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**Agenda Item No. 7  
December 2, 2009 Meeting**

CITY OF ORANGE  
ORANGE COUNTY  
BOARD OF SUPERVISORS

**DATE:** November 16, 2009  
**TO:** Children and Families Commission of Orange County  
**FROM:** Michael M. Ruane, Executive Director   
**SUBJECT:** Bridges for Newborns/Maternal Child Health Network Program Review

**SUMMARY:**

At the September 2009 meeting, the Children and Families Commission of Orange County approved a schedule of program reviews for the purpose of examining major initiatives to identify opportunities for consolidation of services along with designing new responsive program models within the Commission's constrained resources and the current economic environment. This staff report provides an update on the review of the Bridges Maternal Child Health Network and requests renewal of funding of the two related program grants to ensure that services can continue to be provided until the Commission's review is completed.

**Bridges Maternal Child Health Network Review**

The Bridges Maternal Child Health Network is a county-wide, program aimed at assuring that all families of newborns have basic information about healthy development, are linked to a medical home for preventive services; are screened for health and other risk factors; and receive case management, home visiting and family resource center services, as needed. Key participants include:

Bridges for Newborns/Hospital Based	10 high birth hospitals
Bridges Home Visitation	2 hospitals & 2 nonprofit providers
Home Visitation Program Grants	2 community organizations
Prenatal	1 community organization
Project Connections FRC	8 Health Access Teams contracted through 6 community organizations at Family Resource Centers
Public Health Nursing	Medically High Risk Newborns, Project Connections, Nurse-Family Partnership, Perinatal Substance Abuse Initiative (ACT)
Technical Assistance/Program Management	Orangewood Children's Foundation Hospital Association of Southern California

Funding being considered in the review, which is targeted for up to \$1 million annual reduction or more depending on final Financial Plan allocations includes:

- \$4.9 million - Bridges Hospital and Home Visitation Services
- \$1.8 million - Project Connections Health Access Program
- \$1 million - Home Visitation Program Grants

The funding for Public Health Nursing is not being included in the redesign proposal and will be addressed through a separate review process. It is noted above to demonstrate the linkages of various Commission sponsored programs. As part of the development of long-term funding strategies, staff has been working with Commission work groups to review current funded strategies to develop recommendations for future funding allocations within the goal areas. Part of the Children's Health review included a proposed approach for reviewing the Commission's Maternal Child Health investments. As a follow-up to this effort, staff has requested the current network to submit a proposal for program redesign within proposed cost reductions consistent with assumptions and principles that were reviewed and endorsed (Attachment # 1, Summary of Assumptions). It is anticipated that a proposal will be received from the Bridges Network in December 2009 for Commission consideration in spring 2010. Commission staff will continue to update your Commission on the Children's Health work group in the program redesign process.

#### **Recommended Home Visitation Program Grant Renewals**

The two home visitation service program grants included in the Bridges Maternal Child Health review have contracts with terms that expire at the end of December 2009. The Children's Bureau and the Orange County Child Abuse Prevention Center provide a range of services including, home safety assessment, case management, linkage to a medical home, and parent support interventions for families with young children in their homes. Home visitation programs are designed to improve outcomes for early childhood health and development, particularly for families at higher social risk. Staff recommends extending the terms through June 2010, as indicated in Attachment 2 (\$209,000 for Children's Bureau and \$303,000 for the Orange County Child Abuse Prevention Center), to ensure that services continue while the review takes place. The terms of all other Bridges Network grantee contracts continue through the end of FY 2009/2010. Recommendations for future program funding will be presented to the Commission as part of the Bridges Network review.

#### **Kit for New Parents Prenatal Distribution Pilot**

First 5 California developed and distributes the Kit for New Parents (Kit) that includes materials such as an educational DVD with parenting advice from child development experts, a parenting guide, brochures on a variety of family health issues, and a children's book. First 5 California makes the Kit available to county commissions for local distribution at no cost. Currently, the Commission provides funds each year to expand the Kit to include additional items relevant to families in Orange County and distributes the Kit through the Bridges Program affiliated hospitals. Recently, the First 5 California Commission's revaluation firm published findings of their long-term evaluation of the Kit's effectiveness. The study found that the Kit was most effective when received during pregnancy. Due to these findings, a pilot was implemented in Orange County to consider whether distributing the Kit prenatally to expecting mothers was feasible. The Executive Summary of the pilot program (Attachment 3) is being considered in conjunction with the Bridges Maternal Child Health Network review.

