

## **Yolo County--American Rescue Plan—Funding Request**

### **1. Proposer (Department or District Name)**

First 5 Yolo Children and Families Commission

### **2. Date of Submission**

04/29/2021

### **3. Project/Proposal Title**

Universal Home Visiting/ WELCOME BABY

### **4. What is your Funding Proposal? (Please describe)**

First 5 Yolo proposes a broad-based prevention strategy, “Welcome Baby” (WB), that intervenes at the earliest point of life, creating lasting impacts for young children and families and the Yolo County community. Welcome Baby is a proactive, universal approach designed to mitigate exposure to toxic stress related to the COVID-19 pandemic and build resiliency as early as the birth of the child to support families, particularly those who are struggling the most, through the next three years of COVID-19 recovery.

WB is family-centric and focused on health equity, designed to reach those who are often invisible, while offering a broad strategy to address the collective trauma and negative effects the community has experienced during the pandemic. It reaches families at the earliest point to strategically coordinate flow into available services and to support medical, mental health, and other care that has lapsed during the pandemic. The “universal” approach de-stigmatizes screening, care, and service access, leverages existing resources, and creates a transformative early identification, home visiting, and early childhood care system in Yolo County.

Welcome Baby provides home visits at critical points for every Yolo County baby born over the duration of ARP. Families enrolled receive up to three “Welcome Baby” home visits, one by registered nurse/medical personnel within the first week of returning home from hospital, and two by community healthcare workers during the following postpartum weeks. Hospitals offer connection to WB at point of labor and delivery.

The nurse visit provides more immediate health screens (including maternal mental health) and clinical assessment for both mother and baby, immediate triage, lactation support, and checks on continuing health care, including vaccine (COVID and other) status. This visit bridges postpartum and newborn care, including checks on women’s postpartum healing that otherwise might not occur for many weeks, and allows for early identification of a variety of health and safety issues.

In the following weeks, families receive 1-2 home visits from community healthcare workers, based on family needs. In these visits, parents receive a First 5 New Parent Kit with culturally

and linguistically appropriate “Baby Basics” health literacy materials and other concrete supports, parent education, and referrals to community resources as well as a universal risk screening. Families identified as in-need, will be referred into more intensive existing home visiting services within the county and/or offered a Newborn Observation (NBO) Home Visit which provides in-depth parenting support. Connected to the existing Help Me Grow system, NBO is aimed at strengthening the bond between parents and their newborn through neurobehavioral observations.

All community healthcare workers receive training in evidence-based Baby Basics program, designed to serve the population with culturally sensitive and trauma-informed care. These community healthcare workers engage vulnerable populations to address barriers to timely care, attending to children’s developmental milestones, ACEs screening, and linkages to services. Community Healthcare home visitors support families in accessing existing services, such as health insurance, health and mental health services, perinatal care, WIC, and concrete supports, and channel families—many of whom would otherwise not be identified early—to programs and services.

CommuniCare Health Care Centers will hire and train the WB nurses, including postpartum mental health training and lactation counseling training. Yolo County Children’s Alliance will hire WB community health workers. Culturally and linguistically appropriate outreach workers from a variety of community-based organizations will engage women and families in timely prenatal care and to communicate the opportunities available in Welcome Baby. Hospital birthing centers would facilitate connection to WB at birth.

## **5. Please provide a Brief Description of the nexus to COVID-19 or its economic impacts?**

The COVID-19 pandemic has had a devastating toll on families--lapses in healthcare, declines in mental health, financial strain, parental stress, parental and child resilience, and social isolation. Adverse effects have been pronounced in more vulnerable populations, exposing the need for greater community supports. Women, people of color, and children have been disproportionately affected. While crisis response has been necessarily prioritized during the COVID-19 pandemic, prevention has suffered, creating downstream consequences for children and more intractable and expensive problems moving forward. Of great concern are the proven long-term impacts of early childhood adversity on physical and mental health, brain development, and school readiness and the real risk that shorter-term pandemic impacts will deepen disparities for those disproportionately impacted.

