

**FIRST 5 SAN LUIS OBISPO COUNTY  
CHILDREN AND FAMILIES COMMISSION**

**COMMISSION MEETING MINUTES (Approved 8/26/2015)  
July 8, 2015**

**Commissioners Present**

Bruce Gibson, Chair	SLO County Board of Supervisors
Penny Borenstein, M.D.	SLO County Public Health Department
James Brescia	SLO County Office of Education
Lee Collins	Department of Social Services
Mary Kern	Community at Large
Michael McNerney, M.D.	Medical Representative
Melinda Sokolowski	Child Care Planning Council

**Commissioners Absent**

Janet Murphy	Community at Large
Tracy Schiro	Children's Services Network

**Staff Present**

First 5 staff: Wendy Wendt, Jason Wells, Misty Livengood  
Commission Evaluator: Tom Keifer  
Commission Counsel: Ray Biering

**Call to Order**

Chair Gibson called the meeting to order at 4:07 PM.

**ITEM 1 – Chair Comments & Updates**

- Mr. Gibson welcomed attendees, commented that it is nice to see the large turnout (approximately 15 members of the public).

**ITEM 2 - Public Comment – Items Not on the Agenda**

Joel Diring (First 5 Health Access Training Project) commented on Governor Brown's recent signing of the state budget to include coverage for all children in California regardless of immigration status. Mr. Diring added that this is a historic victory after 15 years of fighting for equal coverage. He also commented that the governor restored a 15% rate cut to dentists under Medi-Cal.

Mary Squallati (CAP SLO South County SAFE) introduced two newly hired First 5 Health Navigators: Jessica Baza who brings experience working with children with special needs; and Myra Valencia, who previously worked with pregnant and newly parenting families at ALPHA. The Health Navigators will focus work on south, central and coastal communities.

### **ITEM 3 - Consent Agenda**

- a) *Approve May 27, 2015 minutes*
- b) *Approve FY15-16 Financial Plan Revision #2*

*Public Comment: None*

Chair Gibson proposed separate votes on the two Consent Agenda items to allow the Executive Director to explain the Financial Plan Revision in Item 3b.

Commissioner Collins made a motion to approve Item 3a – May 27, 2015 Minutes. The motion was seconded by Commissioner McNerney and passed unanimously.

Ms. Wendt summarized the rationale for the proposed Financial Plan Revision – Updated First 5 CA Tobacco Tax Revenue Projections were published shortly after First 5 San Luis Obispo County approved its annual Financial Plan Revision. The new projections are lower than in 2014. The Financial Plan Revision #2 incorporates these new projections and makes minor downward adjustments to projected program expenditures.

Commissioner Brescia made a motion to approve Item 3b – FY2015-16 Financial Plan Revision #2. Commissioners Collins seconded and the motion passed unanimously.

### **ITEM 4 – Strategic Planning Discussion Continued: PART A – Special Needs Initiative**

#### Expert Panel:

Alisa Welsch – Services and Supports Manager, Early Start, *Tri-Counties Regional Center*  
Julie Loe – Director, *BEST PALS Pediatric Physical Therapy and Services*  
Sharlene Agrusa – Executive Director, *Parents Helping Parents*

Program Officer, Jason Wells, posed a series of questions, and panelists shared perspectives and anecdotes on services and challenges for young children and families with special needs in San Luis Obispo County.

They discussed the varying definitions of the term “special needs.” Ms. Agrusa commented that First 5 allows for a broad definition of the term beyond the more narrow parameters laid out in state and federal legislation that limit publically funded services to certain diagnostic categories. Ms. Loe expressed that in her practice if parents have concerns about their child,

that qualifies as a “special need” worthy of follow-up and service. Ms. Welsch explained as of January 2015, a broader array of diagnoses is now included in fundable services through Tri-Counties Regional Center. The approach at Tri-Counties is to try to “rule in” as opposed to “rule out” potential clients.

