Children & Families
Commission of Orange County

Agenda Item No. 4
August 1, 2007

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ORANGE COUNTY
BOARD OF SUPERVISORS

DATE: July 24, 2007

TO: Children and Families Commission of Orange County

FROM: Michael M. Ruane, Executive Director

SUBJECT: **Pediatric Health Services Committee Annual Report**

SUMMARY:
The Pediatric Health Services Committee continues to provide oversight of the Pediatric Health Services Initiative. The initiative is designed to 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). The Pediatric Health Services Committee was 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 in CHOC and UCIMC program. The Commission has delegated certain contract authorizations to the Committee and the Committee periodically updates the Commission on the status of its activities and related funded programs.

This agenda item provides an update on the Committee's annual review of funded programs and the status of the National Children's Study. In addition, Dr. Frederick Bruhn will provide a presentation on the status of his efforts to reduce the intentional injury of children in Orange County.

A. **Annual Review of Funded Programs** - In June 2005, the Commission approved renewal of four major programs funded under the Pediatric Health Services Collaborative. These programs are:
   - Ambulatory Care
   - Asthma Chronic Lung
   - Metabolic
   - Integrated Neurodevelopmental Programs

These grants represent a $9,914,001 investment for the period of July 1, 2006 – June 30, 2007, and a three-year funding total of over $26 million through June 30, 2008; subject to annual review by the Pediatric Health Services Committee. In June 2007, the Pediatric Health Services Committee initiated its annual program review. This report provides an update on their plans to develop renewal recommendations.

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A summary report of Pediatric Health Services Grant Funded Programs (Attachment 1) was reviewed by the Committee at its June meeting. The report includes current achievements reported based on milestones, aggregated data of services, year-to-date expenses compared to budgeted expenses, and timeliness of invoicing. This information provides insight into the status of program implementation against the funding plan and presents challenges that the programs have had to address during year 2 of implementation.

The summary report is intended to present data related to how well the programs have been implemented according to the contracted scope of work and does not include a more comprehensive evaluation of the program. The Commission has engaged the services of independent evaluators to review the effectiveness of three specific programs: Asthma Chronic Lung, Metabolic and the CUIDAR program funded under the Integrated Neurodevelopment Programs. These evaluations are scheduled to be reviewed by the Pediatric Health Services Committee as part of their evaluation process, as indicated on their 2007/08 calendar (Attachment 2).

As FY 2006/07 programs are reviewed, opportunities for program improvements or enhancements may be identified that could be implemented in 2007/08. Staff recommends that authorization be given to the Pediatric Health Services Committee to review the carry-forward of remaining prior year contract funds, up to 20% of the contract maximum obligation, and recommend to the Executive Director to amend the stated scope of the Agreement, should program improvements and enhancements be identified that would benefit achievement of Commission outcomes if implemented immediately in FY 2007/08. Program improvements that will be presented to the Pediatric Health Services Committee for review include: the development of a screening tool to assist in the early identification of infants who are on a trajectory of having autism, expansion of Asthma Chronic Lung program outreach to community emergency rooms, further develop and implementation of strategies to optimize Neurodevelopment Program service reimbursement and enhancement of the Help Me Grow developmental service component at Orange County's "211" information and referral line.

B. **Preventable Injuries** – A priority outcome for the Commission has been to reduce the number of child deaths and disabilities due to preventable causes, including intentional and unintentional injuries. Through a funding partnership, in collaboration with the County of Orange and the Hoag Hospital Foundation, Pediatric Health Services Initiative funding has been dedicated to support the Medical Director position for the Child Abuse Services Team (CAST). CAST is a successful multi-disciplinary model that coordinates the efforts of law enforcement, medical staff, social services, health care agency, and dedicated advocates in providing services for sexually and physically abused young children.

Currently, Dr. Bruhn has been working with California Chapter 4, American Academy of Pediatrics (AAP), CHOC, UCI, Orangewood Children's Foundation, Commission, and the County Health Care and Social Services Agencies in a collaborative effort to provide education to medical professionals on child abuse and neglect. The work of this committee has resulted in a series of events to educate medical professionals on identifying and preventing child abuse and neglect (Attachment 3).

Dr. Frederic Bruhn will provide a brief presentation of his accomplishments since assuming the position as the CAST Medical Director. Dr. Bruhn will also present the findings of the "Children Under-2 Study" recently completed by the County of Orange Social Services Agency and Commission staff (Attachment 4). This study provides baseline information on the abuse and neglect of infants and very young children in Orange County to assist in informing the development of appropriate interventions.

C. **National Children's Study**

Legislative Support - The National Children's Study will examine the effects of environmental influences on the health and development of more than 100,000 children across the United States, following them from before birth until age 21. Orange County was previously selected as one of the vanguard sites for the early planning work.

