First 5 Santa Cruz County is working to improve coordination across systems of care to increase access for young children to the health services they need to be ready to succeed in school and in life. First 5 believes in a family-centered approach that focuses on prevention and early interventions.

First 5 Santa Cruz County is working to increase access to affordable quality health care for children 0-5, increase the use of preventative health care, and improve overall maternal, child and infant health.

Baby Gateway Newborn Enrollment Program

Program Description

The Baby Gateway Newborn Enrollment Program operates in three local hospitals: Watsonville Community Hospital, Dominican Hospital, and Sutter Maternity & Surgery Center of Santa Cruz. The project is financially supported in part by Kaiser Permanente Northern California Community Benefit Programs, Sutter Maternity & Surgery Center of Santa Cruz, and Dignity Health, Dominican Hospital. The main goals of the project are to provide Medi-Cal enrollment assistance to mothers and their newborns, establish a seamless Medi-Cal coverage process for Medi-Cal-eligible newborns, and to link those newborns to a medical home, all during a visit from a Newborn Enrollment Coordinator (NEC) before they leave the hospital.

In addition, during these Newborn Visits all new mothers are offered the First 5 California Kit for New Parents containing expert guidance for raising healthy infants and children. In particular, parents are oriented to the What To Do If My Child Gets Sick book, which provides information in utilizing primary care appropriately, and clarifies what issues should prompt a visit to the emergency room, and which should be handled in the medical home.

In Santa Cruz County, Newborn Enrollment Coordinators (NECs) have become an integral part of the hospital team—including doctors, nurses, social workers, and lactation consultants—that supports these newborns and their families.
Connecting with County programs

In FY20-21 First 5 began assisting with two new programs that were implemented in Santa Cruz County, which the Newborn Enrollment Coordinators (NECs) incorporated into their newborn visits. With these programs, families have the opportunity to have a state-wide student identification number (SSID) created for their newborn by the Santa Cruz County Office of Education and used to support the social, emotional, and academic development of their child from birth through 12th grade. In addition, families are offered the opportunity to voluntarily share their contact information with Ventures to connect them to their child’s Semillitas savings account, which is now established by Ventures for every newborn in Santa Cruz County upon birth.

- **State-wide Student Identification number (SSID)**

  In October 2020, the Santa Cruz County Office of Education initiated the process of creating a “School ID” at birth for every child. This state-wide non-personally-identifiable student identification number (SSID) is entered into the California Longitudinal Pupil Achievement Data System (CALPADS) to maintain relevant information about a student, including key demographics, course data, staff assignments, and assessment scores. This database will allow early childhood programs to be aware of important information about their students, and by the time the children enter kindergarten, educators will have more data to help them provide the best educational resources to their students. This database will also allow the ability to follow students in and out of public schools and districts across the state.

- **Ventures’ Semillitas program**

  With the goal of getting Santa Cruz County families thinking about their child’s higher education, the Semillitas program initiates dedicated savings accounts that are set up at the time of a child’s birth, at no cost to the parents. Funds are held in this account for the child to be used for college or vocational education after high school. Parents can get a gift of up to $50 when their child is born, and as the child grows and achieves various health and educational milestones, more money is added to the account. The money comes from local government, state grants, and donations from partner organizations, philanthropic foundations, and individuals in the community.

  Ventures has been working on establishing Semillitas in the County since 2017, and secured funding from philanthropic foundations to start piloting the program in early 2019 with women receiving prenatal care at a local health clinic. These mothers were the first to have accounts opened for their newborns in the fall of 2019. In October 2020, Semillitas was expanded to Watsonville Hospital, and in January 2021 the program went county-wide.

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9 Ventures was formerly known as Santa Cruz Community Ventures.
10 Originally named “SEEDS” when this program was first started, it was soon discovered that there were two other local programs already using the word “seeds” in their name. To avoid confusion, the name of this Ventures program was changed to the Spanish word for “little seeds” — **Semillitas**.
11 Amount is based on household income and available funding.
The Semillitas program is made possible by a partnership between Ventures, the County of Santa Cruz Health Services Agency (HSA), Santa Cruz County Office of Education, and numerous other partners including First 5 Santa Cruz County. Ventures creates an account for every newborn using birth information provided by HSA. First 5 began a data sharing partnership with Ventures in October 2020, and Newborn Enrollment Coordinators (NECs) started presenting information about the program to parents during their newborn visits. With parents’ consent, NECs provide their contact information to Ventures, so that Ventures can later connect them to their child’s account that is already up and running.