The panelists agreed that the goal of early intervention for young children with special needs is to help them grow into happy, healthy, functioning members of their community in family, school and other groups; for children to reach their fullest potential.

Commissioner Gibson asked panelists: “Of the children that you work with in the 0-5 age range, how many reach self-sufficiency? Ms. Loe responded that each child has a different life circumstance, and early intervention providers only work with them for a slice of their lives. However, the research supports that working with children at this early age helps them thrive. Ms. Loe sees a goal for many of her clients -- “Are we going to get them to kindergarten? Can we catch them up? The vast majority of our children do well.”

Panelists shared anecdotes along the path for families with young children who are living with special needs, from “discovery,” to “referral” to “accessing resources.”

- Ms. Agrusa articulated several issues at the time of discovery. She pointed out that people’s experience largely depends on the diagnosis. If there is a specific, quickly-determined condition, then there is a more concrete path than for those children with more difficult-to-diagnose conditions. At this stage, there is much work around grieving/healing for parents as they come to terms with unexpected challenges in the young life of their child. Peer support is a critical resource especially at this early stage. Ms. Agrusa shared examples of experienced families offering solace and hope to families who are just starting the process.
- Ms. Welsch touched on referral scenerios in the context of Early Start through the Regional Center. Typically Tri-Counties Regional Center gets referrals from a variety of sources, ranging from NICU’s to pediatricians to preschool teachers. Families undergo a voluntary assessment to determine if they qualify for funded services through Tri-Counties. If they do, then a service coordinator meets with the family to develop a plan. Services typically happen in the home, and involve the whole family. “We are doing more and more work with extended families, alternative caregivers.” Early Start services follow children until their 3<sup>rd</sup> birthday, at which point the Regional Centers works to refer them to other services.
- Ms. Loe addressed the issue of connecting with additional resources for their child and their family. For 0-3 year olds she emphasized that it is all about parent education. Also important are resources that help children to be more interactive in their environment and community. “We go places, help families expand their sense of what’s possible.” Beyond the 0-3 Early Start services, there are a variety of agencies providing services – e.g. Martha’s Place for mental health supports, California Children’s Services for physiological supports, schools for education supports. Some families access different services through private insurance. Most families get connected with Parents Helping

Parents. Then there are the school system-based special education programs for children when they reach 3 years old, and these services vary by district. There is also the BEST PALS program which sees 0-5 children who do not qualify for regional center and which supports children with minimal to modest delays. Referrals come largely from the Regional Center, public health nurses, pediatricians.

Commissioner Borenstein asked what percentage of the 0-5 population is dealing with special needs. Ms. Loe responded that depending on the definition, somewhere between 18% and 27%.

Panelists identified a list of weak points, local improvement ideas, and calls for systems change

### **Weak Points or “Breakdowns”**

- Behavioral services for non-autistic, non-drug exposed children
- Not getting diagnosed/referred early
- Not enough screening
- 3-5 year olds with continued delays and limited supports (post Tri-Counties)
- Confusing criteria for service
- Child Care
- Not enough professionals in our area
- Bilingual/bicultural capacity
- Families in crisis – basic needs trump special needs

### **Local Fix Ideas**

- Improve/enhance supports for 3-5 year olds
- Strengthen capacity in behavioral and mental health services
- Build inclusive preschool capacity

### **Systems Change Ideas**

- Higher Medi-Cal reimbursement rates
- More local access to specialists

### **COMMISSIONER COMMENTS (paraphrased)**

- Commissioner Borenstein: Early intervention matters in a special needs context. It makes a difference for so many families. But we also have experience with trying to get the provider community to partner with us. That’s where kids get lost. There is no single place where we offer developmental screening.
- Commissioner McNerney: I am concerned about the low incidence of screening. But pediatricians have such a limited amount of time in our given window as medical providers. There are some tools out there making things easier. CHATIS is making it easier for pediatricians to conduct on-line screening questions.

