

Description of Services - The Commission designed the Pediatric Health Services Initiative to increase access to pediatric primary and specialty care services through collaborative programs including:

- Asthma Chronic Lung Program – Optimize the health of young children with asthma / chronic lung disease through parent and patient education, asthma screening, treatment, referrals and case management services.
- Metabolic Program – Increase access and shorten waiting times to provide early diagnosis, and prompt and appropriate treatment for young children with metabolic disorders to minimize developmental disability and significant health consequences.
- Pediatric Primary Care – Enhance and expand network of primary care community clinics to increase access to comprehensive ambulatory pediatric care for young children, and referral to subspecialty programs as needs are identified.
- Obstetric High Risk Ambulatory Care – Expand access to comprehensive prenatal care in high risk communities and provide outreach services via mobile vans to homeless families with young children.
- Specialty Care Services – Recognize the greater demand for pediatric specialty care services due to referrals from increased pediatric primary care services. Implement strategies to add clinics, expand hours, and recruit specialty providers to reduce appointment wait times in the following core areas: Endocrinology, Neurology, Orthopedics, ENT, and Craniofacial.
- Early Developmental Programs – Provide the infrastructure for a developmental services pathway for young children including an easily accessible point of entry for comprehensive evaluation and diagnosis for neurodevelopmental concerns.

Recommended Program Funding Renewals - In general, funding allocations (Attachment 1) have been recommended to maintain current program funding levels for the first year of renewal as the specific transition issues identified in the presentation (Attachment 2) are addressed. This may result in some additional funding from years 2 and 3 to be allocated to year 1 to support transition funding. Funding will not exceed total three-year authorized amounts.

Committee Meeting Attendance Requirements - The Pediatric Health Services operates as a committee of the Commission. Prior Commission action indicated that either Commission Counsel or the Executive Director's attendance is required at PHS meetings where any funding action is taken, unless Counsel's presence is specifically requested by either the Executive Director or Committee Chair. Prior Commission meeting minutes did not clearly reflect your Commission's intent and are currently interpreted to require both Commission Counsel and Executive Director in attendance in order to be able to approve a funding action. An amendment to the PHS Committee Bylaws is requested to clearly stipulate attendance requirements.

STRATEGIC PLAN & FISCAL SUMMARY:

The proposed action has been reviewed in relation to the Commission's Strategic Plan and is consistent with the "Healthy Children" goal, among others. Recommended funding is in the long-term financial plan and will be developed into the proposed FY2008/09, 2009/10, and 2010/11 budgets to cover the term of the Agreements.

RECOMMENDED ACTIONS:

1. Receive and consider Summary of Recommended Funding Allocations (Attachment 1) Pediatric Health Services presentation (Attachment 2)
2. Adopt resolution (Attachment 3) authorizing the Executive Director or designee and Commission Counsel to negotiate and execute contracts with the Children's Hospital of Orange County and The Regents of the University of California (University of California, Irvine College of Medicine and Medical Center) consistent with the approved total three-year funding recommendations and program direction provided by the Pediatric Health Services Committee for the term and amounts as specified on Summary of Recommended Funding Allocations (Attachment 1) for program renewals indicated on Attachment 2.
3. Authorize Pediatric Health Services Committee to approve carry-forward of prior-term unexpended Pediatric Health Services funding 20% of the new contract maximum obligations.
4. Require that either the Executive Director or Commission Counsel must be present at any Pediatric Health Services (PHS) Committee Meeting where a funding action is considered, and direct staff to incorporate this revised policy into any Bylaws or operating procedures for the PHS Committee.

