

A G E N D A

FIRST 5 ORANGE COUNTY TECHNICAL ADVISORY COMMITTEE

Wednesday, December 8, 2021

Orange County Transportation Authority Conference Center
550 South Main Street, Orange, CA 92868
(This meeting will be held via Zoom, link listed below)

FRANK DONAVAN, Ed.D.
Committee Chair

SUSAN MCCLINTIC
Committee Vice Chair

GAIL ARAUJO
Committee Member

DAVID NÚÑEZ, MD
Committee Member

SCOTT BURDICK
Committee Member

CHRISTINE OLMSTEAD, Ed.D.
Committee Member

PSHYRA JONES
Committee Member

KIMBERLY GOLL
Committee Member Ex-Officio

The First 5 Orange County Children and Families Commission, Technical Advisory Committee welcomes you to this meeting. This agenda contains a brief general description of each item to be presented. The Technical Advisory Committee encourages your participation. If you wish to speak on an item contained in the agenda, or wish to address the Committee on items not listed on this agenda that are of interest to the public and are within the subject matter jurisdiction, you may do so during the Public Comment period at the close of the meeting.

Except as otherwise provided by law, no action shall be taken on any item not appearing in the agenda. When addressing the Committee, please state your name for the record prior to providing your comments.

GUIDANCE FOR PUBLIC ACCESS TO REDUCE RISK OF COVID-19: On September 16, 2021, Governor Gavin Newsom signed into law Assembly Bill 361 authorizing a local legislative body to hold public meetings via teleconferencing and make public meetings accessible telephonically or electronically to all members of the public due to the State of Emergency resulting from the threat of Novel Coronavirus (COVID-19). To ensure the safety of the Committee Members and staff, and for the purposes of limiting the risk of COVID-19, in-person public participation at this meeting will not be permitted. This meeting will be held via Zoom. Members of the public can listen to and participate in the live meeting by accessing the following:

Please click the link below to join the webinar:

<https://us02web.zoom.us/j/85942126456?pwd=eDVwZFlvYUZ4QThVaEd1d0Z5OVFmdz09>

Webinar ID: 859 4212 6456

Passcode: 669825

Or iPhone one-tap : US: +16699009128,,85942126456#,,, *669825#

Or Telephone: US: +1 669 900 9128 or +1 253 215 8782 or +1 346 248 7799 or +1 646 558 8656

Members of the public may address the Commission regarding any item in one of two ways:

1. Real-time Comment – To provide a real-time public comment during the meeting, please access the Zoom information identified above. Speakers will be recognized by the Committee Chair at the time the agenda item is to be considered. If attending virtually via Zoom, use the hand-raise icon to be called on for public comment, and if calling in via telephone, dial *9. A speaker's comments shall be limited to three minutes. Anyone causing disruption can be removed from the meeting at the discretion of the Chair.

2. Written Comment – The Committee is also accepting public comments to be submitted by emailing them to First5OC@cfcoc.ocgov.com. The comments will be distributed to all of the Committee Members and read into the record. If you wish to comment on a specific agenda item, please identify the item in your email. General public comments will be addressed during the general public comment item on the agenda. In order to ensure that staff has the ability to provide comments to the Committee Members in a timely manner, please submit your comments by 12:00 p.m. on December 7, 2021. Public comments will be made available to the public upon request.

Any member of the public requiring a reasonable accommodation to participate in this meeting should contact First 5 Orange County Children and Families Commission at least 48 hours prior to the meeting at First5OC@cfcoc.ocgov.com or (714) 834-2206.

10:00 A.M.

REGULAR ITEMS: (Items 1-3)

1. Receive presentation from CalOptima on plans for referrals to receive CalAIM benefits and discuss First 5 OC and TAC member's role and capacity to support
2. Receive presentation from Health Management Associates on learnings from home visiting coordination efforts and DULCE pilot project and discuss implications for a Prenatal-to-Three strategy
3. Share experiences with Medi-Cal Premium Waiver community outreach, discuss First 5's role in outreach and promotion, and brainstorm future outreach topics