#### **PRIOR COMMISSION ACTIONS:**

- September 2009 – Received “Strategic Planning Meeting Follow-up Session Report” and approved work plan for July – September 2009
- September 2009 – Approved Program Renewal Recommendations

**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 for the home-visitation program grant extensions in the total amount of \$512,000 is included in the FY 2009/10 Budget.

**RECOMMENDED ACTIONS:**

1. Receive progress report.
2. Adopt resolution (Attachment 4) authorizing the Executive Director or designee and Commission Counsel to prepare and negotiate Amendments to Agreements with the organizations for the terms and in the amounts and conditions as specified in Attachment 2.

**ATTACHMENTS:**

1. Bridges for Newborns / Maternal Child Health Network, Summary of Assumptions for consolidated proposal
2. Recommended Continued Funding - Home Visitation Program Grants
3. Kit for New Parents Prenatal Distribution Pilot, Executive Summary
4. Resolution

**Contact:** Alyce Mastrianni

# **Attachment 1 - Bridges for Newborns / Maternal Child Health Network Summary of Assumptions for Consolidated Proposal**

- Outcomes to be achieved
- What is working
- Areas for improvement
- Assumptions / principles for program design
- Framework for restructuring program
- Proposed lead organization
- Budget targets
- Timeline



# Bridges for Newborns Referral Network

## Current Service Model

Bridges is focused on outreaching to all new families to connect them with supportive services based on a family risk assessment tool

**Bridges Hospitals**  
**\$ 2.4 million**  
**Mothers screened: 27,500**  
**Approx. 75% of county-wide births**

Service offered to all mothers:

- Distribution of Kits for New Parents (\$175,000)
- Bridges screening to identify "at-risk" families (\$2.2 M)
- Breastfeeding Initiative (staff training and breastfeeding promotion activities) (\$60,000)

**79%**  
**No Risk**  
**No Referral**

Screening Score =  
 "High Risk"

**Medically High Risk**  
**Infants**  
**(Intensive/Focused**  
**Services)**  
**\$630K**  
**Children served: 350**  
**1% of Bridges mothers**  
**screened**

Screening Score =  
 "Moderate Risk"

**Bridges Home Visitation**  
**\$ 1.8 million**  
**Children served: 2,100**  
**7% of Bridges mothers screened**

Services provided:

- Screenings (developmental, vision, hearing, dental, etc.)
- Home safety checks
- Health insurance assistance
- Health home assistance
- Health education
- Parent education on child safety (classes, home visits)
- Information dissemination and referrals
- Breastfeeding education and support to new mothers

Screening Score =  
 "Low Risk"

**Project Connections.FRC**  
**(less intensive family**  
**support services)**  
**\$1.8 million**  
**Children served: 3,500**  
**13% of Bridges mothers**  
**screened**



# Assumptions / Principles for Program Redesign

## *Evidence-Based*

- Ensure that strategies are evidence-based / best practice models that demonstrate quality standards and are targeted to 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 with provider staff capacity appropriate to population served
- Provide intervention at most appropriate time and setting, rather than exclusively at bedside (e.g., access more prenatally, outreach to OBs and other groups, refocus Kit distribution based on evaluation findings)

## *Network Strength*

- Provide flexibility where feasible within best practices across the network to meet the needs of families
- Build on core expertise of participating organizations

## *Network Strength*

- Lead organization, Orangewood Children’s Foundation to coordinate development of the proposal with support from Hospital Association of Southern California



**Recommended Continued Funding - Home Visitation Program Grants**

<b>Contract Number</b>	<b>Program - Organization</b>	<b>Budget FY 08-09</b>	<b>6 Months FY09-10 Funding</b>	<b>Additional 6 Months FY09-10</b>	<b>Term</b>
F01-HV-06	OC Home Visiting Collaborative - Children's Bureau	\$418,000	\$209,000	\$209,000	Extension through June 30, 2010
F02-HV-06	OC Home Visiting Collaborative – Orange County Child Abuse Prevention Center	\$606,000	\$303,000	\$303,000	Extension through June 30, 2010
<b>Total Additional Funding Recommended</b>				<b>\$512,000</b>	

## Kit for New Parents: Prenatal Distribution Pilot Executive Summary

In 2001, First 5 California began distributing the Kit for New Parents (Kit) and made it available to county commissions for local distribution at no cost. The Children and Families Commission of Orange County (the Commission) has invested funds each year to expand the Kit to include additional items relevant to families in Orange County. Currently, the customized Kits are sent to hospitals to distribute to Orange County mothers following the delivery of a child.

The purpose of this report is to determine whether distributing the Kit for New Parents at prenatal sites—in addition to the current distribution methods—is a good investment strategy for the Commission in improving outcomes for young children.

