

**Agenda Item 9**  
**July 1, 2015**

**DATE:** June 22, 2015

**TO:** Children and Families Commission of Orange County

**FROM:** Christina Altmayer, Executive Director 

**SUBJECT:** Bridges Maternal Child Health Network Pay for Success Project

**ACTION:** Receive Update on the Bridges Maternal Child Health Network *Pay for Success* Project and Adopt Resolution Authorizing Amendment to the Agreement with the Hospital Association of Southern California.

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**SUMMARY:**

Since 2000, a cornerstone of the Children and Families Commission's investments has been the creation and enhancement of the Bridges Maternal Child Health Network (Bridges Network). The Bridges Network provides an entry point for mothers to receive an array of services funded by the Commission to support the healthy development of children prenatally through age five. After 15 years of implementation, the Commission is screening approximately 70 percent of births in Orange County; connecting the families most at risk with evidence-based home visitation services that are responsive to identified needs; and has developed a track record of achieving strong outcomes with families. This report provides an update on the Commission's efforts to implement a *Pay for Success* funding strategy for sustainability of the Bridges Network and requests authorization for implementing actions.

**DISCUSSION:**

In July 2014, Commissioners were notified that the Bridges Network project was selected to be part of the James Irvine Foundation and Nonprofit Finance Fund's first cohort of agencies funded under the California *Pay for Success* Initiative. In March 2015, Third Sector Capital Partners, Inc. (Third Sector) the designated technical assistance provider for the project presented a preliminary project feasibility report to the Commission. The Commission received an update on the project status in March and confirmed continued interest in pursuing a *Pay for Success* strategy.

Following the March meeting, staff was notified that it would receive an additional award from Third Sector Capital Partners, Inc. supported through federal funding from Corporation for National and Community Services (CNCS) to provide for continued *Pay for Success* technical assistance services. In April 2015, the Commission authorized participation with Third Sector as technical advisors in implementing the "Accelerating Assistance Award" for the Bridges Network. Services have included support for validating outcomes, quantifying the impact of the Bridges Network, exploring potential payment structures, and continued stakeholder engagement. The project award amount is the value of up to \$100,000 in continued technical assistance which is made up from \$50,000 from CNCS via Third Sector, \$25,000 initial match from Commission and \$25,000 match being leveraged through an additional outside funder. The Commission is continuing to work with Third Sector to identify the final \$25,000 match funds. It was originally intended that a research

grant from the Nonprofit Finance Fund would serve as this match, but it was subsequently learned the grant fund does not meet federal match requirements.

## **Pay For Success Project Update**

**Pay for Success Phase I: Final Report** – Third Sector has completed the Phase I Final Feasibility Report. The Executive Summary of the Final Feasibility Report is included with this staff report (Attachment 1). The final report is an update of the Mid-Point Report provided in March that found: 1) there is a clear potential end payer; 2) data needed to calculate baselines is readily available; and 3) the Bridges Network is serving a sizeable population and a statistically significant evaluation should not be an issue. The recommended Final Report “Path Forward” includes a work plan for the next several months to progress towards potential project construction. This includes the need for continued robust engagement with stakeholders including CalOptima, Bridges Network hospitals and service providers, and continued work with the First 5 Association of California to leverage additional statewide learning and advocacy on behalf of responsive home visitation programs. Key proposed local workgroups would focus on:

- Data access and population
- Intervention and outcomes
- End payer and legal/regulatory issues
- Funder development

**Nonprofit Finance Fund Data Evaluation Grant Award** - In April, the Commission received notification that up to \$50,000 in project interim funding was approved by the Nonprofit Finance Fund, as administrators for the James Irvine Foundation. Funds are available to assist with the costs of data analysis for the Bridges Network *Pay for Success* project. This project is intended to Bridge the work between Phase I of the *Pay for Success* project to the scope of work funded by the National and Community Services. The first phase of the data match effort is underway and has focused on how mothers receiving Bridges home visitation services perform against the priority outcomes identified by Third Sector. The suggested outcome metrics, which are tracked by the National Committee for Quality Assurance’s Health Effectiveness Data and Information Set (HEDIS), include key measures used by health plans to evaluate service quality and document unnecessary health care utilization such as emergency room use and hospitalization. It is expected that the results of this data match evaluation will be available by the September Commission meeting. This will mark an important milestone to determine whether the current data collection efforts allow for measuring the impact of the Bridges Network to the CalOptima member population.