COMMITTEE MEMBER ROUNDTABLE COMMENTS

PUBLIC COMMENTS

ADJOURN

**TAC Agenda Item 1
December 8, 2021****DATE:** November 3, 2021**TO:** Technical Advisory Committee Members**FROM:** Kimberly Goll, President/CEO**ACTION:** Receive presentation from CalOptima on plans for referrals to receive CalAIM benefits and discuss First 5 OC and TAC member's role and capacity to support

At the September meeting, you received a presentation on CalAIM (California Advancing and Innovating Medi-Cal) which will significantly impact the future of the Medi-Cal delivery system. As a refresher, CalAIM has three primary goals:

- Identify and manage member risk and need using whole-person care approaches and addressing social determinants of health;
- Move Medi-Cal (CalOptima) to a more consistent and seamless system by reducing complexity and increasing flexibility; and
- Improve quality outcomes, reduce health disparities, and drive delivery system transformation and innovation through value-based initiatives, modernization of systems and payment reform.

CalOptima shared their timeline for rolling out CalAIM in Orange County. It is notable that the first CalAIM initiatives take effect January 1, 2022 and include an Enhanced Care Management benefit for pregnant and parenting mothers with serious mental illness or substance use disorder. Benefits for additional populations including children take effect in July 2023.

For eligible families to access Enhanced Care Management and “community support” such as housing support, there must be referrals of CalOptima members into the system of care. CalOptima staff will return and share how they anticipate those referrals happening and participate in discussion with the TAC about whether there is an active role for First 5 and TAC members in getting the word out about benefits and referring to CalOptima/CalAIM.

RECOMMENDED ACTION:

Receive presentation from CalOptima on plans for referrals to receive CalAIM benefits and discuss First 5 OC and TAC member's role and capacity to support.

ATTACHMENTS:


None

CONTACT: Lisa Burke**Technical Advisory Committee Members:**

**TAC Agenda Item 2
December 8, 2021**

DATE: November 3, 2021

TO: Technical Advisory Committee Members

FROM: Kimberly Goll, President/CEO 

ACTION: Receive presentation from Health Management Associates on learnings from home visiting coordination efforts and DULCE pilot project and discuss implications for a Prenatal-to-Three strategy

Since the last TAC meeting, Health Management Associates (HMA) conducted convenings of the agencies that fund home visiting in Orange County to develop a shared vision for integrated delivery of home visiting services. HMA has also been meeting with organizations that provide direct home visiting services in Orange County to better understand opportunities and barriers to providing more integrated and streamlined home visiting throughout the county. The first focus of this effort is on improving referrals and acceptance of home visiting services.

Additionally, HMA recently completed an assessment of a First 5-funded implementation of DULCE at a clinic in Orange County through a grant from Center for Study of Social Policy (CSSP). DULCE (Developmental Understanding and Legal Collaboration for Everyone) is a program that is used in health care settings to proactively address social determinants of health in families with a baby from birth to six months old. DULCE's Family Specialists attend well-child visits with families and providers and offer support to parents including child development, relational practices, and access to needed concrete supports. The review focused on developing recommendations to:

- Optimize the coordination of referrals, linkages and services including streamlined communication between the DULCE clinic's Family Specialist and First 5 programs
- Increase family engagement approaches by the Family Specialists to support parent engagement within DULCE and the broader suite of services within First 5 OC's Engaged Neighborhoods strategy
- Identify opportunities to incorporate the role of the Family Specialist as part of the larger system of prenatal-to-three support services
- Maximize opportunities to sustain Family Specialist services through Medi-Cal billing, specifically leveraging the new dyadic care benefits and eligibility of community health workers as Medi-Cal providers.

HMA will share findings and learnings from both the home visiting coordination work and the DULCE assessment, and will lead discussion by the TAC about how these learnings can inform our Prenatal-to-Three strategy going forward.

RECOMMENDED ACTION:

Receive presentation from Health Management Associates and discuss implications for a Prenatal-to-Three strategy.

ATTACHMENTS: PowerPoint Slide Deck on Home Visiting Coordination and DULCE

CONTACT: Lisa Burke

Building an Integrated Prenatal-to-Three Strategy: Emerging Ideas from Home Visiting and Project DULCE

Christina Altmayer, HMA

Betsy Uhrman, HMA

December 8, 2021
Technical Advisory Committee Meeting



Today's Discussion

- Share what we are learning from PN3 investments
 - Project DULCE
 - Home Visiting Coordination
- Discussion:
 - How do these learnings apply to your work?
 - What are the implications for First OC's system building work?

