FIRST 5 CONTRA COSTA
CHILDREN AND FAMILIES COMMISSION

Memo

To: Commission Members

From: Alexander Khu

Re: *September 12, 2022 Commission Meeting*

VIRTUAL MEETING pursuant to Government Code Section 54953(e) and in accordance with the Contra Costa County Health Officer's recommendation for virtual meetings and social distancing.
Persons who wish to address the Commission during public comment or with respect to an item on the agenda may call in during the meeting by dialing 669-444-9171 or 669-900-6833 or *use the "**raise your hand**" feature in the Zoom app.*

Virtual Webinar Information:
https://us02web.zoom.us/j/82416640652?pwd=SWVoYXRDQ3JTTGxNMllJVkZtTS80UT09
Webinar ID: 824 1664 0652
Passcode: 249795

The Commission Chair may reduce or eliminate the amount of time allotted to read comments at the beginning of each item or public comment period depending on the number of comments and the business of the day. Your patience is appreciated.

Kind Regards,

Alexander Khu, Executive Assistant, First 5 Contra Costa

Alex Khu
Executive Assistant
tel (925)771-7342
fax (925)771-6083
akhu@first5coco.org
4005 Port Chicago Hwy.
Suite 120,
Concord CA 94520

Commission Meeting
A G E N D A
Monday, September 12, 2022, 6:00 pm

VIRTUAL MEETING pursuant to Government Code Section 54953(e) and in accordance with the Contra Costa County Health Officer's recommendation for virtual meetings and social distancing.
Persons who wish to address the Commission during public comment or with respect to an item on the agenda may call in during the meeting by dialing 669-444-9171 or 669-900-6833 or *use the "**raise your hand**" feature in the Zoom app.*

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The Commission Chair may reduce or eliminate the amount of time allotted to read comments at the beginning of each item or public comment period depending on the number of comments and the business of the day. Your patience is appreciated.

1.0 Call to Order and Roll Call

2.0 Public Comment
The public may comment on any item of public interest within the jurisdiction of the First 5 Contra Costa Children and Families Commission. In accordance with the Brown Act, if a member of the public addresses an item not on the posted agenda, no response, discussion, or action on the item may occur.

3.0 Approval of Consent Calendar **Action**
A Commissioner or member of the public may ask that any of the following consent items be removed from the consent calendar for consideration under Item 4.

3.1 **Approve the minutes from the July 11, 2022 Commission Meeting.**

3.2 **Accept the minutes from the July 11, 2022 Executive Committee Meeting.**

3.3 **Accept the minutes from the August 24, 2022 Special Executive Committee Meeting.**

3.4 **Approve the Contracts Docket.**

3.4.1 APPROVE and AUTHORIZE the Deputy Director, to execute a contract with the Contra Costa County Health Services Division, in an amount not to exceed $89,343 to support the work of the Triple P Parenting program for the period July 1, 2022 to June 30, 2023. FY2022-23 budget line: Early Intervention Initiative: Triple P Positive Parenting ($193,782). Funded 100% Contra Costa County Health Services.

3.4.2 APPROVE and AUTHORIZE the Deputy Director, to execute a contract amendment with Counseling Options & Parent Education Support Center, Inc. to increase the payment limit by $48,574 (from $140,412 to $188,986) to support the work of the Triple P Parenting program. FY2022-23 budget line: Early Intervention Initiative:

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Triple P Positive Parenting ($193,782). Funded 100% Contra Costa County Health Services.

3.5 **Approve the Grants Docket.**

3.5.1 AUTHORIZE the Executive Director, or her designee, to accept a one-time payment of $15, 491 from the Contra Costa Alliance to End Abuse/Employment and Human Services Department for participation in the development of the Contra Costa County Violence Prevention Call to Action Blue Print. These funds will be used for general operating expenses between July 1, 2022 to June 30, 2023. FY2022-23 budget line: Administration: Administrative Expense. Funded 100% Contra Costa Alliance to End Abuse/Employment and Human Services Department.

3.5.2 APPROVE and AUTHORIZE the Executive Director, or her designee, to accept a grant in the amount of $20,000 and execute a contract with the Richmond Community Foundation (RCF Connects) to enhance advocacy efforts in Contra Costa County for term April 1, 2022 to March 31, 2023. FY2021-22 budget line: Program Salaries and Benefits: Family Economic Security ($15,000). Funded 100% Richmond Community Foundation.

3.6 **Accept the First 5 Contra Costa June, July, August 2022 Program Reports.**

3.7 **Accept Results Based Accountability (RBA) Evaluation Plan for programming in FY 22/23.**

3.8 **Appoint Chair to serve as negotiator for unrepresented employee: Executive Director.**

3.9 **CONSIDER adopting a resolution authorizing First 5 Contra Costa to conduct teleconference meetings pursuant to Government Code section 54953 (e) and make related findings.**

4.0 CONSIDER for discussion any items removed from the Consent Calendar.

5.0 CONSIDER appointing the Nominating Committee for 2023 Officers' Election. **Action**

6.0 RECEIVE presentation of Executive Summary of *The Early Identification & Intervention System in Contra Costa County: A Descriptive Report* conducted by VIVA Social Impact Partners. Presenter: Christina Bath Collosi, Managing Partner.

7.0 RECEIVE Executive Director's Report

8.0 Communications:

- Child Care & Afterschool: A Continuum of Care Supporting Two Generations in California.
- CARING FOR KIDS THE RIGHT WAY: Key Components of Children's Care Coordination.
- The Role of First 5s in Home Visiting: Innovations, Challenges, and Opportunities in California.

9.0 Commissioner F.Y.I. Updates

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10.0 Adjourn

The First 5 Contra Costa Children and Families Commission will provide reasonable accommodations for persons with disabilities planning to participate in Commission meetings who contact the Commission's offices, at least 48 hours before the meeting, at (925) 771-7300.

Any disclosable public records related to an open session item on a regular meeting agenda and distributed by the First 5 Contra Costa Children and Families Commission to a majority of members of the First 5 Contra Costa Children and Families Commission less than 96 hours prior to that meeting are available for public inspection at 4005 Port Chicago Highway, Suite 120, Concord, CA 94520 during normal business hours.

In consideration of those who may suffer from chemical sensitivities or who may have allergic reactions to heavy scents, First 5 Contra Costa requests that staff and visitors refrain from wearing perfume, cologne, or the use of strongly scented products in the work place. We thank you for your consideration of others.

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FIRST 5 CONTRA COSTA
CHILDREN AND FAMILIES COMMISSION

September 12, 2022

Agenda Item 3.1

Approve the minutes from the July 11, 2022 Commission Meeting

Commission Meeting
M I N U T E S
Monday, July 11, 2022, 6:00 pm

1.0 Call to Order and Roll Call

Chairwoman Dr. Rocio Hernandez called the meeting to order at 6:04 PM.
Due to COVID-19, the meeting was held on a web-based platform.

Commissioners present during roll call were:
District 1: Dr. Rocio Hernandez
District 1: Alternate, Genoveva Garcia Calloway
District 2: Marilyn Cachola Lucey
District 3: Lee Ross
District 3: Alternate, Rhoda Butler
District 4: Alternate, Gareth Ashley
District 5: John Jones
Board of Supervisors: Diane Burgis
Health Services: Alternate Dr. Sefanit F. Mekuria
EHSD: Marla Stuart
EHSD: Alternate, Dr. Aaron Alarcon-Bowen
Children & Families Services: Kathy Marsh

Commissioners who were not present during roll call were:
District 2: Alternate Srividya Iyengar
District 4: Matt Regan
Board of Supervisors: Alternate, Candace Andersen
Children & Families Services: Alternate, Roslyn Gentry

2.0 Public Comment

No comment from the public

3.0 Approval of Consent Calendar

Gareth Ashley asked to pull item #3.3.1

Marla Stuart made a motion, seconded by Diane Burgis to approve the remaining consent calendar.

Roll call vote:
District 1: Dr. Rocio Hernandez – Yes
District 2: Marilyn Cachola-Lucey – Yes
District 3: Lee Ross – Yes
District 4: Alternate, Gareth Ashley – Yes
District 5: John Jones - Yes
Board of Supervisors: Diane Burgis – Yes
Health Services: Alternate, Dr. Sefanit F. Mekuria - Yes
EHSD: Marla Stuart – Yes
Children & Families Services – Yes

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Nos: None
Abstain: None
Absent: District 2: Alternate Srividya Iyengar; District 4: Matt Regan; Board of Supervisors: Alternate, Candace Andersen; Children & Families Services: Alternate, Roslyn Gentry

The remaining consent calendar **APPROVED**.

4.0 CONSIDER for discussion any items removed from the consent calendar.

Item 3.3.1 is – "AUTHORIZE and RATIFY the Executive Director or her designee to execute a contract amendment with Moore Iacofano Goltsman, Inc. for a no cost extension ($75,000) to coordinate and facilitate Contra Costa Children's Leadership Council (CLC) meetings, activities and convenings for term to extend from July 1, 2022 to June 30, 2023. FY2022-23 budget line: Professional Services: ($516,000). Funded 100% CLC Partners."

Gareth asked for clarity of the no-cost extension for the amount of $75,000.00" meant and asked if the contractor MIG (Moore, Iacofano, Goltsman, Inc.) had given any related program reports on Children's Leadership Council activities.

Ruth offered the following information:

We entered into contract last year with MIG with part of their scope of work including re-engaging CLC members and resuming Children's Leadership Council activities. Re-engagement has been slower than planned and we have not held community activities since 2019. Work completed to date with MIG's support has focused on re-engagement of the CLC's leadership team members (that consists of First 5 Contra Costa, the Employment and Human Services Department of Contra Costa County, the Contra Costa County Health Services, and the Contra Costa County Office of Education). MIG has been working with the leadership team to collect data from key community partners and to re-evaluate priorities for CLC work based on broad goal areas identified since its inception, prior to the COVID pandemic. Revisions to MIG's scope of work and timeline have been necessary as part of collective refinement and evaluation of CLC activities in partnership with the leadership team. The request to the Commission is to extend the term of the contract with a revised scope and budget. This is a time extension with no additional costs on the existing contract with MIG.

Gareth Ashley made a motion to approve item 3.3.1, seconded by John Jones.

Roll call vote:
District 1: Dr. Rocio Hernandez – Yes
District 2: Marilyn Cachola-Lucey – Yes
District 3: Lee Ross – Yes
District 4: Alternate, Gareth Ashley – Yes
District 5: John Jones - Yes
Board of Supervisors: Diane Burgis – Yes
Health Services: Alternate, Dr. Sefanit F. Mekuria - Yes
EHSD: Marla Stuart – Yes
Children & Families Services – Yes

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Nos: None
Abstain: None
Absent: District 2: Alternate Srividya Iyengar; District 4: Matt Regan; Board of Supervisors: Alternate, Candace Andersen; Children & Families Services: Alternate, Roslyn Gentry

Item 3.3.1 was **APPROVED**.

5.0 CONSIDER adopting a resolution authorizing First 5 Contra Costa to conduct conference meetings under Government Code section 54953 (e) and making related findings.
Chairwoman Dr. Rocio Hernandez informed the board that there was a board order included in the packet Resolution #2022-05.

Gareth Ashley asked if this was the same resolution that was presented the last Commission Meeting and does this need to be voted upon every month?

Supervisor Diane Burgis stated that because the new strain of COVID-19 is highly contagious, it is important we practice physical distancing.

Dr. Sefanit F. Mekuria suggests we continue to remain hybrid particularly during times we experience COVID surges. She stated that the COVID-19 home test kits are a good resource to help protect your community and yourself.

Gareth Ashely asked if in the future this item could be included in the Consent Calendar.

Deputy County Counsel said this item could be included in the Consent Calendar next time.

Gareth Ashley made a motion seconded by Lee Ross to adopt a resolution authorizing First 5 Contra Costa to conduct conference meetings under Government Code section 54953 (e) and making related findings.

Roll call vote:
District 1: Dr. Rocio Hernandez – Yes
District 2: Marilyn Cachola-Lucey – Yes
District 3: Lee Ross – Yes
District 4: Alternate, Gareth Ashley – Yes
District 5: John Jones - Yes
Board of Supervisors: Diane Burgis – Yes
Health Services: Alternate, Dr. Sefanit F. Mekuria - Yes
EHSD: Marla Stuart – Yes
Children & Families Services – Yes

Nos: None
Abstain: None
Absent: District 2: Alternate Srividya Iyengar; District 4: Matt Regan; Board of Supervisors: Alternate, Candace Andersen; Children & Families Services: Alternate, Roslyn Gentry

The item was **APPROVED**.

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6.0 RECEIVE presentation from Applied Survey Research on *Results Based Accountability (RBA): A Framework for First 5 Contra Costa to Convey Impact.*
Presented by Susan Brutschy, President, Applied Survey Research and Kim Carpenter, Project Director, Applied Survey Research.

First 5 Contra Costa Deputy Director Camilla Rand began the presentation with remarks of the Results Based Accountability (RBA) Framework that First 5 Contra Costa has adopted for measuring impact and evaluation of programming activities and services. The RBA framework serves as a refining tool to help First 5 move from the high level Theory of Change to a detailed evaluation plan.

Applied Survey Research (ASR) President Susan Brutschy and Project Director Kim Carpenter provided an overview of RBA and explained the benefits of RBA for First 5 Contra Costa.

Gareth Ashley asked the question of how to retrieve meaningful results if you identify a small but significant population, what kind of proxies can be used in the absence of hard data and what role do contractors play in data collection.

ASR staff responded that proxy is quite important especially for difficult to access partners, participants or those who have very specific and targeted needs.

Camilla also commented that the RBA evaluation plan in development would also include valuable *qualitative* data from families and the community. Collaborating with First 5 contractors in data collecting is important and entails looking at the data that we are currently collecting and the data that we want/plan to collect, to be able to link to this evaluation plan in the future.

Lee Ross stated that over the last several years, many people still do not know what First 5 is and asked how we can move from small successes to a larger scale and what resources do we use to get the word out.

Dr. Rocio Hernandez stated that many of us are working so hard trying to figure out how to get the word out there about First 5 – sometimes communicating what First 5's gifts are and what we can do is important.

John Jones commented on Susan's statement of "measuring a child's wellbeing is not about just one wellbeing but several children's wellbeing." As a group, we are trying to measure the impact of First 5, yet there are multiple interventions that are contributing by those who are not funded by First 5. One thing to consider is retrieving that information from the groups that First 5 does not fund and how does that story of their successes affect our story of success. It is just nice to see how our measurements are in alignment with other activities that are going on in communities.

Ruth added that part of being 'systems-change focused' is a dynamic that requires us to consider both our finite resources as a First 5 Commission as well as what is possible for the system when we leverage other resources with ours which include contributions from others in the community. All while not letting go of what is possible and our vision of well-being for all children. Systems change work is collective impact work, we do not have to do it alone.

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7.0 RECEIVE Staff Presentation on ACES (Adverse Childhood Experiences) Aware Grant II Accomplishments and Highlights.

Wanda Davis, Early Intervention Program Officer began the ACES Aware Grant II Presentation with a slide presentation.

Staff presented an overview of First 5 Contra Costa's trajectory implementing a second round of funding from ACEs Aware of $2.3 million to advance Trauma-Informed Care activities and services in the county.

ACEs work this past year included development of more welcoming clinic environments and new 'automated' trauma-informed systems and workflows for Help Me Grow referrals and expanded services access. Some of the highlights in results from this grant included: 2,474 child ACE screenings at La Clinica (802 of which were children between 0-5), 169 parents ACE screened, 178 children referrals and 91 adults referrals from La Clinica to Help Me Grow, and 441 referrals to community resources by Help Me Grow Care Coordinators for La Clinica clients. All these outcomes illustrate the bi-directionality of referrals and service connections we want to see across all systems.