**California Pay for Initiative – Phase 2 Support** - The Commission’s management team continues to monitor funding opportunities to ensure that funding and technical assistance is available to support the Commission’s efforts to move from feasibility assessment to transaction structuring, launch, and initiation of success payments. The Nonprofit Finance Fund and the James Irvine Foundation recently announced the availability of additional financial support for organizations pursuing *Pay for Success* projects in California. Applications are due by June 30, 2015. Although the Bridges Network *Pay for Success* project is still working on the feasibility assessment, the Commission has been advised to submit an application for pre-transaction structuring in anticipation that continued progress will be made in Orange County. Commission support is requested to allow

submission of an application so that project support is secured as a bridge to project transaction structuring in the event that both the Commission and CalOptima choose to move forward and require additional assistance.

### **Other Program Related Efforts**

**Home Visitation Advocacy Efforts** - The First 5 Association of California, of which the Commission is an active member, has developed a policy agenda that includes a priority focus on strengthening families through the support of evidence-based voluntary newborn home visiting programs. One key partner in this work has been Children Now. Commission staff has developed a policy brief for the Bridges Network to assist in communicating key concepts about the collective program investment (Attachment 2). Recent advocacy efforts have included working with the First 5 Association to support AB 50 to provide funding for evidence-based voluntary home visiting programs as part of a system of care for California's newest families.

**Bridges Maternal Child Health Network Program Management** - The *Pay for Success* Phase I project was developed as a team effort with existing Commission staff and a designated project manager (consultant) position. In order to ensure strong leadership with the hospitals, funding was authorized for FY 2014/15 to support a part-time position at the Hospital Association of Southern California. Authorization is requested to continue to support the part-time position at the Hospital Association for the remainder of the contract renewal period (FY 2015/16 and FY 2016/17). This position will be important to support both the ongoing *Pay for Success* work as well as the program improvement and optimization efforts outlined below.

The funding allocation requested to support continued program management at the Hospital Association for the *Pay for Success* project is included in the Healthy Children: Bridges Maternal Child Health Network budget line item including: remaining funds from FY 2014/15 to be carried forward and designated Program Management funds budgeted in FY 2015/16.

**Bridges Maternal Child Health Network Optimization** - In 2009, the Bridges Network was redesigned to operate as a network-system of care; identify cost savings and reductions; find ways to streamline processes; and strengthen program outcomes. All redesign recommendations were based on emerging best practices and evidence-based models of care. Evaluation of the Bridges redesign provided a preliminary review of program outcomes, documented successful strategies, identified strengths, and challenges that has assisted the Network agencies in future planning and program improvement. The evaluation also helped to inform the *Pay for Success* efforts. Program optimization will continue in FY 2015/16 with an emphasis on validating the program objectives and identifying key outcomes, assessing the programs alignment with the desired outcomes, assessing the program standardization and fidelity and conducting a gap analysis to inform the development of a process improvement plan. Staff and consultants have developed a work plan of the key tasks to be completed over the next six months to increase fidelity to the model, improve data and outcome reporting, and increase successful referrals.

Staff will return to the Commission with a *Pay for Success* project update when the preliminary results of the data match analysis are available.

## **STRATEGIC PLAN & FISCAL SUMMARY:**

The proposed action has been specifically reviewed in relation to the Commission's Strategic Plan and is consistent with the Healthy Children and Capacity Building goals. The funding allocation requested in this agenda item is included in the Healthy Children: Bridges Maternal Child Health Network budget line item including: remaining funds from FY 2014/15 to be carried forward and designated Program Management funds budgeted in FY 2015/16.

## **PRIOR COMMISSION ACTIONS:**

- April 1, 2015 – Received update on the Bridges Maternal Child Health Network *Pay for Success* Project and approve implementing actions.
- March 4, 2015 – Received presentation and update on the *Pay for Success* project and approve plan for implementation.
- February 4, 2015 – Received update on the Bridges Maternal Child Health Network and *Pay for Success* Feasibility Analysis, authorized agreement with NetChemistry, Inc.
- September 2014 – Received update on the feasibility of transitioning the Bridges Maternal Child Health Network Program to a *Pay for Success* Model.

## **RECOMMENDED ACTIONS:**

1. Received Third Sector Capital Partners *Pay for Success* Feasibility, Phase I Final Report and provide direction to staff.
2. Receive the Bridges Maternal Child Health Network Policy Brief and provide policy direction to staff.
3. Approve a maximum of \$126,900 to support continued project management of *Pay for Success* and adopt resolution (Attachment 4) authorizing amendment to the agreement FCI-BN2-18 with the Hospital Association of Southern California for the terms specified in Attachment 3.
4. Authorize staff to develop and submit an application to the Nonprofit Finance Fund, in conjunction with the Laura and John Arnold Foundation, to participate in the Social Innovation Fund *Pay for Success* Transaction Structuring Program.