Prenatal-to-Three Period is a Critical Period for early intervention services

One of the four strategies in 2021-2025 Strategic Plan recognizes the importance of early intervention for system change

Get Involved Early - We invest in programs, services, and partnerships that focus on prevention, identify mental and developmental health needs as early as possible, and link children and families to resources

First 5 OC's Prenatal-to Three strategies are “nested within” a larger system of family supports; *integrating systems and coordinating services is key to early intervention*



Two separate and related initiatives support a comprehensive and integrated P-3 strategy in OC

1. **OC Home Visiting Stakeholder Convenings:**
Leverage investments in home visiting *and* related early intervention strategies; advance efforts to build a more seamless, transparent, and coordinated service delivery system
2. **Project DULCE (with CHOC):** Optimize the coordination of referrals, linkages and services including streamlined communication between the DULCE clinic's Family Specialist and First 5 programs



Project DULCE: Lessons learned for Family Engagement

What is Project DULCE?

Developmental Understanding and Legal Collaboration for Everyone (DULCE)

Specialized Community Health Worker, known as the Family Specialist, is embedded in primary and leverages the well-child visits during the first six months to connect families with resources to address social and economic stressors



Clinica Para Los Ninos | Garden Grove | Santa Ana Boys & Girls

Consistent with Commission priorities, Project DULCE enhances well-child visits during first six months of life and promotes child and family resilience

AGE ¹	INFANCY								
	Prenatal ²	Newborn ³	3-5 d	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo
HISTORY									
Initial/Interval	●	●	●	●	●	●	●	●	●
MEASUREMENTS									
Length/Height and Weight		●	●	●	●	●	●	●	●
Head Circumference		●	●	●	●	●	●	●	●
Weight for Length		●	●	●	●	●	●	●	●
Body Mass Index ⁴									
Blood Pressure ⁶		★	★	★	★	★	★	★	★
SENSORY SCREENING									
Vision ⁷		★	★	★	★	★	★	★	★
Hearing		● ⁸	● ⁹	→		★	★	★	★
DEVELOPMENTAL/BEHAVIORAL HEALTH									
Developmental Screening ¹¹								●	
Autism Spectrum Disorder Screening ¹²									
Developmental Surveillance		●	●	●	●	●	●		●
Psychosocial/Behavioral Assessment ¹³		●	●	●	●	●	●	●	●
Tobacco, Alcohol, or Drug Use Assessment ¹⁴									
Depression Screening ¹⁵									
Maternal Depression Screening ¹⁶				●	●	●	●		
PHYSICAL EXAMINATION¹⁷		●	●	●	●	●	●	●	●
PROCEDURES¹⁸									
Newborn Blood		● ¹⁹	● ²⁰	→					
Newborn Bilirubin ²¹		●							
Critical Congenital Heart Defect ²²		●							
Immunization ²³		●	●	●	●	●	●	●	●
Anemia ²⁴						★			●
Lead ²⁵							★	★	● or ★ ²⁶
Tuberculosis ²⁷				★			★		★
Dyslipidemia ²⁸									
Sexually Transmitted Infections ²⁹									
HIV ³⁰									
Cervical Dysplasia ³¹									
ORAL HEALTH³²							● ³³	● ³³	★
Fluoride Varnish ³⁴							←		
Fluoride Supplementation ³⁵							★	★	★
ANTICIPATORY GUIDANCE	●	●	●	●	●	●	●	●	●

Locally, DULCE is connecting families to resources

Common Referral Needs

- Breastfeeding support and education
- Maternal depression/other mental health needs
- Childcare resources and options
- Immigration
- Family Law (e.g., divorce, paternity, child support, domestic violence, custody and visitation)
- Housing (rental assistance, eviction protection)
- Developmental needs

Families from DULCE are more likely to accept and connect with HMG referrals than families overall

➤ **98%** connection rate for DULCE entries (compared with 68% for all entries)

Family Perspective

- Moms described feeling supported by the Family Specialist; they described how the Family Specialist helped them find and connect to the resources they needed
- Moms felt more comfortable seeking support once there was an established relationship with the Family Specialist
- Appreciated that the Family Specialist offered informal support even after DULCE graduation
- Would have continued the program after six months if given the option

“I liked how she’s always checking in and making sure we’re OK”

What can we learn from DULCE to inform our Prenatal-to-Three Strategy work?