First 5 partners with Ventures’ Semillitas program, as it supports the objective that all Santa Cruz County children enter school ready to achieve their greatest potential. Studies have shown that children with college savings are three times more likely to attend college, and four times more likely to graduate than those without any college savings. Studies have also shown that Children’s Savings Account programs support the social-emotional development of children for whom accounts are established. A program like Semillitas is designed to support child development and encourage families to build high expectations and valuable lifelong financial habits.

Many families in our community are struggling with access to food. During their newborn visits to mothers in the hospital, the Newborn Enrollment Coordinators (NECs) also provide families with resources to apply for the CalFresh and WIC programs.

- **CalFresh Program**

  The CalFresh Program issues monthly electronic benefits that can be used by families to buy food. NECs assist families to add their newborns to their existing CalFresh accounts, which in some cases can contribute to families getting more money for food. For those families that are not already enrolled in CalFresh, the NEC provides parents with resources that allow them to apply for CalFresh with a trained Community Outreach Coordinator.

- **Women, Infants, and Children (WIC) Program**

  WIC is a nutrition program that serves pregnant women, breastfeeding women, postpartum women, infants, and children up to the age of 5. WIC benefits include the California WIC Card for families to purchase food, and nutrition education. Most children up to the age of 5 and pregnant women—who have Medi-Cal insurance—qualify for WIC, and NECs encourage all mothers with Medi-Cal insurance to enroll in WIC. For those mothers who are not enrolled but indicate that they are interested in applying for WIC, the NEC provides them with the resources to apply.

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**Pandemic Challenges and Successes**

Newborn Enrollment Coordinators (NECs) had to adapt and keep up-to-date with hospital safety precautions, which often changed.

- It became common for mothers to request to be discharged from the hospital before the standard recovery stay, and NECs adapted by seeing mothers as soon as possible.

- Following up with mothers who tested positive for COVID was a big challenge, and NECs had to work closely with the nurses to connect with them. NECs did their best to follow up with these mothers while they were still at the hospital, but also continued to “meet” with them via telephone when necessary. Paperwork and the First 5 Kit for New Parents were provided to them via their nurse, mail, or email.

Although most health care clinics resumed normal pre-pandemic functions this year, they implemented standard safety measures to keep newborns safe.

- NECs stayed up-to-date with clinic protocols and shared this information with mothers who worried about the dangers of taking their newborns to their first doctor’s visit, which is supposed to happen two to three days after delivery. Providing this information to mothers put them at ease about taking their newborn to the doctor.

- For babies with mothers who were COVID-positive, some clinics did ask these mothers to wait to take the newborn to the doctor until the mother was COVID-negative.

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**One Newborn Enrollment Coordinator Story**

Mothers are encouraged to schedule the first well-child visit for their newborn within 2–3 days after being discharged from the hospital. First 5 Newborn Enrollment Coordinators (NEC) work closely with parents and clinics to ensure that newborns get an appointment within this recommended timeframe.

One NEC assisted a mother with the process of adding her newborn to her Medi-Cal case. Since the mother was new to Medi-Cal, she was unfamiliar with the clinic choices she had for her baby. The NEC provided the mother with an overview of all the clinics in the county that were accepting new Medi-Cal patients—specifically newborns—and assisted the mother with scheduling her newborn’s first well-child visit.

The NEC also reviewed additional resources that were available to her, and this mother was interested in applying for CalFresh and WIC. Both programs were new to the mother, and she appreciated the NEC giving her an overview of programs and information on how to qualify.

The mother expressed that she felt “lucky.” She was leaving the hospital with all the resources and support she needed. Having all of these services at the hospital took an enormous weight off her shoulders, and she was ready to go home and enjoy her newborn.