## **ATTACHMENTS:**

1. Third Sector Capital Partners *Pay for Success* Feasibility, Phase I Final Report
2. Bridges Maternal Child Health Network Brief
3. Pay for Success Initiative, Scope of Work, Hospital Association of Southern California
4. Resolution with the Hospital Association of Southern California

**Contact:** Alyce Mastrianni

# **Pay for Success: Phase 1 Feasibility Report Executive Summary**

**Children and Families Commission of Orange County**

June 2015

## Report Highlights and Recommendation

The Children and Families Commission of Orange County (“the Commission”) jointly applied to the California Pay for Success Initiative with the First 5 Los Angeles Commission. The commissions were chosen as awardees in the inaugural cohort of the initiative, allowing them to engage Third Sector Capital Partners, Inc. (“Third Sector”) to assess the feasibility of launching a Pay for Success project for each organization’s home visitation program or network.

Bridges Maternal Child Health Network (“Bridges Network”) is one of the Commission’s largest annual funding commitments and is the subject of this feasibility assessment. In September 2014, Third Sector began their work with the Commission focusing on the Bridges Network and, in January 2015, reported preliminary findings in a Mid-Point Report for the Commission. In June 2015, the Final Report was submitted with an overview of Third Sector’s findings, the status of stakeholder engagement, and an outline of the path forward for the Commission as it pursues a Pay for Success project in Orange County. This Executive Summary captures the highlights of that Final Report.

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### Pay for Success Contracting Overview

**Pay for Success (PFS)** and Social Impact Financing have emerged as mechanisms to measurably improve outcomes for those in need by changing the way that government allocates and invests its resources. PFS contracting is a new form of performance-based contracting through which public or private entities may reimburse effective social service providers for achieving agreed-upon outcomes. These social service providers may receive initial project capital through **Social Impact Financing (SIF)**, which is a funding tool that bridges the payment timing delays inherent to PFS contracting while introducing a rigorous due diligence process.

PFS offers a host of benefits to all stakeholders involved – end payers are able to ensure their funds only go toward programs that are working, providers focused on impact are able to access resources to scale up and sustain their services, and funders are able to use their resources to support ongoing social programs. Given this appeal, PFS has become a national movement.

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### The Commission Pay for Success Context

The Commission’s revenue, which is funded through statewide tobacco taxes, has declined precipitously over the past decade, resulting in budget cuts to services for the County’s children and their families. As such, the Commission is aggressively pursuing sustainability strategies for programs with proven outcomes for young children.

As the Commission seeks to sustain services for Orange County’s families, Pay for Success has emerged as a promising opportunity. In a PFS project, the Commission would serve as the project **funder**. Other organizations that benefit from the outcomes achieved by Commission-funded programs would serve as end payers. The Commission would contract with these end payers and also work with evaluators to develop a rigorous program impact assessment. If specified PFS outcomes are achieved, success payments would be made by end payers that flow back to the Commission. These success payments would be used to fund programs in future years and evaluation results would serve as the basis for future PFS (or other sustainable

financing) contracts. Even if specified outcomes are not achieved, the Commission will have important information about Bridges' performance to inform data-driven funding decisions.

Exploring a PFS project has heightened the focus on outcomes and data collection, which has helped the Commission mobilize a Program Optimization plan for the Bridges Network. This plan will address three key areas of importance to the Commission: (1) processes and protocols, (2) data and evaluation, and (3) technology and systems.

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## Bridges Maternal Child Health Network Overview

### Background

The Bridges Network began in 2000 as the Bridges for Newborns program with the aim of greeting every mother of a newborn at the hospital, providing the family with information on parenting, and connecting the child to health insurance and a medical home. Though the Commission currently funds a number of important programs, the Bridges Network is one of the Commission's largest annual funding commitments.

The Bridges Network operates at 10 high birthing hospitals in Orange County. Births at these 10 hospitals represented 70% of births in Orange County in FY12-13 (*38,543 county-wide births*). As mothers are checked into each of these hospitals to give birth, the Bridges Connect System calculates a pre-screen score using the following administrative hospital record data: age, primary language, marital status, insurance, and employment status (*21,846 pre-screens in FY12-13, 56% of all Orange County births that year*). Bridges Coordinators use the Bridges Screening Tool to conduct a bedside screen with mothers who have high pre-screen scores to further determine a mother's risk profile (*13,554 bedside screens in FY12-13, 35% of all Orange County births that year*). The bedside screen risk score informs whether the mother requires a referral to a home visiting service. Mothers identified as "high risk" are referred to a higher intensity service model, whereas mothers identified as "low-moderate risk" are either referred to a lower intensity model or not referred to services (*4,974 referrals to service, 13% of all Orange County births that year*<sup>1</sup>). All mothers, regardless of risk, receive educational materials through the Kit for New Parents.