- **Universal platform increases family acceptance** – Since all families are enrolled, reduces “stigma and fear” associated with seeking out support
- **Interdisciplinary and holistic services are responsive to family needs** – Strategies consider the full range of family needs, including those that, like legal, may not immediately impact medical care
- **Engaging families takes quality time** – Family support specialists surface needs that may not present in a quick provider visit (20-minute slots) or via screening
- **Convenience matters** – Support is provided in clinic, when families are already accessing well-child visits (versus having to find separate times or avenues to connect)
- **Trust critical to acceptance** – Family Specialists build trusting relationships with clients and so are perceived as “less scary” as compared to other, more clinical roles

Home Visiting System Coordination

11/30/2021



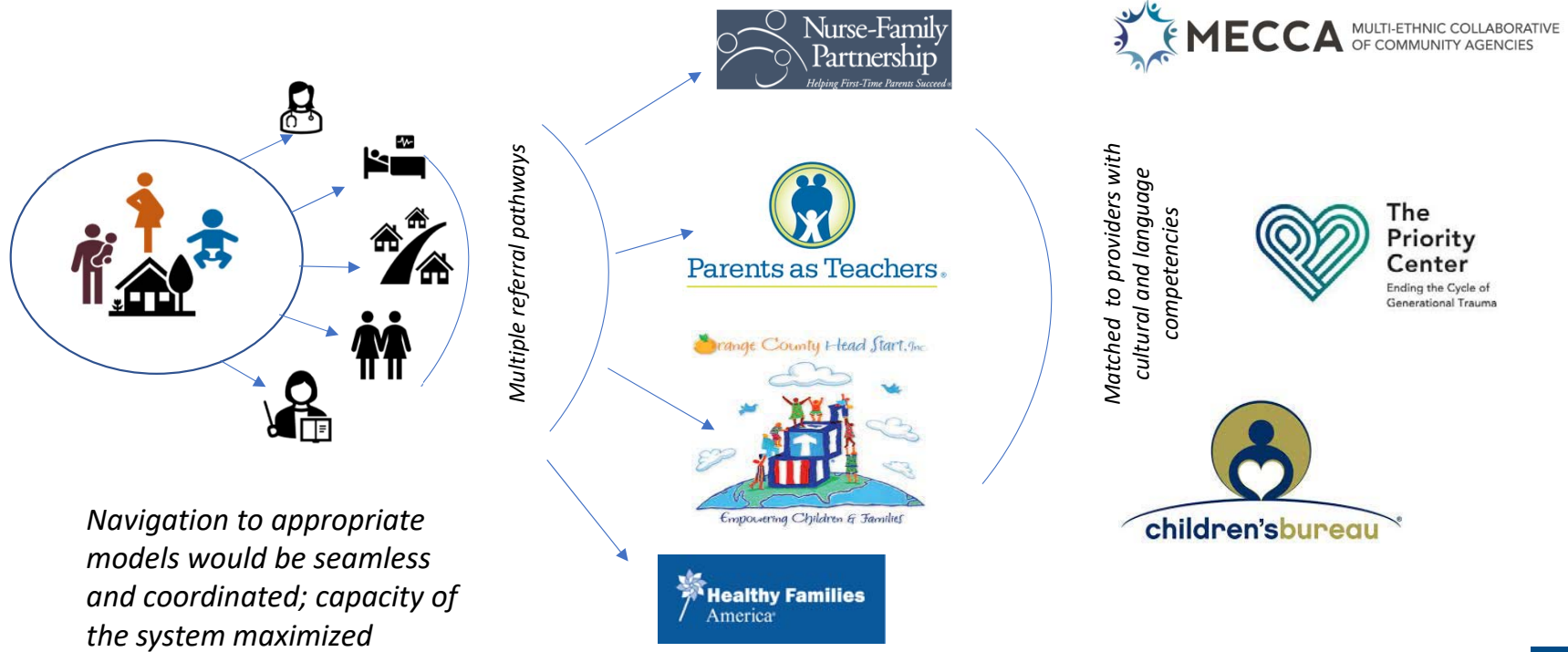
Partners have begun to co-developed a shared (draft) vision for the P-3 system

Orange County's early childhood system provides easy and equitable access to culturally-responsive, integrated supports to all Orange County birthing persons and parenting families (up to age three), prioritizing families that would benefit most from early interventions.

