August 20, 2024

MCAH Needs Assessment Summary and Foster Care Services

Maternal, Child, and Adolescent Health (MCAH)

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SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

MATERNAL, CHILD & ADOLESCENT HEALTH SECTION

City and County of San Francisco
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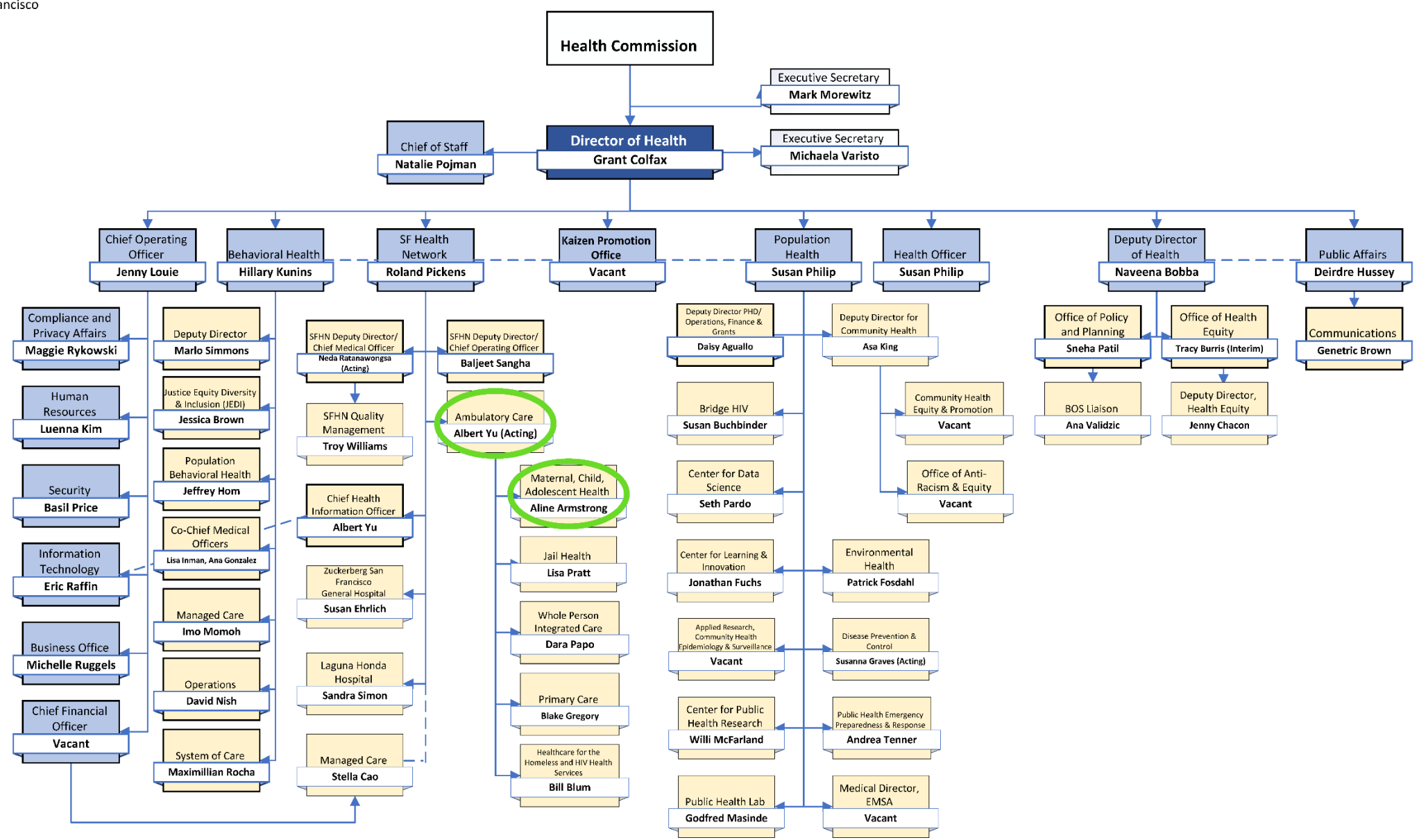
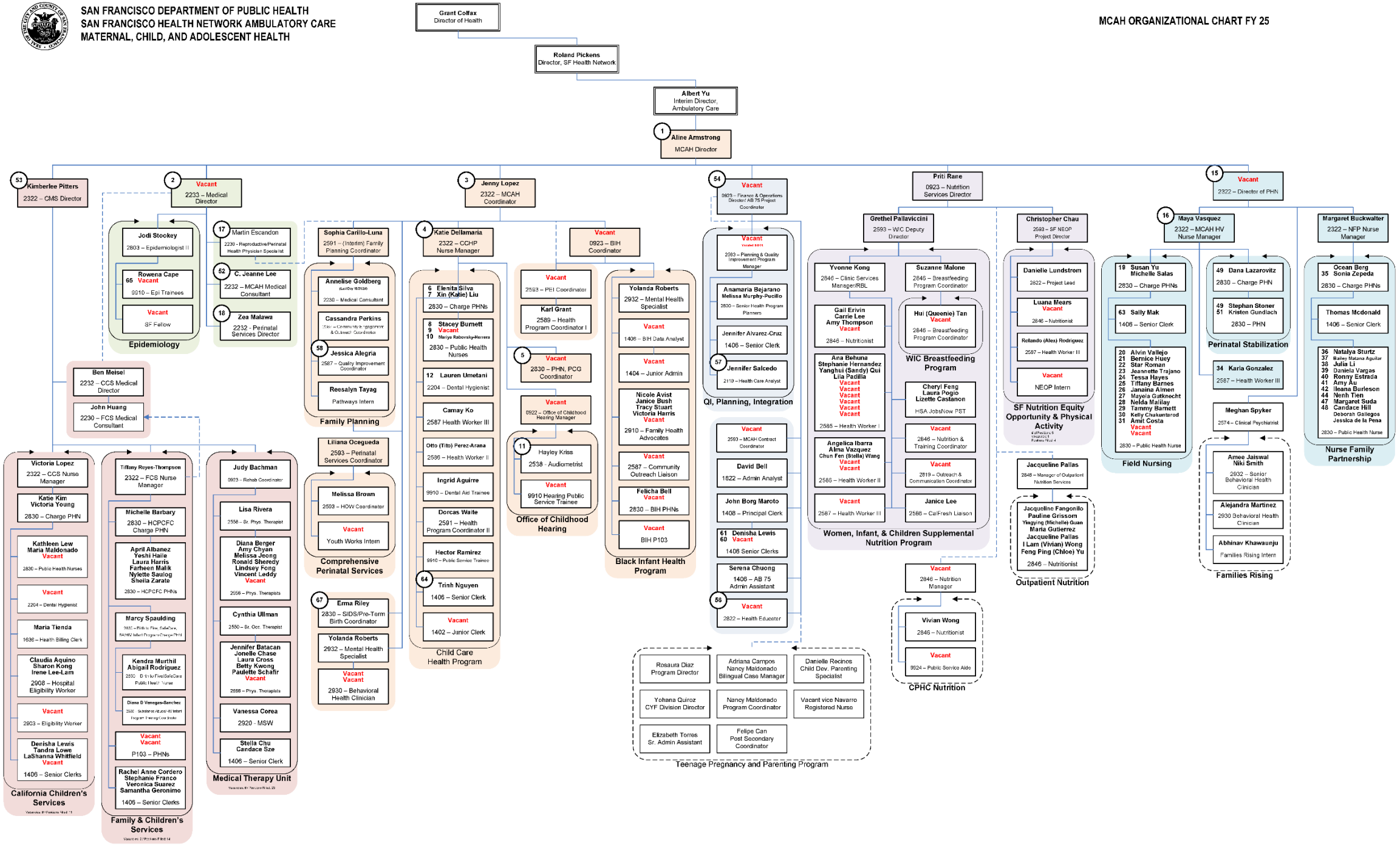


SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
SAN FRANCISCO HEALTH NETWORK AMBULATORY CARE
MATERNAL, CHILD, AND ADOLESCENT HEALTH

MCAH ORGANIZATIONAL CHART FY 25



Maternal, Child & Adolescent Health

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Maternal, Child, and Adolescent Health (MCAH)

MCAH Needs Assessment Summary and Actions

Five (5) domains:

01 Women/Maternal

02 Infant/Perinatal

03 Child

04 Adolescent

05 Children & Youth with Special Health Care Needs (CYSHCN) - defined as any child and youth from birth to age 21 who have one or more:

- chronic physical,
- developmental,
- behavioral, or
- emotional conditions, and
- require special health and support services

MCAH Needs Assessment Objectives & Deliverables

Objectives

- Assess the health and disparities of the populations we serve
- Inform MCAH programs' 5-year strategic plan
- Inform planning and policies for SFDPH and our local partners
- Inform State-wide needs assessment

Deliverables

- Identify the top 3 priority health needs for each domain (population)
- Report additional competing priority needs identified by community members
- Report sources and strategies used to conduct the needs assessment
- Report findings from CYSHCN Systems Capacity Assessment

MCAH Needs Assessment Overview





Partnership engagement

28 partner and stakeholder organizations:

- Healthcare providers
- Community-based organizations
- County or local gov. entities
- Medi-Cal and managed care plans

Community & client engagement

295 community members and clients:

- Parents/guardians of infants, children, and CYSHCN
- Women and pregnant individuals
- Adolescents and young adults
- MCAH Clients
- SF Community members
- Self-advocates

Population-level data

- MCAH Data dashboards
- FHOP Data books
- Local health dept data
- Medi-Cal data
- Local school district data
- CBO data
- Community-supported evidence and lived experiences

CYSHCN Systems Capacity Assessment

39 MCAH/CMS staff serving CYSHCN

- Exploring organizational capacity, strengths, collaborations, and opportunities to serve CYSHCN and their families in the areas of mental health

San Francisco MCAH Needs Assessment Convening

107 attendees including community, clients, and stakeholders

1. Learned and discussed community and population-level data
2. Shared and discussed experiences and perspectives on community needs
3. Made health priorities recommendations on which MCAH should focus

Women/Maternal Health Top 3 needs

Access to care

Housing security/ Homelessness

Mental Health

Competing priorities reported by the community

Physical Activity/Nutrition/Healthy Weight	Chronic Disease
Food/Nutrition Security	Respectful Maternal Health Care
Economic Family Supports	Work/employment
Health Literacy and Identifying Misinformation	Gestational Diabetes
Navigating Complex Health Care Systems	Maternal Oral Health
Maternal Morbidity	Postpartum Care
Racism/Discrimination/Health Equity	Substance Use
Community/Social Connectedness	Childcare
Safety, street violence	Father/family engagement
Social/Emotional Health	Emergency Preparedness
Transportation	History of Childhood Trauma

Infant/Perinatal Health Top 3 needs

Access to care

Economic Family Support

Mental and Physical Health (parent)

Competing priorities reported by the community

Food/Nutrition Security	Navigating Complex Health Care Systems
Breastfeeding	Prematurity/Low Birth Weight
Parenting Resources	Drugs/Tobacco
Stable Housing/Homelessness	Mental/Physical Health (parent)
Chronic health condition mothers (gestational diabetes) (seizures) (cancer)	Caregiver Bonding/Healthy Attachment
Infant Feeding	Racism/Discrimination/Health Equity

Child Health Top 3 needs

Access to care/hospital/health insurance

Social/emotional health

Learning and Development

Competing priorities reported by the community

Physical Activity/Nutrition/Healthy Weight	Community/Social Support/Community Services
Environment/Neighborhood Safety and Cleanliness	Racism/Discrimination/Health Equity
Health Literacy and Identifying Misinformation	Well Child Visits/Immunizations
Access to affordable quality childcare	Resources for children w/ Special Needs including early intervention services
Economic Family Supports (could include Infant Child Care)	Healthy Coping Skills
Parenting Resources	Developmental Screening
Mental Health	Child Oral Health
School Readiness/Academic Achievement/COVID Catch-Up	Childcare Center Resources
Food/Nutrition Security	Child Trauma/Abuse/Neglect
Physical Health/Disease Prevention	Parent Caregiver Responsibilities

Adolescent Health Top 3 needs

Housing security/ Homelessness

Mental Health

Economic family support to cover basic needs

Competing priorities reported by the community

Healthy eating/water intake	Abortion Access
Food/Nutrition Security	School Safety/Bullying
Physical fitness	Transportation
Substance Use prevention	Sleep
Access to Care/Health Insurance	Peer Pressure
Community/Social Connectedness	Social Media Safety
Educational and Career Opportunities	Gang violence
Safety	Gun Violence Prevention
Adolescent Trauma/Abuse/Neglect	Health Literacy and Identifying Misinformation
Social/Emotional Health	Healthy Coping Skills
Harrassment/Assault	IPV
Suicide Prevention	Positive Youth Development
Access to Confidential Services	Sexual and Reproductive Health Education
Early Unplanned Pregnancy	Pregnant healthcare
Positive Body Image/Eating Disorder Prevention	Legal help
Sexual and Reproductive Health Services	