One important outcome of the ACEs Aware Implementation grant was to build a community of trauma informed providers and practitioners across the county which culminated in the launch of the Contra Costa County Network of Care Hub, which now has 210 members. First 5 Contra Costa will continue to move forward advancing the online Network of Care Hub and expanding increased system supports through Help Me Grow and strategic partnerships with medical and community service providers in Contra Costa County.

At the end of the presentation, staff unveiled a newly produced video about the Network of Care. The video will be available on the First 5 Contra Costa website once it is officially released later this fall.

Supervisor Diane Burgis left the meeting after this item presentation.

8.0 RECEIVE Executive Director's Report

Ruth gave the following Executive Director Updates:

a) Staffing updates – Ongoing recruitments in process for the Finance and Operations Director, Policy Strategy and Evaluation Director and the HR Manager positions.
b) Administrative Office Relocation Updates – We are currently in our new facilities. Tenant improvements for second and third phase are ongoing, and anticipate to be completed in two weeks.
c) Upcoming webinar on COVID-19 Vaccinations for children 6 months to 5 years of age – July 21 @ 6 pm via zoom Commissioner Jones will moderate questions and answers with a panel of experts that includes Commissioner Dr. Mekuria and colleagues within the pediatric field.
d) Through a partnership with "Help A Mother Out" First 5 Centers received over 170,000 diapers in 2021-22 program year to distribute to families through the Centers to Contra Costa County Families.
e) Reminder: Solano and Contra Costa First 5 Centers VIP Tour – July 19 from 10:30 am – 2:30 pm. Commissioners RSVP through Eventbrite Link.

There were no questions from the floor.

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9.0 Communications

The Chair stated that there were two communications materials included in the packet:

- June 22, 2022 Letter from the Office of County Counsel: "Revised Board Direction on Conduct of Live Advisory Body Meetings".
- Antioch CHANGE Report: A Community Housing Assessment of Needs, Gaps and Equity.

10.0 Commissioner F.Y.I. Updates

Gareth Ashley announced his recent appointment to the Contra Costa Aviation Advisory Committee as well as his appointment to the Byron Airport Habitat Grazing License subcommittee.

11.0 Adjourn

Meeting was adjourned at 7:53 PM

Next standing meeting is on Monday September 12, 2022.

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FIRST 5 CONTRA COSTA
CHILDREN AND FAMILIES COMMISSION

September 12, 2022

Agenda Item 3.2

Accept the Minutes from the July 11, 2022 Executive Committee Meeting

Executive Committee

M I N U T E S

Monday July 11, 2022
5:00 p.m.

1.0 Call to Order

Meeting was called to order at 5:10 PM

In attendance were:
Chairwoman Dr. Rocio Hernandez, Vice-Chair Marilyn Cachola-Lucey, and Additional Non-Voting Member Genoveva Garcia Calloway

Staff present were:
Executive Director Ruth Fernandez, Deputy Director Camilla Rand, Temporary Administrative Manager Tammy Henry, and Executive Assistant Alexander Khu.

2.0 Public Comment

There were no comments from the public.

3.0 Approve the minutes of the Special Executive Committee meeting of March 28, 2022.

Marilyn Cachola-Lucey made a motion, seconded by Genoveva Garcia Calloway to approve the minutes of the Special Executive Committee meeting of March 28, 2022.

Roll call of vote:
Dr. Rocio Hernandez – Yes
Marilyn Cachola-Lucey – Yes
Genoveva Garcia Calloway – Yes

The minutes were **APPROVED**.

4.0 CONSIDER accepting the report on significant program, financial or contracts matters, and on any personnel matters relating to Commission staff.

Ruth gave the following administrative updates:

a) Relocation updates: Staff are now occupying the new building @ 4005 Port Chicago Hwy, Suite 120, Concord CA. Major moves were completed, including Information Technology installation, telephone / fax equipment and pertinent furniture completely installed. Building compliance inspections (alarm, safety etc.) were completed. Expect the new conference center area.
b) Updates on staffing recruitment: Recruitment Consultants Avery & Associates are performing the executive search for Finance & Operations Director. They received 6 applications & plan to interview 5 of them. The Policy Strategy & Evaluation Director position's search will follow shortly. The position for Human Resources Manager will be posted by the end of the week.
c) Finance Updates: Finance Coordinator Marianne Dumas, Maze & Associates' Accounting Firm's Consultant Maria Munoz and Ruth Fernandez Executive Director are finalizing 2021-22 Audit. Expect formal report to be completed in October 2022.

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d) Grants and Contracts: Launched DocuSign, gave training to staff. All of the contract renewal phase of the cycle for FY 2022-23 will utilize this new automated tool. We purchased a module from software called "Blackbaud" that is used to monitor and track external grants. The Grants & Contracts department is collaborating with Blackbaud staff in the launch of new module and tailoring of First 5 specific forms for grant monitoring.

e) Organizational planning updates: Since the presentation of the Organizational Study, Ruth hosted 2 Executive Director's office hours for staff, to invite them to discuss the development of the Organizational Assessment and discuss staff expectations. Additionally, Ruth continued to discuss different segments during weekly Staff Meetings. Building on the findings and data collected through the organizational study, the First 5 executive team will work towards conducting a Job Classification and Compensation assessment. In the next few months, the Executive Team will identify a consulting vendor to support the assessment process. Dr. Rocio Hernandez expressed that she hoped to see something in place before the end of the year before the next E.D. Evaluation for next year. Ruth plans to identify the consulting firm within the next two to three months. Tammy Henry informed that as part of the approved Executive Director performance review process, this is the year that we would move with a compensation study for the Executive Director (as per the Benefits Resolution). Dr. Rocio Hernandez informed that she wants this process to be transparent so that it does not seem that they are favoring executive staff over the other positions.

Camilla Rand gave the following highlights:

a) Year-end grants. Dual Language Grant (the Implementation Grant from First 5 California, an 18-month grant) updates. This program helped improve the practices of providers. Intensive virtual learning was given to our cohort for providers including online learning opportunities, Communities of Practice and coaching. All our First 5 Contra Costa coaches were able to participate and support the providers respectively. In the end over 350 families received support, including the distribution of over 400 books in several different of languages (Spanish, Tagalog, Farsi, Arabic, Mandarin to name a few). Another program called "Creative Connections" that was also funded by this grant supported 24 families through virtual workshops, assisting them in supporting their children in embracing culture and the development of their childhood identity and dual language learning.

b) Family Support: Through a partnership with "Help a Mother Out" – we received almost 170,000 diapers to give out to Contra Costa families.

c) Family Support: The operation of our First 5 Centers will be going out for an RFQ in January 2023. We will be working with the author of "Vehicles of Change" Judy Sherman who will be coming to provide training to our staff on the framework that shapes service delivery at the Centers. We will be working with consultants to provide some Community Forums to really understand the needs and wants of the community.

d) Early Intervention: We are wrapping up the ACEs Grants. This was an opportunity to build our Network of Care, and Help Me Grow framework – build it up to scale to support more providers and families county-wide. We had planned to re-apply for this new round of ACEs Grants, but unfortunately we won't be doing this because of the change of requirements to apply. (It has to be led by a clinic or consortium of clinics. We currently

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have the opportunity to take our "Help Me Grow" System of Coordination for families and young children and build it out to scale. We are working on how we can support more providers who serve children with disabilities. To do so, we are talking with several pediatricians around what we could do to further support via Help Me Grow.

e) We just completed our Early Intervention Landscape Analysis with VIVA Consultants. We will be planning what our future will look like within our Early Intervention Services. Hoping to bring into partnership our county's Managed Care System so that we are touching a broad range of providers throughout.

Dr. Hernandez asked if the Contra Costa County have medical school to increase awareness of ACEs and integrating them into all of the screening regardless of age

Camilla informed that ACEs screening will be required for MediCal in 2024. And First 5 Contra Costa is planning to rally around what we can put in place to support these providers throughout the county to gear up the mandate.

Ruth informed that the Cal Aim program will launch in 2023 through the Department of Health Services at the state level doing population health management - a strategy and roadmap was recently released. First 5s were mentioned in all the strategy roadmaps as a partner, working to provide and promote early interventions and buffering supports.

5.0 DISCUSS issues regarding the operation of the Commission.

Ruth informed that our Commission still has a vacancy for District 5 Alternate seat. It would be great we can connect a parent or an early care and education professional or a Transitional Kindergarten teacher.

The county completed the Governing/ Advisory Body Triennial Review and recommended First 5 Contra Costa post agendas on the County website. We are not required to post on Agenda Center however we will comply to allow increase and ease of access and transparency to the public.

Ruth is planning for a September Commission meeting to launch the Strategic Plan and propose to have an in person plan to meet.

Ruth is also asking the Executive Committee for their availability for a Special Meeting of the officers to forecast for the strategic planning process.

6.0 CONSIDER accepting the report on statewide activities pertaining to children 0-5, including the activities of the First 5 Association of California, First 5 California, and other statewide advocacy groups.

Ruth informs that there are so much happening on the state level and would like to invite a presenter at the next Commission Meeting to make a presentation on the state budget and how the young children fare and how does some of the initiatives that relate directly to our work as First 5 Commissions.

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7.0 Items for Consideration

- Contra Costa Children's Leadership Council/Children Now Infographic

Ruth reported that there is a collaborative project in the works in partnership with the Lesher Foundation, the East Bay Leadership Council and First 5 Contra Costa to update the "Equity Opportunity Gap Infographic". All three entities are sponsoring the project and are partnering with Children Now to collect the data and update the infographic. The first version was developed in 2019, the focus for the updates will be on different data sets of children prenatal to young adulthood. Additionally, we are working in collaboration with the Children's Leadership Council (CLC) Leadership Team as key informants for this tool (this group consists of members from the Contra Costa Health Services, Contra Costa County Office Of Education, the Employment and Human Services Division of Contra Costa County and First 5 Contra Costa).

8.0 Review agenda items for upcoming Commission meetings

- Executive Committee Administrative Calendar

Note: the officers ran out of time and was unable to cover agenda item 8.0

9.0 Adjourn

Adjourned at 6:00 pm.

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FIRST 5 CONTRA COSTA
CHILDREN AND FAMILIES COMMISSION

September 12, 2022

Agenda Item 3.3

Accept the minutes from the Special August 24, 2022 Executive Committee Meeting

Special Executive Committee
MINUTES

Wednesday August 24, 2022
11:00 am – 12:30 pm

1.0 Call to Order

The Special Executive Committee Meeting was called to order at 11:02 am
.
In attendance were:
Chairwoman Dr. Rocio Hernandez, Secretary Treasurer Matt Regan, and Additional Non-Voting Member Genoveva Garcia Calloway.

Staff present were:
Executive Director Ruth Fernandez, Deputy Director Camilla Rand, Temporary Administrative Manager Tammy Henry and Executive Assistant Alexander Khu.

Also present was Strategic Planning Consultant, Nicole M. Young.

Not present during roll call was Vice-Chair Marilyn Cachola Lucey.

2.0 Public Comment

There were no comments from the public.

3.0 Approve the minutes of the July 11, 2022 Executive Committee Meeting.

Matt Regan abstained.
The remaining voting members approved the minutes of the July 11, 2022 Executive Committee Meeting.

Marilyn Cachola Lucey arrived at 11:07 am.

4.0 Discuss and Accept report on strategic planning priorities, strategic planning approach, process, and timeline.

Ruth provided broad context regarding the strategic planning process and timeline given that FY 22/23 is the last year in the current Strategic Plan. The commission will need to approve an updated/revised strategic plan for FYs 2023-2026 at the April 2023 scheduled Commission meeting. First 5 staff will be working in collaboration with Nicole Young, consultant to plan and conduct strategic planning conversations with staff, commission members and community stakeholders. The goal for today's presentation and review of the proposed outline is to collect input and questions from Commission Officers about the process, engagement approach and projected milestones for completion of the new Strategic Plan.
Nicole Young, consultant, facilitated this item discussion and shared screen on the strategic planning process and timeline:

- Strategic Planning Framework – September through October 2022
- Landscape Analysis – October through November 2022
- Commission Retreat – December 2022
- Community Voice (Listening Session) – December 2022 through February 2023
- Strategic Plan Development – February 2023 through April 2023
- Public Hearing to Adopt Strategic Plan – April 2023
- Disseminate Strategic Plan – May through June 2023

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Key discussion items were included with the Executive Committee Packet.

After presentation, the officers began dialogue on the process and timeline. Several questions were raised by executive committee members and discussed throughout the meeting that included the following points:

- acknowledgement of the importance to connect organizational goals to strategic planning priorities and goals;
- in regards to First 5's Race, Equity, Diversity, and Inclusion (REDI) framework to ensure context setting is done from the very beginning by establishing common language definitions, norms and agreements related to First 5's roles and approach to systems change.
- Intentional preparation for facilitating and holding sensitive conversations, specifically when discussing being an 'anti-racism' organization. Awareness of the sensitivities that arise during courageous conversations and being prepared to move through the process and still make progress toward our goal.

Executive committee members talked about their interest in finding more ways of involving people we are serving in the community. A SWOT (Strength, Weakness, Opportunity, and Threat) approach throughout the planning process was mentioned as a possible tool to help the commission move through a landscape assessment that would allow space to course correct and make space for innovation and change.

Nicole introduced the Spectrum of Community Engagement to Ownership with a visual. The Spectrum for Community Engagement is a new tool that will be included in the Cohesive Strategic Planning Framework that will be presented to the full commission at the scheduled Commission meeting on October 17, 2022.

Further logistical discussions ensued regarding the timeline and process as outlined by Nicole. Overall, the committee shared excitement for the strategic planning that is about to unfold.

5.0 Review agenda items for upcoming Commission meetings

Ruth highlighted upcoming action items for the commission in the months of September and October 2022 as outlined in the Executive Committee's Administrative Calendar.

6.0 Adjourn

Meeting adjourned at 12:25 pm.

4005 Port Chicago Highway, Suite 120, Concord, CA 94520 • 925.771.7300 • fax 925.771.6083 • www.first5coco.org

FIRST 5 CONTRA COSTA
CHILDREN AND FAMILIES COMMISSION

September 12, 2022

Agenda Item 3.6

Accept the First 5 Contra Costa June, July and August 2022 Program Reports

PROGRAM UPDATES

June 2022

Family Support

*Our **Family Support** (FS) initiative helps families build healthy relationships, strengthen support systems, and nurture their children's development.*

The West County First 5 Center Team Expands

West County First 5 Center has added a second Community Resource Specialist (CRS) to their staff. Tierra Karriem will be joining Mabel Ortiz to help families learn about and connect to needed resources. Tierra will also be doing outreach and recruitment to engage African American/Black families in our community. Tierra's passion for working with families was inspired by her mother who lived her life in service to underserved communities. When she picked up her mother's torch 15 years ago, Tierra never looked back. She started out as a preschool teacher and took positions throughout the school system where she continued her work with students and families on behavior, supports, and advocacy. The Center is delighted to have Tierra join the team and in her role at the West County First 5 Center, she hopes to continue to impact communities and inspire her 12 year old son to find his passion and follow his dreams.

Parents Gain Valuable Skills From Community Advisory Council Involvement

Gabriela Castro found her "voice" and an increased level of confidence while serving in her leadership role on the Delta First 5 Center Community Advisory Council (CAC) member. Recently, when reflecting on where she was prior to joining the CAC, Gabriela acknowledged her hesitancy to join the parent-led leadership group primarily due to English being her second language. With a smile that brightens the room, she says "Everything happens for a reason and I am glad I decided to join—my life has changed for the better." Her confidence increased as she learned she could effectively converse with other CAC members, center families, and out and about in the community. As a direct result of her CAC experience, Gabriela has sought out other volunteer opportunities in and outside the Center. In addition to assisting Center staff with different projects over the past few years, she actively volunteers at the Village Resource Community Center and at her children's schools.

