



Children & Families  
Commission of Orange County

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**Agenda Item No. 1  
December 2, 2009 Meeting**

**DATE:** November 20, 2009  
**TO:** Children and Families Commission of Orange County  
**FROM:** Michael M. Ruane, Executive Director   
**SUBJECT:** Developmental Screening and Early Intervention - Pilot Projects

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**SUMMARY:**

The Commission sponsors developmental screening activities across multiple service delivery systems and sectors. The programs screen children for developmental milestones and link them to comprehensive early intervention services. In addition, the Commission participates in statewide, regional and local projects to improve the effectiveness of developmental services, leverage opportunities, and raise public and professional understanding around optimizing early childhood development through early developmental screening. This report focuses on the progress of two Orange County efforts: the Orange County Developmental Screening Pilot Project and the Developmental Screening and Early Intervention Demonstration Project.

**Background**

This past year, 24,160 children were screened for developmental milestones and linked to services through Commission funded programs. Although some Commission funded programs are funded specifically to implement developmental screenings (Family Support Network who conducts community screenings in underserved neighborhoods and the LEAPS Special Needs Program), developmental screening activities are imbedded in the scope of other Commission funded projects. These projects include: School Nurse Expansion, child health consultation, Public Health Nursing services, community clinics, home visitation projects, and the homeless shelter projects. In addition, the Commission participates with the County Health Care and Social Services Agencies to ensure developmental screening for children in foster care.

Developmental and behavioral disabilities, delays and risks are more prevalent in early childhood than widely recognized. According to the Centers for Disease Control and Prevention (CDC), 17% of children in the United States have a developmental or behavioral disability such as autism, mental retardation, and attention-deficit / hyperactivity disorder. Additionally, many other children have delays in language or other areas that can detrimentally impact their readiness for school. Despite the prevalence of developmental delays and disabilities in early childhood, CDC reports that less than 50% of children experiencing delays are identified as having a problem before starting school. Failing to identify delays early results in missed opportunities for effective and less costly treatment.

To further address this concern, the Commission convened a Pathways Leadership Committee to develop a 3 – 5 year action plan to strengthen paths for young children receiving, or in need of, developmental services in Orange County. The Committee included a diverse representation of

Orange County professionals from health care, government, education and community-based organizations. The Committee's Final Report, which was endorsed by the Commission and the Pediatric Health Services Committee in January 2008, included specific strategies that the community was committed to addressing to ensure that children in Orange County have recommended developmental / behavioral screenings with linkage to appropriate services.

### **Developmental Screening Pilots**

In follow-up to the community commitment evidenced in the Developmental Pathways Final Report, the Commission and several community partners implemented a Developmental Screening Pilot Project, which has been successful in helping pave the way for expanded implementation of developmental screens across the county. Participants in Orange County's Developmental Pilot Project, which was implemented through a variety of approaches throughout Orange County, included:

- **CA Chapter 4, American Academy of Pediatrics** - Participating medical providers and early care and education professionals were trained to administer and score the screening tool and were provided with technical assistance on integrating the screening tools into the office visit.
- **Help Me Grow Orange County** – Help Me Grow employed a different approach to implementing screening into well child visits. Families were provided the screening tool at provider offices to complete and mail to Help Me Grow for scoring and interpretation. Help Me Grow then provided the results and referral information to both the families and pediatricians.
- **Public Health Clinic** - One result of the Developmental Pilot Project is the integration of developmental screening into well child visits at two Orange County Health Care Agency children's clinics. The clinics in Santa Ana and Buena Park are now use the screening tool as part of all well child visits for children 9 months to 4 years of age.
- **CalOptima** – The pilot, implemented in three high volume Healthy Family provider sites, explored different methods to distribute and score PEDS screening tool with the provider sites.

The above agencies met monthly with community partners and stakeholders to share best practices. The Commission facilitated these meetings and provided technical assistance and support; however, each participating agency absorbed the costs of implementing the developmental pilots. The pilot helped the four participating agencies to increase their own visibility and value to pediatricians as a resource. The pilot was also valuable in gathering information about strategies that were successful and those that needed improvement. For example, monetary incentives alone are not necessarily enough to motivate some providers to participate, while others will participate regardless of incentives. A summary of the Developmental Screening Pilot Project evaluation is attached.

The medical practices that participated in the pilot clearly benefited by having physicians receive education on the American Academy of Pediatrics screening policy, as well as child development and local resources. Many of these practice sites sustained the screening effort

even after the end of the pilot, without monetary incentives. In addition, the pilot was instrumental in helping some practices identify children with mild to moderate delays that warranted attention but that were not severe enough to qualify for traditional Regional Center services.

### **Developmental Screening and Early Intervention Demonstration Project**

At its September 2008 meeting, the Commission approved funding for a developmental screening pilot to support physicians in addressing developmental concerns in children that is consistent with the American Academy of Pediatrics policy statement for surveillance, screening with standardized tests, and referral for evaluation and early childhood services. The project model was developed based on the learning from Orange County's Developmental Pilot Projects described above. The Orange County Foundation for Medical Care (the foundation for the local medical association) is implementing the project in collaboration with the Orange County Medical Association, American Academy of Pediatrics, Chapter 4 and Help Me Grow.

To date, 85 of the target goal of 100 physicians have enrolled in the project. The final group of physicians, to meet the 100 target, is scheduled for enrollment in the program starting January. Response from participants has been enthusiastic about the quality of the training and the available on-going support. Experience is showing that it can take several months for a provider to transition from training to implementation of screening in their practice. Staff is recommending that the project continue to extend the reach to 100 additional physicians for a new target goal of 200 physicians, and continue for another year to achieve full implementation. It should be noted that physicians currently receiving funding from the Commission (e.g. clinics) are not eligible for this program.