### **Process of distributing the Kits prenatally**

The Commission piloted the distribution of the Kit prenatally at six agencies, representing five different types of organizations: Community Clinics (2 sites), Community Program, Hospital-based Program, Private Practice, and School-based Program. The pilot began in March 2009 and ended four months later in June. All of the agencies had staff present the Kit to the pregnant women—either one on one or in a group setting—and explain the Kit contents to them.

### **Who received the Kits prenatally?**

- There were 670 expecting mothers who were offered the Kit for New Parents and all but 18 of them (3%) accepted the Kit.
- Most of the Kits (73%) were distributed to clients who were 18-30 years old; 7% to expecting moms younger than 18 years of age; and another 7% to expecting mothers who were older than 35 years of age.
- Most of the expecting mothers (56%) received the Kit when they were 25-36 weeks pregnant; 26% received the Kit when they were full term (37 or more weeks); 17% received the Kit when they were 13-24 weeks pregnant; and only 1% (7 women) received the Kit in their first trimester.

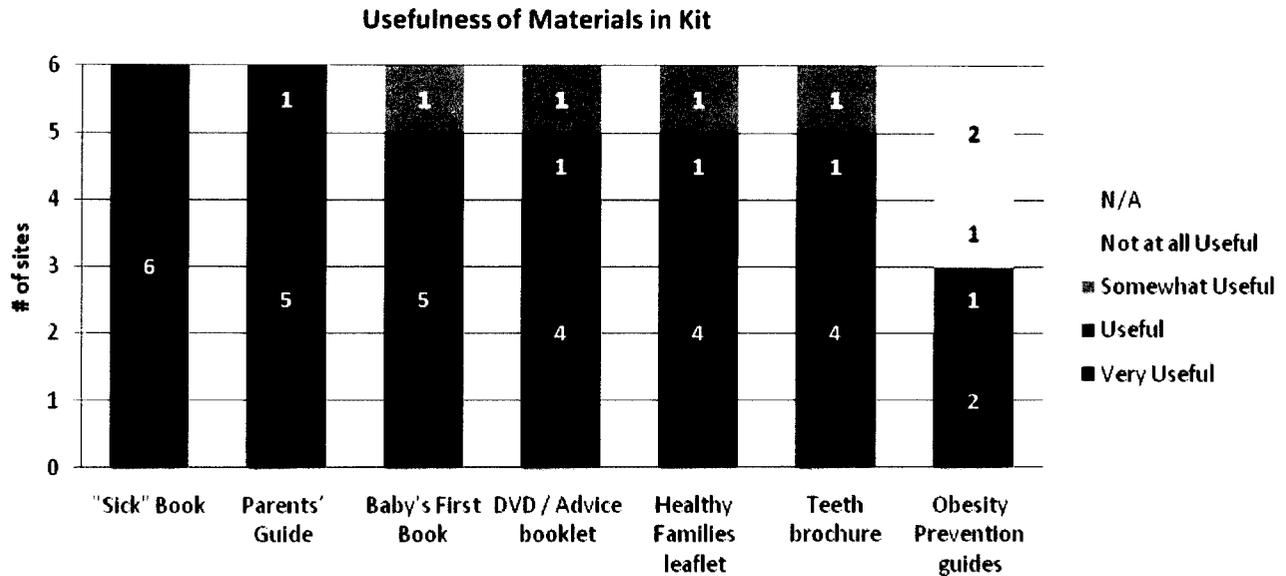
### **Barriers to distributing the Kits prenatally**

During interviews with the participating sites, most of the grantees indicated that there were not many barriers to distributing the Kits prenatally. A few barriers were, however, brought up, including:

- Both of the Community Clinics indicated that the time it took to adequately explain the Kit to the expecting mothers was an issue.
- Two of the sites indicated that they did not have enough space to store the Kits.
- The teen parenting program (School-based) indicated that in some cases the students were overwhelmed and not ready for the entire Kit and were thus not interested in the Kit.
- In some situations (3%), the client already had a Kit and there was an overlap.

### Parts of the Kit best received by pregnant women and how Kit could be improved

The sites all indicated that they were satisfied with the contents of the Kit. The book, "What to Do When Your Child Gets Sick" was deemed as very useful by all six sites.



When the providers were asked about ways the Kit could be improved, three of them indicated that the Kit is fine and should be left as is. The teen-parenting program felt that the Kit could have fewer items. Another site served Korean patients and wanted to see the Kits in Korean. One site liked the Kits so much the provider wanted to see the Kits be available to her program at no charge for use with all of their pregnant clients.

### Lessons Learned and Recommendations

Timing is important. The second to early third trimester seems to be the ideal time for distribution.