- First 5 Baby Gateway Newborn Enrollment Program
### Population Served

<table>
<thead>
<tr>
<th></th>
<th>Newborns assisted with Medi-Cal enrollment, and connected to County programs</th>
<th>Privately insured newborns connected to County programs</th>
<th>Newborns provided with insurance options and other essential resources&lt;sup&gt;1&lt;/sup&gt;</th>
<th>2021-22 Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newborns</td>
<td>1,269</td>
<td>692</td>
<td>349</td>
<td>2,310</td>
</tr>
<tr>
<td>Mothers&lt;sup&gt;2&lt;/sup&gt;</td>
<td>1,260</td>
<td>688</td>
<td>344</td>
<td>2,292</td>
</tr>
</tbody>
</table>


<sup>1</sup> This includes newborns where the mother was: privately insured and not living in Santa Cruz County (SCC); privately insured and living in SCC, but who declined having the NEC provide their information to the Semillitas and SSID programs; or already enrolled in Medi-Cal and living in SCC but did not want assistance from the NEC with their child’s Medi-Cal paperwork.

<sup>2</sup> Newborns are not the only clients benefitting from the Baby Gateway Newborn Enrollment Program. Recognizing that the mothers visited by NECs are receiving an increasing number of referrals and resources, beginning in FY21-22 they are now also included in this calculation of the population served by this program.

#### Figure 14: Demographics of Mothers visited via the Baby Gateway Newborn Enrollment Program (2021-2022)

**Race/Ethnicity**
- Latino / Hispanic, 63.0%
- Caucasian / White, 32.5%
- Multiracial, 1.4%
- African American / Black, 0.3%
- Asian & Pacific Islander, 2.4%
- Alaska Native & American Indian, 0.4%
- Mesoamerican

**Primary Language**
- English, 49.0%
- Spanish, 19.3%
- Bilingual English-Spanish, 27.5%
- Mesoamerican, 3.6%
- Other, 0.6%

**Gender**
- Female, 100.0%

**Age**
- 13-17 yrs, 20.1%
- 18-19 yrs, 3.1%
- 20-25 yrs, 3.1%
- 26-30 yrs, 18.7%
- 31-35 yrs, 26.0%
- 36+ yrs, 30.7%


* “Mesoamerican” languages include Mixtec, Oaxacan, and Zapoteco. “Other” language options include Multilingual and other languages.

N: (Ethnicity)=2,001, (Language)=2,292, (Gender)=2,292, (Age)=2,288.
Figure 15: Demographics of Children benefitting from the Baby Gateway Newborn Enrollment Program (2021-2022)

Race/Ethnicity

- Caucasian / White, 31.0%
- Latino / Hispanic, 64.3%
- Multiracial, 1.6%
- Asian & Pacific Islander, 2.2%
- African American / Black, 0.3%
- Alaska Native & American Indian, 0.4%

Primary Language*

- Spanish, 49.0%
- English, 19.3%
- Mesoamerican, 3.7%
- Other, 0.6%
- Bilingual English-Spanish, 27.5%

Gender

- Female, 50.6%
- Male, 49.4%

Age

- <1 year old, 100.0%
- 1 year old
- 2 years old
- 3 years old
- 4 years old
- 5 years old

* "Mesoamerican" languages include Mixtec, Oaxacan, and Zapoteco. "Other" languages include Tagalog, Japanese, Multilingual, Bilingual-Other.
N: (Race/Ethnicity)=2005; (Primary Language)=2,309; (Gender)=2,310 (Age)=2,310.
Note: Newborns are assigned their mothers’ primary language.

Outcomes

Enrolling newborns in health insurance

Data from 2021-22 show how successfully this program has been providing services to mothers and their newborns born in Santa Cruz County hospitals.

- Of all births that occurred in Santa Cruz County hospitals in 2021-22, 98% of mothers received a newborn visit, which also benefitted 99% of all children born during this time period.
- Of all mothers who received a newborn visit while in the hospital or via phone, 97% received a Kit for New Parents (or already had one).
- Of all mothers with births paid by Medi-Cal, 98% were assisted by a Newborn Enrollment Coordinator to complete a Medi-Cal Newborn Referral application for their new baby.
Of the mothers who were assisted with a Medi-Cal Newborn Referral application for their baby by a Newborn Enrollment Coordinator, 99% had identified a preferred primary care provider (PCP) or clinic for their child, and were offered help by the NECs to schedule the first appointment for the newborn.