### **STRATEGIC PLAN & FISCAL SUMMARY:**

The proposed actions have been specifically reviewed in relation to the Strategic Plan and are consistent with Healthy Children goal, among others. This funding renewal request is for the amount of an additional \$250,000. Project funds are available in the FY 09/10 Adopted Budget.

### **PRIOR ACTIONS:**

- September 2008 – Commission approved Developmental Screening and Early Intervention Demonstration Project with second and third year funding contingent on review of first year implementation
- January 2008 – Joint meeting of the Commission and Pediatric Health Services Committee received the Developmental Services Pathways Model and provided policy direction

### **RECOMMENDED ACTIONS:**

1. Receive project update.
2. Adopt resolution (Attachment 3) authorizing the Executive Director or designee and Commission Counsel to prepare and negotiate the Second Amendment to Agreement #PS-75 with the Orange County Foundation for Medical Care for the project described in Attachment

2 for the term of January 1, 2010 – December 31, 2010 and an amount not to exceed \$250,000.

**ATTACHMENTS:**

1. Orange County Developmental Pilot Project: Final Evaluation Report Executive Summary
2. Developmental Screening Early Intervention Demonstration Project Physician Operational Support for Expanded Screenings
3. Resolution authorizing Executive Director to negotiate and enter into a Second Amendment to Agreement #PS-75 with the Orange County Foundation for Medical Care for Physician Support for Developmental Screening and Early Intervention

**Contact:** Alyce Mastrianni

## Orange County Developmental Pilot Project: Final Evaluation Report

### Executive Summary

Developmental and behavioral disabilities, delays and risks are more prevalent in early childhood than many people realize.<sup>1</sup> According to the Centers for Disease Control and Prevention (CDC), 17% of children in the United States “have a developmental or behavioral disability such as autism, mental retardation, and Attention-Deficit / Hyperactivity Disorder.”<sup>2</sup> Additionally, many other children have delays in language or other areas that can detrimentally impact their readiness for school. Despite the prevalence of developmental delays and disabilities in early childhood, the CDC reports that less than 50% of children experiencing delays are identified as having a problem before starting school.<sup>3</sup> Failing to identify delays early results in missed opportunities for effective treatment.

This report focuses on the Orange County Developmental Screening Pilot Project and the four agencies that spearheaded efforts to integrate developmental screenings into well child visits through their participation as pilot sites: The American Academy of Pediatrics (AAP), CalOptima, Help Me Grow Orange County (HMG-OC), and Orange County Health Care Agency’s Family Health Department (HCA-FHD). Challenges and lessons learned are documented as well as issues to explore if the Commission wants to expand the implementation of developmental screening efforts in Orange County.

#### **Findings**

- Ninety-four percent (94%) of the AAP screenings indicated no concerns and no risk factors; 80% of the HMG-OC screenings had no concerns or risk factors; and 69% of screenings at the HCA-FHD site indicated no concerns or risk factors.
- There were 425 screenings with at least one concern noted (13% of the screenings completed). Throughout the period of the pilot, language or communication was consistently the most common concern identified. The next most common concern was social-emotional/ behavioral.
- There were 325 screenings that led to a referral, with an average of 1.7 referrals for each child referred. The two most common referral agencies were the Regional Center (typically for children under three years old) and school districts (typically for children three and older).
- In one to two percent of the screenings conducted, a referral was provided when the screening tool indicated that there was no concern. One reason for this could

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<sup>1</sup> See American Academy of Pediatrics, Committee on Children with Disabilities, Role of the Pediatric Clinician in Family-Centered Early Intervention Services. *Pediatrics*. 2007; 107: 1155-1157; Margaret Dunkle, *High Quality Developmental Screening* (reprinted from [dpeds.org](http://dpeds.org), Sept. 2009) available at [www.dbpeds.org/screening/](http://www.dbpeds.org/screening/); Laura Sices, *Developmental Screening in Primary Care: The Effectiveness of Current Practice and Recommendations For Improvement* (The Commonwealth Fund, Dec. 2007) available at [www.commonwealthfund.org/Search.aspx?search=developmental+screening](http://www.commonwealthfund.org/Search.aspx?search=developmental+screening).

<sup>2</sup> Centers for Disease Control and Prevention, “Child Development: Developmental Screening;” available at [www.cdc.gov/ncbddd/child/devtool.htm](http://www.cdc.gov/ncbddd/child/devtool.htm).

<sup>3</sup> See [www.cdc.gov/ncbddd/child/devtool.htm](http://www.cdc.gov/ncbddd/child/devtool.htm).

be that the parent did not have a concern but the physician did and decided to refer or the parent had a concern not reflected on the screening tool, such as a qualitative difference in a skill or behavioral concern.

**Percent of Screenings with Referrals, by Site and Type of Concern**

	AAP	HMG-OC	HCA-FHD
No concerns. No risk factors	1%	2%	1%
No concerns. Risk factors present (Questionable)	75%	33%	21%
Concerns, Recommend assessment	80%	59%	91%

### **Lessons Learned**

**Identify “Champions” at each site.** There is agreement among pilot sites that the project was most successful in those practice sites that had someone to act as a champion. A two-tiered process of identifying champions is recommended. The first tier, identifying a physician, is important for getting an office to participate. The next tier, identifying a day-to-day champion at each site, usually occurs once the project is implemented and a natural champion emerges.