ATTACHMENTS:

1. Pediatric Health Services Summary of Recommended Funding Allocations
2. Pediatric Health Services Presentation
3. Resolution authorizing Pediatric Health Services contracts

Contact: Christina Altmayer

**Pediatric Health Services
Summary of Recommended Funding Allocations
July 1, 2008 – June 30, 2011**

Contract Number	Program Name	Year 1	Year 2	Year 3	TOTAL
FCI-CU4-13	Asthma Chronic Lung	\$800,000	\$600,000	\$600,000	\$2,000,000
FCI-CU4-04	Metabolic	\$300,000	\$300,000	\$200,000	\$800,000
FCI-CU4-03	Pediatric Primary (Ambulatory) Care	\$2,000,000	\$1,500,000	\$1,500,000	\$5,000,000
FCI-CU4-03	OB High Risk Ambulatory Care	\$1,100,000	\$800,000	\$800,000	\$2,700,000
FCI-CU2-16	Specialty Care Services	\$1,000,000	\$750,000	\$500,000	\$2,250,000
FCI-CU4-02	Early Developmental Programs	\$4,500,000	\$4,250,000	\$4,000,000	\$12,750,000
FCI-CU4-14	Program Support	\$100,00	\$60,000	\$50,000	\$210,000
	Reinvestment for Emerging Needs		\$400,000	\$400,000	\$800,000
TOTAL		\$9,800,000	\$8,660,000	\$8,050,000	\$26,510,000

TOTAL FUNDING CAPACITY

\$26,519,945

Difference

\$9,945

Note: Funding designated for years 2 and 3 may be reallocated to year 1 to support transition funding. Funding will not exceed total three-year authorized amounts.



Children & Families
Commission of Orange County

Pediatric Health Services

April 2, 2008

Attachment 2

Objectives

- Review Pediatric Health Services Renewal Evaluation Process and Funding Recommendations
- Present Recommended Funding Priorities and Program Renewals
- Present Plans for Continued Evaluation in Fiscal Year 2008/09

Pediatric Health Services Committee

- Provides oversight of the Pediatric Health Services Initiative
 - increase access to pediatric primary and specialty care services through collaborative programs jointly implemented by Children's Hospital of Orange County (CHOC) and University of California, Irvine, Medical Center (UCIMC).
- Formed by the Commission in May 2003 to: provide comprehensive pediatric health services planning; identify and respond to community needs; and, provide fiscal and administrative oversight of the Commission's investment. Committee evaluates and develops recommendations for funding for consideration by Commission.
- Existing contracts expire June 30, 2008 and Committee has completed a seven-month process to evaluate programs and develop funding renewal recommendations.

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PHS Funding Recommendations

- Ensure "health" funded programs are focused on improving specific health outcomes
- Emphasize core pediatric primary health and specialty health care services and prioritize funding for direct services, while supporting implementation of the Developmental Pathways recommendations
- Continue to address program sustainability
- Reinvest unexpended contract balances for emerging and future community needs
- Develop program transition plans:
 - Evaluate program outcomes to ensure funded programs are consistent with targeted outcomes
 - Consistent with Bridgespan recommendations, address appropriate funding source, evaluate "catalytic potential"
 - Continue base year funding for first year renewal while program transition issues addressed

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Projected Funding Capacity

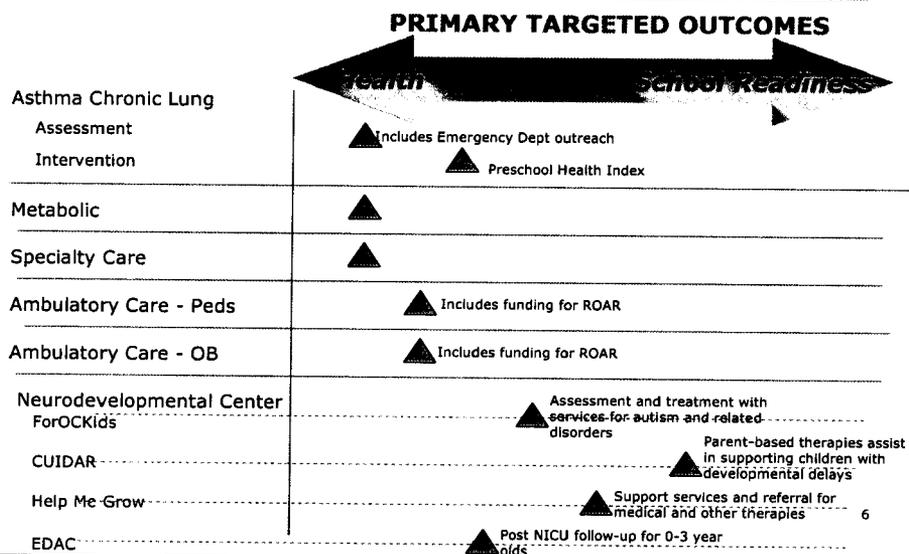
1. Unallocated balance from FY 2005 - 2008 commitments	\$1,019,945
2. Estimated unexpended contract balance through June 30, 2008	\$3,000,000
3. New three-year revenue allocation (\$7.5 million annually x 3 years)	\$22,500,000
TOTAL Funding Capacity	\$26,519,945

