



## Welcome Baby American Rescue Plan Funding Proposal

First 5 Yolo proposes a broad-based prevention strategy, “Welcome Baby” (WB), focused on Medi-Cal families, that intervenes at the earliest point of life and creates lasting impacts for young children and families and the Yolo County community. Welcome Baby would add a pathway in First 5 Yolo’s countywide CHILD Project: Road to Resilience (R2R) to address pandemic impacts. Welcome baby is a proactive, comprehensive 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 essential care that has lapsed during the pandemic. The approach helps to destigmatizes screening, care, and service access, leverages existing resources, and creates a transformative early identification, home visiting, and early childhood system of care in Yolo County.

Welcome Baby provides home visits at critical points for every baby born with public insurance in Yolo County over the duration of ARP. Hospitals offer connection to WB at point of labor and delivery. Families enrolled receive up to three “Welcome Baby” home visits, one by a registered nurse/medical personnel within the first weeks of returning home from hospital, and up to two visits by community healthcare workers who are The CHILD Project: Road to Resilience (R2R) Healthy Families America trained Family Resource Specialists during the following postpartum weeks. Families in greatest need are offered enrollment in more intensive home visiting services through R2R, while families with lower needs are referred to other home visiting and community resources.

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 immunization (COVID-19 and others) 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 critical health and safety issues. The nurse visit will include a risk assessment inclusive of ACEs indicators to determine eligibility for further services.

In the following weeks, eligible families not already enrolled in a longer-term home visiting program may receive 1-2 home visits from community healthcare workers, based on family needs and preference. 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 an in-depth screening to determine need for longer-term home visiting and other community resources. Families identified as in greatest need, will be referred into more intensive existing home visiting services within the county, including home visiting services through The CHILD Project: Road to Resilience (expanded as part of this proposal to create more access), and/or



offered a Newborn Observation (NBO) Home Visit to provide in-depth parenting support. Connected to the existing Help Me Grow system, the NBO home visit includes a clinical observation tool that qualified providers use to help parents understand their newborn's language and build strong parent-child relationships.

All community healthcare workers receive training in evidence-based Healthy Families America as well as the Baby Basics program, designed to serve the population with culturally sensitive and trauma-informed care. These community healthcare workers are trusted advocates, representative of the target community's cultural and linguistic needs, which helps them to better identify and address the local community's barriers to timely care, attending to children's developmental milestones, ACEs screening, and linkages to services. Community Healthcare workers support families in accessing existing services, such as health insurance, health and mental health services, perinatal care, WIC, and concrete supports, and connect families—many of whom would otherwise not be identified early—to programs and services that meet their unique needs.

Families identified as higher risk will be offered enrollment in First 5 Yolo's The CHILD Project: Road to Resilience (R2R) home visiting services that include Healthy Families America home visiting and/or Behavioral Health home visiting services for families better served by a mental health clinician. For those enrolled, the community healthcare worker provides a warm hand-off to R2R home visitors to ensure continuity of care. For families identified as lower to moderate risk, the community healthcare workers will connect families to other home visiting and community 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 community healthcare workers who are culturally and linguistically matched to engage women and families in Welcome Baby. Hospital birthing centers and medical systems would facilitate connection to WB at birth.

Welcome Baby will become a component of The CHILD Project: Road to Resilience, leveraging the existing infrastructure, to allow capacity building for deeper services by expanding the proven effective home visiting services in R2R. The expanded R2R home visiting services will not require a substance use indicator for eligibility, thus removing one of the greatest barriers (substance use disclosure) to consent to services for the perinatal population.

### **Welcome Baby address the effects of the COVID-19 pandemic's effects on families, including 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, hindering economic and social wellbeing.

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, their capacity in 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. Recent estimates show that **2 in 3 perinatal women** now suffer from clinical depression (López-Morales et al., 2021). 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 which limits parental capacity for caring, responsive relationships that are foundational to brain development. 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.
- Alarming trends in perinatal care—In Yolo County, pregnant women have been significantly delaying their prenatal care, experiencing higher-risk pregnancies, and giving birth to low-weight babies. Data collected by Communicare Health Centers (CCHC) 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. Additionally, data from CCHC (2020 – 2021) show that the rate of extremely high-risk pregnancies (i.e., a combination of both high medical and social risks such as substance use and/or domestic violence) dramatically increased, *more than doubling* across the pandemic. Of great concern for lasting developmental impacts on infants, rates for low-birth-weight infants have also risen significantly during the pandemic (CCHC, 2020 – 2021). Birth weight is one of the most important birth outcomes because low birth weight is associated with increased infant mortality, cognitive delays, and behavioral issues (Goisis et al., 2017). Nationally, statistics show that pregnant women are medically vulnerable with only 23% of pregnant women having received at least one dose of the COVID-19 vaccine despite being at serious risk for COVID-19 complications including hospitalization, stillbirth, and maternal death. Rates are even lower among pregnant women who identify as Black (11%) or Latina (18%).