### Service Models & Funding

A number of service models are utilized by the Bridges Network. Infant and Toddler home visitation programs are provided through the Children's Bureau of Southern California and the Orange County Child Abuse Prevention Center. The Bridges Network also has three prenatal home visitation programs, which continue service after a mother gives birth: MOMS Orange County and two programs administered by Public Health Nursing (Nurse Family Partnership (NFP) and Perinatal Substance Abuse (PSA)). All of these programs are fully or partially funded by the Commission.

In FY 12-13, the Commission spent \$6.4 million in funding on the Bridges Network. In FY13-14, this amount remained flat and, in FY14-15, decreased 11% to \$5.8 million<sup>2</sup>. FY15-16 and FY16-17 are currently budgeted \$5.7 million per year<sup>3</sup>. For FY 12-13, the breakdown of these funds is as follows:

- Early Outreach and Referral through 10 Bridges Hospitals: 19% of total budget (\$1.2 million)
- Home Visitation beginning prenatally (MOMS, NFP, PSA): 19% of total budget (\$1.4 million)
- Home Visitation beginning postpartum: 47% of total budget (\$3.0 million)

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<sup>1</sup> Referrals also occur from other sources besides the Bridges bedside screen

<sup>2</sup> The decline is due to the discontinuation of the Orangewood Children's Foundation and The Raise Foundation contracts. Orangewood Children's Foundation provided centralized program management that is now being taken over by the CFCOC. The Raise Foundation provided Health Access Promotion services. In addition, there were reductions for community home visitation programs.

<sup>3</sup> Renewal Recommendations: Bridges Maternal Child Health Network

- Other Program Management and Discontinued Program (Raise): 13% of total budget (\$0.8 million)

In addition to receiving funding from the Commission, Bridges Network providers are able to receive Medicaid reimbursement for Targeted Case Management (TCM) and Medicaid Administrative Activities (MAA). The Commission estimates that over \$8 million in TCM/MAA reimbursements have been made to these providers for their Bridges Network services during the last 10 years<sup>4</sup> to reinvest in the program.

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## PFS Feasibility Engagement to Date

### *Background*

After months of conversations with Commission staff and experts, along with a review of available data, Third Sector identified and presented three options for the path forward to the Commission PFS team:

*Option 1: Maintain the Status Quo*

*Option 2: Conduct a “Pilot to Pay for Success”*

*Option 3: Pursue a Pay for Success Project*

Third Sector recommended Option 3 in the Mid-Point and Final Reports based on key findings that include:

- **A clear potential end payer.** CalOptima, the only Medi-Cal managed care plan in Orange County, has expressed interest in exploring options, including PFS, to support the Bridges Network since CalOptima members comprise a significant portion of the Bridges participant population. A single end payer simplifies the PFS contracting process.
- **Readily available baseline data.** CalOptima has continued assisting Commission staff in a data match effort, which calculates the percentage of Bridges participants that are CalOptima clients. This effort will also calculate the performance of Bridges and non-Bridges participants on Healthcare Effectiveness Data and Information Set (HEDIS) measures, giving a baseline of network impact.
- **A sizable Bridges population,** enabling a statistically significant potential evaluation.
- **Social Innovation Financing is not needed** to cover the service provider costs, given that the Bridges Network is funded through June 30, 2017. And although PFS project construction and evaluation costs will require funding, this repayment amount is smaller and not performance-tied.

The Commission PFS team agreed with this recommendation. Third Sector presented these findings and recommendations to the Board of Commissioners at their March 4, 2015 meeting. The Board was enthusiastic about the potential of a PFS project as a strategy for sustaining services for Orange County families and was receptive to pursuing a project partnership with CalOptima.

Since March 2015, Third Sector has worked with the Commission to develop and implement this strategy. This work has included engagement with CalOptima and other stakeholders as well as data analysis efforts.

### *CalOptima Engagement*

As discussed above, CalOptima is Orange County’s MediCaid managed care organization and a clear beneficiary of Bridges Network services. CalOptima has more than 730,000 members (as of March 31,

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<sup>4</sup> Due to the complicated timing of claims and reimbursements, an annual breakdown is not feasible. Public Health Nursing reimbursements are not included.