The Commission has been actively supporting actions to endorse funding for the National Children's Study. A bill appropriating funds for federal agencies through the current fiscal year and earmarking $69 million for the National Children's Study was signed into law on February 15, 2007 by President Bush. Recently, the U.S. House of Representative's Committee on Appropriations supported the approval of $110.9 million to the study. In California, Phil Isenberg is coordinating legislative efforts for the Commission on Senate Joint Resolution 11 (Correa) to ensure statewide support for the study.

Community Advisory Board – Orange County's next Community Advisory Board meeting for the National Children's Study is scheduled for August 7. The Community Advisory Board members will review the neighborhoods selected for the study and the demographics within those neighborhoods. The primary purpose of the meeting will be to develop the local outreach strategy, based on the expertise of the Community Advisory Board members, to enroll participants in the National Children's Study.

Demonstration Project - In May 2007, the Pediatric Health Services Committee allocated funds for a demonstration project implemented by the Maternal Outreach Management System (MOMS) through a study being conducted at the UCI. The focus of the demonstration project has been to examine effective outreach and enrollment strategies with very low-income, monolingual, Spanish-speaking women in preparation for implementation of the National Children's Study (NCS). MOMS was awarded $20,000 to fund a 0.5 FTE Community Outreach Manager for support of the demonstration project scope. Staff is recommending that an additional $20,000 be added to the contract and the scope modified to further leverage the Executive Director's expertise for participation on Orange County's NCS outreach planning team and support for UCI in developing a NCS birth visit protocol. The parties are currently negotiating the terms of Agreement FCI-NCS-03, recommended by the Pediatric Health Services Committee on May 2, 2007. However, to date, no Agreement has been executed.

D. **Ongoing Support for Pediatric Health Service Planning** - The Commission currently contracts with the UCLA Center for Healthier Children, Families and Communities to provide consultant services on building an integrated system of developmental services and care for families and as well as linking Orange County with national best practice models. The Center is currently providing support for the Commission's Developmental Services planning project.

Staff requests approval to extend the existing agreement with the Center from September 2007 through June 2008 and to increase the maximum contract payment by $50,000 in order to ensure consistency and continued support for this planning project through to implementation.

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. The funding requests are for the amounts of $20,000 and $50,000. Sufficient funds for this request are available in the Commission's FY 2007/08 Pediatric Health Services budget.

RECOMMENDED ACTIONS:
1. Receive Pediatric Health Services Grant Funded Programs report and related presentation and provide input and direction to Commission staff.
2. Authorize Executive Director, following review and approval of the Pediatric Health Services Committee, to approve carry-forward of remaining prior-year CHOC/UCI contract funds up to 20% of the contract maximum obligation.
3. Authorize Commission staff to modify current CHOC/UCI contract scopes of work during FY 2007/08 as recommended by the Pediatric Health Services Committee.
4. Authorize the Executive Director or designee to modify the scope of work recommended by the Pediatric Health Services Committee on May 2, 2007 in Agreement FCI-NCS-03 with the Maternal Outreach Management System (MOMS) and authorize additional funds in the amount of $20,000, for a total contract maximum obligation not to exceed $40,000. .
5. Adopt resolution (Attachment 5) authorizing the Executive Director or designee to amend Agreement C-97 with The Regents of the University of California / UCLA Center for Healthier Children, Families, and Communities to extend the contract end date from September 30, 2007 to June 30, 2008 and to increase the total funding authorized by an amount not to exceed $50,000 for a new contract maximum obligation not to exceed $445,000.

ATTACHMENTS:
1. Pediatric Health Services Grant Funded Programs
2. Pediatric Health Services Committee Meeting Agenda for FY 2007/08
3. Preventing Child Abuse Education Series
4. Children Under-2 Study, Executive Summary
5. Resolution authorizing amendment of Agreement C-97 with UCLA

Contact: Christina Altmayer

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CHOC-UCI
Collaborative Healthcare Services

Program Accomplishments
Funding Year 2: July 1, 2006-March 31,2007

Ambulatory Clinics
ACLD (Asthma Chronic Lung Disease)
Metabolic Program
Neurodevelopmental Programs

CHOC - UCI Collaborative Healthcare Services
Year 2 Summary of Accomplishments

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In June 2005, PHS approved funding for three-years for over $26.1 million for CHOC and UCI collaborative healthcare programs.

Program funding for Year 2 was $9,914,000 and dedicated to address:

- ✓ **Primary care services through expansion of clinical services and outreach.**
- ✓ **Specialty care needs where there was a recognized community need impacting children's school readiness.**

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Year 2 Summary of Accomplishments

Access to Primary and Specialty Care

- Approximately 43,000 children ages 0-5 have received healthcare services through the funded programs.
- Approximately 55,000 family members have received educational and support services.
- 6,000 children have been enrolled into a medical home.

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Year 2 Summary of Accomplishments

Community Outreach: Screening and Education

- All programs have established a variety of referral relationships with school districts, school health nurses, and agencies throughout the county.
- Mobile clinics, Breathmobile, Help Me Grow, and Safety House have participated in school readiness and other health fairs throughout Orange County.
- School Health Index completed with teams of teachers, administrators, and parents in Santa Ana and Costa Mesa.