Notes

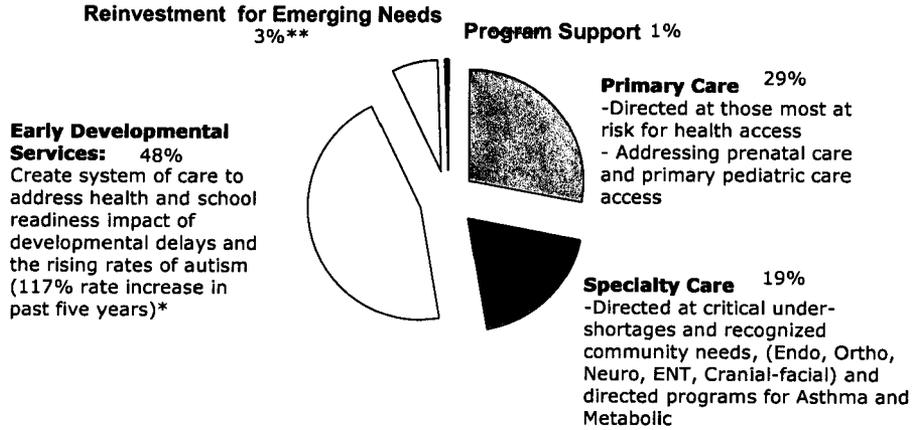
- Committee received over \$48 million in funding requests.
- Projected carryover balance based on staff projections using mid-year actual expenses. Revised year-end projections will be developed prior to the Commission meeting. Final carry-over amounts will be confirmed by September 2008 based on final year-end billings.

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Preliminary Assessment of Programs by Targeted Outcomes



Proposed Portfolio of PHS Programs



* Note: Data based on 2008 Community Indicators Report

** Preliminary projection based on final year-end actuals from current contract.

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Summary of Proposed Funding

Total Three Year Funding Allocations

Primary Care		\$ 7,700,000
Specialty Care		
- Asthma Chronic Lung	\$2,000,000	
- Metabolic	\$ 800,000	
- Pediatric Specialty Needs	\$2,250,000	\$ 5,050,000
Early Developmental Programs		\$ 12,750,000
Reinvestment Funds for Emerging Needs		\$ 800,000*
Program Support		\$ 210,000
Total		\$ 26,510,000

Note:

- * Final funding amounts will be developed during contract development. Contracts will not exceed three-year funding totals as recommended by PHS and as directed by the Commission.

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Program-Specific Summary: Asthma Chronic Lung

Recommended Program Components

- Maintain current level of services/funding for first year including care management, outreach, education, emergency department follow-up
- Preschool Health Index (PHI) pilot project
- Surveillance analysis of incidence of asthma

Components not Recommended for Funding

- Pulmonology fellowship
- Expanded outreach
- Expansion of PHI pilot

Transition and Renewal Issues for Evaluation

- Evaluate future pulmonology needs in Orange County and strategies to address
- Evaluate potential to consolidate under specialty care services
- Review outreach and educational needs and programs and potential to coordinate with OC Asthma Coalition

Renewal Funding

YR 1	\$ 800,000
YR 2	\$ 600,000
YR 3	\$ 600,000
TOTAL	\$ 2,000,000

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Program-Specific Summary: Metabolic Services

Recommended Program Components

- Continue current level of funding for services including clinical services, patient support and provider education