Early experiences have a profound impact on a child’s life. During pregnancy and the first year of life, children are the most sensitive to experiences and need a healthy environment for optimal brain development. Parents are critical to buffering their children from the impacts of adversity (ACEs), but when parents are themselves stressed, suffering economically, or experiencing crisis, the capacity this role is compromised. Early childhood exposure to stress has life-long consequences (e.g. learning difficulties in school, physical health problems, and

higher probabilities of substance use). Investing in this critical time is one of the most effective and efficient ways to reduce poverty, increase self-sufficiency, promote economic prosperity, and to protect the entire community into the future.

The pandemic has negatively impacted pregnant women and parents of infants:

Stress and maternal mental health issues—mental health issues have been exacerbated by the pandemic with recent studies showing significantly increased rates of mental health problems among pregnant and postpartum women compared to pre-pandemic rates. The deterioration of maternal mental health has toxic and enduring effects on both mother and baby, as increased mental health problems in pregnancy are associated with adverse birth outcomes. Additionally, greater prenatal and postpartum mental health issues are associated with declines in parenting, increased risk of child abuse and neglect, substance use, and cognitive impairment.

Disruptions in prenatal care—In Yolo County, pregnant women have been significantly delaying their prenatal care. Data collected by Communicare in 2020 revealed that only 47% of pregnant women in Yolo county received on-time prenatal care, in stark contrast to the overall Yolo county rate of 84% on-time prenatal care in 2018.

Decline in pediatric well-child visits and immunization rates—In CA, pediatric well-child visits are down an estimated 24% from pre-pandemic baselines and the number of childhood vaccination doses administered to California children dropped by more than 40% at the start of the pandemic. This has especially impacted children covered by MediCal and disrupts critical preventive care and early identification of developmental and social-emotional issues.

Prolonged community stress and adverse childhood experience—Many Californians suffered economically, but households with children fared worse in 2020. Specifically, 50% of households with children had difficulty paying bills compared to 30% of households without children. Latino children were more likely to have a caregiver in a sector highly impacted by COVID-19 shutdowns. This financial strain deteriorates children’s wellbeing. Nationally, 52% of children in families with financial hardship are facing emotional distress.

Welcome Baby meets the tremendous responsibility to address pandemic-related needs of vulnerable young children and their families. Designed to mitigate exposure to toxic stress and build resiliency, Welcome Baby is an upstream approach with a clear nexus to ARP Funds.

## **6. Project Category: Pre-Existing Gap and Recovering from Pandemic**

Addresses Direct Impact of Pandemic

Responding to the Pandemic (Emergency Response)

**X Pre-Existing Gap (Existed prior to Pandemic but exacerbated by it)**

**X      Recovering from the Pandemic (Disaster Recovery)**

**7. How does this project/proposal support the Board of Supervisors' 2020-2025 Strategic Plan Strategies and Outcomes?**

Welcome Baby most significantly supports Yolo County's Thriving Residents Goal and the following specific Outcomes:

- Health Equity Outcome: aligns with strategy for modernizing public health work toward population focused policy, systems, and environmental approaches to community health improvement and focus on low HDI communities and populations by June 30, 2022.
- Children Outcome: reduces economic and educational disparities while building resiliency for vulnerable children, youth, and their families.

Welcome Baby addresses and meaningfully supports the following County Strategic Plan Strategies:

- Increases availability (and access) to home visiting programs to build resiliency for children, youth, families
- Increases availability of universal screenings for Adverse Childhood Experiences and referral to appropriate levels of treatment
- Assists County in partnering with local stakeholders and communities to increase investment in upstream activities for children in vulnerable communities
- Improves concrete supports for Yolo County families with connections and leveraged programs, as well as any supplies directly distributed by program.