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Year 2 Summary of Accomplishments

Professional / Medical Education

- Physicians representing the funded programs have been working with Primary Care Physicians and Pediatricians on current protocols and the importance of early detection of diseases, appropriate interventions, and disease management.
- Medical Students, Residents, Fellows, and student nurses work along side specialists to develop their skills in specialty areas.

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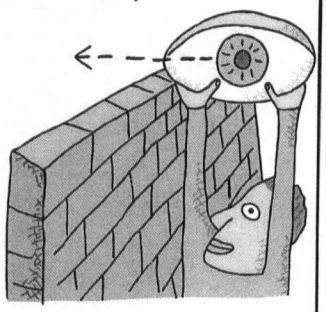
Year 2 Summary of Program Challenges

- Reimbursement for many pediatric specialty care below cost, operating at a net loss per visit.
- Recruitment of physician specialists and other healthcare providers:
  - National shortage in pediatric physician specialties
  - Lack of or low reimbursement for services
  - Orange County cost of living
- Increased primary care access throughout the county resulted in increased patient volumes and referrals into specialty programs exceeding .



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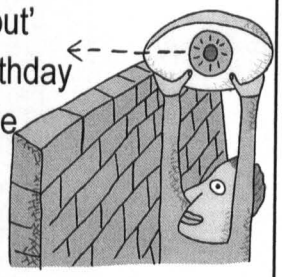
Year 2 Summary of Program Challenges

- Increased impact on healthcare system of children currently in the system ages 0-5 years, 'age out' of the Prop 10 funded program on their 6th birthday but the healthcare system continues to provide care for as long as necessary.



- Need for ongoing education required for the community healthcare providers and school personnel to ensure early detection, diagnosis and treatment of chronic diseases.

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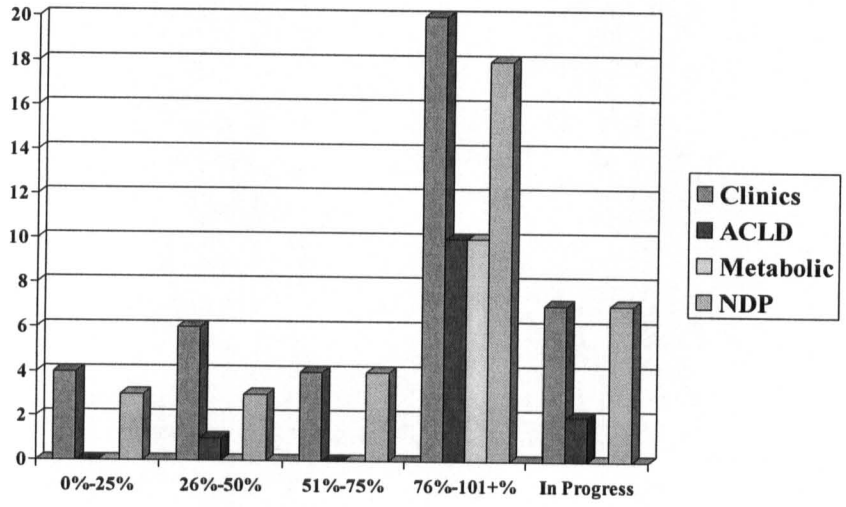
Summary of Milestones

Against Year 2 Contracted Work Plan



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Year 2 Grantee Invoice Processing

In response to prior period audit findings, the Collaborative Team has significantly improved fiscal management.

As of the third quarter (July 2006 - March 2007) of the Year 2 total funding of $9,914,000:

- ✓ $5,918,287 has been billed within 30 days following the close of quarter three
- ✓ 60% of the Year 2 total funding has been billed. Areas impacting quarterly billings (expected target -75% by quarter 3):
  - Vacant Professional staff positions due to recruitment & retention challenges
  - Construction delays associated with expansion of UCI Cares for Mother's Center

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Prop 10 Funding
July 2006 – June 2007

Program Presentations

- Ambulatory Clinics: Kathy Kolodge & Nancy Downey-Hurtado
- Asthma Chronic Lung Disease Clinic: Dr. Nickerson
- Metabolic Clinic: Dr. Abdenur
- Neurodevelopmental Programs: Dr. Donnelly

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Ambulatory Clinics

Total Prop 10 Three Year Funding: $9,330,000

Year 2 Prop 10 Funding: $3,990,000

CHOC: $1,980,000
UCI: $2,010,000

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Year 2 Program Accomplishments & Benefits to the Community

Ambulatory Clinics: Access to Care and Healthcare Coverage (CHOC)

- 27,336 patient visits (children 0-5) to CHOC ambulatory Clinics (Orange, Santa Ana, Costa Mesa, Garden Grove, Para Ninos).
- 12,411 developmental screenings were conducted during well child visits.
- Primary care visits resulted in 2,659 referrals for specialty care.
- Increase from 50% (2006) to current 62% in the total clinic visits of the five primary care clinics are children 0-5 years of age.
- Staff has completed 4,982 Healthy Families / MediCal applications enrolling over 6,000 children into a medical home.