Two CAC members who served on the East County First 5 Center were able to elevate their leadership skills and CAC experience to re-enter the workforce. Marika Hinds, The CAC Coordinator says "I have watched CAC members move from being helpful parents to parent leaders. It is exciting for me to acknowledge and help members recognize how they have grown and the experience they have gained during their time on the CAC." For parents who choose to leave the workforce in order to parent their young children, the CAC helps parents continue to learn and develop transferable skills that help fill resume gaps.

Community Engagement Program

*Our **Community Engagement Program** (CE) supports three Regional Groups made up of 200 parents and residents to make Contra Costa County safer, healthier and more equitable for families: West County Regional Group (WCRG), Central County Regional Group (CCRG), and East County Regional Group (ECRG).*

Renting families Win Anti-harassment Protections in Concord

After 14 months of steady advocacy by the CCRG and Raise the Roof Coalition, the Concord City Council passed an anti-harassment policy on June 14. The CCRG delivered compelling and important testimony in person and stayed until the end of the vote shortly before midnight. This ordinance is an important step towards protecting renting families from intimidation and retaliation by landlords and keeping Concord young children and families in their homes.

PROGRAM UPDATES

June 2022

Antioch CHANGE Report is Released

The Antioch CHANGE report was released on June 22 marking the culmination of the ECRG-led community housing assessment conducted throughout 2021. The report provides important historical and political context for the city's current housing crisis, summarizes the housing experiences of over 1,000 Antioch residents, and lays out short- and long-term recommendations for housing stability for young children and families. The priority policy recommendations—rent control, just cause for evictions, and anti-harassment protections—form the foundation of the ECRG's advocacy campaign now underway.

On the day of the report release, the ECRG and ACCE organized a housing demonstration to bring attention to the report's findings and the hundreds of Antioch tenants facing egregious rent increases up to $700 due to a loophole in the state's rent cap. The Antioch City Council can keep renting families in their homes by passing local tenant protection policies. The housing action was covered by 8 media outlets, most of whom interviewed CE staff and ECRG leaders. It was a tremendous effort by ECRG, CE staff and the Communications team to bring light to this important report. The Antioch CHANGE report can be found here.

Regional Groups Advocate for Strong Housing Element Plans

This month, the CCRG and ECRG worked hard to embed the needs of young children and families in the final draft housing element plans for Concord and Antioch. The drafts are now complete and on their way to the state's Housing and Community Development department for review. The Regional Group members did a phenomenal job advocating for a strong housing plan that will protect renting families and build equitable, affordable housing over the next 8 years.

PASOS Walking and Dance Program Takes its Final Lap

The CCRG celebrated their last PASOS session on June 30 with community members in the Ellis Lake Park neighborhood. The physical activity program, originally paused in 2020 due to the pandemic, returned in March 2022. The CCRG led the weekly program, serving hundreds of Monument community children and families.

CE Team Wishes Yoally Well in her next Chapter

Yoally's last day with the CE team was June 30. We are grateful for Yoally's remarkable contribution supporting Regional Group families and the CE team. We wish Yoally all the best in her next chapter. We know that Yoally will be successful and continue to make important changes for young children and families.

Early Intervention

*Our **Early Intervention** (EI) initiative aims to ensure that families have access to prevention and early intervention supports and services that foster the optimal development of all children.*

ACEs Aware Integrating Trauma Informed Practices

First 5 Photoshoot Picnic

As part of our ongoing efforts to integrate trauma-informed care within our work setting, First 5 staff completed the Staff Wellness and Work Environment Survey. More than half of the respondents indicated in their survey responses that they would like to see more images and photographs of families and children in the office spaces—especially of our own staff and families. Thanks to our ACEs Aware Grant,

we had the exciting opportunity to host a Photoshoot Picnic on Sunday June 5 at Newhall Park in Concord. Digital copies of each staff's photos have been emailed to them and we look forward—with folks' consent—to printing, enlarging, and displaying a handful of the photographs to be lovingly shared in our office for staff, visitors, and the public to enjoy for years to come. These photos of our staff and families are an excellent way to create a welcoming space, build connections, and remind us of the importance of relationships.

ACEs Aware Filming Day

June was a busy month of weekend events for the Early Intervention team. As a part of our ACEs Aware Implementation Grant, our Early Intervention and Communications teams collaborated with Feel Good Video, Inc. to produce two short videos elevating the Contra Costa Network of Care, the Help Me Grow Program, and our broader work around preventing, screening, treating, and healing Adverse Childhood Experiences (ACEs) through clinical referrals to community resources. One video will be geared toward onboarding community medical and social service providers to the Network of Care, and the other will focus on spreading the word to funders and policymakers about how they can contribute to our collective work to make a healthy future for our communities' children. Enormous thanks to everyone who made our filming day on Sunday, June 12 a huge success. We are so grateful to all the First 5 and La Clinica staff members and their beautiful families who agreed to be in the film. The two videos will be used for both outreach and advocacy efforts to bring more attention and funding to this trauma-informed care work.

Family Hui

Thanks to the ACEs Aware grant, we will be launching two parenting support group called Family Hui. A family Hui is a peer lead trauma-informed positive parenting program for parents with at least one child birth to five. The program is designed to build a community of support among parents. The Family Hui is a resilience-focused parenting program aimed at building connections and community amongst parents. Four parent facilitators have been identified and completed training to start running groups.

Wrapping up ACEs Aware Implementation Grant

Our ACEs Aware Implementation Grant concluded on June 30, 2022. The EI team was tasked with completing our $2 million grant within a 15-month time period. We have done so at a fast and furious pace with our two partners La Clinica and the Contra Costa Crisis Center along with internal support from our communications, finance, contracts, and administration departments. It truly took a village to successfully get the job done.

The grant activities took a holistic view of addressing ACEs structured upon a trauma-informed (TI) system of care. First 5 continued to advance trauma-informed practices countywide with:

1) training and technical assistance opportunities on the network of care
2) providing TI coaching to all three agencies specific to their needs
3) creating TI spaces within all three organizations, and
4) piloting ACEs screening connections via electronic communications within Contra Costa La Clinica sites and recently adding two more health centers to our node.

We are still finalizing some remaining wrap-up activities and we look forward to presenting this information at a later date during a commission meeting. The final project report was submitted on time to our funder by Trauma and Resiliency Coordinator, Emily Hampshire—who did an outstanding job.

PROGRAM UPDATES

June 2022

Save-the-Date: Upcoming Help Me Grow Café

Join us for the next installment of our Help Me Grow Café on August 16. The focus will be on Early Intervention Services.

Family Economic Security Partnership

*The **Family Economic Security Partnership** (FESP) is a public, private and nonprofit collaboration dedicated to increasing the income and building the assets of low-income families and individuals living in Contra Costa County.*

Family Economic Security Partnership (FESP) Activities

FESP will be holding a meeting on August 11 on Guaranteed Income. Teri Olle, Campaign Director of the Economic Security Project will talk about efforts, challenges, and success across the country. Parisa Esmaili, Executive Director of Community Financial Resources will speak about local efforts and the newly established Guaranteed Income working group. There will also be time for updates on Measure X, the Budget Justice Coalition (with new leadership), ERAP, and CAPP. The meeting will either be hybrid or all on zoom.

The FESP Executive Committee also had a conversation about continuing FESP after Fran Biderman, Special Projects Coordinator, steps back and their willingness to help identify potential topics for future meetings.

Community Advocacy + Partnership Project (CAPP)

CAPP held its third meeting of year two, “Learning in Action” on June 8. The CAPP core team (Ensuring Opportunity and FESP) reviewed the timeline for year two with cohort members, culminating in March 2023. The core team outlined expectations for presentations at the July 13 CAPP meeting by representatives of the two issue areas (education or economic justice) culminating in a process to select one or both projects to work on for the remainder of year two. The two issue teams met during the June meeting and shared a brief sample of what they are considering for their policy campaign. The education equity group is exploring a family engagement policy at the local school district(s) level and the economic equity group is exploring a guaranteed income project for foster youth transitioning out of care.

The policy issue groups have also been preparing presentations for the July 13 meeting and a one-page brief description of their proposed projects. The CAPP Steering Committee also has met monthly, providing input into the next session’s agenda and sharing comments about the preceding one.

All meetings continue to have Spanish language interpretation and Roxana Dumas, CAPP program coordinator with Ensuring Opportunity, continues to provide support and helps to manage all aspects of the CAPP program, in partnership with Mariana Moore and Fran Biderman.

Early Learning Leadership Group (ELLG)

ELLG members met on June 14 and received a great presentation on early childhood compensation strategies by the UC Berkeley Center for the Study of Child Care Employment. The committee revisited their focus and structure and decided to merge two committees to address child care compensation and retention. ELLG members will begin to do research, collect relevant data and identify successful models for increasing compensation.

ELLG members also talked about Measure X implementation–a small group has been meeting to explore how best to distribute the $4 million for slots and hope to have a final proposal by October. CSB will be working with ELLG to discuss how to disburse the $1.5 million for child care staff retention.

June was Fran's last ELLG meeting as staff and plans are underway to take over those duties.

Partnerships

Budget Justice Coalition (BJC)

BJC members held a meeting on June 23 to begin to develop a strategic plan to guide their work under new leadership. Dan Geiger is retiring and Sara Gurdian is the new project coordinator. Fran will be stepping away from BJC meetings in the future.

Early Childhood Education

*Our **Early Childhood Education** (ECE) Initiative aims to ensure that all children have access to high-quality, affordable child care and early learning.*

Ready Kids East County (RKEC) Initiative: RKEC Parent Group

On Saturday, June 26, the Ready Kids East County Parent Group had its first in-person meetup at Small World Park in Pittsburg. The event was hosted by First 5 Contra Costa through the Ready Kids East County Initiative. First 5 staff members, Lisa Johnson, Grants and Contracts Manager, Wanda Davis, Early Intervention Program Officer, and Jessica Keener, Ready Kids East County Initiative Coordinator, all attended and helped facilitate the event. There were a total of 33 people that participated in the meetup including 15 adults and 18 children. Families were able to walk around the park, go on some rides, play with bubbles, and enjoy some lunch with other Black and African American families that live in East Contra Costa County. The parents expressed appreciation for being able to gather and network and are anxiously looking forward to the next opportunity to socialize with one another.

Dual Language Learner (DLL) Pilot Expansion Phase

Foundational PD Series

As part of the Dual Language Learner (DLL) Pilot Expansion Phase, 23 Quality Matters Providers participated in the Foundational Professional Development (PD) Series. The series consisted of independent online materials (self-guided articles, videos, and prompts on DLL practices) and to help make meaning of the self-paced independent materials, participants joined professional learning communities (PLCs). Both the independent materials as well as the PLCs were offered in both English and Spanish. The Foundational PD Series received positive feedback on the post-evaluation, with participants commenting, "Please have more of these sessions. Very informative," and "Great instructor, very knowledgeable and fun."

Culmination

First 5's DLL Pilot Expansion Phase culminated on June 30, 2022 and two capstone events wrapped up the pilot. On the evening of June 16, educators, coaches, and program leaders from the Bay Area Regional DLL Team (Contra Costa County, San Francisco County, and Santa Clara County) celebrated the regional accomplishments with slideshows, videos, spoken poetry, and a live band—all through

Zoom. On June 17, First 5 California brought together the 16 participating DLL counties for the DLL Policy Summit which celebrated the work accomplished throughout the Pilot and the corresponding Community of Practice sessions.

Quality Matters

Across Contra Costa County, 186 programs participated in Quality Matters during the 2021-22 program year. The Quality Matters programs included Quality Rating and Improvement System (QRIS), Quality Improvement System (QIS), and Tandem, StoryCycles. Sites included a range of California State Preschool Programs, Family Child Care Homes, and Friend Family Neighbor Providers. As the Quality Matters year came to a close, the First 5 Coaches worked with QRIS sites to reflect on quality improvement plans and discuss progress made toward goals. Providers completed the final milestone, an end of year survey, to provide feedback and offer insights to be used for the upcoming year. Participating Quality Matters QRIS and QIS sites will receive grants for their commitment to high-quality early learning for all children.

Professional Development Program (PDP)

The 2021-22 Professional Development Program (PDP) is wrapping up. To date, 122 PDP participants have advanced their learning related to early childhood education through college coursework, meeting education milestones, and/or completing training hours. Participants are eligible to receive financial incentives based upon their completion of levels of learning. This year marks the final year First 5 Contra Costa contracted PDP advisors at the local community colleges including Contra Costa College, Diablo Valley College, and Los Medanos College, to support participants in completing their educational and professional goals. We would like to recognize Suzette Handy, Melissa Jackson, and May Saeteurn for their tremendous leadership.

PROGRAM UPDATES

July 2022

Community Engagement Program

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Antioch CHANGE Campaign Makes Tremendous Progress

Since the Antioch CHANGE report was released last month, the ECRG and partners have advocated tirelessly for immediate tenant protections for renting families. They have organized rallies, media attention, and council meeting outreach to highlight citywide housing insecurity and to stop the recent 30% rent increases issued to hundreds of Antioch renting families. Thanks to this effective and unrelenting advocacy, the city council will vote on a rent stabilization policy on August 16, paving the path for permanent protections for Antioch children and families. Last week, corporate landlords responded to the community mobilization and rescinded the rent increases, saving over 150 families from displacement on August 1. Congratulations to the ECRG, partners and brave renters who are keeping young children and families housed because of their powerful organizing

July media coverage of the Antioch CHANGE campaign can be found here: NBC Investigates, Local News Matters, and Mercury News

The New Boorman Park Dream Design is Final!

On July 30, the WCRG and CE team hosted a final Community Design Day for Richmond children and families to make the final touches on the new Boorman Park renovation plans. This $8M project is the result of the WCRG's park research, advocacy, and partnership with the city of Richmond and Healthy & Active Before 5. The new park will feature a complete transformation with two playgrounds, a basketball court, soccer field, skate spot, fitness zone, multi-use path, picnic area, gazebo/stage area, restrooms, and parking area. Now that the design is final, construction plans will move forward and the park is expected to be completed in 2024.

Regional Groups Meet in Person

After 28 months of meeting via Zoom, the Regional Groups came back together for in-person meetings in July. The meetings were a tremendous success, bringing together parent advocates to reunite with one another, meet new Regional Group members, and engage in deep, rich conversation about their advocacy projects. We look forward to returning to our regular meeting schedule and conducting leadership development and community building as it is meant to be done—in person.

Early Childhood Education

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Quality Matters: End-of-Year Survey Data

Quality Matters (QM) participants completed an end-of-year survey as the final milestone of the program year. The results offered great feedback and will inform the plans for the 2022-2023 program. QM participants indicated the ability to connect with coaches and the support through the pandemic (including community resources, PPE supplies, and having someone to talk to) were the most valuable components of the program. In response to a question about how the QM Program offered support during the

pandemic, one provider noted, *"The funds and having access to Covid-19 related information really helped in ensuring that we were able to go back to in person instruction without being nervous about students and staff safety."* Another Provider commented, *"Having the quality goals defined helped us stay on track of providing quality care when making decisions on what we have to change vs. what we should not change to meet pandemic safety."*

Providers also requested more virtual trainings in 2022-2022, with 88% of respondents indicating they would attend virtual trainings. Staffing continues to be a concern, with over half of the respondents selecting staff recruitment as a key challenge. Participants also shared information regarding interests for professional development, availability for engagement, and more. The QM team will continue to use this data to plan trainings, events, and coaching.