**Educate physicians and office staff about child development.** Such education includes information about the importance of screening children using a validated tool, early childhood development and milestones, and early intervention referrals. Education about developmental milestones can assist physicians and office staff with interpreting the developmental screenings whereby reducing the chance for under- or over-referrals.

**There is no “right” model for scoring screenings.** Pilot sites had the option of scoring the screenings themselves or training practice sites to score the screenings in house. In general, the practice site/medical home model for scoring is useful if child needs an authorization for a medical referral. Conversely, having an outside agency (e.g., HMG-OC) score the screen is helpful if there is a need for a community-based referral.

**It is feasible to implement developmental screenings without the use of monetary incentives.** Providing monetary funds to physicians for completing the developmental screenings did not seem to be a factor in practice sites successfully conducting screenings. In general, the monetary incentive was not enough to get some provider offices to actively participate in the pilot. Incentives such as referral resources, technical assistance, and free access to screening tools are valued as an incentive for offices to participate. In addition, it is important to develop the infrastructure and office flow necessary to implement screenings when feasible.

### **Recommendations**

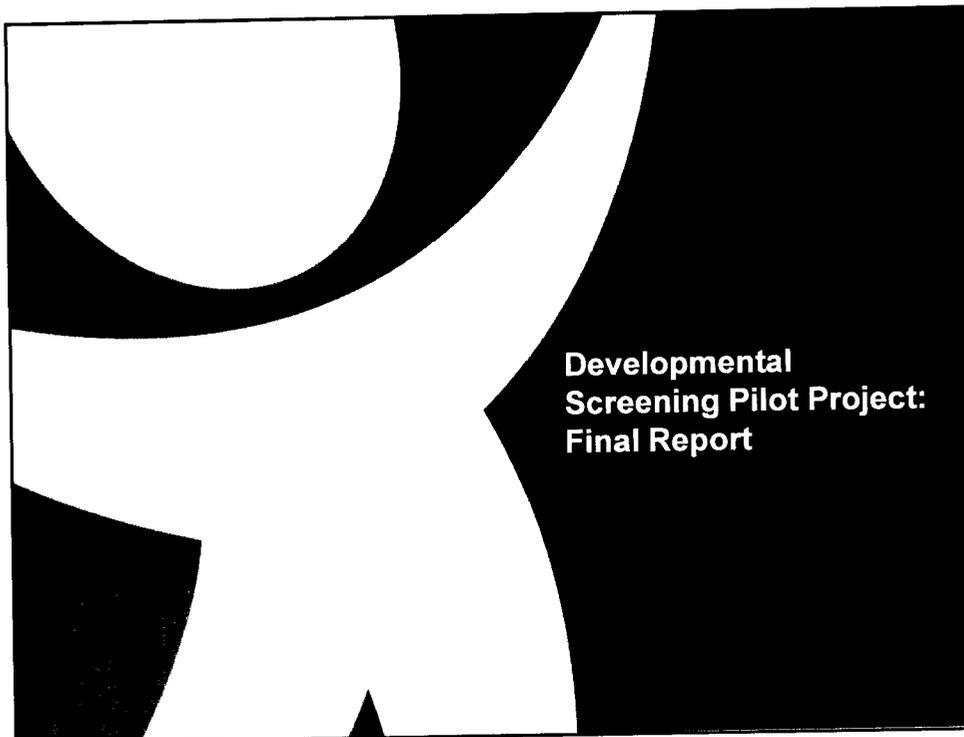
The process of implementing the Developmental Screening Pilot provided an opportunity to identify the steps necessary for implementing developmental screenings

in practices. It has also provided an opportunity to refine the process should the Commission wish to move forward with expanding implementation of developmental screening efforts in Orange County. The following are recommendations for issues to explore if the Commission considers moving forward with other screening efforts:

**Explore ways to follow up on referrals.** One piece of the data collection effort that is missing is the link between a referral and the outcome. Once a child receives a referral, it is difficult to track whether the family followed up on the referral, if the child was found eligible for services, and the outcome of the child receiving services. The use of a data management system (e.g., CMIS, CHADIS) would be helpful for capturing information about screenings and referrals. In addition, having a Memorandum of Understanding (MOU) between agencies could assist with the sharing of information.

**Identify the service gaps.** In general, practice sites know to use the Regional Center as a referral. Unfortunately, they are often unsure about non-Regional Center resources. Along with provider education about available resources, it is important to promote the use of Help Me Grow. HMG-OC is working to build increased visibility in the county and is actively working with the Regional Center to strengthen their relationship.

**Coordinate developmental screening efforts.** As more agencies and practices begin to conduct developmental screenings (e.g., Early Head, Head Start, home visiting programs) it will become more important for screening efforts to be coordinated. This includes increased communication between a child's Early Care and Education program and his/her medical home. One way to ensure this is the use of electronic medical records or having a shared database. Such efforts are already occurring in the nation. A first step to take in Orange County is to make sure that families read and sign a consent form that allows their information to be shared with other programs and agencies. The use of MOUs between agencies can also assist with this effort and ensure that once a child is referred s/he does not receive an unnecessary rescreen.