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Year 2 Program Accomplishments & Benefits to the Community

Ambulatory Clinics: Access to Prenatal Care for OB (UCI)

The UCI Cares for Mothers program has increased access of prenatal care by 15% from FY 2005/06:

- 854 new patients and 16,351 return visits (15% increase from FY 05/06).
- 83.8% of the OB patients entered care within the first trimester.
- 93.7 % of the children were born healthy.
- 51.6% of the mothers were seen on the same day as their confirmed pregnancy.
- 37% of mothers were seen within 2 weeks of their confirmation of pregnancy.
- 92.6% of the children had normal birth weight of 2,500 grams or greater.
- 94% of OB patients had a post partum visit within 8 weeks of their delivery.

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Year 2 Program Accomplishments & Benefits to the Community

Ambulatory Clinics: Patient and Family Education (CHOC)

- Community and Health Educators have conducted over 11,400 education encounters
- 6,941 hours of education provided to 446 children under 5 and 697 family members
- Reach Out and Read program: volunteers have read to more than 600 children 0-5 years of age. 1,600 new books have been distributed during well child visits thru the collaboration with ELN and community partners

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Year 2 Program Accomplishments & Benefits to the Community

Ambulatory Clinics: Community Collaboration

- CHOC mobile clinic and mobile safety house participated in 10 school readiness health fairs
- Collaborative relationships built with the Newport-Mesa School District, Hoag, Human Options and Families Costa Mesa. Over 170 KidBuilders books have been distributed.
- Garden Grove clinic volume increase due to a strong collaborative referral process between school nurses in three surrounding school districts and the health center partners, Healthy Smiles and the Boys & Girls Club of Garden Grove.
- CHOC clinic pediatricians continue to enhance pediatric care in the community by actively participating in the American Academy of Pediatrics and taking on the role of co-medical director of the AAP School Readiness program in collaboration with UCI pediatricians.
- CHOC Nurse Leaders actively participate on the Orange County Immunization Coalition to continue efforts to improve county immunization rates.

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Asthma Chronic Lung Disease (ACLD) Program

Total Prop 10 Three Year Funding: $2,212,871

Year 2 Prop 10 Funding: $850,000

CHOC: $ 640,004

UCI: $ 209,996

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Year 2 Program Accomplishments & Benefits to the Community

ACLD Program: Access to Care

- Multidisciplinary bilingual team provided assessment and treatment at the ACLD clinic located on CHOC campus to 4,693 children, 0 to 5 years of age of which 2,648 were new patient visits.
- ER visit follow-up has increased by 266% (161 families). This year, in addition to offering follow-up appointments at the ACLD clinic, we have offered telephone follow-up for education and emotional support.

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Year 2 Program Accomplishments & Benefits to the Community

ACLD Program: Community Collaboration

- Breathmobile, through March 2007, provided 353 screenings in daycares and preschools. 117 children were identified to be at risk for asthma and families provided with education and related referrals.
- Monthly family educational classes (140 children and families) and an annual event (May 12th).
- Provided education to Community Resource Centers and Boys and Girls Clubs to increase asthma awareness and access asthma services.
- Daily Asthma Education program /classes for the most critical asthmatic patients (Monday through Friday).
- Participated in Health Fairs throughout Orange County touching over 1,126 children and families.

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Year 2 Program Accomplishments & Benefits to the Community

ACLD Program: Professional / Medical Education & Outreach

- 679 school staff and healthcare providers have received education. *Lunch and Learn* educational sessions were provided to 7 schools in Orange County to raise the level of asthma awareness in the school setting.
- Asthma Nurse Educators have established a phone line to provide the school nurses with available resources on the care and treatment of children with ACLD.
- Physician specialists have increased outreach efforts with the Primary Care Physicians and Pediatricians by 7% for current treatment protocols.
- Through Grand Rounds and other venues our medical team has augmented the knowledge of over 1,260 physicians including Residents and Fellows from CHOC and UCI worked along side of the ACLD team to develop their skills in caring for children with Asthma and Chronic Lung Disease.

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Metabolic Clinic

Total Prop 10 Three Year Funding: $1,100,000

Year 2 Prop 10 Funding: $ 300,000

CHOC: $207,850

UCI: $ 92,150

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Year 2 Program Accomplishments & Benefits to the Community

Metabolic Program: Access to Care

- The Metabolic Team provided over 1,370 services to patients, which included out patient visits, in patient consultations and newborn screening follow-up.
- 174 newborns were referred by Neonatologists or primary care providers as a result of the newborn screening program performed by delivering hospitals
- 183 hospitalized patients have been evaluated by the Metabolic physician and dietitian teams resulting in over 735 inpatient encounters.
- An additional 43 families also received in-depth dietary education.
- CHOC Metabolic lab received high reviews during unannounced CAP inspection for accuracy and turn around of 24 hours compared to 7-15 days.