BUILD Conference

The Early Childhood Education team, including three Quality Improvement Coaches, the Quality Improvement Coaching Coordinator, the Ready Kids East County Coordinator, the ECE Program Assistant, and the ECE Program Officer attended BUILD 2022: Building Systems, Improving Quality, Advancing Equity. During this virtual conference from July 11-13, participants had the opportunity to attend a variety of sessions including plenary sessions featuring authors Heather McGhee and Sonia Manzano—also known as "Maria" from Sesame Street. All sessions included a diversity of perspectives and voices from across the country. First 5 Staff reflected: *"I especially enjoyed Maria from Sesame Street [Sonia Manzano]. She offered some fresh takes on inclusion and representation in the media"* said Jessica Keener; and Elida Treanor commented, *"I was riveted by the speaker artist, LaToya Ruby Frazier, in A Conversation about The Flint Water Crisis: The Impact of Environmental Racism on Children and Families and How Art Plays a Role in Advocating for Action." The photographs paired with her discussion about her motivation to document the people dealing with the water crisis, to show their hopeful moments, and to record their commitment to embracing new technology to address the crisis, crystalized my understanding of the impacts of racism. I 'got it' during this talk; I 'got' how insidious and manipulative racism is, how it becomes systemic and feeds itself. I feel better educated now and empowered to speak out when I see those subtle racist actions, or rather, inactions."*

Members of the Early Care and Education team from Contra Costa County Office of Education also attended the conference and the Quality Improvement coaches are discussing ways of structuring the quality improvement work following a session on the need to change the Quality Improvement and Rating System—we all look forward to incorporating our learning into our Quality Matters Program in Contra Costa.

CocoKids: Family, Friend, & Neighbor Care Providers

The team at CocoKids partnered with 15 Family, Friend, and Neighbor Care Providers (FFN), 10 of whom serve children ages birth to five during the 2021-2022 program year as part of Contra Costa's Quality Matters. The engagement with FFNs included a combination of sharing a monthly e-Newsletter with access to countywide trainings, CPR/First Aide training, personal protective equipment, survey completion, school supplies, and calming kits. Calming kits aim to address feedback from the FFNs and provide techniques to address stress with items such as yoga cards, fidgets, timer, scratch and sniff stickers, books, scarves, and a laminated card with ideas for using the materials. First 5 Contra Costa will continue to partner with CocoKids to partner with FFN providers in the upcoming year.

PROGRAM UPDATES

July 2022

Ready Kids East County (RKEC) Initiative: RKEC Parent Group

The Ready Kids East County Parent Group had its third virtual meeting, Tuesday July, 26. First 5 staff members, Lisa Johnson, Grants and Contracts Manager, and Jessica Keener, Ready Kids East County Initiative Coordinator, hosted and helped facilitate the meeting. Becky Nielson, the Youth Services Librarian for the Pittsburg Library, joined the RKEC Parent Group meeting as the guest speaker and presenter. She led the children through some fun interactive activities and ended by detailing all the programs, resources, and events not only available at the Pittsburg Library, but at various libraries in the Contra Costa County Library system. A few parents mentioned that they were not familiar with all the services the Contra Costa County Library system had to offer and expressed a renewed interest in utilizing their local libraries for access to more resources and opportunities.

Family Economic Security Partnership

*The **Family Economic Security Partnership** (FESP) is a public, private and nonprofit collaboration dedicated to increasing the income and building the assets of low-income families and individuals living in Contra Costa County.*

Family Economic Security Partnership (FESP) Activities

FESP's August 11 meeting—and Fran's last FESP meeting—will be on Guaranteed Income. Two guest speakers will share their knowledge with FESP members: Teri Olle, campaign director of the Economic Security Project and Parisa Esmaili, Executive Director of Community Financial Resources. The presentations will include clarifying the difference between Guaranteed Income and Universal Basic Income, local and statewide efforts and outcomes, and challenges and opportunities.

Community Advocacy + Partnership Project (CAPP)

CAPP held its fourth meeting of year two, "Learning in Action." At the meeting, the two issue area teams, having completed a three-month discovery phase, made presentations on their policy projects—education and economic justice. The education equity group presented information about their policy goal to incorporate family engagement in four school districts (Brentwood, Byron, West Contra Costa and Mt. Diablo). The economic equity group will be focusing on a guaranteed income project for foster youth transitioning out of care.

Cohort members voted on whether to move forward with one or both policy projects and the majority voted to continue with both. The issue teams will now move into campaign planning and the core CAPP team is preparing some guidelines to assist in the process.

The core CAPP team meets weekly to discuss the projects and process, plan for each monthly cohort meeting as well as the Steering Committee and policy issue team meetings. They have also been meeting with funders to secure enough funding for year two. CAPP has received a grant from San Francisco Foundation for year two and has some positive feedback from another funder.

ELLG (Early Learning and Leadership Group)

Fran is no longer staffing this committee and plans are underway to take over those duties. In the meantime, Ruth Fernandez, First 5 Executive Director and Camilla Rand, Deputy Director continue to attend and facilitate those meetings. Two ELLG subcommittees have formed to develop plans to disburse the Measure X childcare vouchers as well as the childcare stipends and continue to report progress to the larger group.

PROGRAM UPDATES

July 2022

Family Support

*Our **Family Support** (FS) initiative helps families build healthy relationships, strengthen support systems, and nurture their children's development.*

First 5 Center VIP Tour: Solano and Contra Costa County

First 5 Bay Area Executive Directors, Commissioners and Board of Supervisors were invited to tour the First 5 Centers of Solano and Contra Costa Counties to experience the Family Resource Center model that serves families with children birth to age 5—an idea that stemmed from interest among the Bay Area Region Executive Director Group. In the morning on July 19, the tour began at the Vallejo First 5 Center with a presentation by Michelle Harris, First 5 Solano County Executive Director and Lorraine Fernandez, Program Manager. A material packet provided an outline of the Center's holistic approach to a welcoming environment, partnerships supporting the mission, and an "Awareness to Action" page focusing on impact. Also included, was Solano's 2021 Legislative Proposal to establish a First 5 Center in Fairfield to support the City's most disadvantaged families and children in the 94533 zip code.

Following the Solano tour, guests made their way to the Contra Costa First 5 Centers located in Pittsburg, as well as Antioch. Guests were greeted with smiles from staff, a welcome packet, and a healthy lunch. In Pittsburg, the East County First 5 Center Interim Director, Carmen Smith Wright, along with Community Resource Specialists, Marika Hinds and Gianna Baldazo, presented an overview of the hybrid service delivery model that has been implemented in the wake of the COVID-19 pandemic. Statistics were shared of families served at the Center and highlighted the continued need for outreach efforts to African American families and Fathers in particular. As guests strolled through the site, they were able to observe a Jump Bunch class that teaches parents how to engage children in the development of their gross motor skills while practicing sequencing patterns. The tour concluded at the Antioch First 5 Center where guests were greeted by Ruth Fernandez, First 5 Contra Costa Executive Director, Lee Ross, First 5 Contra Costa District III Commissioner and staff. Our newest Site Director, DeeAnna Granata, introduced her staff and held a brief Q&A session. Lee Ross expressed his heartfelt gratitude to staff of both Contra Costa and Solano for such an informative and inspirational VIP tour of our Center facilities.

The ABCs of COVID-19 Vaccines for Kids Ages 6 Months to 5 Years

First 5 hosted a one-hour virtual session for families on July 21 to share the latest information on the newly released COVID-19 vaccinations for children aged 6 months to 5 years—around 60 people tuned in. The webinar was moderated by First 5 Contra Costa Commissioner John Jones and included a presentation by Contra Costa Health Services Deputy Health Officer, Sofe' Mekuria, and Contra Costa Health Services Nurse Practitioner, Nicki Brito. Also on the panel was Omoniy (Niyi) Omotoso, Medical Director of Pediatrics at LifeLong Medical Care. The presenters outlined the statistics of COVID-19 in our County including the history and benefits of vaccines for children in this pediatric age group, where to get vaccinated (including upcoming clinics at our First 5 Centers) and an informative Q&A session with our provider panel. The webinar can be viewed and shared on First 5's YouTube channel.

Diapers for First 5 Center Families

At the close of the 2021/22 Fiscal Year and in partnership with the Help A Mother Out (HAMO) program, First 5 Contra Costa received and distributed a total of 166,740 diapers. The direct service staff at the

Centers and Randee Blackstock, Family Support Program Assistant, are all commended for their efforts in getting diapers distributed to our Contra Costa families in their time of need.

Early Intervention

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Trauma Informed Practices on The Move

Staff Wellness Bags and Wellness Room: We are continuing our efforts to promote a trauma-reducing workspace that supports staff wellness. Thanks to the ACEs Aware grant funding, we have the opportunity to use some funds for a wellness room and other items targeted to support our collective resilience. As we begin to enter our new office, we wanted to offer a few tools that support staff wellness and selected items based on staff input and were also in alignment with some of the evidence-based Stress Busters promoted by the Office of the California Surgeon General. This month, staff will find a Wellness Tote Bag on their desks that include: a healthy snack welcome box, positive affirmation coloring book, colored pencils, tea box, sunscreen, photo frame, hand sanitizer, sleep mask, yoga cards, yoga mat, multi-purpose/noise-canceling headphones, and stress ball. We hope staff enjoys their bags as well as takes an opportunity to check out the new wellness room's soothing environment—together, we are resilient.

Contra Costa Network of Care Videos: As part of our ACEs Aware Implementation Grant, the First 5 Early Intervention and Communications teams collaborated with Feel Good Video, Inc. to produce two short videos elevating the Contra Costa Network of Care, the Help Me Grow Program, and our broader work around preventing, screening, treating, and healing Adverse Childhood Experiences (ACEs) through clinical referrals to community resources. Enormous thanks goes to everyone who made these videos' production a success—we are so grateful to all the First 5 and La Clinica staff members and their beautiful families who agreed to be in the videos. The first of these videos was shared during July's Commission meeting and can be found on First 5 Contra Costa's YouTube channel. We are working on a broader launch plan and cannot wait to share the final products with the community.

Help Me Grow (HMG) Activities

HMG Call Center Visit: The EI team has been working closely with the Redwood Community Health Coalition (RCHC, they support and provide TA to health systems) and they are interested in visiting and learning more about the HMG and 211 call center as part of their work to elevate promising practices. A future visit is in the plans with the RCHC team.

HMG National Forum Presentation: The EI team will be presenting at this year's HMG National Forum in September. In our sessions, participants will learn about the First 5 Contra Costa pilot to integrate ACE screening into a clinic setting and leverage community resources using the HMG system. We will highlight our work to automate a referral pathway that connects the health clinics to the HMG system, giving providers real-time access to referral updates. The sessions will be comprised of a 45 min. presentation with opportunities for participant engagement via chat and live polls, and followed by 15 min. Q&A.

PROGRAM UPDATES

August 2022

Family Economic Security Partnership

*The **Family Economic Security Partnership** (FESP) is a public, private and nonprofit collaboration dedicated to increasing the income and building the assets of low-income families and individuals living in Contra Costa County.*

Family Economic Security Partnership (FESP) Activities

On August 11, FESP held a great meeting on Guaranteed Income (GI) and members heard about the vast expansion of GI pilots throughout the country and received information on how it has been beneficial for helping lift families out of poverty. For example, in the Stockton pilot, recipients experienced less income volatility and were better able to cover a $400 unexpected expense. In the Magnolia Mother's Trust pilot in Mississippi, mothers collectively paid off over $10,000 in predatory debt in a first year cohort, increased the number of homemade meals they were able to make for their family, and, in a second year cohort, increased their ability to pay all bills on time from 27% to 83%. In Alaska, the Alaska Permanent Fund Dividend resulted in the greatest poverty reduction impact on children, Native Alaskans, rural residents, and the elderly and has lifted about 15,000 to 25,000 Alaskans out of poverty every year.

We also learned about local efforts–there is a pilot developing in Richmond and a countywide effort, both in the planning phases of identifying target populations and geographic areas to focus on. Slides and audio are on the First 5 website.

This was also the last FESP meeting for Fran Biderman, First 5 Special Projects Coordinator, and she and FESP members were surprised with a short tribute video showcasing Fran and FESP. In the future, First 5 Executive Director Ruth Fernández, Ed.D., in partnership with the FESP Executive Committee, will be sharing information and resources with FESP members and coordinating FESP meetings.

Community Advocacy + Partnership Project (CAPP)

On August 10, CAPP held its fifth meeting of year two, "Learning in Action," and cohort members met in their sector groups—direct service, advocacy organizations and residents. The goal was for each sector to learn more about their colleagues, to identify their hope or vision for CAPP as the action phase moves forward, and to talk about how they individually and collectively can support CAPPs work within their sectors (engage other staff and board members, reach out to residents, contact policy makers, share data, etc.).

Following the break-out sessions, the full cohort met and were introduced to a Planning Framework and Work Plan. The Framework introduces a series of questions to help guide cohort members in their work (what specific policy change do you want to achieve, what governmental agency can make the change, how will resident voices be centered, etc.). The Work Plan focuses the work of the two issue teams—education and economic equity (what will you accomplish, who do you need to talk to, by when and by whom). Both tools were developed by the CAPP core team and have been offered as helpful guides for cohort members.

The two issue teams are meeting every other week in addition to the cohort monthly meetings and both teams have residents in leadership roles. All meetings continue to have Spanish language interpretation and all materials are translated into Spanish.

The core CAPP team meets on zoom weekly (with lots of interaction via email throughout the week) to discuss the projects and process, plan for each monthly cohort meeting, as well as plan for the Steering

Committee and policy issue team meetings. The Steering Committee provides input into the monthly cohort agenda and any other issues as identified by the core team.

The CAPP core team has received positive responses to our second year fundraising asks. In addition to receiving a second year grant from The San Francisco Foundation, we are waiting on funding from several other potential funders.

Early Childhood Education

*Our **Early Childhood Education** (ECE) Initiative aims to ensure that all children have access to high-quality, affordable child care and early learning.*

Introducing the Family Child Care Partner Program

The Quality Matters team is excited to introduce the Family Child Care (FCC) Partner Program—a program that connects Family Child Care Providers with each other in Contra Costa County. An FCC Partner is a Family Child Care Home (FCCH) Provider who offers ongoing guidance and support to FCC Providers in Contra Costa County. An FCC Partner works in an FCCH, is interested in a focus on quality improvement, is currently part of Quality Matters, and/or has a leadership role in the community. This program was designed in response to the feedback from the FCC Associations and aligns to the goals of Quality Counts California (QCC). The application for FCC Partners was released in August of 2022.

Inclusion Training

On August 20, Nelly Orantes and Deanna Carmona, First 5 Contra Costa Quality Improvement Coaches along with Megan Miccio, Inclusion Specialist of CocoKids, co-presented another Inclusion Works: Common Adaptations and Modifications for All Children training. In this training, attendees had an opportunity to understand inclusive practice, share practical strategies for inclusive child care, receive resources and supports, and ultimately create more inclusive programs that are more successful for ALL children. A total of 7 participants attended the entire session and we will be offering another Beginning Together Workshop “How to talk to Families When Concerns Arise” in October.

Ready Kids East County (RKEC): City of Pittsburg’s My Brother’s Keeper Initiative

First 5 Contra Costa continues to collaborate with the city of Pittsburg on the My Brother’s Keeper Initiative. On August 19, some First 5 staff facilitated a virtual meeting with Mayor Holland Barrett White, Vice Mayor Shanelle Scales-Preston, as well as leadership from Innovation Bridge (bel Reyes, Executive Director, Brit Irby, Associate Director, and Vanessa Reyes, Program Coordinator) and leadership from Tandem, Partners in Early Learning (Savitha Moorthy, Executive Director, and Laura Rodriguez, Contra Costa Program Supervisor, from Tandem, Partners in Early Learning).

The purpose of the meeting was to further explore “Key Milestone to Success #2: Reading at grade level by 3rd grade”, which is one of the milestones taken from the My Brother’s Keeper “cradle to career” model. After conducting a community needs assessment, Innovation Bridge recommended “Key Milestone to Success #2” be a focus area for the city of Pittsburg. Friday’s virtual meeting was a preliminary discussion about the potential next phase of My Brother’s Keeper Pittsburg, existing programming and resources specific to early literacy in Pittsburg, and continuing to engage community partners in the ongoing work.