2015) and approximately 45% of its members are children (0-18 yrs). It is ranked the top Medi-Cal health plan in California by the National Committee for Quality Assurance (“NCQA”) due in large part to its performance on HEDIS measures. As a county organized health system (COHS), CalOptima serves all Medi-Cal beneficiaries with full scope benefits, which constitutes the majority of Orange County’s Medi-Cal beneficiaries. Beneficiaries with partial scope, such as temporary coverage for pregnancy, are managed directly by the State Department of Health Care Services and are served by fee-for-service providers.

Orange County’s COHS model creates advantages for this project because (1) there is only one potential Medi-Cal payer and (2) a significant percentage of Bridges Network clients, both mothers and children, are CalOptima members. One complicating factor, however, is that CalOptima operates as a highly delegated care delivery system under shared risk arrangements with 11 contracted health networks.

Over the past several months, the Commission PFS team and Third Sector have engaged with the senior staff at CalOptima to present the Bridges Network and potential PFS project. CalOptima wrote a letter of support for the application to the California PFS Initiative for this PFS feasibility study and continues to be engaged in assessing sustainability solutions.

In recognition of its declining revenues and limited capacity to be the sole funder for the Bridges Network, the Commission intends to work with CalOptima to define the system and financial benefits, develop a framework for CalOptima’s support for Bridges through a PFS project, and explore how CalOptima can become a funding partner. CalOptima has already recognized the value of the home visitation model, and has a current partnership with MOMS Orange County, a provider of pre-natal home visitation. CalOptima has articulated its own dedication to identifying cost-savings related to enhancing prevention services and developing system level solutions that can achieve cost-savings and program sustainability.

### *Stakeholder Engagement*

Bridges Network Hospitals: As the initial touch point for a majority of Bridges mothers, the 10 participating Bridges hospitals are a critical referral source for Bridges home visitation providers. These hospitals are collectively represented by the Hospital Association of Southern California (“HASC”). The Commission PFS team proactively reached out to Orange County’s Regional VP to provide education on the Bridges Network, HASC and hospitals’ role in its success, and the need for innovative solutions to offset the Commission’s declining revenue.

Bridges Service Providers: The Commission has attended and hosted meetings with Bridges service providers periodically over the past year to brief providers on the PFS project and keep them informed of developments. An important result of these discussions has been increased interest on the part of providers to work with the Commission to optimize Bridges programs and enhance PFS contract potential. A leadership group of Bridges provider agency representatives is developing the Program Optimization plan described earlier.

First 5 Association of California: Due to the rigor of data review in this PFS feasibility study, the Commission is positioned to provide leadership in diverse policy areas for additional project support and has leveraged opportunities to influence other statewide advocacy work by:

- Strengthening the state **Family Strengthening** policy area

- Informing the **Home Visitation Work Group** through improving the quality and understanding of evidence-based programs
- Supporting the **Children’s Data Network** to link statewide data sources to analyze early childhood and home visitation referral records
- Participating in **AB-50** legislation discussions (supporting voluntary home visitation)
- Participating in Orange County’s inclusion in the **California Nurse Family Partnership PFS project**

### *Data analysis efforts*

As referred to above, the Commission is undertaking a data match to better understand the impact of the Bridges Network on healthcare utilization and costs. This data is a key factor for gaining potential project commitment from CalOptima. The data analysis will use CY 2013 data for all CalOptima members that gave birth that year, as well as all children age 0 through 5 that year. It is comprised of four components:

1. **Determination of Bridges clients that are CalOptima clients:** The Commission hypothesizes that this will be a sizeable population that is statistically significant.
2. **Determination of Non-Bridges clients that are CalOptima clients:** Due to the breadth of coverage of the Bridges Network in Orange County, the number of Non-Bridges clients is likely much smaller than the number of Bridges clients. However, the Commission hypothesizes that there will be a large enough population to do a meaningful analysis and make a valid comparison.
3. **Calculation of utilization related to HEDIS measures for each group:** The Commission hypothesizes that Bridges clients will score better on HEDIS measures than Non-Bridges clients. This analysis will need to differentiate Bridges clients by the intensity of services received.
4. **Calculation of costs for each group:** Given the benefits of home visitation found in previous studies (including reductions in NICU stays, ED visits, maternal depression, etc.), the Commission hypothesizes that Bridges clients likely cost less to CalOptima than Non-Bridges clients.