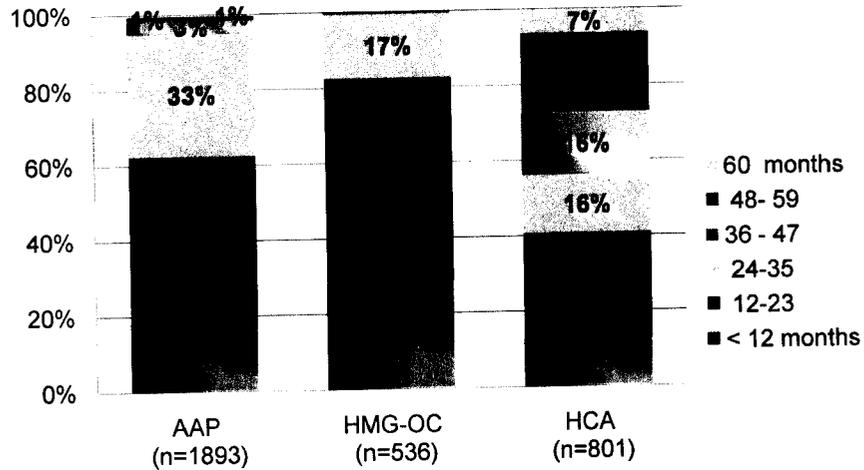


## **Developmental Screening Pilot Project**

- Four agencies spearheaded effort to integrate developmental screening into well child visits through their participation as pilot sites:
  - The American Academy of Pediatrics (AAP),
  - CalOptima,
  - Help Me Grow Orange County (HMG-OC), and
  - Orange County Health Care Agency's Family Health Department (HCA-FHD).
- Screenings were integrated into physician practices, clinics and early care and education programs.
- 3,277 screens were conducted by the participating sites.

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## Ages of Children Screened



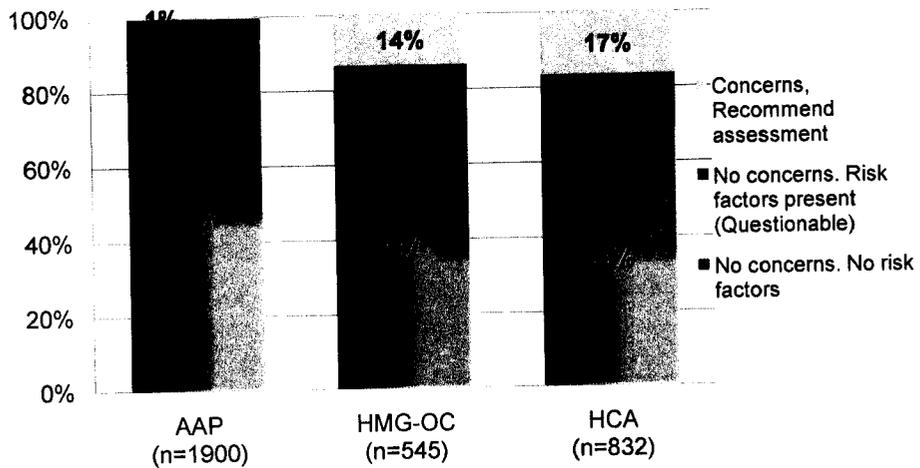
N=3,230. There were an additional 48 screens where the child was under 1 month or older than 60 months.



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## Screening Results, by Site



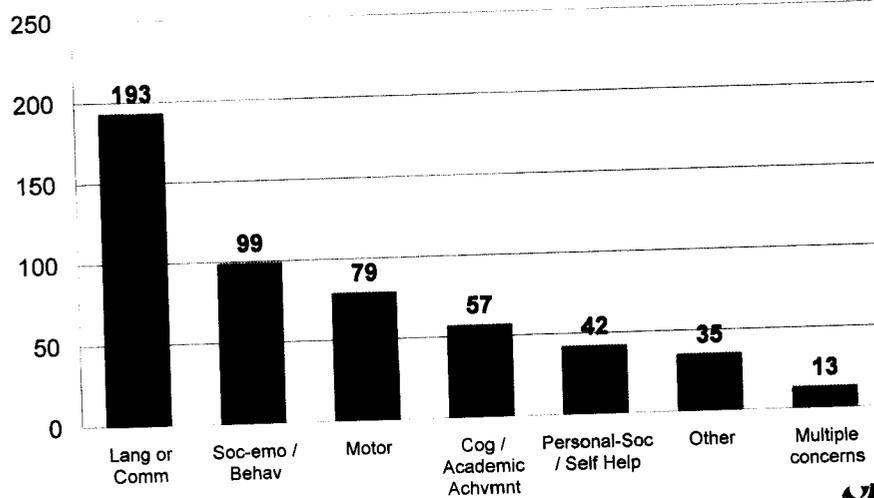
N=3,277



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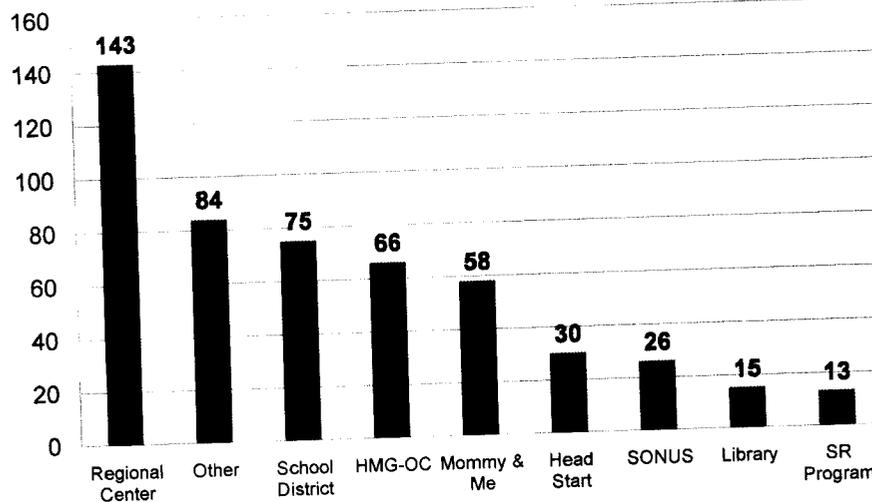
## Type of Concern(s)



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## Referral Agency



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## **Recruiting Sites to Participate**

Each of the pilot sites identified and recruited practices to participate in the developmental screening pilot.