**Figure 16: Baby Gateway Newborn Enrollment Program project statistics (2021-2022)**

<table>
<thead>
<tr>
<th>PROGRAM COMPONENT</th>
<th>WATSONVILLE COMMUNITY HOSPITAL</th>
<th>DOMINICAN HOSPITAL</th>
<th>SUTTER MATERNITY &amp; SURGERY CENTER OF SANTA CRUZ</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of All Births in Santa Cruz County hospitals 1</td>
<td>821</td>
<td>826</td>
<td>697</td>
<td>2,344</td>
</tr>
<tr>
<td>Total Number of Newborns Visited 2</td>
<td>821</td>
<td>813</td>
<td>676</td>
<td>2,310 98.5%</td>
</tr>
<tr>
<td>Total Number of Parents Visited 3</td>
<td>814</td>
<td>805</td>
<td>673</td>
<td>2,292 97.8%</td>
</tr>
<tr>
<td>Number of Kits for New Parents distributed 4</td>
<td>816</td>
<td>799</td>
<td>618</td>
<td>2,233 97.4%</td>
</tr>
<tr>
<td>Total Number of Births paid by Medi-Cal 5</td>
<td>702</td>
<td>435</td>
<td>158</td>
<td>1,295</td>
</tr>
<tr>
<td>Number of Completed Newborn Medi-Cal Applications 6</td>
<td>696</td>
<td>428</td>
<td>145</td>
<td>1,269 98.0%</td>
</tr>
<tr>
<td>Number of Newborn Medi-Cal Applicants who have identified a Preferred Primary Care Provider or Clinic for their newborn, before discharge</td>
<td>696</td>
<td>420</td>
<td>144</td>
<td>1,260 99.3%</td>
</tr>
</tbody>
</table>

Source: (County births, Medi-Cal births at hospitals) Santa Cruz County Health Services Agency, Public Health Division; (Visits, Kits, Application assistance data) First 5 Santa Cruz County, Baby Gateway Newborn Enrollment Program records, 2022.

1 This includes all births at Santa Cruz hospitals, regardless of the mother’s County of residence.
2 This includes the number of newborns whose mothers received a visit (i.e., twins and triplets will be counted individually), regardless of insurance status. The total number of newborns visited by NECs may be higher than the reported number of births in hospitals. Babies born outside the hospital (e.g., homebirths, born in an ambulance) are not counted as "hospital births," but these mothers may go into the hospital after the birth, where they then receive a newborn visit.
3 This includes the unique number of parents who received a visit (no matter how many children they gave birth to), regardless of insurance status.
4 This includes the number of parents who received a Kit during their current Newborn visit, and also those who already had a Kit from a previous service.
5 These numbers are the combination of two sources of data: 1) Each hospital reported the number of birth certificates where Medi-Cal was the mother’s primary insurance, and 2) The number of mothers assisted by a NEC where Medi-Cal was the secondary insurance.
6 These newborn Medi-Cal application numbers reflect the number of newborns born during the fiscal year who were assisted with Medi-Cal applications, where Medi-Cal was the mother’s primary or secondary insurance.
State-wide Student Identification number (SSID)

- Between October 2020 and June 2022, First 5 Newborn Enrollment Coordinators (NECs) obtained consents from 2,905 mothers (95% of all eligible mothers) to provide their information to the County Office of Education for the purpose of creating a Student Identification number for their newborn.

![Figure 17: Percentage of eligible Mothers visited by NECs (Oct. 2020 – June 2022), who consented to have their contact information shared with COE](source)

Ventures’ Semillitas program

Results from this growing program show that increasing numbers of newborns are getting set up with dedicated savings accounts.

- **Number of Accounts Opened**: Since the program began (between August 2019 – June 2022), a total of 3,699 Semillitas accounts have been opened.