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### **Path Forward**

As this initial phase of feasibility comes to a close in June 2015, the Commission and Third Sector have developed a plan for the final phase of feasibility. This final phase of feasibility will continue to progress towards PFS project construction. This phase will focus on gaining additional CalOptima commitment and designing a robust Bridges evaluation. The Bridges Network already has preexisting contracts with service providers; however, end payer commitment is still required to begin negotiating a project contract.

The Commission would like to work with CalOptima to execute a memorandum of understanding (“MOU”), a non-binding agreement specifying the parties involved in a PFS project and their commitment to working toward a project. To achieve this goal, the Commission has taken a two-pronged approach. First, brokering meetings, educating leaders on the project, and gaining support across several departments. Second, conducting a baseline analysis using 2013 data to show the effect of the Bridges Network on HEDIS measures and possibly costs.

The Commission will continue to be supported by Third Sector in this work through Third Sector’s Social Innovation Fund (“SIF”) award, which is administered through the Corporation for National and Community Service (CNCS). As a SIF Awardee, Third Sector ran a competition to select sub-recipients that could receive technical assistance. The Commission was selected as a sub-recipient in the initial cohort that focuses on early childhood and youth development, and will be working with several of Third Sector’s

technical assistance partners, including Abt Associates, an organization that provides assistance around evaluation options.

The Commission and Third Sector believe that this final phase of feasibility work may result in a PFS Project commitment from CalOptima, with a rigorous evaluation that captures the value of the Bridges Network to CalOptima. Tying this value to success payments in a performance-based contract will continue to be a priority. This feasibility work is expected to finish in late 2015 or early 2016, with timing contingent on completion of the data analysis effort. Following successful completion of feasibility, contract negotiations could commence, followed by a potential project ramp-up period and subsequent launch in late 2016.

# Bridges Maternal Child Health Network

*Promoting family strength and healthy outcomes for Orange County's youngest children*

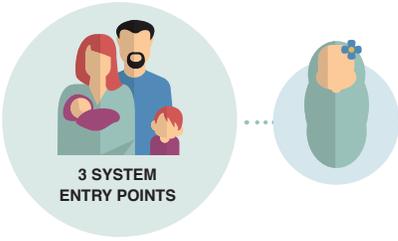


## Linking Children and Families with Needed Services

The Bridges Maternal Child Health Network (Bridges Network) supports children's success by identifying health and developmental concerns during the critical first years of life, and providing families with education, screening, and linkage to services including referrals for home visitation services by public health nurses and other professional staff. The goal of the program is to screen every child born in Orange County and their family and link them to appropriate, supportive services. Services are provided at no cost to families through an integrated system of community providers. Through this model of prevention and early intervention, the Commission is helping Orange County's children have the healthiest start possible and reducing the need for costlier, more complex intervention services.

### BRIDGES NETWORK SERVICE PROVIDERS INCLUDE:



TARGET POPULATION	SERVICES PROVIDED	OUTCOMES
<b>PRENATAL SERVICES</b>		
 <p>Mothers at risk for poor birth outcomes including low income mothers, those with late or no prenatal care, first time teen mothers, single mothers, and mothers at risk for substance use</p>	<p><b>Home visitation to provide:</b></p> <ul style="list-style-type: none"> <li>• Support for a healthy pregnancy</li> <li>• Breastfeeding education</li> <li>• Healthy infant development education</li> </ul>	<ul style="list-style-type: none"> <li>• Early and consistent prenatal care</li> <li>• Improved mother's wellbeing and healthy infant development</li> <li>• Decreased pre-term and low birth weights</li> <li>• Reduced frequency of newborn admission to a Neonatal Intensive Care Unit</li> </ul>
<b>INFANT AND FAMILY SCREENING AT BIRTH</b>		
 <p>Infants at risk for health or developmental delays including medically high-risk infants</p>	<p><b>Prescreening</b> Electronic review of admission data considering risk factors (income, prenatal care, age of mother, paternity status, etc.). Approximately 90% of mothers at 10 hospitals accounting for 71% of Orange County births are prescreened.</p> <p><b>Bedside Screening</b> Hospital bedside interview of mother based on Prescreening results. Approximately 50% of prescreened mothers receive a bedside screening.</p> <p><b>Referral to Services</b></p> <ul style="list-style-type: none"> <li>• Public Health Nurse in-home services</li> <li>• Home visitation to promote healthy infant development and maternal/infant attachment using Partners in Parenting Education (PIPE)</li> </ul> <p><b>Kit for New Parents</b> Parent education information</p>	<p>Approximately 18% of mothers screened at bedside are referred to services and 46% of those successfully complete services, leading to:</p> <ul style="list-style-type: none"> <li>• Effective use of the health care system</li> <li>• Improved mother's wellbeing and healthy infant development</li> <li>• Improved healthy parent/child interaction</li> <li>• Reduced Emergency Department visits</li> </ul>
<b>TODDLER SERVICES</b>		
 <p>Toddlers at risk for developmental delays</p>	<p>Home visitation using the "Triple P" Positive Parenting Program</p>	<ul style="list-style-type: none"> <li>• Improved healthy parent/child interaction</li> <li>• Prevention of behavioral, emotional, &amp; developmental concerns in children</li> </ul>