### **Lessons Learned for recruiting sites:**

- Identify an office champion at each site.
- Assess commitment before enrolling in pilot.
- Allow for ongoing recruitment.

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## **Training**

Part of charge for implementing the developmental screens was to train practitioners in using the validated screening tools and, where appropriate, to score the completed tools. Providers also needed to be trained on how to interpret the results and provide guidance to families regarding the results.

### **Lessons learned to improve trainings:**

- Develop a standardized training and invite multiple sites to participate.
- Providers should receive information about early childhood development.
- Create a list serve for information sharing.

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## Incentives

Incentives, both monetary and nonmonetary (e.g., technical assistance, screening tools), were used by all sites in order to assist with the recruitment and implementation of the pilot project. Types of incentives varied, but all sites offered, at a minimum, free screening tools.

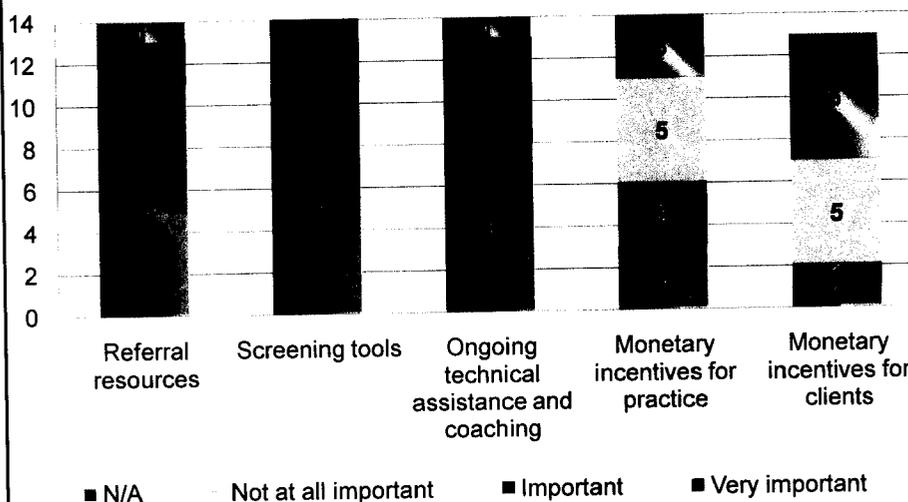
### Lessons learned and suggestions for assisting participating sites if incentives are not provided:

- Build strong relationships with staff at participating sites, especially the medical assistants, to keep the project moving forward.
- Be a resource for help in organizing.
- Promote billing code CPT 96110 with eligible sites and support the referral process.
- Explore ways to provide sites with screening tools.
- Provide support with referral resources.



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## Importance of Incentives Received



(N=14)

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## Scoring Screens

Some of the pilot sites collected and scored the screening tools on behalf of their practice sites, while other pilot sites trained their providers to score and interpret the tools on-site.

### Lessons learned for scoring screens:

- Provide technical assistance early in the process to ensure proper scoring.
- Explore the use of a data management system.

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## Billing for Screens

Some of the sites were eligible to bill for the screens scored using CPT Code 96110.

### Lessons learned for Billing Code 96110:

- A lot of follow up is needed to ensure reimbursement. Allocate technical assistance to ensure successful billing.
- Most sites are not eligible to use bill using Code 96110 due to participation in Medi-Cal Managed Care.
- Document work done to bill CPT Code 96110.
- At a minimum, use Code 96110 to document that a screen was done.

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## Data Collection and Submission

Sites collected data on the children screened as well as screening results and referrals made, if any. Data were submitted for analysis on a monthly basis.

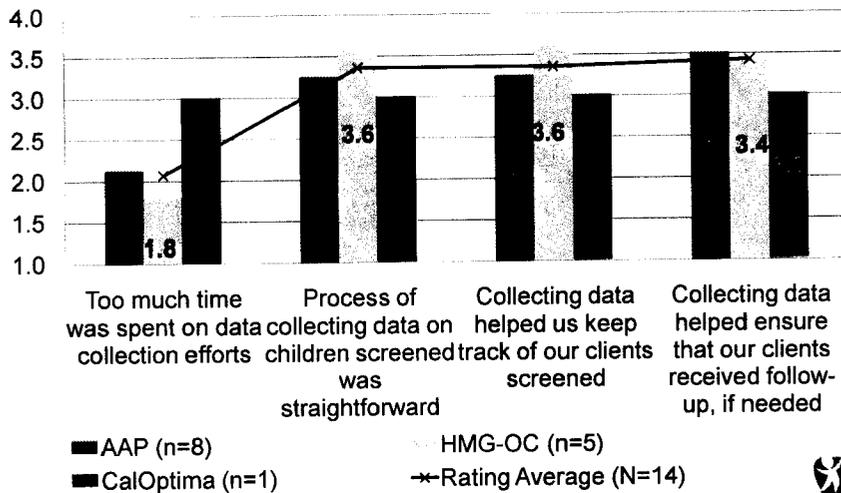
### Lessons learned to improve data collection:

- Collecting data frequently ensures integrity of data.
- Communicate results of data with practice sites.