- **Recommendation:** If Kits are to be distributed prenatally, focus should be on second trimester to early third trimester distribution.

The setting of the Kit distribution matters. While one-on-one distribution is effective, some settings are better able to accommodate the increase in time spent with client.

- **Recommendation:** Consider distributing Kits in a class setting or one-on-one during home visits.

Prenatal distribution of the Kit appears to be a good use of resources. The sites interviewed all felt that prenatal distribution of the Kits was a good use of their agency's time and resources.

- **Recommendation:** Pursue prenatal distribution of the Kits for New Parents in Orange County alongside the post-natal distribution.

**CHILDREN AND FAMILIES COMMISSION OF ORANGE COUNTY**

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

**December 2, 2009**

**A RESOLUTION OF THE CHILDREN AND FAMILIES COMMISSION OF ORANGE COUNTY DIRECTING THE EXECUTIVE DIRECTOR AND COMMISSION COUNSEL TO PREPARE AND NEGOTIATE FINAL AMENDMENTS TO AGREEMENTS WITH DESIGNATED ORGANIZATIONS TO CONTINUE TO PROVIDE PROGRAM GRANT SERVICES; AND, AUTHORIZING APPROVAL AND EXECUTION OF SUCH AMENDMENTS TO AGREEMENTS ON BEHALF OF THE COMMISSION**

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

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

**WHEREAS**, On April 6, 2006 Commission authorized the Executive Director or designee and Commission Counsel to negotiate and enter into two-year Agreements with designated organizations to provide Program Grant Services as recommended by Request for Funding (RFA) panels in the Ready to Learn, Strong Families, Homeless Prevention, Healthy Children and Home Visitation goal areas.

**WHEREAS**, On March 5, 2008 Commission authorized the Executive Director or designee and Commission Counsel to negotiate and enter into Amendments to Agreements with designated organizations to continue to provide Program Grant Services.

**WHEREAS**, On April 1, 2009 Commission authorized the Executive Director or designee and Commission Counsel to negotiate and enter into Amendments to Agreements with designated organizations to continue to provide Program Grant Services through September 30, 2009.

**WHEREAS**, the Commission desires to enter into Amendments to Agreements with each of the Organizations for the terms and in amounts specified in Attachment 1 to the December 2, 2009 staff report for this Agenda Item, hereinafter referred to as the "Contractor" in each of the Agreements authorized herein; and

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

**WHEREAS**, Commission has reviewed the staff report for the December 2, 2009 Commission meeting relating to the scope of services to be provided and hereby finds and determines that the proposed Amendments to 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 Amendments to Agreements with each of the Contractors, for the terms and in amounts specified in Attachment 1 to the December 2, 2009 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 Amendments to Agreements with the Contractors, for the terms and in the amounts specified in Attachment 1 to the December 2, 2009 staff report for this Agenda Item, to continue to provide Program Grant Services consistent with the December 2, 2009 staff report and scope of services referenced therein; and

**Section 3** The approval by the Executive Director or designee of the final Amendments to Agreements shall be conclusively evidenced by the execution of such Amendments to Agreements by the Commission Chair and delivery thereof to the Commission Clerk.

**Section 4** Commission hereby approves the Amendments to Agreements with the Contractors, and for the terms and in the amounts, specified in Attachment 1 to the December 2, 2009 staff report for this Agenda Item to continue to provide Program Grant Services as specified in the December 2, 2009 staff report for this Agenda Item.

**Section 5** The Commission Chair and the Clerk of the Commission are hereby authorized to execute and attest, respectively, the Amendments to Agreements on behalf of the Commission.

**Section 6** A copy of each final Amendment to Agreement when executed by the Commission Chair and attested by the Clerk of the Commission shall be appended hereto as a part of Exhibit A to this Resolution. Exhibit A is hereby fully incorporated as a part of this Resolution by this reference and made a part hereof. Each final executed Amendment to 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 Amendments to Agreement(s), (ii) to cause the issuance of warrants, (iii) to administer the Commission's obligations, responsibilities, and duties to be performed under such agreement(s), and (iv) during the term thereof to provide waivers, administrative interpretations, and minor modifications of the provisions of such agreement(s) in the furtherance thereof.

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

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

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

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

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

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

\_\_\_\_\_  
CHAIR

STATE OF CALIFORNIA )  
  )  
COUNTY OF ORANGE )

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

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

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

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

Agenda Date: December 2, 2009

Item No. \_\_\_



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

DARLENE J. BLOOM, Clerk of the Commission

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

**EXHIBIT A TO RESOLUTION OF COMMISSION**

(Attach copy(ies) of final executed Amendments to Agreements)