![Figure 18: Growth of the total number of Semillitas accounts opened](source)

Source: Ventures, Program records, 2022.
Note: Previous years’ totals have been adjusted to reflect updated numbers.
Number of mothers consenting during Newborn Visits to share their contact information: Between October 2020 and June 2022, First 5 NECs have obtained consents from 2,605 mothers to provide their contact information to Ventures for the purpose of receiving more information about their child’s Semillitas account. This equates to 95% of all eligible mothers who received a Newborn Visit.

Figure 19: Percentage of eligible Mothers visited by NECs (Oct. 2020 – June 2022), who consented to have their contact information shared with Ventures

Oral health milestone deposits: In 2021, County partners Dientes and Salud Para La Gente began making additional payments into Semillitas savings accounts for accomplishing important oral health milestones.

- Dientes and Salud Para La Gente contributed these amounts to children’s Semillitas savings accounts:
  - $50 for the child’s “first tooth or first birthday” visit
- Dientes also offered these contributions:
  - $25 each for the child’s annual visits (ages 2-5)
  - $50 for the child’s sealant visit (age 6)
Ensuring access to food

In 2021-22, NECs connected mothers to these food resources:\textsuperscript{13}

- 434 supplemental applications (CW8A) were completed to add newborns to their mothers’ existing CalFresh case
- 293 mothers and their newborns were provided with resources to apply for CalFresh
- 174 mothers and their newborns were provided with resources to apply for WIC

Supporting Well-Child Visits

The Central California Alliance for Health (the Alliance) discusses the importance of infants getting their well-child visits during the first several months of their life, in order to be able to assess their growth and development, and address any issues before they become bigger problems.\textsuperscript{14} One key benchmark is that a child should have at least six well-child visits with a provider within the first 15 months of life.

The figure below shows the percent of children with Medi-Cal insurance who had at least six well-child visits within the first 15 months of life, disaggregated by race/ethnicity and the three counties served by the Central California Alliance for Health.

\begin{figure}
\centering
\includegraphics[width=\textwidth]{figure20.png}
\caption{Percentage of children with Medi-Cal insurance who received at least 6 Well-Child visits by 15 months of age, by Race/Ethnicity and County, 2021}
\end{figure}


\textsuperscript{*} Results for smaller populations have been suppressed to maintain confidentiality.

\textsuperscript{13} First 5 Santa Cruz County, Baby Gateway Newborn Enrollment Program data.

Emergency Department Visits

The services provided by the Baby Gateway Newborn Enrollment Program may also have had an effect on the use of the Emergency Department (ED) for children less than one year old who were covered by Medi-Cal.

ED use of children covered by Medi-Cal

- At Watsonville Community Hospital, ED visits for infants under age 1 who were covered by Medi-Cal has decreased 69% between the year prior to the Baby Gateway Newborn Enrollment Program’s launch and the most recent year of data (between 2008 and 2021).

- At Dominican Hospital, ED visits for infants under age 1 who were covered by Medi-Cal has decreased 41% between the year prior to the Baby Gateway Newborn Enrollment Program’s launch and the most recent year of data (between 2010 and 2021).

A dramatic decrease in ED visits between 2019 and 2020 may have been due to parents choosing not to use the hospital ED during the COVID-19 pandemic for low risk, non-specific symptoms. The numbers of ED visits have begun to increase in the past year, but are still quite below the pre-pandemic numbers. It will be interesting to observe if the annual number of infant visits at either hospital rises back to the levels and trends of the previous years, once the COVID-19 pandemic is under control.

Data from the past several years show that both hospitals are well below the national rate of ED visits for infants under age 1. In 2019 (the most current year of national data available), the national rate of ED visits for infants under age 1 was 123 per 100, which was much higher than the rates that year at both Dominican Hospital (26 per 100) and Watsonville Hospital (44 per 100).

ED use of children covered by other payment sources

- The number of ED visits for infants under age 1 who were covered by other payment sources has stayed relatively level at both hospitals, suggesting that the Baby Gateway Newborn Enrollment Program is having the most impact on children covered by Medi-Cal.
**Figure 21: Number of Emergency Department visits (Infants under 1 Year Old) – by Payment Method**