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Year 2 Program Accomplishments & Benefits to the Community

Metabolic Program: Community Collaboration

- 132 children whose diagnosis requires the use of a metabolic formula have been assisted in securing CCS / Medi-Cal / GHPP for coverage this unique need.
- 188 patients who have been seen in the Metabolic clinics have been referred to community dentists, other physicians, and support agencies including WIC, Regional Center, Department of Public Health, CPS, CHOP or CCS for appropriate services.

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Year 2 Program Accomplishments & Benefits to the Community

Metabolic Program: Professional / Medical Education & Outreach

- The team recruited several new members including an RN Case Manager, a Genetics Counselor and a Pediatrician.
- The clinic teams have provided over 69 hours clinical training for UCI and CHOC medical students, residents, genetic counseling and nursing students and dietitians to enhance their ability to recognize inborn metabolic disorders.
- Dr. Abdenur has participated in the Guidelines Committee for the California Newborn Screening Program relating to the confirmatory diagnosis and management.
- Dr. Bartley has participated in the advisory committee for the California Newborn Screening Program relating to patient's access to special formulas and low protein foods.

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CHOC/UCI Neurodevelopmental Programs

Total Prop 10 Three Year Funding: $13,500,000

Year 2 Prop 10 Funding: $ 4,774,001

CHOC: $ 1,593,635
UCI: $ 3,180,366

Changing Developmental Outcomes: Individual & Systems Focus

CUIDAR (CHOC/UCI Initiative for Development of Attention and Readiness)
EDAC (Early Development Assessment Center)
For OC Kids Neurodevelopmental Center
Help Me Grow - Orange County
Administration

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Year 2 Program Accomplishments & Benefits to the Community

Neurodevelopmental Programs: CUIDAR

Innovation & Prevention: Intervention before Dx for Disruptive Behaviors

Access / Education / Community Collaboration:

- 7,500 hours of Parent Training to 703 parents of preschool age children.
- 3,212 hours of Social Skills Training to 319 children.
- 2,098 hours of Education on Behavior Management to 600 providers & educators.
- New Collaborations continue with 28% new training sites this year.

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Year 2 Program Accomplishments & Benefits to the Community

Neurodevelopmental Programs: EDAC

Countywide Network for Identification & Care Coordination of High Risk Infants

Access / Education / Community Collaboration:

- 781 Independent Multidisciplinary Team Evaluations.
- 1224 families receive parent and sibling Support and Intervention services.
- 582 mother-baby couplets succeed with Lactation Team support
- Screening, education and support to >3,000 families including high risk breast feeding support, sibling support and participation in the Bridges program.
- Collaboration with Orange County Foster Care Reducing Gaps in services to this vulnerable population.
- Over 720 infants/toddlers & families Triaged and provided ongoing care coordination, consultation, and education.

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Year 2 Program Accomplishments & Benefits to the Community

Neurodevelopmental Programs: EDAC

Community Collaboration/Education:

- Integrated staff directly into CHOC, UCI, CHAM, Western Medical Santa Ana, Garden Grove Medical Center, Anaheim Memorial Hospital, Western Medical Anaheim discharge rounds and work directly with Charge nurses at Irvine Medical Center and St. Jude's to assure at risk infants receive appropriate follow up.
- Network with Bridges, Public Health Field Nursing, TAPP, the Seedlings Project & F/U coordinator at Hoag, Saddleback and Fountain Valley to Identify Concerns and assure Intervention.
- State grant from CCS High Risk Infant Follow-up program for Case Management.
- Residents & Fellows from CHOC and UCI, Psychology interns and students rotate to develop skills in caring for high risk infants & toddlers.
- Outcomes research on Compliance with D/C plan for infants on Home Apnea Monitor.

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Year 2 Program Accomplishments & Benefits to the Community

Neurodevelopmental Programs: For OC Kids Neurodevelopmental Center

Earliest Identification & Treatment of Autism, ADHD and other Dev. Disorders

Access to Unique & Specialized Clinical Care

- 488 Comprehensive New patient Consultations and 1346 Return Visits.
- Evaluation, Dx, Treatment, Advocacy, Medication Mgmt & ongoing Care
- Multidisciplinary Team/ Case Management to 35% of patients seen. Team includes physicians, nurse practitioner, social worker, S/L & family resource staff
- Allowing Families to "Tell their Stories"
- Helping Families Navigate the World of Autism
- Support, Education & Empowerment of Families

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Year 2 Program Accomplishments & Benefits to the Community

Neurodevelopmental Programs: For OC Kids Neurodevelopmental Center Education/Community Collaboration:

Parents

- 3 SEEPAC Programs (9 weeks) to 164 parents
- 230 parent consultations, 126 IEPs to support parents, 46 in-home family visits, 4 parent support groups & 2 parent trainings

Professionals

- 23 lectures to more than 1000 professionals
- Training of residents, med students, fellows, grad students & community
- Autism Forums with RCOC & OCDE
- Autism News of Orange County (ANOC-RW)
- Foster Care Partnership with SSA

