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Agenda Item No. 2

CLERK OF THE BOARD
ORANGE COUNTY
September 3, 2008 Meeting
BOARD OF SUPERVISORS

DATE: August 15, 2008
TO: Children and Families Commission of Orange County
FROM: Michael M. Ruane, Executive Director 
SUBJECT: Technical Advisory Committee 2007-2008 Accomplishments

SUMMARY:

During fiscal year 2007-2008, your Commission's Technical Advisory Committee (TAC) engaged in the analysis of two important issues affecting children and families in Orange County: 1) homeless children and families; and 2) breastfeeding. The attached report details the process used to review these issues, as well as the findings and practice implications from each effort.

Promising Practices for Serving Homeless Children and Families

TAC first reviewed promising practices for serving homeless children and families. In an effort to gain a comprehensive understanding of the complex issues surrounding homelessness, TAC received presentations from Commission staff and grantees, as well as representatives from community and government agencies; examined Commission investments to prevent and reduce the incidence of homelessness; and identified practices to optimize services provided by grantees to homeless families. As a result of these meetings, TAC identified five strategies to help families secure or remain in stable, permanent housing.

Strategies for Increasing Breastfeeding Rates

Subsequent to its analysis of homelessness; TAC examined strategies for increasing breastfeeding rates in Orange County. TAC members received presentations on the facts about breastfeeding, evidenced based practices to increase breastfeeding rates, current Commission investments promoting breastfeeding, and cultural, societal, and institutional challenges faced by hospitals and community based agencies engaged in efforts to promote breastfeeding and provide breastfeeding support. TAC formulated five key strategies to overcome identified barriers to the promotion of breastfeeding and achieve the goal of increasing Orange County breastfeeding rates.

RECOMMENDED ACTION(S):

Receive Technical Advisory Committee report.

ATTACHMENT:

1. Technical Advisory Committee Report

Contact: *Kim Goll*



TECHINICAL ADVISORY COMMITTEE Accomplishments for FY 07/08

The Commission Technical Advisory Committee (TAC) participated in two focused program reviews during FY 07/08. Specifically, TAC reviewed 1) promising practices for serving homeless children and families, and 2) recommended strategies for increasing Orange County breastfeeding rates. The following report details the process used to review these issues and the findings from each effort.

ACCOMPLISHMENTS FOR FY 07/08

Review of Services to Homeless Children and Families (9/07, 11/07-1/08)

Purpose

In order to further the Commission's goals for Strong Families and Healthy Children, the Technical Advisory Committee (TAC) sought to review child and family homelessness in Orange County, as well as current Commission funded efforts to reduce the incidence of family homelessness. In order to both understand the challenges of addressing family homelessness and identify opportunities for expansion of Commission investments, TAC examined a number of issues, including the Commission's existing partnerships with shelters; service provision to families residing in motels; homeless prevention strategies; gaps and barriers to services; and efforts to move families toward self sufficiency.

TAC members focused their review on challenges in preventing at risk families from becoming homeless, in addition to barriers faced by homeless families attempting to achieve self sufficiency. Challenges and barriers examined by TAC included: 1) lack of knowledge of community resources; 2) inability to navigate existing service systems; and 3) gaps in services, such as prevention resources, after care services, and shelter resources for mentally ill mothers.

Overview of Process

TAC members received informational presentations on homelessness in Orange County from Commission staff, Commission funded shelter programs and the Motel Family Referral Partnership, representatives from H.O.M.E.S, Inc., and staff from Orange County Health Care Agency and Housing and Community Services.

The following information/data was presented to and reviewed by TAC:

1. Presentation on the incidence of homelessness in Orange County
2. List of Commission funded programs that address the issue of child and family homelessness including program objectives, indicators, milestones, and results
3. Overview of the services provided and challenges faced by Commission funded shelters
4. Presentation on the Motel Family Referral Partnership
5. List of Orange County food and shelter programs



6. Presentations from Orange County Health Care Agency, Housing and Community Services, and H.O.M.E.S, Inc. on non-Commission funded efforts to address child and family homelessness, as well as the following barriers to services: lack of mental health beds for pregnant or parenting mothers; lack of resources to prevent at-risk families from becoming homeless; and lack of supportive housing and after care services
7. Information on the structure, objectives, and performance of the HUD-Defined Continuum of Care in Orange County

General Overview of TAC's Findings

TAC strongly believes that the services provided by Commission funded shelter providers yield positive outcomes and reflect the incorporation of "best practices" into their programs. In order to meet the root causes of homelessness, as well as clients' immediate needs, grantees provide the following services: 1) food and shelter; 2) access to health and dental care; 3) counseling; 4) case management; 5) education and life skills classes; and 6) child care assistance. TAC also acknowledges that an intensive level of service provision and support is needed to overcome the numerous challenges faced by homeless families, such as substance abuse and mental illness, lack of housing, inability to access resources, and lack of prevention and after care services.