## The Impact of Commission Investment

Outreach by Bridges Network agencies begins at the earliest possible time in a child's development, including work with pregnant mothers, bedside screening in the hospital when a child is born, and infant and toddler home visitation. As a result of this early outreach and bridge to services when needed, children's health needs and developmental concerns are identified and addressed earlier, more mothers receive early prenatal care and support for breastfeeding, more children are adequately immunized, and more children have and use a regular place for health care.

The Bridges Network is the Commission's largest program investment. The Commission invests nearly \$6 million annually in the Bridges Network to provide services to more than 17,000 children and their families (about 38,000 babies are born in Orange County each year).

**Of the children and families receiving intensive services, approximately 93% are low income families who are at or below 200% of the federal poverty level.**

### FOR CHILDREN SERVED BY THE BRIDGES NETWORK, THE HEALTH OUTCOMES ARE SIGNIFICANT...

from early prenatal care OC AVERAGE: 88.6% **92%**



PRENATAL CARE IN THE 1ST TRIMESTER

...to breastfeeding US AVERAGE: 47.2% **54.7%**



MOTHERS BREASTFEED THEIR BABY UNTIL SIX MONTHS OLD

...to children's immunizations OC AVERAGE: 73.6% **94%**



CHILDREN RECEIVE ALL AGE-APPROPRIATE IMMUNIZATIONS

...and access to health care. OC AVERAGE: 93.1% **94%**



CHILDREN LINKED TO A PLACE FOR REGULAR HEALTH CARE

Among clients surveyed upon completion of the program, there was a **32.5%** reduction in reported use of the emergency room as a child's primary location for routine medical care, according to preliminary data.

### ANNUALLY, THE BRIDGES NETWORK SERVES APPROXIMATELY:



# 8,620

**pregnant women**

who receive hospital-based support for a healthy pregnancy and education on early childhood health

# 840

**pregnant women**

who receive intensive prenatal services



# 13,030

 mothers

who are screened with the Bridges Screening Tool and referred to services for their children and family as needed



# 1,390

 infants

who receive home visitation services



# 760

 toddlers

who receive home visitation services

## The Future: a Case for Innovation

Bridges Maternal Child Health Network improves the lives of many children and families and saves the Orange County community a significant outlay of public funds through prevention and early intervention. Network partners use evidence-based programs and tools such as the Nurse Family Partnership home visitation program and Triple P® Positive Parenting Program which have documented returns of \$5.70 and \$6.06 for every dollar invested, respectively.

**Despite these positive outcomes, the current funding model is not sustainable.**

With decreasing Commission revenues, innovative approaches to program sustainability are necessary. The Commission is exploring ways to diversify the program's funding base, both through Medicaid/Medi-Cal reimbursement and other innovative funding mechanisms such as "Pay for Success" contracts. The Commission successfully secured grants to quantify the value of Bridges Network services and cost savings to the community. Today, the Pay for Success funding model, and potential use of social innovation bonds, is gaining traction.

*Pay for Success Initiative*  
Scope of Work – Hospital Association of Southern California  
Amendment to Contract FCI-BN2-18

**Funding:**

FY 2015/16 = \$63,450  
FY 2016/17 = \$63,450  
Total Amendment = \$126,900

**Term** = July 1, 2015 – June 30, 2017

**Scope of Work:**

Work with the Children and Families Commission of Orange County in developing strategies and resources to support and sustain the Bridges Maternal Child Health Program, and specifically the Early Outreach and Referral Program implemented by Orange County hospitals. Core functions may include:

- Engage hospital leadership in documenting and messaging the value of Pay for Success as a sustainability strategy for the Bridges Maternal Child Health Network and as a service strategy to optimize the healthy development of young children.
- Contribute data to demonstrate the program's measurable impact on children's healthy development and the hospital's ability to deliver high quality care in the community.
- Support analysis of Bridges Connect data to benchmark hospital performance to inform program improvement processes.
- Participate in team-based review of resources and partnerships that have potential to support, sustain, and/or expand the hospital component of the Bridges Maternal Child Health Program and related hospital based maternal child health services.
- Contribute to strategic pursuit of national, foundation, or federal grants along with matching funds, leveraged funds, and innovative philanthropy strategies to support, sustain, and/or expand the hospital component of the Bridges Maternal Child Health Program and related hospital based maternal child health services.