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Year 2 Program Accomplishments & Benefits to the Community

Neurodevelopmental Programs: Help Me Grow Connecting Families to Developmental Services

Single Point of Access

- Manager, 2 Care Coordinators and 3 Community Liaisons for North, West & Central OC Regions
- 2-1-1 OC Partnership to support telephone triage system (Jan 2007): 56 calls generating 301 referrals

Building the Network

- Developmental services database(WebInform) with 2-1-1
- Collaboration with OC Partnership to adapt CMIS, a web-based software program for client data.
- Community Advisory Committee
- Logo & Informational materials
- Outreach to 92 Agencies/Programs, 7 large group presentations & 6 health fairs for Promotion & Resource Update

Educating Providers

- Hired EPIC Coordinator (Educating Providers In the Community) to promote surveillance & screening

Identifying Gaps & Barriers

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Year 2 Program Accomplishments & Benefits to the Community

Neurodevelopmental Programs: Administration

Integration/ New Program Development & Implementation

- Integration without loss of Program Identity
- Established 2-1-1 Partnership & recruited HMG Manager
- For OC Kids NDC unified three clinical programs: For OC Kids (Autism Program), CUIDAR Medical (ADHD Program), and DEC (all other developmental disorders)
- NDC Expanded For OC Families, the NDC family resource center, from one to three staff with services in English, Spanish and Vietnamese
- Monthly Neurodevelopmental Center Seminar

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Year 2 Program Accomplishments & Benefits to the Community

Neurodevelopmental Programs: Administration

- COPEing With Toddler Behavior
- *"Communicating Who We Are & What We Do"* Retreat
- Luis Alvarado Designs to create common identification/look across all Programs
- Presentation of CHOC/UCI Neurodevelopmental Programs to community for information, partnering & sustainability
- Activities for Systems Change at various levels (LEAPS, Developmental Pathways,Blue Ribbon Commission on Autism, CCS HRI, ECMH, ABCD etc)

CHOC - UCI Collaborative Healthcare Services

Without your assistance, these programs that are vital to the health and school readiness of the children of Orange County could not have developed nor be maintained !

As reported in the 2006, "Conditions of Children in Orange County":

- **Enrollment into a medical home** (MediCal, Healthy Families, Cal Kids and Kaiser: 126,393 (1998) to **252,689** (2006)
- **Percent of birth having received prenatal care** increased from 81% (1994) to **92%** (2003)
- **Children 0-2 years receiving combination series immunizations** increased from 64% (1997) to **78%** (2005)

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Expected Future Challenges

- **Physician recruitment and retention**
- **Program sustainability**

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Thank you for this opportunity to share with you the program accomplishments we have achieved July 2006 – March 2007 !

Attachment 2

Proposed Pediatric Health Services (PHS) Committee
Meeting Agendas for Fiscal Year 2007/08

Date	**Program for Review**
September 5	Asthma Chronic Lung and Ambulatory Care
November 7	Metabolic
February 6	Neurodevelopmental Programs
March 5*	PHS Planning & Evaluation Workshop
April 2	Final Funding Actions by PHS
May 7	Presentation of Recommended Actions to Commission

**Added per Committee at June Meeting.*

Attachment 3

Preventing Child Abuse Education Series

The first event took place on April 18, 2007 at CHOC Grand Rounds. Dr. Carole Berkowitz, the Executive Vice-Chair and Acting Chief of General and Emergency Pediatrics at Harbor - UCLA Medical Center, presented a case of child abuse/neglect that caused the death of an infant. The objectives of the conference included educating physicians and pediatric residents on the following:

- How to recognize indicators of child abuse and neglect;
- The role of physicians in preventing child abuse and neglect; and
- Resources and referral systems currently in place to prevent child abuse and neglect.

Additionally, representatives from various agencies, including the Orange County Social Services and Health Care Agencies, were present to provide information about various programs available to children and families at risk of abuse and neglect.

The second event is a three day educational series that is scheduled to correspond with the California Chapter 4, AAP Quarterly Dinner. From September 18th to September 20th, Dr. Carole Jenny[1] will make six presentations to physicians and pediatric residents at CHOC and UCI; members of the California Chapter 4, AAP; Public Health Nurses in the Nurse Family Partnership and ACT Program; Promatoras; Bridges Home Visitors; and Orange County Social Services Agency Social Workers. Dr. Jenny's presentations will address the following issues:

- Over and misdiagnosing child abuse and neglect;
- Shaken Baby Syndrome;
- Investigative tools used to identify child abuse; and
- Munchausen Syndrome.

The last educational event, which is scheduled from October 12th to October 14th, is the California Chapter 4, AAP annual "Current Advances in Pediatrics" conference. Dr. Robert Sege[2] has been invited to speak at this conference where he will give the following two presentations:

- Media Violence and its Effect on Children; and
- "Child Abuse: What to See, What to Say, What to Do.

