Children & Families
Commission of Orange County

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ORANGE COUNTY
BOARD OF SUPERVISORS

Agenda Item No. 6
March 3, 2010 Meeting

DATE: February 23, 2010

TO: Children and Families Commission of Orange County

FROM: Michael M. Ruane, Executive Director

SUBJECT: Bridges Maternal Child Health Network Program Recommendations

SUMMARY:
The Children and Families Commission of Orange County's major programs are under review with consideration to the Long-Term Financial Plan and the effectiveness of the programs to achieve strong outcomes for children. The Bridges for Newborns and Project Connections programs include partnerships with hospitals and community service providers to improve the health and well-being of newborns. Consolidating these related programs into a new Bridges Maternal Child Health Network program under the management of the Orangewood Children's Foundation is proposed to increase efficiency and reduce costs. A summary of the new Bridges Maternal Child Health Network and the key program features are included in this report.

Background
The Bridges for Newborns and Project Connections programs were initially funded by the Commission in February 2000 to increase health access for very young children. The Commission also fund family support programs to strengthening families for the purpose of promoting healthy early child development. Collectively, these programs annually serve over 30,000 children and their families and focus on ensuring the following outcomes for children:

- Babies are born healthy.
- Children have and use a health home for comprehensive health services including physical and dental services, and age appropriate immunizations.
- Children have access to early screening and assessments to identify, assess, and manage health and developmental conditions.
- Children are raised in healthy and safe environments.

Bridges Maternal Child Network Program
The programs the Commission funds to provide related health services were collectively reviewed with a goal to create a comprehensive network-system of care that would continue to provide services to improve the health and well-being of newborns and families, but at a reduced budget of at least $1.25 million annually for a proposed cost of approximately $9.9 million. On behalf of the current providers, the Orangewood Children's Foundation developed a proposal to redesign, implement and manage the programs under the umbrella of a new Bridges Maternal Child Health Network Program. The concept for the new Bridges Maternal Child Health Network was reviewed by an independent panel of child health experts.

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The key features of the new Bridges Maternal Child Network Program are included as Attachment 1, and a summary of the program and current funding is included as Attachment 2. Current funding for the Bridges Maternal Child Health Network program components is just over $9.9 million. The $9.9 million network funding includes approximately $2 million for Public Health Nursing services that are under separate, multi-year contracts. The Program budget will be consistent with the 2010-11 budget that includes reductions as presented to the Commission in February. A final report and funding request will be presented at the April 2010 Commission meeting.

PRIOR COMMISSION ACTIONS:

- December 2009 – Report on Bridges Network Program review received
- September 2009 – "Strategic Planning Meeting Follow-up Session Report" received
- August 2002 – Bridges for Newborns Program Strategic Business Plan approved
- February 2000 – Bridges and Project Connections Early Action Programs approved

STRATEGIC PLAN & FISCAL SUMMARY:

The fiscal reports and recommended actions presented in this staff report have been reviewed in relation to the Commission's Strategic Plan and are consistent with the Healthy Children goal. Funding allocations are not recommended in this agenda item.

RECOMMENDED ACTION:

Receive recommendations for Bridges Maternal Child Health Network Program and provide direction to staff.

ATTACHMENTS:

1. Bridges Maternal Child Health Network Program Key Features
2. Bridges Maternal Child Health Network Program Summary

Contact: Alyce Mastrianni

Bridges Maternal Child Health Network
Key Features

Refocus Distribution of Kit for New Parents	A First 5 California study confirmed that the Kits are most effective when received during pregnancy. A recent Commission pilot program considered if prenatal distribution of the Kit was feasible. In response to the findings, recommend continued distribution of the Kits through the Bridges program with increased focus on prenatal outreach.
Expand Referrals to Out of Network Providers	Currently, participation in the Bridges program is limited to babies screened by Bridges participating hospitals. Community providers have requested that program eligibility be extended to include: families identified prenatally, babies born at non-Bridges hospitals including out of County hospitals, and families who move to Orange County with an infant. Centralize staff could implement a referral clearinghouse to receive out of network referrals, provide a Bridges screen, and introduce families to the Bridges program.
Use Electronic Technology for Efficient and Effective Services	Due to the number of babies born at Bridges hospitals, a significant amount of staff time has been dedicated to data collection, data entry, and processing family referrals to services. Adding a paperless system which would leverage existing hospital data for risk screening and data collection with electronic referral through wireless technology with real time data sharing would promote efficiencies between all Network programs.
Strengthen Home Visitation Investment	Home visitation providers have recommended adopting the Triple P evidence based curriculum as the home visitation service model. A pilot of the curriculum has been implemented through technical assistance and training provided through the Mental Health Services Act. Triple P provides more structure with interventions and services.
Centralize Program Management and Regionalize Home Visitation Services	In order to achieve cost saving and promote program flexibility, it is recommended that a master service agreement be developed to centralize program management. Master agreement components would include: implementing a safety net referral clearinghouse, providing for the design and implementation of the electronic technology, manage "Kit for New Parents" distribution, centralize/regionalize Promatores Home Visitation services, provide program management services for the Bridges Network.