- Commissioner Gibson: I hear that a big part of the problem is at the “discovery” end – we are missing children who are potentially in need of services because our screening system is not fully effective. Say we find more 0-3 year olds in need of services, are the services there for them? Panelists responded “yes.” Ms. Agrusa commented that years ago First 5 funded outreach and trainings for clinical staff in the Community Health Centers on the Ages and Stages Questionnaire (ASQ). Perhaps it is time for a renewal of this type of effort, given the passing of time, staff turnover, the emergence of new instruments/approaches, etc. Ms. Agrusa expressed interest in the idea of a “single portal” like Martha’s Place where children can be assessed and have behavioral and mental health support service options sorted out.
- Commissioner Collins – The key is to ensure that infants get in early to the system. The most important thing is closing the gap on missed opportunities. One suggestion would be to make sure we include specific information on developmental screening resources in our Kits for New Parents.
- Commissioner Gibson -- There needs to be a Center for Screening. This is supposed to be covered through the Regional Center, though parents don’t always find their way there. There is the challenge of stigma. No one wants their child to have a problem.
- Commissioner Borenstein – Providers mean well (e.g. pediatricians, early childhood educators). Across the board, providers are uncomfortable breaking the bad news. Maybe we need a public awareness campaign around universal screening similar to the SLO the Stigma campaign in the mental health world.
- Commissioner Sokolowski – Are there disparities between North and South Counties? Ms. Loe responded that the main issue is that this is a large county. with limited specialists, and with transportation challenges especially for low-income families.

## **PUBLIC COMMENT**

- Tracy Buckman – New Life Preschool (3-5 year olds). Between 15-18% of children at the center are undiagnosed but presenting with indicators of special needs. The families are private-pay insured so they don’t have an opportunity to go to Martha’s Place. The preschool is challenged financially to provide sufficient resources and staff to serve this population. Early intervention is the key.
- Bethany Brokaw – New Life Preschool. No one wants to break the bad news. Parents tend to get bounced around. Also, sometimes no one sees a problem until a child enters the new environment of preschool or school.
- Tom Keifer, First 5 Evaluation Consultant pointed out that the First 5 Association put out an evaluation report on best practice models for universal developmental screening. (web link: <http://first5association.org/wp-content/uploads/2013/06/SCALAR-ECMH-and-Developmental-Screening-Brief.pdf>).

**ITEM 5 – Strategic Planning Discussion Continued:  
PART B – Perinatal Substance Abuse Prevention Initiative**

Jason Wells introduced the topic with a proposal to look at this initiative through the broad lens of perinatal supports and challenges. Two presentations followed to illuminate services and strategies that focus on the perinatal period (pre-pregnancy through the first weeks of infancy).

- Lisa Fraser, Executive Director of the *Center for Family Strengthening*, summarized the work of the Beginnings Initiative and highlighted evolving work through the Voluntary Services Committee (out of DSS) to serve new mothers with substance abuse track records as an alternative to entry into Child Protective Services. New players are beginning to join the conversation, such as Aegis, the North-County based Methadone Clinic. MCAH Program Manager Sandi Miscovich at Public Health is bringing to the Beginnings and VSP groups best practices from other communities. One key theme is the importance of recurring training.
- Pam Dudley – Nursing Division Manager at SLO County Public Health, provided a summary of the programs in her unit that provide supports for families during the perinatal period. She emphasized throughout her presentation that she is a “believer in EARLY EARLY,” starting with preconception services to help families get healthy before pregnancy.

Current Public Health programs that provide supports during the prenatal and perinatal phases include WIC, and two home visiting programs – Nurse Family Partnership for vulnerable first-time mothers, and the Early Support Program for low-income families. Nurse Family Partnership currently serves approximately 320 families, all of whom must be enrolled in the program before their child is born and then remain with the program for two years. The Early Support Program is for any high-risk, low-income families that need the support. These two home visiting initiatives serve a small percentage of the total population of new parents in San Luis Obispo County.