**8. Project Type: One-Time**

**X      One-Time**

On-Going

Both

**9. Project Scope:**

Department Impact

County-wide Impact

**X      Community Impact**

**10. Estimated Cost (\$)**

\$4.5 million for 3 years (approx. \$1.5 million per year). Cost estimates based on assumption of 2,000 births per year and a roughly 70% acceptance rate (based on rates seen in similar programs)

**11. When can the project be started?**

**Immediately**

3 - 6 Months

6 Months - 1 Year

1 Year or Greater (Significant Lead Time)

**12. When would this project/proposal be completed after starting?**

0 - 3 Months

3 - 12 Months

More than 1 Years

**More than 2 Years**

**13. What will any on-going obligations be after the American Rescue Plan (ARP) Funds conclude and how would these be addressed?**

No on-going obligations after ARP Funding concludes. Welcome Baby addresses the pandemic-related, immediate need to screen more widely and offer prevention and early intervention support more broadly for a limited term (3 years). Welcome Baby services are completed within the first month or two of engagement of families. All contracted direct services would be clearly term-limited (in First 5 Yolo's contracting process) and can telescope up and down without affecting current, on-going care programs. Welcome Baby channels clients into existing, on-going programs that are already funded

F5Y may identify alternative sources of funding for in the future, but this will not affect the one-time nature of ARP funding. First 5 Yolo anticipates the potential to continue Welcome Baby in some form based on results from evaluation and work with hospitals/managed care plans that may likely realize cost savings from the approach. First 5 Association and local First 5's are already engaged in partnership discussions around the funding of similar work.

**14. Describe what long-term or on-going benefits the project/proposal will provide?**

Welcome Baby is expected to have both immediate and long-term benefits to families, healthcare systems, and the community. It is a critical time to introduce parents to community agencies, resources and services that can assist them. Welcome Baby helps ensure that

families, particularly those most disproportionately affected by the pandemic, have a safety net of support during COVID recovery. Providing positive support to families will have lasting effects for the baby, the family, and ultimately our entire community.

Early community outreach to pregnant women will promote more timely and consistent prenatal care which will prevent negative birth outcomes. Home visits will help families avoid significant challenges, such as severe and unaddressed maternal depression, by screening all families for postpartum depression and identifying needs early. Moreover, administering a universal risk screening will enable greater identification and referral of high-risk families to more intensive home visiting services. This referral system will also allow for greater coordination among home visiting programs in Yolo county and more effective engagement of underserved families.

Home visiting programs have proven highly effective in supporting maternal mental health, attendance of well-child visits, child immunization rates, parenting skills, and decreased need for entrance into Child Welfare Services. Welcome Baby provides a gateway to these benefits in more intensive, evidence-based home visiting services in Yolo County. F5Y's home visiting initiative aimed at higher-risk families, The CHILD Project: Road to Resilience (R2R), has demonstrated the benefits of home visiting enrollment on well-child visits and immunizations rates. Recent data shows 86% of children receiving R2R services are current on well-child exams and 88% are current on immunizations. In stark comparison, data from CommuniCare patients not supported by home visiting show only 62% of children were current on well-child exams and only 49% were current on immunizations. More than 95% of R2R clients avoid the need for CWS. Other similar home visiting programs have demonstrated numerous on-going benefits including fewer emergency room visits by both mother and baby, fewer hospital stays, increased positive parenting, less child welfare involvement, improved maternal mental health, and greater community connections. Welcome Baby is based on similar, successful programs by First 5 LA, Orange, and Contra Costa, and Family Connects Universal Home Visiting.

All families experience challenges associated with pregnancy and childbirth, but these stressors have been heightened due to the pandemic. F5Y's Welcome Baby program would ensure all families receive support during this critical time. Importantly, by providing temporary, limited home visiting services, we can help mitigate the trauma of the pandemic's unprecedented impact on families and prevent lasting effects on children. The early outcomes could transform the system of care in Yolo County and the future of The Yolo County community.