Bridges
Maternal Child Health Network Program

Attachment 2

March 3, 2010

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Bridges For Newborns

Bridges is a county-wide program aimed to ensure all prenatal women and their babies have:

- A medical home for preventive services
- Health and other risk factors identified
- Information about healthy child development
- Home visiting / early intervention services as needed

Significance of Investment

The program is the entry point and provides an array of services funded by the Commission devoted to supporting the health and development of children from prenatal through age five.

Current Program Structure

Current Participating Organizations

- 10 birthing hospitals
- 4 community organizations
- Public Health Nursing

Current Services

- "Kit for New Parents" offered to all new families
- All mom's and babies receive bedside screening to identify family risks
- Based on screening a level of support is identified; Low, Medium, High
- Based on level of need a referral is made to home visitation services. Handoff occurs here

Purpose of Redesign

Long-term financial plan and revenue projections dictate the need to examine a thoughtful approach to continuing to achieve strong outcomes for children by:

- Restructuring the program to operate as a network-system of care
- Identifying cost savings and reductions
- Finding ways to streamline processes
- Strengthening program management

Assumptions / Principles for Program Redesign

Network of Care

- Provide spectrum of home visitation services to meet the needs of families
- Build on core expertise of participating organizations
- Lead organizations: Orangewood Children's Foundation and Hospital Association of Southern California

Evidence-Based

- Strategies achieve strong health outcomes

Efficient and Effective Service Delivery

- Leverage technology when feasible
- Standardize staffing models

Adherence to Core Elements: Intake, Identification, Referral and Follow-up

- Implement cost-saving strategies to ensure early identification and linkage to services

Targeted Interventions

- Intensify focus on at-risk mothers in high-risk communities (including substance exposed infants, low-birth weight babies, post partum depression, teen parents, unstably housed families, child abuse prevention)
- Provide intervention at most appropriate time and setting

Recommended Program Changes

Achieve outcomes at reduced costs:

- Focus on prenatal outreach
- Distribute Kit for New Parents earlier (as part of prenatal outreach)
- Capitalize on technology to achieve efficiencies and cost savings
- Develop "Network" of care – programs/services part of a comprehensive system
- Centralize program management
- Streamline contract administration
- Regionalize Promatores Home Visitation
- Expand referrals to out of Network providers
- Adopt home visitation curriculum

Bridges Maternal Child Health Network: Scope of Services

Prenatal Home Visitation
MOMS Orange County

Services offered:
- Case management services from prenatal thru 1st year
- Kit for New Parents
- Breastfeeding education
- Appropriate immunizations and population of Immunization Registry

Centralized Coordinating Entity

Early Outreach and Referral
10 participating hospitals

Services offered:
- Kit for New Parents and promotion of on-line Kit on Parent Resource web site
- Bridges screening to identify "at-risk" families
- Breastfeeding ieducation
- Support age appropriate immunizations and population of Immunization Registry

Promatores Home Visitation
(less intensive, centralized services)

Services offered:
- Receive Bridges Network referrals to ensure that low risk conditions are met.
- Outreach into high need communities to reach medically and socially vulnerable children
- Link families to accessible resources to ensure healthy child development.

Newborn Home Visitation
Family Support Home Visitation
Center Based Home Visitation
3 community organizations, 2 hospitals

Services offered:
- Screenings (developmental, dental, etc)
- Home safety checks
- Health insurance assistance
- Health home assistance
- Health education
- Information dissemination and referrals
- Breastfeeding education and support
- Support age appropriate immunizations and population of Immunization Registry
- Triple P curriculum for family support

Public Health Nursing Home Visitation
(intensive, specialty services)

Services offered:
- Medically High Risk Infants
- Nurse Family Partnership
- Perinatal Substance Abuse
- Promatores Home Visitation Partnership

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Recommended Program Changes and Current Funding

Program Component	Recommended Changes	Current Funding
Prenatal Home Visitation	Provide leadership in prenatal outreach, education, and technical assistance to develop partnership with OB's and improve referral linkages. (Community Provider)	$ 850,000
Early Outreach & Referral	Automate client risk prescreening. Prioritize bedside screening to high-risk families. Conduct prenatal outreach. (Hospitals)	$1,675,126
Home Visitation - Newborn	Adjust model to allow flexible, shorter term service as appropriate to needs. Open program eligibility to out of network referrals. (Community Providers and 2 Hospital Providers)	$1,795,844
-Family Support	Promote best practice curriculum as standard program model which will allow for expanded services. (Community Provider)	$1,024,000
- Center Based	Parent- Infant support program provides home visitation services in a central location. (Community Provider)	$ 69,000
-Public Health Nurses	Provide flexibility to redeploy resources to target priorities within changing service demands. Strengthen referral management across Network. (County)	$2,047,000 *
Program Management -Including – Data Interface	Consolidate contracts. Ensure interagency referrals & system linkages. Centralize safety net referrals. Include Promatores Home Visitation under master agreement: regionalize resources, outstation to expand service area. Interface with hospital current data systems to allow for paperless data collection and referral.	$2,481,309

Current Program Funding = $9,942,279

Total proposed reduction from 29 contracts to 16 contracts

* Public Health Nursing is not part of the funding action, a separate multi-year agreement is in place.