CYSHCN Health Top 3 needs

Case Management/Navigating Complex Health Care Systems and Related Services

Access/Availability of Specialty Providers Including Dentists

Mental Health and Respite Care for the Family/Parent/Caregiver

Competing priorities reported by the community

Community Inclusion and Social Supports for the Family and their Child	Transportation
Service quality	Emotional needs
Access to Care/Health Insurance	Behavioral issues
Mental Health of Child/Youth with Special Health Care Needs	Meidcal equipment/medication
Work ability (how needs impact ability for family to work)	Access to School-Based Services
School navigation and support	Community Resources including language concordant
economic/financial	Family Engagement
Racism/Discrimination/Health Equity	Respiratory condition
Emerging Issue/Other: Cognitive conditions	Transition from Pediatric Care to Adult Care
Referrals	Activities tailored to children w/ special needs
Housing insecurity support for families w/ children w/ special needs	Genetic conditions
Food (how it impacts health/behavior)	Access to Early Intervention
Health and condition education/info	Post Pandemic Impact on Service availability

MCAH Needs Assessment Next Steps

State-identified priorities resulting from needs assessments across all California counties

Expected by the end of the month, August 2024

State guidance and expected deliverables for action planning

Develop an action plan to address community-identified needs

5-year action plan due July 2025

Family and Children Services (FCS)

Birth to Five Program (BTF)

Health Care Program for Children in Foster Care (HCPCFC)

Children and youth in foster care typically have higher rates of serious health, emotional, behavioral, and developmental problems compared to other children and youth from the same socio-economic background.

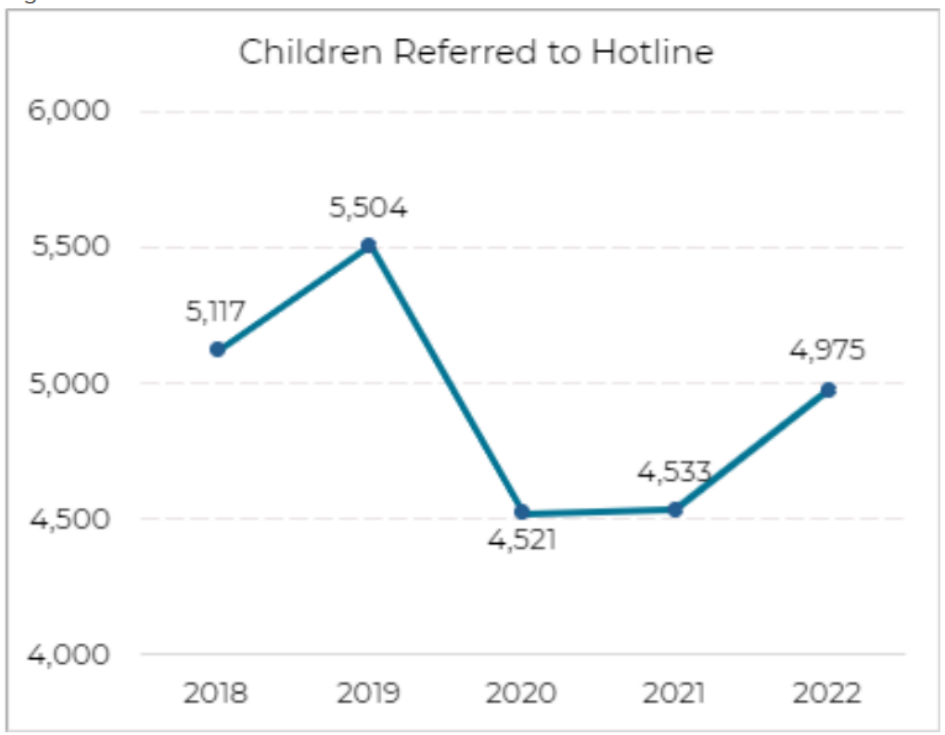
Case Management/Navigating Complex Health Care Systems and Related Services

In California, there are over 60,000 children in the foster care system.

Here in San Francisco County, there are anywhere from 600-900 foster youth in out-of-home placement per year.