PROGRAM UPDATES

August 2022

Family Support

*Our **Family Support** (FS) initiative helps families build healthy relationships, strengthen support systems, and nurture their children's development.*

Antioch/Delta First 5 Center Saves the Day with Tip Sheets in the Time of Tantrums

The Antioch/Delta First 5 Center implemented a new strategy to increase interactions with families through the dissemination of what staff hoped would be useful parenting tip sheets. Families started receiving weekly tip sheets in their email and posted around the Center at the beginning of August. The staff's tip sheet with strategies and techniques on how to manage tantrums got families talking. Staff chose the tip sheet after noticing an influx of children struggling to self-regulate and their exasperated parents. The Center's new approach has proven to be a simple and effective way to be responsive to the needs of families. In the words of one mom, "I don't know how you knew just what I needed when I needed it, but I tried a few of the tips you sent and they were worked absolutely great!"

Monument First 5 Center Providing Food in Times of Need

The Monument First 5 Center started distributing donations of food during the pandemic along with essential items like PPE and diapers and through a new partnership with the Contra Costa Food Bank, the Center is continuing to help families make ends meet. Families expressed their appreciation for the food and began asking staff for help between distributions which led to the Center opening a food pantry in June. Over the last three months the food pantry has served 60 families.

Families tell staff they appreciate having food available at the Center and are able to use the savings on their grocery bill to cover other family expenses. Before the food pantry, staff would refer to other food distribution programs and subsequently learned families were not always provided food due to not meeting the referral programs' eligibility requirements, or in some cases, due to the family's fear of sharing personal information. The Center took action when they learned they could have their own food pantry and when they first started making food available, staff offered the pre-packed bags of food as they arrived from the Food Bank. Families seemed hesitant to ask or take food when offered and the Center staff suspected the stigma associated with accepting help was partly to blame. The food pantry was moved to a classroom to offer some privacy and the food items were put on display allowing families to choose what they want or need. Staff also offer food to every family after classes and make it known that the food pantry is available any time the Center is open. These small shifts have resulted in an increase in the number of families receiving food.

Early Intervention

*Our **Early Intervention** (EI) initiative aims to ensure that families have access to prevention and early intervention supports and services that foster the optimal development of all children.*

Advancing Trauma Responsive Policies

Pathways to Resiliency Policy Roundtable Invitation

Early Intervention Program Officer, Wanda Davis, has been invited to participate in a national forum of 30-40 national leaders, policymakers and state/ community leaders to engage in a robust dialogue to address specific and actionable issues, policies, and programs that states can leverage to prevent and address the causes of adversity and trauma, prevent re-traumatization, and respond with practical strategies through an equity lens. The roundtable will take place in Denver, CO from Sept. 19-20, 2022.

PROGRAM UPDATES

August 2022

Fostering Community Partnership Connection

Family Violence Taskforce

As a member of the taskforce, First 5 will be one of the sponsors at the upcoming conference titled "Mission Impossible: Preventing Violence in our Community" occurring on November 9 and are participating in the planning process for the conference. Register now to get the free early bird registration rate—the price increases on August 27.

The taskforce's call-to-action, Preventing Interpersonal Violence, is being operationalized through four key goals—a guide for coordinated strategic action to address and prevent interpersonal violence by creating a framework that includes promoting, expanding, and strengthening partnerships. Two of the taskforce's goals are central to First 5's mission: 1) fostering early childhood development and whole family supports, and 2) encouraging community connectedness. An added goal during the pandemic is to create protective environments to prevent violence.

To support these efforts, Wanda Davis was requested to present on our organization's activities and strategies for fostering early childhood development and whole family supports on August 18—the group requested Wanda's expertise in revisiting the taskforce's logic model for this area of work.

Resource Connection and Knowledge Building

Help Me Grow (HMG) Café Series

Our HMG Coordinator, Liliana Gonzales, hosted the first of this fiscal year's provider cafés on August 16 with a special presentation titled "Supporting Early Childhood Development: Early Start Services in Contra Costa." Early childhood providers were updated on the Regional Center of the East Bay's Early Start program's current eligibility requirements, revised program guidelines, and the programmatic impact of these changes. Providers will also hear from the County Office of Education about their early intervention Stride Program.

Community Engagement Program

*Our **Community Engagement Program** (CE) supports three Regional Groups made up of 200 parents and residents to make Contra Costa County safer, healthier and more equitable for families: West County Regional Group (WCRG), Central County Regional Group (CCRG), and East County Regional Group (ECRG).*

Antioch Passes Rent Stabilization Policy

After months of advocacy building on the findings from our Antioch CHANGE housing assessment, Antioch families cheered as Antioch City Council passed a rent stabilization policy on August 23. The new policy includes Antioch renters' and First 5 Contra Costa's recommendations for rent increases capped at 60% of CPI or 3% and will cover low-income housing buildings. The new ordinance is expected to go into effect in approximately 30 days.

Congratulations to the ECRG for their tremendous leadership and advocacy to provide families with young children with these vital renter protections. We thank our ally partners with ACCE, Healthy & Active Before 5, Monument Impact, EBASE, Urban Habitat and countless others who organized for this victory.

Lastly, we applaud the Antioch City Council for passing this important policy and protecting renting families from predatory rent increases, displacement, and homelessness. This policy will keep tens of thousands of Antioch families in stable, affordable housing.

Regional Groups Launch Get Out the Vote Outreach

Regional Groups in West, Central and East County are getting out the vote with families with young children. Teams of parent leaders are promoting local elections and distributing voting information door to door and via phone banking to result in increased voter registrations and participation among underrepresented families. Regional Groups will add vaccination information to their outreach in September. So far, Regional Groups have reached hundreds of families in each region and the outreach will continue until election day on November 8.

FIRST 5 CONTRA COSTA
CHILDREN AND FAMILIES COMMISSION

September 12, 2022

Agenda Item 3.7

Accept Results Based Accountability (RBA) Evaluation Plan for programming in FY 22/23.

FIRST 5 CONTRA COSTA
CHILDREN AND FAMILIES COMMISSION

Staff Report
September 12, 2022

ACTION: ✓
DISCUSSION: _____

TITLE: Results Based Accountability (RBA) Evaluation Plan FY22/23

Introduction:
Staff and the evaluation consulting team from Applied Survey Research (ASR) present First 5 Contra Costa's recently developed Results Based Accountability (RBA) Evaluation Plan for FY 22/23.

F5CC adopted a RBA process to identify performance measures that will help measure current investments and outcomes. RBA provides a framework to organize our data collection intentionally to better understand how First 5 investments impact populations and places in our county that have historically experienced the most disinvestment and disparities. It is also a continuous improvement tool to improve performance and to identify new and better data necessary to communicate outcomes and ensure equitable investments. We envision this evaluation plan as a living document to be revised as needed based on learnings and data gaps identification.

Background:
F5CC's Strategic Plan for FY 2020-2023 calls for a more to intentional focus on changing systems. This shift is a product of what we see as a more comprehensive approach to supporting young children and families *and* a way for us to use our declining revenue as strategically as possible - *by working as far upstream as we can.*

Given this imperative, our strategic plan focuses on two main priorities: 1) Integration of Early Childhood Systems and 2) First 5's Impact and Sustainability. The goals and strategies for each priority are designed to sharpen our focus on sustaining and integrating our systems work, both among First 5's current initiatives and the broader systems serving young children in the county.

F5CC's evaluation plan will help us hold ourselves accountable to doing what we outline in our theory of change, as well as inform our ongoing learning about how our hypotheses in our theory of change plays out in reality.

Recommendation:
Staff recommends the Commission accept the presented RBA Evaluation Plan for FY 22/23 as a living document that will continue to be iterated as necessary.

Evaluation Plan FY 2022-23

Three Ways to Measure Impact

APPROACH

First 5 Contra Costa's (F5CC) Strategic Plan for FY 2020-23 calls for a more intentional focus on changing systems. This shift is a product of what we see as a more comprehensive approach to supporting young children and families. With F5CC's Theory of Change Model as the backdrop, input from all levels of leadership (Executive Director, Deputy Director, SIP team members, and Program Officers and their team members) provided feedback on the selection of indicators for the evaluation consulting team from Applied Survey Research (ASR) to formulate F5CC's Results Based Accountability (RBA) Evaluation Plan for FY 2022-23.

F5CC adopted the Results-Based Accountability (RBA) process to identify population-level indicators and program-level performance measures to capture current investments, activities, and outcomes. RBA provides a framework to organize data collection intentionally to better understand how First 5 investments impact populations and places in the county that have historically experienced the most disinvestment and disparities. It is also a continuous improvement tool to improve performance and to identify new and better data necessary to communicate outcomes and ensure equitable investments.

POPULATION LEVEL INDICATORS

To understand the general conditions of residents in the county, F5CC will track population-level trends that align with the agency's three result areas desired for all families.

DESIRED RESULTS	INDICATORS
Children are ready to learn	• % of children in the county demonstrating readiness for Kindergarten
Children are supported by safe, nurturing families and communities	• County child maltreatment rate • Number of libraries, parks and playgrounds • Neighborhood crime rates
Children are healthy and thriving	• % of children 0-5 years of age with access to medical care • % of children 0-5 years of age with access to dental care • % of pregnant persons accessing prenatal care

PROGRAM OUTCOMES AND MEASURES OF SUCCESS

Families inform and change policies that impact well-being	• # of First 5 participants active in policy advocacy and community engagement
Families increase access and connection to services	• # of families accessing local resources and services • % of caregivers reporting that they know where to go to obtain support for their needs
Caregivers and children are prepared for kindergarten	• # of families participating in school readiness programs • # of providers engaged in First 5 quality improvement programs and services
Families have what they need to strengthen protective factors (Concrete support, parental resilience, child social and emotional competence, social connection, and knowledge of parenting)	• # of families that access services through First 5 to address basic needs • % of families reporting reduced parenting stress as a result of First 5 services • # of children screened for developmental needs through First 5's network of providers • # of caregivers reporting increased child social or emotional functioning as a result of F5 programs and services • % of families attending First 5 programs that report an increase in social connections • % of parents reporting increased awareness/knowledge/understanding of child development
System is well-resourced by local, state, fed, and private dollars	• # of new public local and state dollars invested in the early childhood system of care
System is supported by family-centered local, state, and fed policies	• # of public local and state policies advancing issues important to families
System is integrated	• # of providers connected to a trauma-informed community of practitioners • # of practitioners trained in trauma-informed practices
System shared power with and is responsive to families	• # of caregivers providing feedback on how well F5 services are meeting their needs

System is healing-centered and trauma-informed	• % of providers reporting their organization has become more trauma-informed • % of families reporting their experience of the system or program followed trauma-informed practices
System is anti-racist and equity-centered	• % of providers reporting increased competency in anti-racist and equity practices from trainings or coaching sessions • % of parents reporting that services met their cultural and linguistic needs
Providers increase competency and knowledge on quality care	• # of providers receiving training and support to increase skills and knowledge of quality early education

PROGRAMATIC STRATEGIES AND PERFORMANCE MEASURES

RESOURCING THE CAPACITY FOR SYSTEMS CHANGE SOLUTIONS

- % of organizations engaged in systems change efforts
- # systems change collaboratives where First 5 is at the table
- # of practice-based and systems change efforts funded by First 5
- # of workshops/trainings held to increase provider professional capacity
- % of providers reporting increased professional capacity after attending a training/workshop
- # of new Quality Matters programs

FACILITATING COLLECTIVE LEARNING OF SYSTEMS CHANGE SOLUTIONS

- # of system change initiatives facilated by First 5
- # of grants received/$ awarded to support collective systems change solutions
- # of reports produced to advocate, garner additional funding, and increase awareness of systems change issues

BUILDING POWER AND SUPPORTING POLICIES THAT NURTURE YOUNG CHILDREN AND FAMILIES

- # policies to improve parks/rec spaces
- # of families involved in community/civic engagement suported by First 5
- # of parent leaders supported by F5CC serving on local decision making boards and commissions.
- % of providers who report feeling confident on where/how to refer families
- % of parents who feel more empowered to advocate for their child's health and educational needs
- # of HUB participants reporting new relationships/connections formed
- % of families who have their child's developmental needs addressed through an ASQ referral

STRENGTHENING COMPETENCIES AND COMMUNITY FOR PARENTS/CAREGIVERS

- # of parents enrolled in F5 supported programs and services
- # of programs offered for parents to learn and practice positive parent-child interactions
- % of parents reporting increased knowledge and skills to suport their child's optimal health and development

FIRST 5 CONTRA COSTA
CHILDREN AND FAMILIES COMMISSION

September 12, 2022

Agenda Item 3.9

CONSIDER adopting a resolution authorizing First 5 Contra Costa to conduct teleconference meetings pursuant to Government Code section 54953 (e) and make related findings.

RESOLUTION NO. 2022-06

A RESOLUTION OF FIRST 5 CONTRA COSTA CHILDREN AND FAMILIES COMMISSION AUTHORIZING TELECONFERENCE MEETINGS UNDER GOVERNMENT CODE SECTION 54953(e) (ASSEMBLY BILL 361)

Recitals

A. On March 4, 2020, Governor Gavin Newsom proclaimed the existence of a state of emergency in California under the California Emergency Services Act, Government Code (GC) §8550 et seq.

B. On March 10, 2020, the Contra Costa County Board of Supervisors found that due to the introduction of COVID-19 in the County, conditions of disaster or extreme peril to the safety of persons and property had arisen, commencing on March 3, 2020. Based on these conditions, pursuant to GC §8630, the Board of Supervisors adopted Resolution No. 2020/92, proclaiming the existence of a local emergency throughout Contra Costa County.

C. On March 17, 2020, Governor Newsom issued Executive Order N-29-20, which suspended the teleconferencing rules set forth in the California Open Meeting law, GC §54950 et seq. (the Brown Act), provided certain requirements were met and followed.

D. On June 11, 2021, Governor Newsom issued Executive Order N-08-21, which clarified the suspension of the teleconferencing rules set forth in the Brown Act and further provided that those provisions would remain suspended through September 30, 2021.

E. On September 16, 2021, Governor Newsom signed Assembly Bill (AB) 361, which provides that under GC §54953(e), a legislative body subject to the Brown Act may continue to meet using teleconferencing without complying with the non-emergency teleconferencing rules in GC §54953(b)(3) if a proclaimed state of emergency exists and state or local officials have imposed or recommended measures to promote social distancing.

F. On September 1, 2022, the Contra Costa County Health Officer issued recommendations for safely holding public meetings that include recommended measures to promote social distancing.

G. Among the Health Officer's recommendations: (1) on-line meetings (teleconferencing meetings) are strongly recommended as those meetings present the lowest risk of transmission of SARS-CoV-2, the virus that causes COVID-19; (2) if a local agency determines to hold in-person meetings, offering the public the opportunity to attend via a call-in option or an internet-based service option is recommended when possible to give those at higher risk of an/or higher concern about COVID-19 an alternative to participating in person; (3) a written safety protocol should be developed and followed, and it is recommended that the protocol require social distancing – i.e., six feet of separation between attendees – and face masking of all attendees; (4) seating arrangements should allow for staff and members of the public to easily maintain at least six-foot distance from one another at all practicable times.

H. Because of the prevalence of COVID-19 variants in the Bay Area, case rates and COVID-19 hospitalizations remain high in the County.

I. In the interest of public health and safety, as affected by the emergency caused by the spread of COVID-19, the First 5 Contra Costa Children and Families Commission (First 5) intends to invoke the provisions of AB 361 related to teleconferencing.

NOW, THEREFORE, the First 5 Contra Costa Children and Families Commission resolves as follows:

1. First 5 finds that: the state of emergency proclaimed by Governor Newson on March 4, 2020, is currently in effect; and the Contra Costa County Health Officer has strongly recommended that public meetings be held by teleconferencing as those meetings present the lowest risk of transmission of SARS-CoV-2, the virus that causes COVID-19.