Components not Recommended for Funding

- Expanded clinical sessions
- Additional support services (dietary, etc.)
- Community outreach

Transition and Renewal Issues for Evaluation

- Evaluate potential to consolidate under specialty care services
- Consolidate program at central location and share support resources using the ACLD program as model

Proposed Renewal Funding

YR 1	\$ 300,000
YR 2	\$ 300,000
YR 3	\$ 200,000
TOTAL	\$ 800,000

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Program-Specific Summary: Pediatric Primary (Ambulatory) Care

Recommended Program Components

- Continue current level of funding for clinical services, patient support, outreach, care coordination, Reach Out and Read
- Expanded weekend and evening hours at Garden Grove and Costa Mesa site
- Breathmobile

Components not Recommended for Funding

- Outreach manager
- Increased data collection support
- Patient access coordinator

Transition and Renewal Issues for Evaluation

- FQHC site designation
- Implementation of developmental screening as a part of well child visit standard of care

Proposed Renewal Funding

YR 1	\$ 2,000,000
YR 2	\$ 1,500,000
YR 3	\$ 1,500,000
TOTAL	\$ 5,000,000

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Program-Specific Summary: OB High Risk and Related Pediatric Services (Ambulatory Care)

Recommended Program Components

- Continue current level of funding for outreach and prenatal services for high risk communities
- Reach Out and Read in Santa Ana Health Center
- El Sol Demonstration Project
- Increase by two sessions per week for prenatal and newborn care
- Set-aside for Homeless Outreach Services via Mobile Vans for Year 1

Components not Recommended for Funding

- Gestational diabetes screening and related counseling
- Lecture series at El Sol
- Additional clinical sessions

Transition and Renewal Issues for Evaluation

- Gestational diabetes screening and related counseling
- Homeless Outreach Services implementation

Proposed Renewal Funding

YR 1	\$ 1,100,000
YR 2	\$ 800,000
YR 3	\$ 800,000
TOTAL	\$ 2,700,000

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Program-Specific Summary: Specialty Care Services

Recommended Program Components

- Continue targeted resources to address immediate and pressing community needs and deficits in pediatric specialty care
- Core areas of focus: ENT, Endo, Ortho, Cranial-facial, Neuro

Components not Recommended for Funding

- Expansion limited to funding capacity

Transition and Renewal Issues for Evaluation

- Develop annual process to prioritize investments based on community needs

Proposed Renewal Funding

YR 1	\$ 1,000,000
YR 2	\$ 750,000
YR 3	\$ 500,000
TOTAL	\$ 2,250,000

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Program-Specific Summary: Early Developmental Programs

Recommended Program Components

- Help Me Grow
- Early Developmental Assessment Center
- CUIDAR
- For OCKIDs
- Infant Newborn Screening Project
- Focus on direct services

Components not Recommended for Funding

- Expansion limited to funding capacity

** Note: Additional funding may be allocated in year 1 to support transition and deducted from years 2 and 3*

Transition and Renewal Issues for Evaluation

- Help Me Grow – Develop sustainable long-term organizational strategy
- CUIDAR – Evaluate funding alternatives outside of Commission; recognize as Ready to Learn investment and consider against related investments
- EDAC – Focus on expanding core program and reducing educational support services
- For OCKids – Expand clinical services to meet needs and continue to aggressively seek reimbursements
- Evaluate potential linkage with MHSA Prop 63 PEI service expansion

Proposed Renewal Funding

YR 1	\$ 4,500,000
YR 2	\$ 4,250,000
YR 3	\$ 4,000,000
TOTAL	\$ 12,750,000

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FY 2008/09 PHS Work Plan

Significantly reduce funding for program support to \$100,000 in year 1 and further reductions in years 2 and 3

Evaluate proposed needs at workshops

- Pulmonology
- Gestational Diabetes Screening & Counseling
- Telemedicine
- Other emerging community needs
- Continue to incentivize program innovations
- Dedicate any savings from program transitions to set-aside for emerging community needs