Promising Practice Implications & Recommendations:

The following practices were identified by TAC to overcome the above-stated challenges and enhance grantee services in optimally serving homeless families:

1. **Increase shelter capacity** – Financial investments should continue to be made to shelters providing transitional and supportive housing in order to better meet the high level of need for housing throughout Orange County. Additionally, partnerships with shelter providers should continue to be developed in order to further enhance the quantity and quality of services provided to homeless children and families.
2. **Advocate for increased affordable and/or transitional housing for families-** Information and sample policy text for inclusion in city housing elements regarding affordable and/or transitional housing with childcare, particularly targeted at children aged 0-5, should be provided in recognition of the importance of planning efforts at the city and county levels and the current mandatory review of housing elements.
3. **Provide referrals for emergency assistance** - Comprehensive services are provided to those who can enter transitional and supportive housing programs. However, as the grantees reported, many families in need are turned away due to a lack of beds. Consequently, grantees should have referral information to provide to the families they are unable to house; referrals should contain contact information for shelters, food banks, one stop centers, and other emergency assistance resources. Further, such referrals should be updated on a regular basis to ensure that families are provided with accurate contact information and are only referred to operating service providers.
4. **Case manage root causes of homelessness** – Agencies serving homeless children and families should address the factors that contributed to the family becoming homeless, or at risk of homelessness, as well as immediate needs, such as food and shelter. As many service providers do not have the capacity to address the root causes of a family's homelessness (such as mental illness, education, and/or employment), additional staff



should be located at agencies that are often the first point of contact for homeless children and families (ex. food banks), as well as Commission funded programs that provide direct services to families at risk of homelessness (ex. Family Resource Centers). The role of such staff would be to provide outreach and case management services specifically for homeless children and families. Case manager duties would include assessing the family's needs, assisting the family access resources, and advocating for the family as it navigates various service delivery systems.

5. **Utilize Proposition 63 funds** – Due to the high incidence of mental illness in the homeless population, in addition to the severe dearth of resources for families that are experiencing homelessness and mental illness, Proposition 63 funds should be used to develop and augment programs to serve families with young children that are homeless, or at risk of homelessness, and have a mental illness. Planning efforts currently underway should include this population as a focal point of the Orange County Prevention and Early Intervention (PEI) program plan, as homeless families with children fall into at least two of the six prioritized groups for prevention and early intervention services; these groups include “trauma exposed individuals” and “children in stressed families.” In addition to preventing a mental health problem from worsening, early intervention services could be vital in preventing at risk families from becoming homeless, as well as stabilizing families with a mental health problem that have become homeless.

Results: Program Integration & Ongoing Projects

As per the above-mentioned recommendations, Commission staff will explore the following next steps to encompass best practices for serving homeless children and families:

1. Examine the AmeriCorps/VISTA program and the Help Me Grow model as possible methods of providing referral and case management services to help move homeless families toward stability.
2. Further research opportunities to develop partnerships with shelter providers and increase investments made to shelters providing transitional and supportive housing.
3. Continue to highlight the needs of families experiencing homelessness and mental illness during the ongoing Prevention and Early Intervention (PEI) planning process as a member of the Proposition 63 Steering Committee.

Review of Strategies for Increasing Breastfeeding Rates (10/07, 2/08- 4/08)

Purpose

In order to further the Commission's goals for Healthy Children and Strong Families, the Technical Advisory Committee (TAC) sought to examine breastfeeding rates in Orange County and explore strategies to increase breastfeeding in Orange County. In order to better understand the importance of breastfeeding to the health of mothers and their children, in addition to the cultural and institutional challenges of promoting breastfeeding, TAC analyzed a number of issues, which included: the Breastfeeding Initiative and other Commission investments; the disparity between breastfeeding facts and public perceptions; cultural barriers to breastfeeding; the challenges promoting breastfeeding in hospitals; and the importance of breastfeeding support, with particular focus on the important role played by fathers.



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A number of efforts have been made by the Commission to promote breastfeeding. In addition to distributing the First 5 Kit for New Parents, Commission investments include supporting agencies and programs that provide breastfeeding support and education, such as the Maternal Outreach Management System (MOMS) *Paso a Paso* program and Bridges for Newborns. The Commission has also successfully partnered with the Hospital Association of Southern California (HASC) on the Breastfeeding Initiative, a component of the Bridges for Newborns Program. The Initiative promotes breastfeeding by providing breastfeeding education to providers; promoting the Baby-Friendly Hospital Initiative; distributing the Orange County Breastfeeding Resource Guide; and convening the Breastfeeding Planning Team on a monthly basis to share strategies and create education opportunities to increase exclusive breastfeeding rates. These investments are consistent with the Commission's goal of strengthening families and ensuring that children from birth to age five grow up physically, mentally, and emotionally healthy.