- **Families** are engaged, at every stage, as partners in building the foundation for lifelong well-being and healthy development.
- **Providers** across the system work together to codesign solutions to ensure high-quality services and supports.
- **Funders** (public and private) work collaboratively and with transparency to align expectations, resources, and practices for greater systems coordination and impact

Together, we advocate locally and statewide for policies and investments that remove barriers to access, elevate quality, and advance equity.

Ideally, families would be matched seamlessly to programs to best meet their needs



Opportunities and current challenges...what we've learned

- Diversity of funding sources for HV in OC creates opportunities for increased access AND a creates a complex web of providers, relationships, and program models
- Insufficient referral networks and inconsistent program utilization
- Families enrolled in programs not always well-matched to needs
- Lack of data, at the systems level, around program capacity
- Lack of adequate technology to facilitate referrals and identify system capacities
- Competition and the inherent disincentives to collaboration (given caseload targets)
- Lack of clear/shared understanding around quality



P-3 System Building Next Steps

- **DULCE:** Working to strengthen relationships between DULCE family specialists and other Prenatal-to-Three Resources in the community
- **Home Visiting:** Continued work with partner, with an initial focus on opportunities to streamline and shore up referral pathways
- **Both:** Leveraging lessons learned in parent and family engagement to impact the P-3 system, more broadly

Questions and Discussion

Discussion

Principles Informing Our Work

- Universal services
- Consider whole child/whole family
- Quality time builds trust
- Convenience - meet families where they are
- Trusted messengers

What key elements or design principles from your work are missing from this list?

Which of these principles represent barriers or challenges in your work?

How can we make these learnings more visible in our P-3 strategy work?

**TAC Agenda Item 3
December 8, 2021**

DATE: November 3, 2021

TO: Technical Advisory Committee Members

FROM: Kimberly Goll, President/CEO 

ACTION: Share experiences with Medi-Cal Premium Waiver community outreach, discuss First 5's role in outreach and promotion, and brainstorm future outreach topics

Based on the discussion at the last TAC meeting, First 5 is exploring a role of researching, vetting and tailoring information for families with young children. One takeaway from that discussion was that there are many partners in the community that reach families with young children. We do not need to recreate those communication channels; however, it will be helpful if we are able to provide communication materials for those channels to use.

In this role, First 5 would identify critical information/messaging for families, conduct research to ensure information is accurate, vet the information (meaning, try the phone numbers, reach out to the listed entities to make sure they are family-friendly and if not, find resources to help), and then package it into easy to use/easy to share communications materials with messages that are tailored to families with young children.

We piloted this role with the Medi-Cal premium waiver toolkit that we shared with TAC members as well as our program staff and funded partners. At the December TAC meeting, we will debrief on how it went:

- Were TAC members able to distribute materials and if so, what made the distribution successful and where else should we reach out in the future?
- Is there feedback on what was created? What worked? What could be improved?
- Are there additional needs that members heard about – other tools or materials that First 5 could create that would be helpful if we continue building out this role?

Thinking proactively, we would also like to brainstorm other topics that are on the horizon in the next six to twelve months, for which we can create a communications toolkit. For example:

- Anything around CalAIM and Prenatal to Three services just discussed?
- COVID-19 vaccines for young children – we shared a draft toolkit with the TAC in November
- Universal Transitional Kindergarten?

This could be a standing item on the TAC agenda, with TAC members acting as “scouts” for critical topics, information, and messaging that is important to disseminate to families.

RECOMMENDED ACTION:

Share experiences with Medi-Cal Premium Waiver community outreach, discuss First 5's role in outreach and promotion, and brainstorm future outreach topics.

CONTACT: Lisa Burke