2. As authorized by AB 361, First 5 will use teleconferencing for its meetings in accordance with the provisions of GC §54953(e).

3. The First 5 Executive Director is authorized and directed to take all actions necessary to implement the intent and purpose of this resolution, including conducting open and public meetings in accordance with GC §54953(e) and all other applicable provisions of the Brown Act.

PASSED AND ADOPTED on September 12, 2022, by the following vote:

AYES:

NOES:

ABSENT:

ABSTAIN:

_____
DR. ROCIO HERNANDEZ, CHAIR

I hereby certify that this is a correct copy of a resolution passed and adopted by _____ on the date stated above.

Dated: September 12, 2022 _____

FIRST 5 CONTRA COSTA
CHILDREN AND FAMILIES COMMISSION

September 12, 2022

Agenda Item 5.0

CONSIDER appointing the Nominating Committee for 2023 Officers' Election.

2023 NOMINATING COMMITTEE PROCESS AND TIMELINE

SEPTEMBER 12, 2022	The Executive Committee Appoints Nominating Committee Chair and Members
LATE SEPTEMBER TO EARLY OCTOBER 2022	Nominating Committee sends an email to the entire Commission to elicit interest to participate in Executive Committee
OCTOBER – EARLY NOVEMBER 2022	Nominating Committee meets to discuss and approve the nomination of Chair, Vice Chair, and Secretary/Treasurer for Calendar Year 2023
NO LATER THAN FRIDAY NOVEMBER 18, 2022	In accordance with the Bylaws the Nominating Committee sends out the Slate of Officers for election for 2023 to the Commission 2 weeks prior to the voting meeting on *December 12, 2022*.
DECEMBER 12, 2022	Commission votes and approves the Slate of Officers for Election for Calendar Year 2023.

FIRST 5 CONTRA COSTA
CHILDREN AND FAMILIES COMMISSION

September 12, 2022

Agenda Item 6.0

RECEIVE presentation of Executive Summary of *The Early Identification & Intervention System in Contra Costa County: A Descriptive Report* conducted by VIVA Social Impact Partners.
Presenter: Christina Bath Collosi, Managing Partner

FIRST 5 CONTRA COSTA
CHILDREN AND FAMILIES COMMISSION

Staff Report
September 12, 2022

ACTION: _____
DISCUSSION: ✓

TITLE: Executive Summary overview of The *Early Identification & Intervention System* landscape analysis report as presented by Christina Bath Collosi, Managing Partner, VIVA Social Impact Partners.

Introduction:
VIVA Social Impact Partners will present the Executive Summary of the April 2022 landscape analysis **Contra *Costa County: The Early Identification & Intervention System. A descriptive report of Contra Costa County's early identification and intervention system in context with the statewide landscape, including strengths, challenges, and considerations,*** which examines the Early Identification and Intervention System of Care in Contra Costa County.

Background:
In June 2021, First 5 Contra Costa entered into a contract with VIVA Social Impact Partners to conduct an analysis of the current landscape of the Early Intervention System in Contra Costa County. In April 2002, VIVA produced a comprehensive report titled, **Contra *Costa County: The Early Identification & Intervention (EII) System. A descriptive report of Contra Costa County's early identification and intervention system in context with the statewide landscape, including strengths, challenges, and considerations.***

The purpose in developing the report was intended to help First 5 examine and understand the County's current EII system; understand community needs and existing gaps related to EII; identify integration and collaboration opportunities to optimize the EII system; and inform sustainable EII investments by First 5 Contra Costa (F5CC).

Learning from this assessment will set the foundation for First 5's further work to support families entering and navigating the EII landscape, increase coordination among services, and support more children to access the services they need. First 5 will also use learnings to develop an implementation plan for its EII system work, which is foundational to helping children thrive.

Staff has invited Christina Bath Collosi from VIVA to the Commission meeting to present the Executive Summary, which includes the methodology used for the report, the key findings and opportunities for First 5 moving forward.

Recommendation:
Staff recommends that the Commission accept the Executive Summary under the Discussion calendar as presented by Christina Bath Collosi and First 5 Contra Costa.

FIRST 5 CONTRA COSTA

THE EARLY IDENTIFICATION & INTERVENTION SYSTEM IN CONTRA COSTA COUNTY

EXECUTIVE SUMMARY

INTRODUCTION

First 5 Contra Costa County invests in early childhood services and systems improvement to promote the optimal healthy development of young children ages 0-5. VIVA Social Impact Partners was selected to conduct a broad landscape review of the early identification and intervention service system (EII) for young children to:

1. Examine Contra Costa County's current EII system;
2. Understand community needs and existing gaps related to EII;
3. Identify integration and collaboration opportunities to optimize the EII system; and,
4. Inform sustainable EII investment by First 5 Contra Costa (F5CC).

Extensive research was conducted, including a broad literature review, local interviews and surveys with Contra Costa County EII partners and providers, and collaboration with other First 5 County Commissions to understand their EII approaches and perspective.

The findings from this work culminated in *The Early Identification & Intervention System in Contra Costa County: A Descriptive Report*. It describes Contra Costa County's EII system in context with the statewide landscape, including strengths, challenges, and considerations. This is an executive summary of that report.

CONTRA COSTA COUNTY DEMOGRAPHICS

Contra Costa County is a multicultural region in Northern California's Bay Area. In 2020, the County's population increased by over 100,000 people, raising the total population to 1,165,927. About 7% of the people, or approximately 80,000 individuals, are young children under the age of 6.[1] [2] According to findings from a birth cohort in the national Early Childhood Longitudinal Study, about 13% of young children experience some form of developmental delay that qualifies them for early intervention.[3] If this percentage is applied to the current population of young children in Contra Costa County, then it is estimated that approximately 10,400 children may have a developmental delay that requires early intervention support. With the population of children expected to increase over the next 40 years, the volume of services and programs to support families and encourage young children's well-being and healthy development will need to increase. Based on population projection forecasts provided by the California Department of Finance, it is estimated that the population of children under 6 in Contra Costa County will grow to approximately 90,000 children by 2060.[4] Thus, it can be projected that the volume of children with developmental delays that require services will grow by 12.5%, from 10,400 children to 11,700 children by 2060. This growth indicated the need for strategic and sustainable program development that can respond to the complex needs of a growing population.

The demographics of children ages 0-5, including each race/ethnicity as a proportion of total children ages 0-5, are included in the table below.[5]

Race/Ethnicity	Total # Children 0-5	% of Contra Costa Children
Hispanic	29,178	37%
White	25,364	32%
Asian	8,236	10%
Black or African American	5,952	8%
Filipino	1,530	2%
2+ races	7,576	10%
Other race/ethnicity	1078	1%
Total	78,914	100%

Data from 2018 indicate that Contra Costa County residents speak the following languages at home: English only 64%; Spanish 18%; Asian/Pacific Island language; 10%; Another language 8%.[6]

While a subset of children in the county are receiving the support they require, many children in the county live with limited resources. According to *The Opportunity Gap for Children Across Contra Costa County (2019),* approximately 40% of children live in low-income homes. These are young children who qualify for free meals in school and whose parents' total annual household income is less than $46,500.[7] By region, West Contra Costa has the highest percentage of low-income children (72%), followed by East Contra Costa (21%) and Central Contra Costa (21%).

When discussing inequities in any system, families, and communities of color—especially those who are Black and Hispanic/Latine—are often disproportionately negatively affected. Policies and funding practices in several sectors and generations have left communities of color with less structured support than their White counterparts. This includes inequities in early identification and intervention. In a report outlining the impact of race on participation in IDEA Part C, researchers found that by the age of 24 months, Black children were approximately five times less likely to receive early intervention services than their White counterparts.[8]

SUSTAINABLE APPROACHES & IMPACT

In the last five years, many First 5 Commissions have spent funding reserves that were accrued in the earliest years of operation to offset steep funding declines due to decreased Proposition 10 revenues. This led to a considerable shift in creating the greatest impact for children ages 0-5 years old and those who care for them. In an environment where revenue continually decreases, if a First 5 Commission exclusively funds direct services, community impact will decrease year-over-year. In response, most First 5 Commissions are now heavily focusing on efforts that are equity centered, add value or improve the functionality of existing public services as a key sustainability strategy. Another common priority is funding capacity building, planning, and collaboration to enhance the effectiveness or evolve the early childhood system. While many First 5 Commissions continue to fund at least some direct services, these are sometimes restricted to those that are directly leveraged by other public funding.

EII FUNDING SOURCES

California's current early identification and intervention (EII) system is a complex mixed-delivery approach shaped mainly by federal funding and state implementation that flows through counties. Successful access hinges upon a family's navigation of the individual system "actors" across the continuum of services spanning screening and surveillance, assessment, prevention, and early intervention.

FEDERAL FUNDING AND CALIFORNIA LEGISLATION SHAPING THE EII SYSTEM

Funding associated with the Individuals with Disabilities Act (IDEA) provides the foundation for the early childhood EII system. IDEA accounts for most of the federal government's ongoing contribution to special education.

There are critical distinctions in IDEA funding based on the age of the child:

1. **Infants and toddlers** with disabilities (birth to age 36 months) and their families receive early intervention services under IDEA Part C. Early Intervention services are purchased or arranged by a regional center or local education agency (LEA). In Contra Costa County, these services are funded, implemented, and coordinated for most infants and toddlers at the Regional Center of the East Bay (RCEB) within the state program called Early Start. Some children from birth may be served by the LEA as part of the Early Start program as well.

   Preschool through young adults (ages 3–21) receive special education and related services under IDEA Part B through Special Education Local Plan Areas (SELPA). Preschoolers with a developmental disability maybe eligible to continue to receive regional center services throughout their life span.

2. Across Contra Costa County, there are four SELPAs. They are:

   - Contra Costa
   - Mt. Diablo Unified
   - West Contra Costa Unified
   - San Ramon Valley Unified

HEALTH CARE REFORM: AFFORDABLE CARE ACT

Insurance-Based Services include public and private insurance used to pay for all or a share of the cost of prevention and early intervention services. The Affordable Care Act (ACA), signed into law by President Barack Obama in 2010, contains significant reform efforts for health insurance, including mandated coverage of well-child care, preventive health screenings, and oral health care for children. This mandated coverage provides expanded opportunities for early identification and intervention of developmental delays and sets clear guidelines for screening for providers to follow.

OTHER PUBLIC FUNDING FOR EII

In addition to the funding described above, several Medi-Cal-based programs and the Mental Health Services Act create an array of categorical streams that can be leveraged for EII.

CHALLENGES

The unmet need for EII, specific to young children and their families, reaches beyond services and funding. Structural deficits compound service-related challenges in a self-reinforcing negative feedback loop. Some of these include difficult-to-navigate systems, a lack of a unified prioritization and implementation for EII across departments and programs, race and language-based disparities that compound existing inequity, and a lack of coherent accountability for improved outcomes. While these are all found in Contra Costa County, they are not unique to the county.

#1: NAVIGATING THE EII SYSTEM

Families and providers have communicated their need for support to understand and navigate the complex array of community-based services and supports to promote children's optimal health and wellness.[9] However, California ranks 46th in the nation on effective care coordination for children with special health care needs. Families in our state are more likely than families in every other state to cut back or stop working due to their child's condition.[10] Currently, there is no federal, state, or county funding source to ensure cross sector collaboration and accountability among the system partners.

Just as families are challenged with system navigation, providers struggle to navigate their needs and how to support their patients and clients. Because the EII system contains so many partners, barriers (real and perceived) to collaboration and information sharing threaten successful outcomes.

#2 TIMELY AND EQUITABLE SERVICES

Children receiving Early Start services through RCEB were the least likely to receive timely services compared to children from all other California regional centers. Only half (51%) of RCEB children have timely service compared to the California average (80%). Delivering services equitably across race and language groups is another challenge shown by the per capita purchase of service expenditures for English-speaking consumers in 2019-2020 ($22,235) compared to Spanish-speaking ($7,810).[11]

LEAs are also challenged with equitable service delivery in delivering EII services. Delivering equitable services has also been a challenge for LEAs. SELPA services provided to LEAs called Comprehensive Coordinated Early Intervening Services (CCEIS) is reviewed by the California Department of Education (CDE) for equitable identification of children. In the event that there is a persistent race-based disproportionality, that LEA is considered "mandatory CCEIS" until the disproportionality is remediated. This list, which includes Contra Costa LEA's, is available on the CDE website. Being designated as "mandatory CCEIS" creates more flexibility with funding, including for preschool aged children not yet designated for EII services.

#3: LACK OF COHERENT FUNDING APPROACH

Compounding the incoherence of state and federal EII funding, county implementation of that funding is not coordinated with aligned priorities at the local level. This leaves each administering agency unable to depend entirely on the other parts of the system. Therefore, decisions are made based on categorical requirements and each agency's priorities. This continues to be true even in cases where there has been a community process to provide input for local funding plans, such as with the Mental Health Services Act. Lastly, the lack of adequate funding and service capacity for EII overall, including mental health, creates a battle of top priorities. Essentially, every choice may seem like the best choice due to scarcity.

OPPORTUNITIES

#1 UNDERSTAND & LEVERAGE AVAILABLE EII FUNDING

In Contra Costa County, financing developmental and behavioral-focused early identification and intervention services have centered around a limited pool of funding sources. As the need for early childhood EII systems of support and services has increased, the urgency around diversifying the number and type of funding sources used to support these programs has also increased.

While there are many sources of EII funding, the most significant reform underway is California Advancing and Innovating Medi-Cal (Cal-AIM) which will reform into a more "whole person" approach with closed-loop referral systems. F5CC and its partners have the opportunity to shape the application of the local implementation of Cal-AIM through relationships and systems efforts such as Help Me Grow.

First 5 Commissions from around the state have successfully leveraged significant funds that support EII. For example, First 5 Alameda County annually leverages approximately $400,000 from Medi-Cal Administrative Activities (MAA) to offset the cost of Help Me Grow family outreach and navigation. They also leverage Child Health and Disability Prevention Program (CHDP) to support and select operating costs for the core components of their Child Health Provider Outreach Program. Additionally, CalWORKS Home Visiting program largely funds the Alameda Help Me Grow home visits, parent education, developmental screening, and the connection to and coordination of community resources. In this way, First 5 Alameda is maximizing various funding sources in partnership with county agencies, who are the primary administrators in many cases.

#2 OUTCOME-BASED SYSTEMS PARTNERSHIPS

When programs and sectors within the EII system operate in partnership, vast improvements to the overall system are possible. Among other benefits, highly coordinated EII systems may see the emergence of novel funding opportunities, increases in the number of children being screened for developmental and behavioral concerns, increased communication across data systems, and an increase in family-centered approaches that prioritize satisfaction, cultural competencies, and capacity to support their child's development.

There are many existing EII partnerships in Contra Costa County. F5CC can provide operational support to ensure the partnership/s adequately prioritize early intervention and create outcome-based accountability structures that track and communicate agreed-upon population-based indicators that disaggregate data by race. It is imperative that primary systems partners such as SELPA, RCEB, and managed care representatives actively participate in EII partnerships that are designed to make systems improvements.

#3 DETERMINE A SUSTAINABLE & UNIQUE F5CC'S ROLE

Many EII services are expected to be enhanced through CalAIM at the same time that F5CC's annual revenues from Proposition 10 continue to decline. In a landscape with many EII "actors", the Commission needs to be clear about what role it can uniquely embrace that is realistic to its funding scenarios and will maximize impact. For many First 5's, this has included: focusing on identifying and leveraging all available EII funding sources, creating mutually beneficial partnerships with major system partners, building workforce capacity specific to ages 0-5, and state and federal advocacy.