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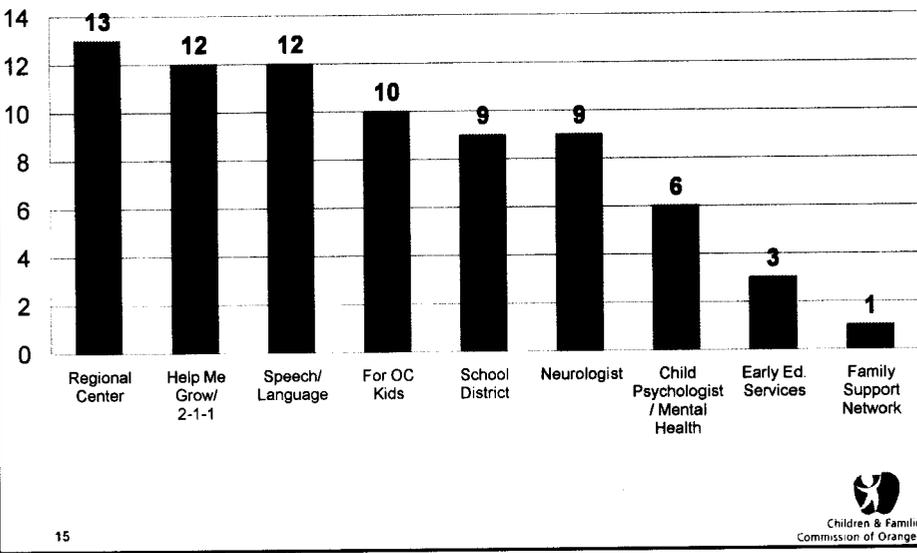
## Practice Site Opinion about Data Collection Efforts



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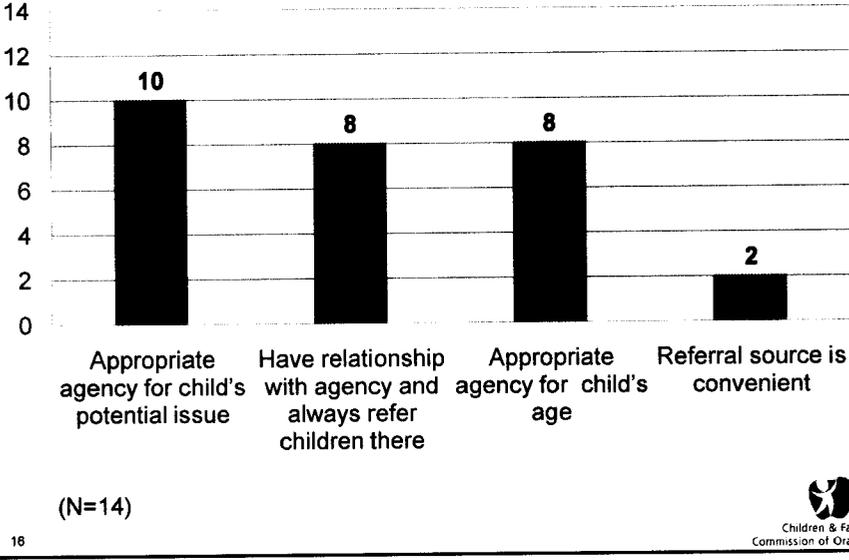


## Referral Agency Used (from Practice Survey)



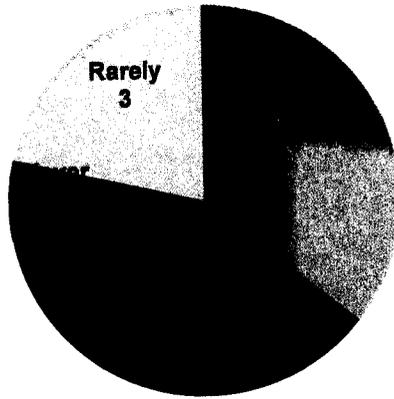
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## Reason(s) Referral Sources Used



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## Frequency of Receiving Feedback and/or Evaluation Results from Referral Source

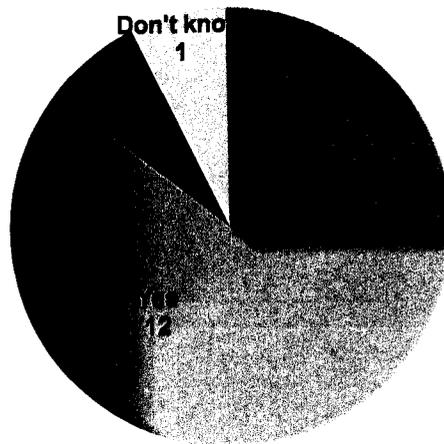


(N=14)

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## Sites Continuing Implementation of Screening Practices



(N=14)

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## Benefits of Pilot

### Benefits to family:

- Pilot helped identify children needing early intervention.

### Benefits to practice sites:

- Pediatricians appreciate that their patients' development is monitored.
- Many physicians received education on AAP's screening policy, as well as child development and local resources.
- Many of the practice sites sustained the screening effort even after the end of the pilot, without monetary incentives.
- Helped some practice sites identify children with mild to moderate delays not severe enough to qualify for Regional Center services.

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## Benefits (cont.)