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[1] Dr. Jenny is the Director of ChildSafe: The Child Protection Program at Hasbro Children's Hospital in Providence, Rhode Island and the Chair of the American Academy of Pediatrics' Committee of Child Abuse and Neglect; she has also received numerous honors in the field of child abuse and forensic pediatrics.

[2] Dr. Sege is Associate Professor of Pediatrics at Tuffs University School of Medicine, Associate Chief of the Division of General Pediatrics at The Floating Hospital for Children at New England Medical Center, and he serves as the Director of the Pediatric and Adolescent Health Research Center at New England Medical Center.

Profile of Physical Abuse and Neglect of Orange County Children Less than Two Years of Age Placed in Foster Care

December 2006

COUNTY OF ORANGE SOCIAL SERVICES AGENCY
Administrative Services Division
Strategic Planning and Public Relations
Research and Evaluation

CHILDREN AND FAMILIES COMMISSION OF ORANGE COUNTY

CHILDREN'S SERVICES COORDINATION COMMITTEE (CSCC)
Work Group Case Study

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EXECUTIVE SUMMARY

Background:

The County of Orange Social Services Agency and the Children and Families Commission of Orange County have an ongoing commitment to support effective child abuse prevention strategies in the communities they serve. With specific information about the patterns of abuse experienced by very young children, and the characteristics of both the children and their perpetrators, the community can continue to direct its resources to the most critical areas of need.

This study was undertaken to gather the above-stated information. From a cohort of children, under age two, who entered foster care in 2004, characteristics of the children and their abusers, and the factors that lead to the abuse were identified. The results of this research can be used to develop approaches to child abuse prevention in Orange County that target very young children.

Methodology:

The primary focus of the current study was to specifically look at physical abuse and neglect. Therefore, only children with a removal reason of physical abuse, general neglect, or severe neglect were included.

Based on this criterion, a cohort of 299 children was selected. However, 22 children in cases classified as sensitive by the agency were excluded because their investigation narratives were not accessible to the researchers via the administrative data system, Child Welfare Services/Case Management System (CWS/CMS). Therefore, for the final cohort, the population of interest was further limited to those children with accessible investigation narratives in CWS/CMS. A final cohort of 277 children, who were less than two years of age, was selected for this study.

In the final cohort, ten percent (N=27 children) were removed from their homes for physical abuse, and 90% (N=250 children) were removed for neglect. This cohort of 277 children was a small cohort but it depicted an accurate picture of very young children in Orange County who were removed from their homes for physical abuse or neglect. However, the findings may not be generalizable to other families beyond Orange County and the patterns in future cohorts of children may change over time.

Findings:

This study was designed with four purposes. The first purpose was to provide a description of children who were less than two years of age and were removed due to physical abuse or neglect. Demographic analyses revealed that a substantial number of children, two thirds of the children in this study, were less than 6 months old at the time of removal. Additionally, over half of the children (55%) were Hispanic; and over half of the children, or 54%, entered foster care with at least one sibling.

Prior to being removed from their homes, the majority of the children, or 84%, were residing in Orange County, and the majority of the children (95%) were receiving primary care from their mothers at the time of removal.

The second purpose of this study was to describe patterns of physical abuse and characteristics of the perpetrators of abuse. A small proportion of children, 10%, or 27 children, were removed due to physical abuse. The study also showed that not all children who were removed due to physical abuse showed evidence of physical injuries. Of the 27 children who were removed due to physical abuse, 15 children showed evidence of physical injuries. Additionally, two-thirds of these 15 children experienced multiple instances of injuries.

At the time of removal, the study found that the majority (96%) of these children who were removed due to physical abuse were receiving primary care from their biological mothers. Additionally, the majority of the perpetrators were the biological parents. The common characteristics of these perpetrators were that they: (1) had been arrested, (2) had a history of substance abuse, and (3) had a history of violence.

The third purpose of this study was to describe patterns of neglect (general or severe) and characteristics of perpetrators who neglect. The data showed that the majority (90%) of the children in this study were removed due to neglect, and at the time of removal, almost 71% of these children who were neglected were exposed to drugs.

The study also found that similar to children who were removed due to physical abuse, for the children who were removed due to neglect, the majority of the perpetrators were the biological parents. The common characteristics of these perpetrators were that they: (1) had a history of substance abuse, (2) had been arrested, and (3) had experienced unstable housing.

The fourth purpose of this study was to describe and compare the differences in the characteristics of children who were removed due to physical abuse and children who were removed due to neglect. The study showed that children who were removed due to physical abuse tended to be older than children who were removed due to neglect. The average age for children who were removed due to physical abuse was 10.6 months compared to 4.9 months for children who were removed due to neglect. Additionally, children who were removed due to physical abuse were more likely to be Hispanic than children who were removed due to neglect. Approximately 70% of the children who were removed due to physical abuse were Hispanic compared to 53% of the children who were removed due to neglect.

The study also showed that children who were removed due to physical abuse tended to have more siblings than children who were removed due to neglect. Among the children who were removed due to neglect, approximately 51% were removed with at least 1 sibling compared to 78% of children who were removed due to physical abuse.