Ms. Dudley commented that a universal home visiting program is the ideal model if communities can afford it. She added that First 5 San Luis Obispo County conducted a study several years ago on public and private/nonprofit sector home visitation supports in the region. However, this study is out of date and there is no active effort currently to track and streamline perinatal home visiting services.

(Commissioner Borenstein commented that Public Health's home visiting capacity has diminished over the years. )

Ms. Dudley summarized the 4 Ps PLUS initiative, designed for OB/GYN's to screen pregnant women for substance use. Currently the county only screens about 40% of pregnant women. Of those who are screened, 40% had consumed alcohol after becoming pregnant but before knowing they were pregnant, 10% had used marijuana, 2% had used another drug, and 20% had used tobacco.

Public Health also either participates in or endorses a variety of public awareness campaigns targeted to families during the prenatal period, including Fetal Alcohol Syndrome, Text for Baby, Talk Read Sing, etc.

Ms. Dudley flagged two major barriers to prenatal care access for families during pregnancy: transportation challenges, and limited supply of bilingual providers.

### **COMMISSIONER COMMENTS (paraphrased)**

- Commissioners Gibson: Educating adults is the obvious thing to do. But on the other hand, we could dedicate the entire budget to educating adults, but we're still not going to solve the problem. We need to find a way to deploy our resources through a mix among education, prevention, and intervention.
- Commissioner Sokolowski: Hospitals and nurses are now at the table collaborating with social/human services on the issue of family supports and child protection related to substance use and recovery. This is a big step forward.
- Commissioner Borenstein: We need to find the balance between non-governmental efficiencies and time spent working at ways to work together. Sometimes the collaborative process actually creates inefficiencies. In an effort to collaborate, we can get bogged down.
- (multiple Commissioners) We should invest early – early prevention/education early intervention, starting before birth.
- (multiple Commissioners) Our advocacy role should include Public Awareness, and we also need to make the case that other community entities should increase support for these programs.

### **ITEM 6 -- Advocacy as Part of First 5 Strategic Plan**

Ms. Wendt proposed tabling this agenda item until the August Commission meeting, due to lack of time. She suggested that Commissioners read the existing Policy Platform as a reminder of current language and priorities in the existing Plan. Staff will develop and distribute a survey to Commissioners for initial perspectives on priority areas and activities to include in the Plan.

### **Public Comment**

Joel Diringer (First 5 Health Access Training Project) encouraged the Commission to raise stronger voices at the local level, as well as at state and national levels.

## **ITEM 7: Staff Update**

Staff provided brief information on several pending projects:

- The Raising of America – During October and November 2015, First 5 San Luis Obispo County will partner with San Luis Obispo City/County Libraries to screen an episode of this new PBS documentary that shines a spotlight on the importance of societal investment in early childhood.

Commissioner Brescia encouraged staff to organize screenings also at City Council meetings or other gatherings of local decision-makers.

- Funding the Next Generation – On August 17, 2015, First 5 staff, Commissioners (Gibson, Schiro), and other community representatives will meet for an exploratory conversation with FNG founder Margaret Brodtkin to learn about the accomplishments of this initiative designed to create local dedicated funding streams for children.
- Planning for a local Talk Read Sing campaign is in motion, with involvement by First 5 staff and Commissioners (Murphy, McNerney) and representatives from Raising a Reader and the libraries.
- First 5 California has released the IMPACT grant application. First 5 San Luis Obispo County is pursuing this opportunity as Lead Agency, per Commission Action at its May 27, 2015 meeting.

## **ITEM 8 – Commissioner Comments and Announcements**

Commissioners and staff expressed deep appreciation and well wishes to Commissioner McNerney at the conclusion of his last meeting before his term ends. Commissioner McNerney commented that he intends to remain involved in First 5 affairs, and is a staunch believer in its work.

## **ITEM 9 – Adjournment**

The meeting adjourned at 6:40 p.m.