Position Scope of Work = .5 FTE

**CHILDREN AND FAMILIES COMMISSION OF ORANGE COUNTY**

**RESOLUTION NO. \_\_\_-15-C&FC**

**July 1, 2015**

**A RESOLUTION OF THE CHILDREN AND FAMILIES COMMISSION OF ORANGE COUNTY DIRECTING THE EXECUTIVE DIRECTOR AND COMMISSION COUNSEL TO PREPARE AND NEGOTIATE AMENDMENT TO AGREEMENT FCI-BN2-18 WITH HOSPITAL ASSOCIATION OF SOUTHERN CALIFORNIA FOR CONTINUED PROJECT MANAGEMENT OF PAY FOR SUCCESS AND AUTHORIZING APPROVAL AND EXECUTION OF SUCH AGREEMENT 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 February 5, 2014, Commission authorized the Executive Director or designee to prepare and negotiate Agreement FCI-BN2-18 with the Hospital Association of South California (“CONTRACTOR”) in the amount of \$405,000 for program management of the Bridges Maternal Child Health Network for the period of July 1, 2014 through June 30, 2017.

**WHEREAS**, On September 3, 2014, Commission awarded an additional \$50,000 to CONTRACTOR for the *Pay for Success* project for the period August 11, 2014 through July 31, 2015.

**WHEREAS**, the Commission desires to prepare and negotiate a First Amendment to Agreement FCI-BN2-18 with the CONTRACTOR identified in the staff report for the July 1, 2015 Commission meeting for continued project management of *Pay for Success* in the amount of \$126,900 and for the terms specified in Attachment 3 therein; and

**WHEREAS**, CONTRACTOR desires to enter into the First Amendment to Agreement FCI-BN2-18 in furtherance of the purposes of the Act and the Strategic Plan on the terms and conditions set forth in the applicable Agreement; and

**WHEREAS**, Commission has reviewed the staff report for the July 1, 2015 Commission meeting relating to the scopes of services to be provided and hereby finds and determines that the proposed First Amendment to Agreement FCI-BN2-18 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 First Amendment to the Agreement in the amount of \$126,900 and for the terms specified in Attachment 3 to the July 1, 2015 staff report for this Agenda Item.

**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 First Amendment to Agreement FCI-BN2-18 as described in Attachment 3 to the July 1, 2015 staff report for this Agenda Item for continued project management of *Pay for Success* in the amount of \$126,900 and for the terms specified in Attachment 3 to the July 1, 2015 staff report for this Agenda Item; and

**Section 3** The First Amendment to Agreement FCI-BN2-18 in the amount of \$126,900 and for the terms specified in Attachment 3 to the July 1, 2015 staff report for this Agenda Item may be subject to minor, non-substantive revisions as reviewed and approved by the Executive Director or designee and Commission Counsel. The approval by the Executive Director or designee of the First Amendment to the Agreement FCI-BN2-18 shall be conclusively evidenced by the execution of the First Amendment to Agreement FCI-BN2-18 by the Commission Chair and delivery thereof to the Commission Clerk.

**Section 4** Commission hereby approves the First Amendment to Agreement FCI-BN2-18 with CONTRACTOR as described in Attachment 3 to the July 1, 2015 staff report for this Agenda Item for continued project management of *Pay for Success* in the amount of \$126,900 and for the terms specified in Attachment 3 to the July 1, 2015 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 amendment to the Agreement on behalf of the Commission.

**Section 6** A copy of the First Amendment to Agreement FCI-BN2-18 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 First Amendment to the 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 First Amendment to the Agreement FCI-BN2-18, (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 July 1, 2015 to wit:

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

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

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

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

\_\_\_\_\_  
CHAIR

STATE OF CALIFORNIA )  
 )  
COUNTY OF ORANGE )

I, ROBIN STIELER, Interim 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.

\_\_\_\_\_  
ROBIN STIELER  
Interim Clerk of the Commission, Children and Families Commission  
of Orange County, County of Orange, State of California

Resolution No: \_\_-15-C&FC

Agenda Date: July 1, 2015

Item No. \_\_



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

ROBIN STIELER, Interim Clerk of the Commission

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

**EXHIBIT A TO RESOLUTION OF COMMISSION**

(Attach copy(ies) of final executed Agreements)