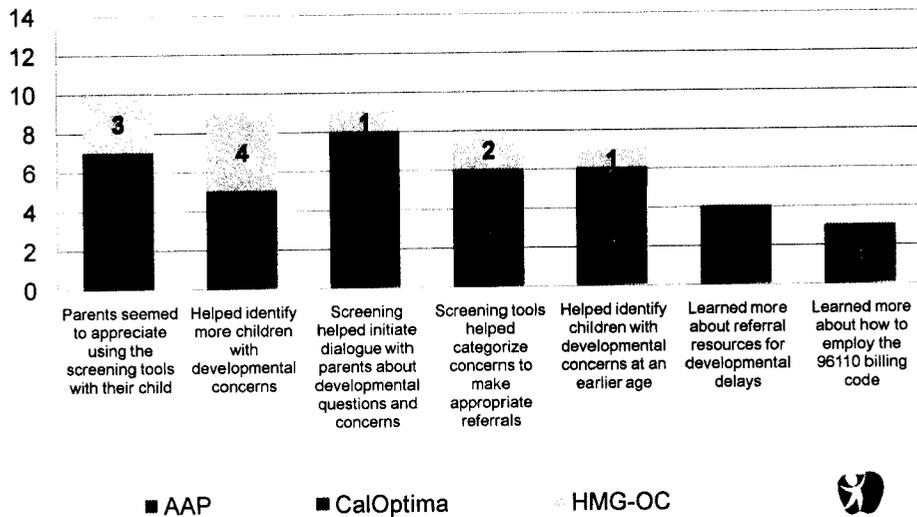
### Perceived benefit to pilot site:

- Increased their own visibility and value to pediatricians as a resource.
- Valuable in gathering information about strategies that were successful and those that needed improvement.
- For one of the pilot sites, implementing the pilot using both the PEDS and ASQ was also valuable in determining which tool is a better fit for a particular population served and type of practice.

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## Benefit(s) of Pilot from Practice Sites' Perspectives



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## Overall Lessons Learned from the Pilot

- Identify "Champions" at each site.
- Educate physicians and office staff about child development.
- There are many "right" models for scoring screens.
- It is feasible to implement developmental screens without the use of monetary incentives.

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## **Recommendations**

- Explore ways to follow up on referrals.
- Identify the service gaps.
- Coordinate developmental screening efforts.

**Developmental Screening Early Intervention Demonstration Project:  
Orange County Foundation for Medical Care Contract # PS-75  
Physician Operational Support for Expanded Screenings**

Project Summary	Support health care professionals in developing a pattern and practice for early identification of developmental concerns in children consistent with AAP's policy statement related to surveillance, developmental screening with standardized tools and referral for indicated services.
Scope	Project scope includes strategies for physician engagement to recruit 100 physicians into the project, group and in-office training, and technical support to ensure successful integration of screening into each practice.
Incentives for Eligible Pediatricians and Family Practice Physicians Include:	<ul style="list-style-type: none"> <li>➤ Screening tools at no cost for one year, either paper or electronic through subscription to CHADIS</li> <li>➤ Financial recognition of physician and staff time for participation in a one-time 6-hour training session about the importance of early screening and intervention; the use of standardized tools, including electronic web-based options; client engagement; patient follow up; and administrative support and billing</li> <li>➤ Payment at 3 months after training for implementing screening, as evidenced by summary data</li> <li>➤ Payment at 6 months after training for implementing screening, as evidenced by summary data</li> <li>➤ Support in connecting children to valuable community resources / interventions</li> <li>➤ Technical assistance for one year on topics including the use of screening tools, billing for developmental screening, and referral resources</li> <li>➤ Acknowledgment certificate from the Commission, Orange County Medical Association and the American Academy of Pediatrics for enhancing their medical practice</li> <li>➤ Pediatricians and family practice physicians must treat children birth through five years and cannot already be funded through other Commission programs</li> <li>➤ CMEs – 6 hours</li> </ul>
Recommendation:	<ol style="list-style-type: none"> <li>1. Current Term: September 1, 2008 – December 31, 2009. Extend Term to December 31, 2010</li> <li>2. Current Maximum Obligation: \$250,000. Add \$250,000 for a new maximum obligation of \$500,000.</li> </ol>
Collaborative Partners Include	<p>American Academy of Pediatrics, California Chapter 4 ELM Technologies Help Me Grow Orange County Medical Association Orange County Pediatricians and Physicians</p>

**CHILDREN AND FAMILIES COMMISSION OF ORANGE COUNTY**

**RESOLUTION NO. \_\_\_-09-C&FC**

**December 2, 2009**

**A RESOLUTION OF THE CHILDREN AND FAMILIES COMMISSION OF ORANGE COUNTY DIRECTING THE EXECUTIVE DIRECTOR OR DESIGNEE, TO PREPARE AND NEGOTIATE A SECOND AMENDMENT TO AGREEMENT PS-75 WITH ORANGE COUNTY FOUNDATION FOR MEDICAL CARE TO PROVIDE ADDITIONAL OR EXPANDED SERVICES; AND, AUTHORIZING APPROVAL AND EXECUTION OF SUCH AMENDMENT TO AGREEMENT ON BEHALF OF THE COMMISSION**

**WHEREAS**, in order to facilitate the creation and implementation of an integrated, comprehensive, and collaborative system of information and services to enhance optimal early childhood development, the legislature adopted legislation set forth in the California Children and Families Act of 1998, Health and Safety Code Section 130100, *et seq.* (as amended, the "Act") implementing the Children and Families First Initiative passed by the California electorate in November, 1998 and establishing the California Children and Families Commission and County Children and Families Commissions, including this Children and Families Commission of Orange County ("Commission"); and

**WHEREAS**, Commission adopted its Strategic Plan to define how funds authorized under the Act and allocated to the Commission should best be used to meet the critical needs of Orange County's children prenatal to five years of age as codified in the Act; and

**WHEREAS**, On September 3, 2008 Commission authorized the Executive Director or designee to negotiate and enter into Agreement PS-75 with the Orange County Foundation for Medical Care hereinafter referred to as the "Contractor," to provide Developmental Screening Early Intervention Demonstration Project services for the period September 1, 2008 through June 30, 2009.