> **"We need stronger connectivity to programs that link families to other supports like housing, finance, and other social determinants of health."**
>
> **—Contra Costa County provider**

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Prepared by

VIVA
SOCIAL IMPACT PARTNERS

FIRST 5 CONTRA COSTA
CHILDREN AND FAMILIES COMMISSION

September 12, 2022

Agenda Item 8.0

Communications:

- **Child Care & Afterschool: A Continuum of Care Supporting Two Generations in California.**
- **CARING FOR KIDS THE RIGHT WAY: Key Components of Children's Care Coordination.**
- **The Role of First 5s in Home Visiting: Innovations, Challenges, and Opportunities in California.**

COUNCIL FOR A
STRONG AMERICA

REPORT

Child Care & Afterschool: A Continuum of Care Supporting Two Generations in California

High-quality programs help prepare children for success while their parents work

Acknowledgements

Council for a Strong America a is a national, bipartisan nonprofit that unites membership organizations, including law enforcement leaders, retired admirals and generals, and business executives, that promote solutions ensuring that our next generation of Americans will be successful, productive members of society.

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Authors:
Sandra Bishop, Ph.D., Chief Research Officer
Shelly Masur, MPH, California State Director
Donna Cullinan, California Deputy State Director

Contributors:
Barry D. Ford, J.D., President & CEO
Tom Garrett, Communications Director
Mariana Galloway, Art Director

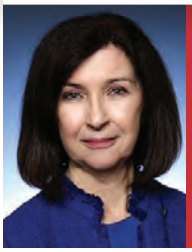
August 2022

2/3
of California children have parents in the workforce

The majority of California children live in households in which all parents work, making high-quality child care and afterschool programs essential for parents, children, and our state. Parents need these services to be able to go to work and support their families. Employers benefit when parents have the peace of mind they need to be productive, reliable employees. Quality child care and afterschool programs support children's cognitive, social, and emotional development, setting them on a path to success in school and careers, and away from crime. These programs can also help youth qualify for military service, if they so choose, by addressing factors (poor academic performance, crime, substance use, and obesity) that currently prevent 71 percent of California youth from qualifying.

However, too many California children lack access to affordable, quality child care and afterschool options and COVID-19 has exacerbated this situation. Further, both the child care and afterschool systems suffer from low reimbursement rates and

> "As a matter of national security, sustained investments in child care and afterschool programs are essential for California."



Mission Readiness member
Jody Breckenridge
Vice Admiral (Ret.),
U.S. Coast Guard

inadequate staff compensation. To ensure a continuum of age-appropriate care, California policymakers should work to align reimbursement rates, staffing ratios, and staff training requirements between child care and afterschool programs. Support for high-quality child care and afterschool programs is an investment in California's economic well-being and public safety, and our nation's security.

Most California parents are in the workforce and need child care and afterschool programs

Nearly four million California children, which is about two-thirds (64 percent) of those under age 6 and the same percentage of those ages 6 to 12, have all parents working outside the home.[1] Thus, many families need child care and afterschool programs.

California's child care and afterschool systems do not meet the needs of children, families, educators, or employers

Several interrelated challenges render these systems less than optimal:

- **Access:** Prior to the pandemic, more than half (60 percent) of Californians lived in a child care desert, where there are more than three children for every licensed child care slot.[2] Similarly, for every California child enrolled in an afterschool program, three are waiting to enroll, leaving more than three million students without access.[3] The COVID-19 pandemic exacerbated these access challenges in both systems.[4]
- **Affordability:** Infant care in a California center averages $17,384 per year, 75 percent more than in-state public college tuition ($9,940).[5] Child care subsidy programs help working families with low incomes afford child care, but these programs only serve a fraction of eligible children[6] and reimbursement rates for providers don't cover the cost of providing quality care.[7]

  The situation for California's afterschool programs mirrors that of child care.[8] More than half (56 percent) of California parents surveyed reported that afterschool programs are too expensive.[9] A primary source of funding for afterschool in California is the After School Education and Safety (ASES) program. The state legislature funds ASES programs at a rate of $10.18 per student per day—only a couple of dollars more than the rate the state first established for the program 20 years ago.
- **Compensation:** Despite high costs to families, California child care teachers are poorly compensated, with annual mean wages of $35,390, compared to $42,210 for preschool teachers, and $85,760 for kindergarten teachers.[10] Reimbursement rates for subsidized care have not kept pace with increases in the state minimum wage: despite strong revenue growth over the past five years, California policymakers have increased reimbursement rates just twice since 2016-17. Meanwhile, the state minimum wage has increased 40 percent.[11] This situation has left child care providers unable to provide staff competitive wages. As a result, many child care providers, many of whom are women of color, are unable to meet their basic daily needs and are eligible for subsidized care themselves. Low wages contribute to teacher turnover and staffing shortages, creating instability for

child care programs, parents, and children, and contributing to the shortage of child care slots.[12]

The California afterschool workforce faces the same challenges, with low reimbursement rates resulting in even lower staff compensation, impacting program supply and student access.[13]

Research shows that quality child care and afterschool programs set children on the path to success

For example, a longitudinal study of more than 1,300 children found that children in higher-quality child care were better prepared for school at age 4 compared to children in lower-quality child care. At age 15, they were still performing slightly above their peers and had significantly lower levels of behavior problems.[14] By age 26, participants from families with low incomes, who spent two or more years in high-quality child care, were more likely to graduate from college and had higher salaries, compared with those who had been in lower-quality care.[15]

Child care teachers can also help children develop healthy habits at a young age by serving nutritious meals and ensuring children get adequate exercise throughout the day.[16] Child care programs that emphasize healthy eating and physical activity can help reduce children's risk of obesity, as these healthy habits can last a lifetime. For example, a study of the Abecedarian program found that girls who participated were less likely to become obese as adults, and boys had fewer risk factors for heart disease, stroke and diabetes.[17]

High-quality afterschool programs help keep kids safe and build their academic, social, and emotional skills in a number of critical ways. These programs provide a safe and stable environment that can prevent youths from engaging in dangerous behavior or becoming the victim of a crime.[18] These environments also contribute to other positive outcomes, such as better school attendance, improved classroom behavior, higher academic performance (GPAs; reading and math scores), increased physical activity and healthier eating, reduced substance use, and improved graduation rates.[19]

For instance, a study of LA's BEST, which serves children ages 5 to 12 in Los Angeles Unified School District elementary schools, found that students with high levels of attendance in the program were five percent less likely to dropout of school and six percent more likely to graduate from

> "Resources are essential to supporting our workforce during uncertain times. Policymakers must invest in child care and afterschool programs for our children and their families."

ReadyNation member
Sanjay Gehani
Partner/Chief Marketing Officer, Building Kidz Schools

> “Workers in our communities should be provided with quality, affordable child care whose main objective is to house and protect children during their family’s working hours.”

Fight Crime: Invest in Kids member
Edwin Brock
Chief, Arvin Police Department

high school on time, compared to their peers who did not participate in the program.[20] Additional research determined that youth who consistently attended LA’s BEST were 30 to 50 percent less likely to commit a juvenile crime.[21]

One comprehensive, longitudinal study by investigators at the University of California, Irvine examined the impact of both child care and afterschool programs.[22] Children who attended higher quality child care before age 4 ½ had higher reading comprehension and math scores at age 15. The same was true for children who spent more periods of time in afterschool programs in grades K through five. Looking at behavior, children who were in higher quality child care had fewer behavioral problems and those who spent more periods of time in afterschool programs had higher levels of social confidence.

In sum, quality child care and afterschool programs support children’s cognitive, social, and emotional development, setting them on a path to success in school and careers, and away from crime. These programs can also help youth qualify for military service, if they so choose, by addressing factors (poor academic performance, crime, substance use, and obesity) that currently prevent 71 percent of California youth from qualifying.[23]

Policymakers should promote access to affordable, quality child care and afterschool programs

California policymakers should address low and unequal reimbursement rates for child care and afterschool providers, inadequate staff compensation, and uneven staffing and training requirements that lead to a fragmented system of care for California’s children. Specifically, policymakers should target funding to ensure adequate compensation and staffing ratios for care for children up to age 8. Additionally, state funding to provide care during summer and other non-school days must be made available for all ages, including middle and high school students. California must recognize the need for continuity of care and developmentally-appropriate care, and support the essential workforce that makes this care possible, by setting policy that aligns rates, skills, and needs.

Support for high-quality child care and afterschool programs is an investment in California’s economic well-being and public safety, and our nation’s security.

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Council for a Strong America is a national, bipartisan nonprofit that unites membership organizations, including law enforcement leaders, retired admirals and generals, and business executives, that promote solutions ensuring that our next generation of Americans will be successful, productive members of society.

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The Children's Partnership

California Children's Trust

CARING FOR KIDS THE RIGHT WAY:

Key Components of Children's Care Coordination

JULY 2022

The Children's Partnership (TCP) is a California advocacy organization advancing child health equity through research, policy and community engagement. We envision a California where all children—regardless of their race, ethnicity or place of birth—have the resources and opportunities they need to grow up healthy and thrive. For more information, visit www.childrenspartnership.org.

California Children's Trust

The California Children's Trust (The Trust) is a statewide initiative to reinvent our state's approach to children's social, emotional, and developmental health. We work to transform the administration, delivery, and financing of child-serving systems to ensure that they are equity driven and accountable for improved outcomes. The Trust regularly presents its Framework for Solutions and policy recommendations in statewide and national forums. For more information, visit www.cachildrenstrust.org.

This report is part of a larger body of work known as the **Equity Through Engagement project**, a partnership between The Children's Partnership, the California Children's Trust and the Georgetown Center on Poverty and Inequality. Funded by the Robert Wood Johnson Foundation, the partners are conducting policy-relevant quantitative and qualitative research and analysis to highlight opportunities for California to integrate community partnerships and interventions into its Medi-Cal health care financing and delivery systems in order to advance child health equity. Support for this brief was provided by the Robert Wood Johnson Foundation. The views expressed here do not necessarily reflect the views of the Foundation.

Table of Contents

Introduction

California's Medi-Cal program has developed several models of whole-person care with comprehensive care coordination for the elderly and those with complex health care needs, such as the Program for All-Inclusive Care for the Elderly (PACE), which has become a national model; the Coordinated Care Initiative (CCI); Whole-Person Care pilots; and, most recently, CalAIM's Enhanced Care Management (ECM) benefit with community support services for "populations of focus" including those with complex health conditions or "high utilizers."[1] While some children will be included in the ECM benefit, the needs of the general population of children enrolled in Medi-Cal do not fit into this current "high-utilizer" framework as most children are less likely to use health care services in the same way as adults.

Children's health needs may not always manifest as complex health conditions at the outset. For children, a more relevant framework would be a "high need" one that would capture social and emotional conditions that have a profound impact on children's healthy development. Due to the relational nature of childhood development, children's health care needs should focus "upstream" to assess the social conditions in which children and their families live.

Children are the most racially and ethnically diverse age group in California, with children of color facing the greatest gaps in health outcomes and delivery of care in the state.[2] With three-fourths of Medi-Cal children being children of color, Medi-Cal has an opportunity to play a critical role in advancing child health equity by cultivating a whole-person health care approach for all Medi-Cal children that integrates their health care with social support needs and creates a bridge across multiple systems that serve them and their families.

Care Coordination Briefs: Part of Our Equity Through Engagement Project

This report is part of our Equity Through Engagement (ETE) project—a partnership with The Children's Partnership, the California Children's Trust and the Georgetown Center on Poverty and Inequality. Funded by the Robert Wood Johnson Foundation, the ETE project examines opportunities for Medi-Cal managed care to partner with community collaboratives, CBOs and families to advance child health equity. This report focuses on care coordination services as a pivotal component in whole-child health care, and is a companion to our issue brief, Care Coordination for Children in Medi-Cal. Also, as part of this project we released a Family Engagement Report in which we asked parents themselves about their experience with Medi-Cal and what they need to engage with Medi-Cal and managed care plans.

"Due to the relational nature of childhood development, children's health care needs should focus 'upstream' to assess the social conditions in which children and their families live."

Whole-Person Care for All Children

"Care coordination is one of the critical pillars of a whole-child care approach in that it is the connector to the array of services and interventions to meet a child's needs."

The research on Adverse Childhood Experiences (ACEs) shows how important safe, stable and nurturing environments are to preventing adversity and supporting children and families in responding when adversity does occur, which in turn can mitigate the longer-term health care impacts of ACEs. Children of color are more likely to experience ACEs compared to their white peers due to "**stressful environments, socio-economic inequalities, and lack of systemic support and resources for families of color"**—issues that are more likely to persist into adulthood if they are not addressed early on and could then manifest into health conditions, including mental health issues and emotional distress.

In order to adequately promote child well-being, what is needed is a whole-person model *designed specifically for children*, applicable along a continuum of needs for all Medi-Cal children. Aligned with the goals of advancing whole-person care for populations of focus, all children enrolled in Medi-Cal require a **whole-child approach** to health care. (Notably, this approach is distinct from DHCS' specific program called the "California Children's Services (CCS) Whole Child Model,"[3] which applies to CCS-qualified children with specific health conditions and aims to integrate CCS specialty care services into Medi-Cal managed care plans' package of services for those children.) A whole-child approach applies to all children and centers on the whole-child experience, including family and social environment and recognizing that children are dependent on the adults in their lives. Such a model would emphasize well-child preventive care and provide the full spectrum of health, dental, mental health, and social and family services based on identified needs. In doing so, a whole-child approach offers a coordinated system of care that fully actualizes the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit to which all Medi-Cal children are entitled, coupled with social and family support services.

Although Medi-Cal has had a comprehensive child health care program through the EPSDT benefit for decades, the delivery has been underwhelming:

- Only half of Medi-Cal children had preventive care visits.[4]
- Only 25% of Medi-Cal children received recommended screenings.[5]
- California ranks 48th in the nation in access to mental health services for children.[6]

The challenge lies in making the promise of EPSDT a reality while also integrating social support services to children's care.

California's Medi-Cal program has an opportunity to deliver on this promise for children by actualizing proactive promotion of preventive care and building the infrastructure for a continuum of care coordination. Care coordination is one of the critical pillars of a whole-child care approach in that it is the connector to the array of services and interventions to meet a child's needs. As Medi-Cal embarks on reinvigorating its required continuum of care coordination through CalAIM's Population Health Management Program, **this report will focus on the care coordination functions that support the interventions and services within a whole-child approach to children's health care.**

Whole-Child Care Approach

What Is Care Coordination?

Care coordination is a service that ensures children and adolescents get the right care at the right time and in the right setting by creating a bridge across multiple systems that serve children and families.[7] Successful care coordination for children requires effective communication among providers, patients and families across the health system and also among the multiple systems that serve children.[8] Navigating the right support among the fragmented systems of children's medical care is difficult enough for families, with managed care plans, mental health plans, regional centers and school-based services all playing a supporting role in a child's developmental, mental and physical health.

Care coordination is foundational for all children—not just for those with emerging or complex health conditions—to ensure early preventive care is provided. Again, because so much of children's health is determined by conditions that shape where they live, learn, develop and play, particularly in the early stages of their brain development, children and their families' needs should be *assessed early* and educational resources and supports should be provided in a *timely manner* to enable them to be healthy and thrive.[9] For whole-child care models to be effective for children and their families, it is necessary to integrate care coordination functions that not only bridge the multiple systems of health care, but also weave in the child's and their family's social drivers of health.[10] Family (and youth) engagement is at the heart of the function of care coordination: Families are the experts on their child and their voice must be included in their child's plan of care.

Care Coordination in Children's Health Care

Pediatric "Care Coordination"—one of the core pillars in child-centered primary care approaches—is the communication and organization of a child's care across all child-serving care settings to ensure indicated care is delivered in a timely and culturally and linguistically appropriate manner.