Review CAST Medical Director Program

- Review scope of services and community needs

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Next Steps

Develop contracts consistent with Committee direction with ability to revise scopes and allocated funds based on evaluation of Year 1 transition issues

Report progress and results of evaluation of transition issues to PHS quarterly in fiscal year 2008/09

- Continue to conduct program assessments to evaluate alignment with Bridgespan recommendations

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CHILDREN AND FAMILIES COMMISSION OF ORANGE COUNTY

RESOLUTION NO. ___-08-C&FC

April 2, 2008

A RESOLUTION OF THE CHILDREN AND FAMILIES COMMISSION OF ORANGE COUNTY AUTHORIZING THE EXECUTIVE DIRECTOR AND COMMISSION COUNSEL TO PREPARE AND ENTER INTO RENEWALS TO AGREEMENTS BETWEEN THE CHILDREN AND FAMILIES COMMISSION OF ORANGE COUNTY AND CHILDREN'S HOSPITAL OF ORANGE COUNTY (CHOC) AND THE REGENTS OF THE UNIVERSITY OF CALIFORNIA [UNIVERSITY OF CALIFORNIA, IRVINE, COLLEGE OF MEDICINE AND MEDICAL CENTER] (UCI MEDICAL CENTER) TO CONTINUE TO PROVIDE PEDIATRIC HEALTH SERVICES; AND, AUTHORIZING APPROVAL AND EXECUTION OF SUCH AGREEMENTS ON BEHALF OF THE COMMISSION, AND MAKING CERTAIN FINDINGS IN CONNECTION THEREWITH

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, the Executive Director and Commission Counsel have prepared a standard Master Agreement for Pediatric Health Services Initiatives Programs ("Master Agreement"), which was approved by the Commission; and

WHEREAS, the Commission, through its Pediatric Health Services Committee, has conducted a comprehensive evaluation of programs funded under the CHOC/UCI collaborative to determine appropriate program recommendations which have been presented to the Commission for consideration; and

WHEREAS, the Commission desires to enter into Agreements with CHOC and UCI Medical Center for the terms and in amounts specified in Attachment 1 to the April 2, 2008 staff report for this Agenda Item, hereinafter referred to as "Contractor" or collectively as "Contractors" in each of the Agreements authorized herein; and

WHEREAS, each Contractor desires to enter into the applicable Agreements in furtherance of the purposes of the Act and the Strategic Plan on the terms and conditions set forth in the applicable Agreement; and

WHEREAS, Commission has reviewed the staff report for the March 5, 2008 Commission meeting relating to the scope of services to be provided and hereby finds and determines that the proposed Agreements are in furtherance of and consistent with the Commission's Strategic Plan; and

WHEREAS, Commission desires to authorize the Commission Chair and Commission Clerk to execute the Agreements with the Contractors, for the terms and in amounts specified in Attachment 1 to the April 2, 2008 staff report for this Agenda Item; 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 authorizes the Executive Director, or designee and Commission Counsel, to prepare and negotiate the terms, conditions and final form of Agreements with the Contractors, for the terms and in the amounts specified in Attachment 1 to the April 2, 2008 staff report for this Agenda Item, to continue to provide Pediatric Health Services consistent with the April 2, 2008 staff report and scope of services referenced therein; and

Section 3 The form of the Agreements with Contractors shall be substantially similar to the form of the standard Master Agreement, subject to minor, non-substantive revisions as reviewed and approved by the Executive Director or designee. The approval by the Executive Director or designee of the final Agreements shall be conclusively evidenced by the execution of such agreements by the Commission Chair and delivery thereof to the Commission Clerk.

Section 4 Commission hereby approves the Agreements with the Contractors, and for the terms and in the amounts, specified in Attachment 1 to the April 2, 2008 Staff Report for this Agenda Item to continue to provide services in support of Pediatric Health Services as specified in the April 2, 2008 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 Agreements on behalf of the Commission.

Section 6 A copy of each final 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. Each final executed Agreement 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 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.

EXHIBIT A TO RESOLUTION OF COMMISSION

(Attach copy(ies) of final executed Agreements)