**WHEREAS**, On June 17, 2009, COMMISSION entered into a First Amendment with the Contractor which extended the term of the Agreement through December 31, 2009 to continue to provide services without adding additional funds under the terms and conditions of the Original Agreement.

**WHEREAS**, the Commission desires to enter into a Second Amendment to Agreement PS-75 with the Contractor, to add an additional \$250,000 for a total Maximum Payment Obligation of \$500,000 and extending the term of the Agreement by twelve months through December 31, 2010 as specified in the December 2, 2009 staff report for this Agenda Item, and

**WHEREAS**, the Contractor desires to enter into the Second Amendment to Agreement PS-75 in furtherance of the purposes of the Act and the Strategic Plan on the terms and conditions set forth in the applicable Amendment to Agreement; and

**WHEREAS**, Commission has reviewed the staff report relating to the Scope of Services to be provided and hereby finds and determines that the proposed Amendment to Agreement is in furtherance of and consistent with the Commission's Strategic Plan; and

**NOW, THEREFORE BE IT RESOLVED BY THE COMMISSIONERS OF THE CHILDREN AND FAMILIES COMMISSION OF ORANGE COUNTY AS FOLLOWS:**

**Section 1** Commission finds and determines the foregoing Recitals are true and correct and are a substantive part of this Resolution.

**Section 2** Commission hereby authorizes the Executive Director or designee to prepare and negotiate the terms, conditions and final form of a Second Amendment to Agreement PS-75 with Orange County Foundation for Medical Care to add an additional \$250,000 for a total Maximum Payment Obligation of \$500,000 and extending the term of the Agreement through December 31, 2010 in order to provide increased or additional services related to the Developmental Screening Early Intervention Demonstration Project under the terms and conditions of the Original Agreement consistent with the December 2, 2009 staff report and scope of services referenced therein; and

**Section 3** The approval by the Executive Director or designee of the final Second Amendment to Agreement PS-75 shall be conclusively evidenced by the execution of such Amendment to Agreement by the Commission Chair and delivery thereof to the Commission Clerk.

**Section 4** Commission hereby approves the Second Amendment to Agreement PS-75 with the Contractor, to add an additional \$250,000 for a total Maximum Payment Obligation of \$500,000 and extending the term of the Agreement through December 31, 2010 in order to provide increased or additional services related to the Developmental Screening Early Intervention Demonstration Project under the terms and conditions of the Original Agreement as specified in the December 2, 2009 staff report for this Agenda Item.

**Section 5** The Commission Chair and the Clerk of the Commission are hereby authorized to execute and attest, respectively, the Second Amendment to Agreement PS-75 on behalf of the Commission.

**Section 6** A copy of the final Second Amendment to Agreement when executed by the Commission Chair and attested by the Clerk of the Commission shall be appended hereto as a part of Exhibit A to this Resolution. Exhibit A is hereby fully incorporated as a part of this Resolution by this reference and made a part hereof. The final executed Amendment to Agreement PS-75 shall be placed on file in the office of the Clerk of the Commission.

**Section 7** In addition to the authorization of Section 2 above, the Executive Director, or designee, is hereby authorized, on behalf of the Commission, (i) to sign all documents necessary and appropriate to carry out and implement the Amendments to Agreement(s), (ii) to cause the issuance of warrants, (iii) to administer the Commission's obligations, responsibilities, and duties to be performed under such agreement(s), and (iv) during the term thereof to provide waivers, administrative interpretations, and minor modifications of the provisions of such agreement(s) in the furtherance thereof.

**Section 8** The Clerk of the Commission shall certify to the adoption of this Resolution.

The foregoing resolution was passed and adopted by the following vote of the Children and Families Commission of Orange County on December 2, 2009 to wit:

AYES: Commissioners: \_\_\_\_\_

NOES: Commissioner(s): \_\_\_\_\_

EXCUSED: Commissioner(s): \_\_\_\_\_

ABSTAINED: Commissioner(s) \_\_\_\_\_

\_\_\_\_\_  
CHAIR

STATE OF CALIFORNIA    )  
  )  
COUNTY OF ORANGE    )

I, DARLENE J. BLOOM, Clerk of the Commission of Orange County, California, hereby certify that a copy of this document has been delivered to the Chair of the Commission and that the above and foregoing Resolution was duly and regularly adopted by the Children and Families Commission of Orange County.

**IN WITNESS WHEREOF**, I have hereto set my hand and seal.

\_\_\_\_\_  
DARLENE J. BLOOM  
Clerk of the Commission, Children and Families Commission of  
Orange County, County of Orange, State of California

Resolution No: \_\_-09-C&FC

Agenda Date: December 2, 2009

Item No. \_\_\_\_



I certify that the foregoing is a true and correct copy of the Resolution adopted by the

DARLENE J. BLOOM, Clerk of the Commission

By: \_\_\_\_\_  
Deputy

**EXHIBIT A TO RESOLUTION OF COMMISSION**

(Attach copy of final executed Amendment to Agreement PS-75 with Orange County Foundation for Medical Care)