Key Outcomes are expected to include, but are not limited to, the following:

1. Reduced maternal mental health issues
2. Increased community connections (e.g., referrals)
3. Greater rates of well-child visits and immunization rates
4. Lower rates of entry into Child Welfare Services

5. Timeliness to care and identification of child development or maternal health issues
6. Reduction in per capita costs in Yolo County of prenatal/postpartum care, infant hospitalizations, emergency department utilization, and urgent care utilization

UC Davis Health Equity Across the Lifespan (HEAL) Lab will provide, in-kind, data collection and evaluation. The HEAL Lab has expertise is designing, implementing, and evaluating clinical interventions to promote health equity in pregnant and postpartum people.

### **15. Are there options to partner with other agencies or organizations on this proposal?**

First 5 Yolo has worked with qualified direct service partners, CommuniCare Health Care, Yolo County Children's Alliance, and Children's Therapy Center in the design of Welcome Baby and will contract with these agencies for implementation of the main direct services. First 5 Yolo will provide project management and coordination, specifically leveraging our F5 CA Home Visiting Coordination Grant that will allow an in-kind contribution of management staff (Sarah Hartman) funded by this grant and leveraging the work under that grant. Sarah Hartman, PhD, is First 5 Yolo's Systems Improvement Officer with expertise in prenatal stress and resiliency.

First 5 Yolo and partners have already begun discussions with Sutter Hospital for first phase implementation and will subsequently include local/regional hospitals where Yolo County babies are born (Woodland/Dignity, Kaiser, UCD).

First 5 Yolo is a lead partner on a CA State ACEs Aware Grant with UCD, YCCA, CCHC, and others. This work will be leveraged to provide ACEs and developmental screening, coordinating with Help Me Grow as a systems improvement in Welcome Baby. The ACEs Aware Grant expands and streamlines screening and the connection of health care providers to community networks of care to prevent and mitigate ACEs. Help Me Grow itself (a program funded by F5Y and County MHSA) is a key systems integration for early childhood mental health (screenings and linkages).

The NBO piece of Welcome Baby leverages the prior training of 4 infant-child specialists at Children's Therapy Center who trained as Napa Infant-Parent Mental Health Fellows with a County MHSA-funded F5Y scholarship. These specialists have hours of service that are leveraged for the first year, and then ARP funding extends for the following two.

Welcome Baby would also leverage existing funded programs to build on the continuum of care and offer higher intensity services or other resources to clients. These include but are not limited to: F5Y's The CHILd Project: R2R, a countywide, nearly 1-million dollar per year in-clinic and in-home navigation/visitation program including evidence-based Healthy Families America and Behavioral Health Home Visiting, other county HV programs that would be utilized to address more intensive needs, County of Yolo supports, benefits, and programs, Yolo Crisis Nursery, Family Resource Centers, F5Y early learning programs, and more.

Welcome Baby creates an opportunity for vastly increased coordination with and among home visiting programs countywide, as well as channels the population into community resources and services.

UCD will provide in-kind support for a .5FTE post-doctoral evaluator through its Health Equity Across the Lifespan Lab. Under the mentorship of HEAL Director Dr. Simmons, and in collaboration with the First 5 Yolo, YCCA, and CommuniCare teams, the postdoctoral fellow will specifically support activities including: (1) designing and developing data collection tools to capture process and participant outcomes of the home visiting program (e.g., ease of scheduling, lactation rates, postpartum urgent care and emergency visits for parent-infant dyad, adherence to well baby visit schedule); (2) conducting pre-/post-countywide cost analyses of MediCal recipients (e.g., comparing per capita costs in Yolo County of: prenatal/postpartum care, infant hospitalizations, emergency department utilization, and urgent care utilization); (3) conducting pre-/post- countywide data on child protective services reports and foster care placements; and (4) supporting the team in conducting individual interview and focus group data on the home visiting program to improve access, process, and outcomes.

Cities in Yolo County are very likely to support Welcome Baby, leveraging some portion of their ARP funding. First 5 Yolo is already aware of leadership interest in City of Davis and West Sacramento.

**16. Are there other funding sources available (other than ARP funding) to address this need? If so, please describe.**

There are multiple in-kind and leveraged sources available to support the proposed project, as briefly outlined in #15.

