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## [FHOP Spring 2016 Newsletter](#)

April 5th, 2016

### [Response to Groundbreaking U.S. Preventive Task Force Recommendation: Comprehensive Mental/Medical Health Care and the Future of Maternal Mental Health in CA](#)

Researchers and health care institutions are taking a closer look at the impact that mental health disorders have on our health care system. This has become especially important since the recent [U.S. Preventive Services Task Force Recommendations](#) on mental health screening in adults were published in January 2016. A [report on the gap between medical and mental health care](#) discusses the unique issues that individuals suffering from chronic mental health issues face. People with severe mental illness are more likely to die of treatable chronic diseases because they do not access regular medical care or their medical provider does not communicate with their mental health provider. This lack of integrated care is a growing problem in public health. Several states are trying to tackle integrated care models (with the help of federal grants), and California is among them. One institution, the [Tarzana Treatment Center](#) in Southern California has established a partnership with the Los Angeles County's San Fernando Mental Health Center to provide comprehensive care to those suffering from both mental and physical disorders.

The U.S. Task Force Recommendations also specified that postpartum women must be screened for depression, a huge breakthrough for Maternal Mental

Health (MMH)! Not surprisingly, there are still many battles to be won; [mother's battling postpartum depression may face insurance penalties](#) and possible denials based on a history of postpartum depression. However, we have learned that many county MCAH programs are developing stellar MMH programs that are contributing to brighter futures for mother's struggling with mental health disorders-if you'd like to know what is going on in your community, or you'd like to share, please reach out to us at FHOP. We're excited to see what California can do for MMH.

### ***A New Approach to Caring for Newborns with Opioid Withdrawal***

A hospital in Connecticut has decided to change the process for treating babies suffering from withdrawal in their NICU by having mom present as much as possible while her newborn is healing. In the past, the general protocol has been to keep mothers away, protecting their children from them because addiction was viewed solely as criminal behavior. However, new research suggests that babies suffering from withdrawal fare best when they can be held for hours by their mothers.

At the Hospital of Central Connecticut, this change provided nurses with an opportunity to not just heal the babies, but to also heal the families that they were born into. This includes accepting the mothers into the NICU without judgment and retraining staff to eliminate the stigma that surrounds addiction and inhibits treatment for these fragile newborns.

### ***Big News on the CCS Redesign***

The Department of Health Care Services (DHCS) proposed re-design to move children served by the California Children's Services into managed care has been put on hold as the state Assembly's budget subcommittee voted against it on March 14<sup>th</sup> after hearing testimony from families and care providers. The bill was

unanimously rejected and has been added to the Governor's proposed budget, but the subcommittee indicated that the issue should be handled through the policy process. If the Senate Budget Subcommittee concurs, the managed care plan could be delayed. California Healthline reported on the details in their article, "[State Rebuffed, Won't Move Fragile Kids to Managed Care - For Now.](#)"

### **[Health Disparities in Early Childhood](#)**

There are so many factors that contribute to the healthy development of a child-one very important component is acknowledging and addressing the social and economic realities that they face day to day. To find out how social disparity can contribute to a delayed or disordered development trajectory and how to develop intervention programs, tune in to the CDC presentation on "[Addressing Health Disparities in Early Childhood,](#)" which was part of their Public Health Grand Rounds (the video recording is available in the link) this season. Additionally, it includes evidence-based early intervention programs, and how to increase collaboration and public health partnerships to address health disparities for young children. Here are a few resources to look at data that may be reflective of socio-economic disparities for children in California and your county:

1. [Kidsdata.org](#) - a program of the Lucile Packard Foundation for Children's Health, promotes the health and wellbeing of children in California by providing an easy to use resource that offers high-quality, wide-ranging, local data to those who work on behalf of children. Kidsdata.org allows users to easily find, customize, and use data on more than 500 measures of child health and wellbeing. Data are available for every county, city, school district, and legislative district in California.
2. [The California Child Welfare Indicators Project \(CCWIP\) \(UC Berkeley\)](#) - CCWIP provides a comprehensive source of child welfare

administrative data, and serves as a model for open-data and information dissemination. CCWIP receives quarterly extracts from California's child welfare administrative data system (CWS/CMS), configures the information longitudinally, and then produces performance outcomes reports that are made publicly available.

### [World Birth Defects Day](#)

March 3, 2016 was World Birth Defects Day. Birth defects have been historically unrecognized and unfortunately there is a lack of good data on them, but they have a huge effect on the populations that MCAH providers serve. [March of Dimes reported on World Birth Defects Day](#) and these astonishing facts about birth defects in the US and internationally:

- Every 4 ½ minutes, a baby is born with a birth defect in the United States. That's 1 in 33 babies.
- About half of all birth defects have no known cause. The other half are caused by genetic conditions (such as cystic fibrosis or sickle cell disease) or a combination of factors.
- Some birth defects have decreased in prevalence, such as cleft lip and palate, while others have increased, such as gastroschisis.
- Birth defects are the leading cause of death in the first year of life. Sadly, babies who survive often face a lifetime of disabilities.
- Birth defects affect all races and ethnicities.
- Worldwide, more than 8 million babies are born each year with a serious birth defect.

March of Dimes has developed a [Data Book for Policy Makers](#) on Maternal and infant Health in the United States in 2014, and it includes birth defect data in California. It also includes data highlighting infant mortality, preterm and low birthweight births, access to care for women and children, and health promotion strategies.

## [Zika Update](#)

This March, the World Health Organization's (WHO) Director-General released an alarming [statement](#) regarding the Zika virus and its effects throughout South America. The progression of the virus is of great cause for concern, especially because of the links to Guillain-Barré syndrome and fetal malformations such as microcephaly. The WHO expects that the situation will only worsen as mother's that have contracted Zika carry their babies to term.

Many pharmaceutical companies are [attempting to develop a vaccine](#), but in the meantime providers and public health officials in areas with Zika outbreaks are urged to disseminate information to at-risk individuals on [how to protect themselves](#) from the virus. Providers should also discourage pregnant women from travelling to countries where they would be in danger of contracting Zika.

## [A Note from FHOP Regarding Agreement Funding Applications \(AFAs\)](#)

If any of you are in need of help with your AFA, don't hesitate to reach out to us at FHOP. We are happy to assist you in developing the components of your Scope of Work (SOW), including identifying interventions, process descriptions and measures, and outcome measures. We also have previously recorded webinars on [Selecting Evidence-based Interventions](#) and [Goals, Objectives and Performance Measures](#) available on FHOP's website.

## [FHOP Website Updates & New Resources](#)

- *[New Additions](#)*: There are newly added resources to both Maternal Mental Health and Children and Youth with Special Healthcare Needs in the [Intervention Planning Resources and Tools](#) section of the FHOP website.

- ***Small Numbers:*** You might have noticed that your [Databooks](#) look a little different. This is because FHOP has to suppress numerators and denominators or number of events if they are between 1 and 4. FHOP did this in accordance with the CDPH Vital Statistics Advisory Committee's regulations in order to protect confidentiality and prevent personal identification.

### **Upcoming Webinars:**

#### **Early Intervention & Help Me Grow**

-Wednesday, April 6th 1:30-3:00pm

#### **Second Discussion Forum on Children & Youth with Special Health Care Needs**

-Wednesday, April 20th 10:00-11:00am

#### **Fourth Maternal Mental Health Discussion Forum: Screening**

-Wednesday, April 27th 10:00-11:00am

**Please join us!**

Thank you for reading our quarterly newsletter!

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