Overview of Process

TAC members received a report from Dr. Troy Jacobs detailing breastfeeding facts and evidenced based interventions to increase breastfeeding rates. Additionally, representatives from St. Joseph Hospital and the Hospital Association of Southern California (HASC) reported on the challenges and opportunities of promoting breastfeeding in hospitals and community based organizations. Current efforts to promote breastfeeding and address institutional, societal, and cultural challenges in Orange County were discussed by representatives from Maternal Outreach Management Systems (MOMS) and the Orange County Breastfeeding Coalition. Further, the Commission Program Manager for Bridges Hospitals presented information about the Breastfeeding Initiative and other Commission investments to promote breastfeeding, professional development and training, and breastfeeding friendly hospitals.

Review of Local Strategies and Evidence Based Interventions

The following information/data was presented to and reviewed by TAC:

1. Presentation on breastfeeding facts and evidenced-based interventions by Dr. Troy Jacobs
2. Presentation on facts, challenges, and recommendations for improving breastfeeding rates in hospitals and community based organizations by Carol Suchy, Manager of Outpatient Women Services at St. Joseph Hospital
3. Information about the Breastfeeding Initiative and Commission efforts to promote breastfeeding
4. Presentation on the objectives and achievements of the Orange County Breastfeeding Coalition
5. Information about the accomplishments and challenges experienced by Maternal Outreach Management System (MOMS) in promoting breastfeeding in the Vietnamese population through the VietMOMS program
6. The HASC resource handout on breastfeeding classes available through hospitals and other services providers in Orange County
7. Priorities for FY 2007/08: Childhood Obesity Prevention & Early Nutrition, Commission October 2007 Workshop



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8. Policy Brief on California Breastfeeding and Hospital Practice, *Reducing Obesity from the Start*
9. Report on the Conditions of Children in Orange County, 2007 (pgs. 48-49, 139), *Breastfeeding*

General Overview of TAC's Findings:

TAC strongly believes that the breastfeeding support provided by Commission funded programs and initiatives positively affect the breastfeeding rates in Orange County. However, it was widely acknowledged that there is much room for improvement to raise breastfeeding rates in Orange County. TAC recognizes that increased efforts are needed to promote the numerous health benefits of breastfeeding. Health benefits received by babies who are breastfed include: 1) reduced risk of childhood obesity, cardiovascular disease and diabetes later in life; 2) decreased incidence of asthma, allergies, and respiratory, ear and urinary tract infections; and 3) improved developmental outcomes. Further, reported benefits received by mothers who breastfeed include: 1) reduced risk of developing breast and uterine cancer; 2) fewer sick days from work; and 3) decreased risk for osteoporosis and hip fracture post-menopause. Families and communities additionally benefit from breastfeeding through the reduction of food costs and health care related expenses.

Promising Practice Implications & Recommendations:

Barriers to breastfeeding identified by TAC include language and cultural barriers, in addition to the need for increased lactation education and information, father involvement, and professional education and support. TAC analyzed five key strategies to overcome these barriers and achieve the goal of increasing Orange County breastfeeding rates.

1. Increase Community Education/Awareness

- a) Promote health benefits of breastfeeding to baby & mother
- b) Increase education & breastfeeding workshops provided to physicians and community agencies
- c) Use the media to promote breastfeeding
- d) Educate families about breastfeeding and community resources and referrals
- e) Incorporate breastfeeding education into health and child development classes

2. Create a Continuum of Breastfeeding Support

- a) Increase breastfeeding education provided to OB/GYNs
- b) Educate family members about breastfeeding and their role as a support system for mother
- c) Strengthen linkages between hospitals and community based organizations
- d) Increase access to post-discharge breastfeeding services and support

3. Increase Breastfeeding Support Provided by Hospitals

- a) Support adoption of Baby Friendly Hospital Initiative
- b) Create a hospital environment that is more conducive to breastfeeding
- c) Engage Hospital Administration to support, update, and/or create breastfeeding policies
- d) Provide consistent, culturally competent lactation training and education about breastfeeding support resources to hospital staff
- e) Educate staff about community resources and referrals for breastfeeding support



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- f) Encourage program evaluation & identify best practice standards
- 4. **Promote Father Involvement**
 - a) Educate fathers on benefits of breastfeeding
 - b) Create an expectation of father involvement
 - c) Disseminate information on father's role
 - d) Increase information collected on father involvement
- 5. **Increase Awareness about Breastfeeding-Friendly Workplace Policies**
 - a) Promote breastfeeding friendly workplace policies
 - b) Educate families about California laws supporting breastfeeding

Results: Program Integration & Ongoing Projects

As per the above-mentioned recommendations, Commission staff will explore the following next steps to encompass best practices for increasing breastfeeding rates:

1. Expand efforts of the Breastfeeding Initiative to increase breastfeeding education provided to physicians and other health care providers such as OB/GYNs.
2. Encourage collaboration among Commission funded partners to ensure that a consistent message is provided to families prenatal through post-discharge and support follow up activities to ensure that families receive information and referral for breastfeeding support services.
3. Support best practices for increasing breastfeeding support provided by hospitals such as efforts toward the Baby Friendly Hospital Initiative.
4. Incorporate research on best practices for father involvement in breastfeeding initiative.