The approximate dollar figure for in-kind contribution of F5Y management staff is \$70,000-90,000 annually, depending on exact amount of FTE, between .5 and .625, leveraged each year (TBD).

The approximate dollar figure for in-kind contribution of UCD evaluation and data .5FTE is \$50,000.

The services and programs fed by Welcome Baby referrals is easily in the range of several millions of dollars. First 5 Yolo leveraged programs alone are approximately \$3 million per year.

The NBO service hours are leveraged at approximately \$125,000 for the first year.

The ACEs Aware grant work being leveraged in support is a total of over \$2.9 million (First 5 Yolo/HMG specific portion over \$400,000).

Additionally, First 5 Yolo also has an on-going relationship with the Baby2Baby Foundation to supply, free-of-cost, concrete supports, including items such as diapers, baby wipes, safe sleep Pack N Plays, and other supplies that can be used for Welcome Baby. Further, F5Y purchased storage facilities for YCCA during the pandemic and this ability to store supplies could be leveraged. This estimated contribution is likely over 50,000 but difficult to estimate as supply materials are donated to F5Y in-kind.

First 5 Yolo and community-based partners have actively supported families and children during the COVID-19 crisis, and we remain committed to ongoing recovery efforts. Additional local and flexible funds are critical to ensure we meet the needs of young children. Welcome Baby would strategically invest American Rescue Plan Coronavirus Local Fiscal Recovery Funding as a highly flexible funding stream intended to address COVID-19 impacts at a local level. Together, we can meet this unprecedented, crisis moment while building resilience among families and communities for the years to come.

## First 5 Yolo “Welcome Baby” Proposal Scaling Options:

### Option 1 (As Submitted Originally)

TOTAL Estimated Project Cost: **\$ 4.5M**  
cost per family: \$1,200  
*cost per person: \$600*

Total served: **7,500 unique clients** (3,750 mothers and 3,750 newborns—both receive services in home visit) over 3 years.

- ~70% of all new mothers/newborns receive 1 nurse visit and 1-2 visits by Community Health Worker (7,500)

Duration: 3 years

### Option 2

TOTAL Estimated Project Cost: **\$3.4M**  
cost per family: \$1,079  
*cost per person: \$539.50*

Total served: **6,300 unique clients** (3,150 mothers and 3,150 newborns—both receive services in a home visit) over 3 years, phasing in hospitals (Sutter Davis beginning approx. 6mo into Y1 with Woodland Dignity and others 1 year later, Y2)

- ~70% of all new mothers/newborns receive 1 nurse visit (6,300)
- ~60% of those receiving first nurse visit then receive the first community health worker visit (3,780)
- ~30% of those receiving the first community health worker visit then receive the second community health worker visit (1,890)
- Decrease available Newborn Observation service

Duration: 3 years with hospitals phased in as noted above

### **Option 3**

TOTAL Estimated Project Cost: **\$3.0M**

cost per family: \$1,250

*cost per person: \$625*

Total served: **4,800 unique clients** (2,400 mothers and 2,400 newborns—both receive services in a home visit) over 2 years, phasing in hospitals.

- ~70% of all new mothers/newborns receive 1 nurse visit (4,800)
- ~60% of those receiving first nurse visit then receive the first community health worker visit (2,880)
- ~30% of those receiving the first community health worker visit then receive the second community health worker visit (1,440)
- Decrease available Newborn Observation service

Duration: 2.5 years with hospitals phased in (2 years Sutter Davis and 1 year Woodland Dignity)

### **Assumptions Used in All Options:**

- Average County live births per year: ~2,145
- Planning and Launch Period (*includes hiring and training*): 3 to 6 months— if planning/launch takes less than 6 mo. more clients will be served. We anticipate less than 6 mo. of planning/launch needed, but more than 3 months.
- Sutter Davis Hospital ~60% live births; Woodland/Dignity ~30%; Others ~10%