Summary of Recommendations:

(1) The first strategic goal is to identify parents and children who are at high risk for child maltreatment so that more prevention efforts can be provided for this at-risk set of parents and children.

(2) The second strategic goal is to promote "healthy parenting education", as it is an important element in preventing child abuse or neglect.

(3) The third strategic goal is to create more comprehensive treatment programs for at-risk parents with a history of substance abuse.

(4) The fourth strategic goal is to promote education campaigns and develop programs with a multicultural emphasis to assist parents from culturally diverse backgrounds.

CHILDREN AND FAMILIES COMMISSION OF ORANGE COUNTY

RESOLUTION NO. ___-07-C&FC

August 1, 2007

A RESOLUTION OF THE CHILDREN & FAMILIES COMMISSION OF ORANGE COUNTY AUTHORIZING THE EXECUTIVE DIRECTOR AND COMMISSION COUNSEL TO PREPARE AND ENTER INTO AN AMENDMENT TO AGREEMENT NO. C-97 WITH THE REGENTS OF THE UNIVERSITY OF CALIFORNIA (UCLA CENTER FOR HEALTHIER CHILDREN, FAMILIES AND COMMUNITIES); 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 Commission entered into agreement C-97 in the amount of $45,000 on March 3, 2004 for the period March 1, 2004 through June 30, 2004 with the Regents of the University of California (UCLA Center for Healthier Children, Families and Communities [UCLA]), to provide support work related to the Developmental Pathways Project promoting the purposes of the Act and the Strategic Plan; and

WHEREAS, the Commission subsequently authorized a First Amendment to Agreement C-97 with UCLA on October 4, 2004 to add $100,000 for a revised maximum obligation of $145,000 and extend the term through June 30, 2005 to provide additional support work related to the Developmental Pathways Project under the same terms and conditions of the original agreement; and

WHEREAS, the Commission entered into a Second Amendment to Agreement C-97 with UCLA on June 10, 2005 to extend the term through September 30, 2005 without increasing the maximum obligation; and

WHEREAS, the Commission further authorized a Third Amendment to Agreement with UCLA on April 5, 2006 to add $200,000 for a revised maximum obligation of $345,000 and extend the term through June 30, 2007 to provide additional support work related to the Developmental Pathways Project under the same general terms and conditions of the original agreement; and

WHEREAS, the Commission further authorized a Fourth Amendment to Agreement with UCLA on April 5, 2006 to add $50,000 for a revised maximum obligation of $395,000 and extend the term through September 30, 2007 to provide additional support work related to "The Blue Sky" Initiative originated at UCLA with a group who believe that reforms in the health care system should extend beyond efforts to address access, cost, quality and disparities in the medical care system; and

WHEREAS, Commission desires to authorize the Executive Director or designee to negotiate the terms and final form of a Fifth Amendment to Agreement C-97 with UCLA for an additional amount not to exceed $50,000, and a new maximum payment obligation of $445,000 and extend the term of the Agreement to June 30, 2008 to continue to provide strategic advice support for the Commission's Developmental Services planning project; and

WHEREAS, Commission has reviewed the staff report for the August 1, 2007 Commission meeting relating to the scope of services to be provided and hereby finds and determines that the proposed Amendment is 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 Fifth Amendment to Agreement No. C-97 for an additional amount not to exceed $50,000 and a new maximum payment obligation of $445,000 and extend the term of the Agreement to June 30, 2008.

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 to prepare and negotiate the final form of a Fifth Amendment to Agreement C-97 with UCLA, for an additional amount not to exceed $50,000, and a new maximum payment obligation of $445,000 and extend the term of the Agreement to June 30, 2008 consistent with the staff report for the August 1, 2007 Commission meeting and the scope of services referenced therein;

Section 3 Commission hereby approves the Fifth Amendment to Agreement C-97 with UCLA, for an additional amount not to exceed $50,000 and a new maximum payment obligation of $445,000 to continue to provide strategic advice support for the Commission's Developmental Services planning project as specified in the staff report.

Section 4 The Commission Chair and the Clerk of the Commission are hereby authorized to execute and attest, respectively, the Amendment on behalf of the Commission.

Section 5 A copy of the final Amendment to Agreement with UCLA, 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 Agreement shall be placed on file in the office of the Clerk of the Commission.

Section 6 In addition to the authorization of Section 2 above, the Executive Director (or his designee) is hereby authorized, on behalf of the Commission, (i) to sign all documents necessary

and appropriate to carry out and implement the Agreement, (ii) to cause the issuance of warrants, (iii) to administer the Commission's obligations, responsibilities, and duties to be performed under such agreement, and (iv) during the term thereof to provide waivers, administrative interpretations, and minor modifications of the provisions of such agreement in the furtherance thereof.

Section 7 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 August 1, 2007 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: __-07--C&FC

Agenda Date: August 1, 2007

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 Fifth Amendment to Agreement C-97 with the Regents of the University of California (UCLA Center for Healthier Children, Families and Communities [UCLA]))