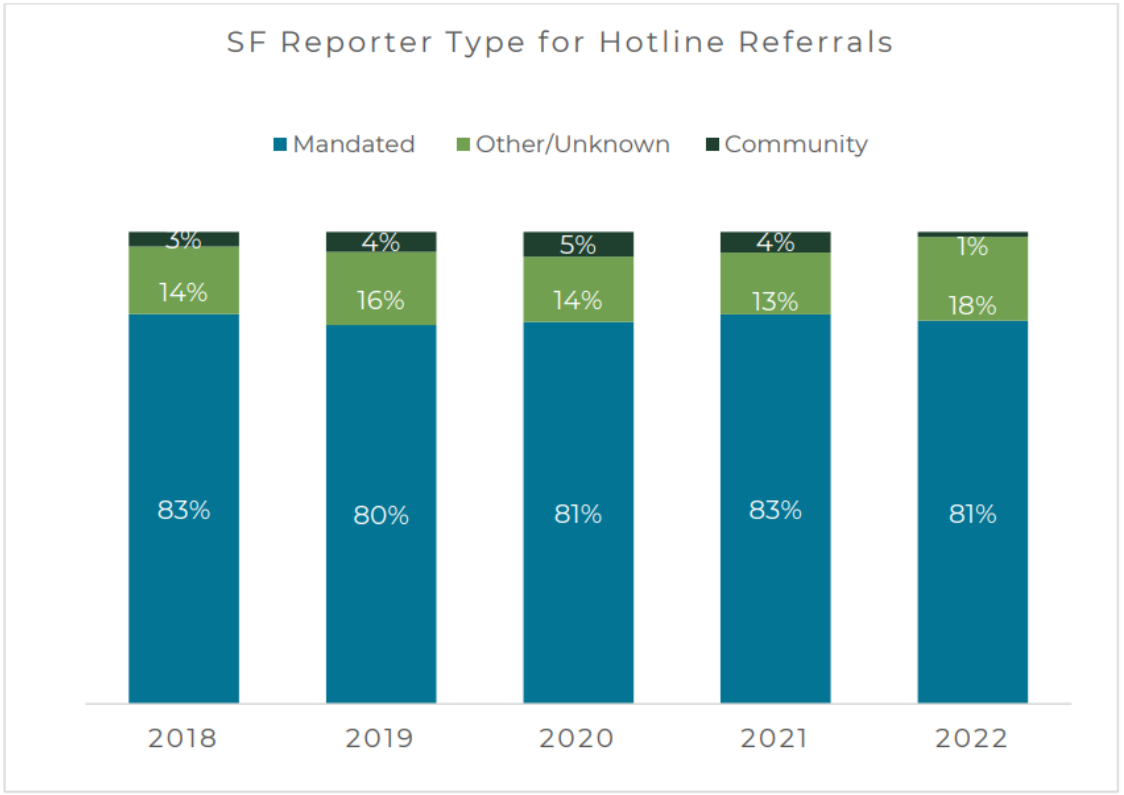
Child Welfare Referrals

Fig. 1



SAN FRANCISCO CHILD WELFARE (2022)

Fig 2



Type of each individual making child welfare reports. Family and Children Services received the most referrals from the following three categories: 23% from the education sector, 18% were indicated as other or unknown and 17% were from law enforcement.

Health Care Program for Children in Foster Care (HCPCFC)

- **HCPCFC PHNs provide consultation and resource guidance**
- **The program navigates the health care system to facilitate appropriate referrals**
- **HCPCFC PHN supports with:**
  - Medical
  - Dental
  - Immunizations
  - Medications (new/refills requests)
  - Psychotropic Medications prescriptions
  - Gathering medical records mental health and behavioral health
  - Referrals for Specialty Visits, Regional Services, Dental Referrals
  - Providing community resources
  - Supporting pregnant foster youth and their children
  - Ensuring Non-minor Dependents 18-21YO,

Challenges and Needs

Challenges Outside of Our Scope

- Lack of Mental Health Providers to meet the mental health needs for children in foster care
- Challenges with placement and children moving around to different homes.
- Lack of Emergency homes and Permanent Placements in San Francisco

Challenges within Our Scope

- Acuity of Client Cases
  - PHNs spending 2-3 hours supporting overall medical needs
- PHNs caseloads of 125-150 cases
- Referrals to Regional Center not met in a timely manner
- PHN's enrolling and disenrolling from Medi-cal/Managed Care Plans

Our Ask

- Additional Staffing to help with the challenges within our scope

Add Public Health Nurses to serve as FCS Linkage Coordinators

- PHN who can over see foster youth with medical complex needs
- Assisting a child with high priority needs, referring out to Enhanced Case Management
- Being able to identify trauma informed medical/dental providers within San Francisco
- Participate in locally applicable multi-disciplinary team meetings, such as Child and Family Teams, as appropriate
- Connecting with other CBO's to support the needs of children in Foster Care

THANK YOU

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