- 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 Medi-Cal 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.*

**Estimated costs build on existing program infrastructure, allowing services to begin quickly with no ongoing obligations after the American Rescue Plan (ARP) Funds conclude.**

The projected budget for Welcome Baby across 3 years is \$3.125 million (approximately \$1.04 million per year). Cost estimates are based on the assumption of 840 Medi-Cal births per year and a roughly 70% acceptance rate (based on rates seen in similar programs)

No on-going obligations after ARP funding concludes are anticipated. 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 connects clients to 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. Additionally, some of the components are anticipated to be billable to Medi-Cal. The First 5 Association and local First 5’s are already engaged in partnership discussions around the funding of similar work with managed care plans.

**Investment in Welcome Baby creates long-term and ongoing benefits for Yolo County’s children and families.**



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-19 recovery. Providing positive support to families will have lasting effects for the baby, the family, and ultimately, our entire community.

Home visits more immediately, postpartum for all Medi-Cal births, will help families avoid significant challenges, such as severe and unaddressed maternal depression, by screening all enrolled families for postpartum depression and identifying needs early. Moreover, administering a common risk screening to all eligible families 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, and extension of, 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. Highest risk families identified in WB will be enrolled into R2R. Recent data show 86% of children receiving R2R services are current on well-child exams and 88% are current on immunizations, per the recommended guidelines. 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, per the recommended guidelines, across the same time period (FY 2020-2021). More than 99% of R2R clients avoid the need for CWS (Fiscal Half Year 2 20-21). 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 Medi-Cal 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. Improved rates of well-child visits and immunization



4. Lowered rates of entry into Child Welfare Services
5. Improved timeliness to care and identification of child development or maternal health issues
6. Reduced 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 for WB. The HEAL Lab has expertise is designing, implementing, and evaluating clinical interventions to promote health equity in pregnant and postpartum people.

**Welcome Baby builds on existing partnerships to amplify impact.**

First 5 Yolo has worked with qualified direct service partners, CommuniCare Health Centers, Yolo County Children’s Alliance, and Northern California 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 its 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 or medical systems (shc as Elica) where Yolo County babies are born.

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 Northern California 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 the services for the following two years.

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 according to individual needs; County of Yolo supports, benefits, and programs; Yolo Crisis Nursery; Family Resource Centers; F5Y early learning programs; and more. Welcome Baby, as a component of R2R, will also expand capacity within the home visiting arm of R2R; ensuring that



families in greatest need have access to critical home visiting services. Notably, WB also 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 of a .5FTE post-doctoral evaluator through its Health Equity Across the Lifespan (HEAL) 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 Medi-Cal 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 program evaluation on child protective services reports and foster care placements; and (4) supporting the team in conducting individual interview and focus group discussions 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 each of the cities.

### **In-kind and leveraged funding is available to ensure the successful implementation of Welcome Baby.**

There are multiple in-kind and leveraged sources available to support the proposed project, as briefly outlined above. Additionally, First 5 Yolo will offer, in-kind, F5Y management staff (equal to approximately \$89,000-93,000 annually) and the UC Davis HEAL Lab will provide .5FTE for data analysis and program evaluation (approximately \$50,000, annually).

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. To support the distribution of supplies, 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.

Welcome Baby is well-aligned with ongoing work within the County and the services and programs fed by Welcome Baby referrals are easily in the range of several millions of dollars. First 5 Yolo leveraged programs alone are approximately \$3 million per year, NBO services offered in Welcome Baby are levered in using service hours from the Napa Infant Parent Mental Health Fellows and 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).

Finally, First 5 Yolo will contribute Proposition 10 funding to support the direct costs of the program, up to \$125,000 across the term of the program.



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, set the developmental trajectory of our youngest children towards reaching their full potential, and strengthen our families and communities for years to come.