene practices.				Public Health Strategic Plan (Objective 1.2.1)
					CHIP (Objective 5.1)

Goal: Implement evidence-based programs to achieve California Oral Health Plan objectives

Objective: Partner with dental provider to conduct school-based fluoride varnish application programs in at least 3 schools by the end of 2019, with an additional 1 school annually for the following three years (2020-2022).

Strategy	Activities	Partners	Output Measures	Outcome Measures	Plan Linkages
Identify dental clinics that provide fluoride varnish in a school setting and work with teachers, school administrators, and site personnel to coordinate the event.	Develop or adapt bilingual fluoride education materials and use appropriate health literacy level, that will be shared with teachers, parents, and students.	Dientes County Office of Education Priority schools in Santa Cruz County	# of students Kindergarten -5 th grade who received fluoride varnish in a school setting	Rates of caries in children kindergarten -5 th grade	Local Oral Health Plan (Objective 6.2)
	At priority schools, coordinate with partner dental providers to conduct a fluoride varnish event at school with teachers and site personnel for students Kindergarten-5 th grade.	Medi-Cal Dental			California Oral Health Plan 2018-2028 (Objectives 2.A and 2.E)
	Determine total number of students Kindergarten -5 th grade who received fluoride varnish treatment in a school setting.				

Goal 1: Implement evidence-based programs to achieve California Oral Health Plan objectives

Objective: Partner with dental providers to conduct school-based or school-linked dental sealant programs in at least 3 schools by the end of 2019, with an additional 1 school annually for the following 3 years (2020-2022).

Strategy	Activities	Partners	Output Measures	Outcome Measures	Plan Linkages
Identify dental clinics that provide dental sealant or referral for dental sealant in a school setting and work with teachers, school administrators, and site personnel to coordinate the event.	Develop or adapt bilingual sealant education materials and use appropriate health literacy level, that will be distributed to teachers, parents, and students.	Dientes Salud Para La Gente County Office of Education	# of children Kindergarten – 5 th grade who received at least 1 sealant by a Medi-Cal Dental provider	Rates of caries in children kindergarten -5 th grade	Local Oral Health Plan (Objective 6.1)
	Deliver bilingual educational sessions to parents and students Kindergarten- 5 th grade, at priority schools.	Priority Schools in Santa Cruz County Medi-Cal Dental	# of sealants placed on children Kindergarten-5th grade that were completed by a Medi-Cal Dental provider		
	Coordinate with dental clinics and priority schools to conduct a basic dental screening of students to determine need of sealants and/or complete sealant treatment in school setting.				California Oral Health Plan 2018-2028 (Objectives 2.A and 2.E)
	Promote annual check-up with dental providers to complete sealant retention checks.				

Goal : Address common risk factors for oral diseases and chronic diseases.

Objective: Partner with at least 3 dental offices to maintain tobacco cessation resources available for their patients by the end of 2019, with 2 additional offices annually for the following 3 years (though 2022).

Strategy	Activities	Partners	Output Measures	Outcome Measures	Plan Linkages
Partner with Tobacco Control and Education program to develop strategies for addressing common risk factors and share resources with local dentist offices.	Create a list of tobacco cessation resources and provide Medi-Cal Dental providers with those resources.	Tobacco Control and Education team through County Public Health Department	# of tobacco cessation materials distributed by Medi-Cal Dental dentists.	# of dental and medical clinics participating in materials distribution	Local Oral Health Plan (Objective 8.4)
	Annually, conduct follow-up to determine how many dental offices distributed Tobacco Cessation resources to their patients.	Medi-Cal Dental providers in Santa Cruz County	List of dentist offices where materials were distributed		California Oral Health Plan (Objective 2.G)

Goal: Address common risk factors for oral diseases and chronic diseases.

Objective: Annually, train clinical staff from at least two medical or dental clinics serving the Medi-Cal insured population to incorporate the ReThink Your Drink messaging with patients to emphasize non-sugar sweetened beverage choices.

Strategy	Activities	Partners	Output Measures	Outcome Measures	Plan Linkages
Partner with Cal-Fresh/ Healthy Living program to develop strategies for addressing common risk factors.	Create a list of ReThink Your Drink materials and provide Medi-Cal dental and medical providers with those resources.	Cal-Fresh Healthy Living team through County Public Health Department	# of ReThink Your Drink materials that were distributed	# of dental and medical clinics participating in materials distribution	Local Oral Health Plan (Objective 8.5)
	Annually, conduct follow-up to determine how many dental and medical offices distributed ReThink Your Drink materials to patients.	Local Medi-Cal Dental providers Local FQHC medical clinics	Survey of providers		