"Case management" or "care management" (Medi-Cal terminology) is a specific higher-intensity level of care coordination, usually shorter-term to address a complex condition.[11]

As we outlined in our previous brief, Care Coordination for Children in Medi-Cal, Medi-Cal managed care plans are currently required to provide a spectrum of coordination of care for "…all medically necessary EPSDT services delivered both within and outside the MCP's provider networks," building upon a comprehensive array of preventive care and screenings. However, there is very little known about the extent to which children enrolled in Medi-Cal are currently receiving care coordination because managed care plans are not required to report standard measures of care coordination. Survey data indicate there is a problem: About 40% of children in California are not getting care coordination when needed, as compared to 31% of children nationally.[12]

"There is very little known about the extent to which children enrolled in Medi-Cal are currently receiving care coordination…"

Reinvigorating Attention to Care Coordination and Preventive Care

CalAIM's Population Health Management (PHM) program—to begin in 2023—aims to further define managed care plans' responsibility beyond cost and utilization management to a continuum of care coordination across multiple systems, which is grounded in preventive care, population needs assessments, and related health services and social supports.[13]

The PHM program outlines three levels of case management: 1) care coordination as part of a basic population health management program that is available to all Medi-Cal beneficiaries and aims to connect them to primary and preventive care; 2) complex care management, which is available to those who are assessed for "rising risk" and may need a temporary case manager to assist them with accessing services across multiple systems; and 3) enhanced care management.[14]

This new Medi-Cal PHM requirement, however, is not a new requirement for Medi-Cal children. In fact, the PHM program is intended to apply to all Medi-Cal beneficiaries and serve as the preventive care model envisioned as part of children's EPSDT benefit. The question is whether this new Medi-Cal PHM program will bring greater focus and accountability to developing a more deliberate care coordination strategy and infrastructure for children—a model of health care delivery that connects to child-specific settings and systems and promotes preventive care and screenings for children.

Understanding what makes care coordination effective for children will help DHCS and Medi-Cal managed care plans implement the PHM program—through standards, partnerships, and infrastructure—in a way that better serves children and fulfills the vision of EPSDT.

Children's Care Coordination

Effective care coordination—as a pillar within a whole-child care approach—should identify where children can best be served and make those connections with a "warm handoff" to those supports, creating a bridge between the services provided by pediatricians, other health professionals, community-based organizations, and child-serving agencies. Given each child-serving system may have its own care coordination structure, care coordination across multiple systems may mean connecting among these various systems of care coordination.

Importantly for children, strong care coordination also builds trusting relationships and partnerships with children's families. This means that parents/caregivers understand their options, are part of their child's care team of decision-makers, and their choices are meaningfully communicated across all systems, service providers and child-serving settings.[15] Additionally, to ensure compliance with care coordination obligations under Medi-Cal, performance metrics for care coordination should also be devised to track compliance with care coordination standards.[16]

The hub or setting of a whole-child care approach may vary from a child-serving medical home, Early Intervention Regional Center or school-based mental health program.

The following section offers a few local examples that illustrate how effective care coordination for children can work. These examples from child- and family-serving programs illustrate the fundamentals of effective care coordination for children, which are further described below.

Key Components of Effective Care Coordination[17]

1. **Screenings and Assessments**
2. **Communication Within a Multidisciplinary Team**
   a. Designated Care Coordinator
   b. Parent/Caregiver (and Youth)
   c. Clinical Team
   d. Legal Partner
3. **Family Communication and Feedback Loops**
4. **Social Support Networks and Partnerships**
5. **Case Management Systems**
6. **Sustainable Financing Mechanisms**

Examples of Children's Care Coordination Models

California has many exemplary primary care child health sites that have integrated effective care coordination through integrating care coordinators, family navigators or community health workers into their practices to support and strengthen families. Below are descriptions of four existing examples of programs and interventions with effective care coordination functions as part of child-serving models of care: **Developmental Understanding and Legal Collaboration for Everyone (DULCE), Help Me Grow (HMG), HealthySteps (HS), and Wellness Together (WT).** Most of these examples are affiliated with early childhood primary health care with the exception of Wellness Together, which is a mental health model of care centered around the school setting. These programs illustrate how care can be centered around a child or child's family, based on the totality of their needs regardless of the care setting or hub.

DULCE[18]

Developmental Understanding and Legal Collaboration for Everyone (DULCE) is an intervention based in health, legal, and early-childhood-related settings that assists parents in overcoming the challenges of caring for children from birth to six months of age by addressing social determinants of health and providing families with support for any unmet legal needs, age-related information on child development, as well as ongoing friendly support. These services are organized as an Interdisciplinary Team comprised of a Family Specialist, a medical provider, a legal partner, an early childhood systems representative, a mental health representative, a project lead, and a clinic administrator. Through its Interdisciplinary Team and relational engagement with families, DULCE works to address the accumulated burden of social and emotional hardship of each family served. Because DULCE is part of a patient-centered medical home, the program benefits extend beyond the new baby and parents to include the entire family.

Help Me Grow[19]

Help Me Grow is a national model built at the local level to improve developmental screening rates, educate parents about developmental milestones, and link children to services as quickly and efficiently as possible. HMGs play a valuable role in California's early identification and intervention systems. HMGs help to bridge the multiple entities providing developmental and behavioral support and interventions for young children, including mental health, regional centers, early care and education, school districts, and community-based providers. HMGs operate call centers in nearly half the counties in California providing developmental screening, referral, and care coordination; educating and providing outreach to parents and providers; training pediatricians and other providers; collecting data and building data systems; and convening partners so they can collaborate effectively.

These services for children and their families are provided through a Centralized Access Point, which, at some sites, might be called Help Me Grow Care Coordinators. These HMG staff connect families to the services they need, provide them with support around specific developmental or behavioral concerns or questions, and help them identify and provide a "warm handoff" to partner organizations for community-based supports that can help overcome barriers to service. Although the primary method of communication between HMG staff and families is through telephone, communication also includes email, secure video conferencing, and telehealth. HMG staff collaborate with health care professionals to ensure that children receive developmental assessments and to identify gaps in service and prospects for enhanced collaboration and improvement.

HealthySteps[20]

HealthySteps is an interdisciplinary pediatric primary care program that ensures young children receive nurturing parenting and have healthy development. HealthySteps Specialists, as part of the primary care team, connect with families during well-child visits at the pediatrician's office and help them identify whether children are reaching developmental milestones, assist in connecting families to additional services, and answer families' questions about child development and well-being. HealthySteps operates according to three levels of service:

Tier 1: Universal Services, including screenings for children and all family needs, and child development support.

Tier 2: Short-term supports for families with mild concerns which include child development and behavior consultations, care coordination and system navigation, parenting guidance and early learning resources, in addition to all Tier 1 services.

Tier 3: Comprehensive services for most-in-need families which include ongoing, preventive team-based well-child visits (WCV) in addition to all Tier 1 and Tier 2 services.

Wellness Together[21]

Wellness Together partners with K-12 school districts to provide mental health services for students, families, and educators regardless of their Medicaid or insurance requirements. The program works in collaboration with site district leadership to evaluate which programs will be most beneficial for students and families. Wellness Together provides services at schools through Mental Health Specialists (MHSs) who collaborate with existing school counselors to provide evidence-based interventions. Multi-Tiered System of Supports include:

Tier 1: Social-emotional learning and family workshops.

Tier 2: Group and school staff consultation.

Tier 3: Individual counseling, family engagement, and crisis intervention.

Care Coordination Components in Action

As part of the selected child-serving programs we described above, this section covers each of the major components of successful care coordination for children's health and includes examples of each component in action. The following table compares the selected child-serving program's care coordination activities relative to the key components that we have identified as part of effective care coordination.

Child-Serving Programs and Their Care Coordination Components

DULCE

INTERVENTION: Birth–6 months; early childhood education; family, social, and legal supports

TYPE OF SETTING OR HUB: Patient-centered medical home setting

COMPONENTS OF CARE COORDINATION				
Screening and Assessment	**Communication Within a Multidisciplinary Team**	**Family Communication and Feedback Loops**	**Local Networks/ Partnerships**	**Case Management Systems**
Parental resilience, social connections, concrete supports, knowledge of parenting and child development, social and emotional competence of children.	Pediatric clinician, mental health specialist, a legal partner, and an early childhood system representative DULCE Family Specialist	Parent/caregiver part of the health care team	Local medical-legal partnerships	

Help Me Grow

INTERVENTION: Promote developmental screenings and early interventions

TYPE OF SETTING OR HUB: Call Center Web

COMPONENTS OF CARE COORDINATION				
Screening and Assessment	**Communication Within a Multidisciplinary Team**	**Family Communication and Feedback Loops**	**Local Networks/ Partnerships**	**Case Management Systems**
Train, educate, conduct outreach and developmental screenings	Communication among players in an early identification and intervention system Centralized access point; contact point varies by county	Continue collaboration with parent/caregiver to ensure access to referred resources	Regular community outreach to maintain local support directory	System reporting to follow up on referrals and outcomes

HealthySteps

INTERVENTION: 0–3 years program; promotes the health, well-being and school readiness of babies and toddlers

TYPE OF SETTING OR HUB: Pediatric primary care settings

COMPONENTS OF CARE COORDINATION				
Screening and Assessment	**Communication Within a Multidisciplinary Team**	**Family Communication and Feedback Loops**	**Local Networks/ Partnerships**	**Case Management Systems**
Behavior, sleep, feeding, attachment, parental depression, social determinants of health and adapting to life with a baby or toddler	Physician Champion and a child development professional, known as a HealthySteps Specialist HealthySteps Specialist (HS Specialist)	A child's caregivers are incorporated into the care team as experts in their child's care to cultivate their strengths and assets as integral to the team's decision-making for their child's health care plan	Partnerships with pediatric primary care	Welly, HIPAA-compliant, mobile-friendly, web-based, care coordination platform

Wellness Together

INTERVENTION: Mental health services for K-12 students

TYPE OF SETTING OR HUB: Pediatric primary care settings

COMPONENTS OF CARE COORDINATION				
Screening and Assessment	**Communication Within a Multidisciplinary Team**	**Family Communication and Feedback Loops**	**Local Networks/ Partnerships**	**Case Management Systems**
Behavioral Emotional Ratings Scale-2 Youth Rating Scale (BERS-2 YRS)	Mental Health Specialist (MHS), social worker, parent/caregiver, and anyone else the student wants to be involved	Family engagement services that bring together families and students (K-12)	Partner with local Graduate Social Work programs to hire mental health specialists who are supervised by more experienced Wellness Together MHS	HIPAA-secure platform to coordinate care with school staff and collect, analyze, and create data reports for school partners

Key Components of Effective Care Coordination

1. Screenings and Assessments

Child well-being involves a wide array of child-specific services that also encompass family-centered services, including those beyond clinical care. Medicaid's EPSDT benefit entitles all Medicaid children to a comprehensive regimen of preventive care and screenings, treatments or interventions to address identified conditions and areas of concern. In our information brief, Caring for Kids the Right Way, we have outlined the array of services and interventions for which care coordination is needed for children.

Care coordination also serves to promote and educate families about preventive care, such as Help Me Grow promoting (and providing training) on early and frequent developmental screens for children. In addition, one of the major functions of DULCE and HealthySteps is to assess and identify what supports the parent/caregiver needs. Notably, starting in January 2023, Medi-Cal will be implementing a behavioral health prevention benefit for dyadic care, linking the caregiver's mental health with their child's health.[22] Recognizing dyadic care as a reimbursable service supports pediatric practices and programs like DULCE and HealthySteps, which assess and integrate relational health care.

2. Communication Within a Multidisciplinary Team

Care coordination knits together a child's various treatments and support services with and for a child's family: This entails shared information, communication and feedback loops, and collaborative decision-making among a multidisciplinary team. **A team should always include family members themselves and communicate among the various providers serving the child, within both clinical and community settings.**

Depending on the program and its capacity, the clinical setting may be where children's social, emotional and developmental needs are assessed and identified, while other providers outside the clinical setting provide the services to address the indicated needs or community partners that connect families to services that do.[23] How that team coordinates and communicates may vary—whether they are ongoing partners within the same health home, or various providers, agencies and/or CBOs connected through a central care coordinator. The objective is that the team is collaborating on serving the various needs of the child and that those services and providers are working in coordination with each other.

The members of the team collaborate with each other to 1) determine what supports would benefit the child and their family; 2) decide how to connect them with those support services; and 3) provide ongoing follow-up and feedback on the impact of the services received.

An effective multidisciplinary team is comprised of a designated care coordinator, multiple clinical providers (physical, mental, dental and vision), other child-serving agencies (schools, early intervention regional centers), community-based organizations, and, most importantly, the family member and youth themselves. Often, team members are in different agencies or programs and/or in separate settings, thus, the means of communication are what make a team functional. Communication may be facilitated by a single point coordinator, group discussions or both. While shared data systems would be ideal, this is often difficult to operate across varying agencies, each with its own data systems.

Wellness Together communicates with the existing school team—counselors, in-school nurses, teachers, coaches—and also connects and communicates with other mental health providers, local programs and behavioral health agencies, and other health clinicians serving the youth. In some local HMG programs, the HMG staff communicate among the multiple agencies of the local early identification and intervention system, such as the clinician, regional centers, early child care, schools, home visiting programs, CBOs and county mental health agency.

The multidisciplinary team should be comprised of:

☑ Care Coordinator Staff

The DULCE, Help Me Grow, HealthySteps and Wellness Together models acknowledge that to fully support all of a child's needs, there must be a designated person to serve as a care coordinator. This person acts as a single point of contact for the family and assists in communication among the various providers. This person should also be knowledgeable of other services a child may be referred to beyond medical, developmental and emotional support. Effective care coordinators can be social workers, community health workers (see sidebar), nurses or others who are trained in childhood development and assisting families, and optimally they are culturally concordant, sharing lived experience with the families they serve.

In DULCE, HMG and HealthySteps models, designated care coordinators are trained to be responsible for: 1) screening children for health-related social risk factors; 2) identifying and connecting children and their families to the appropriate organizations or agencies with the resources and capacity to meet their particular needs;

Community Health Workers: Providing Families With Relational Health Care[24]

In establishing an intentional, anti-racist health care structure, cultural competency and humility can be enhanced by incorporating staff with lived experience such as Community Health Workers (CHWs). Programs that employ CHWs as part of the medical home find that families are more engaged and more comfortable responding to and establishing connections with staff contacts who have similar life experiences as their own. Because families can quickly build trust with CHWs, these staff also can help improve the relationship between professional health care providers and families.

CHWs can also play a critical role in children's relational health care: Nurturing relationships and intimate bonding are foundational to a child's healthy childhood development—their "relational health." In turn, relational health care recognizes the importance of social connections and fosters and supports a child's relational health by ensuring engagement, trust and partnerships with families.

CHWs, in a care coordination capacity, provide standard functions such as home visits, regular phone check-ins, health care navigation, "warm handoffs" to appointments, and enrollment assistance for social services programs. But CHWs also can offer relational health care coordination, coaching and mentoring, and protective factor strategies. It is estimated that one in every twenty families with a young child receives consistent and ongoing support from a CHW to help them and their child grow, whereas at least one in every five families would benefit from a CHW.

California recently adopted a Medi-Cal CHW benefit, which will cover CHWs' navigation and health education work, two core functions of care coordination.

"When parents have to talk to a different person each time they call Medi-Cal or their provider, they don't get the help they need. Parents expressed frustration about not having a single point of contact that knows their child and their situation. They feel as if they have to tell their story and circumstance to multiple people before they receive support or obtain the information they need."

–TCP Family Engagement Parent Discussion Groups

3) following up with parents/caregivers to ensure they stay connected to the services they need as well as to identify new needs and needed interventions including physical, mental and social-emotional supports;
4) communicating with all parties involved regarding a child's progress, outcomes and concurrent needs; and
5) tracking children's health outcomes based on services received for continued case management improvement that includes personalization of health care needs. While the caregiver (and, in the case of adolescents, the child) is part of the care team, the care coordinator is also a primary contact for the family/caregiver who listens to their input and feedback.

Through the DULCE program, families are immediately connected to a Family Specialist—DULCE care coordinators—who are specialized community health workers (CHWs). These Family Specialists are trained in child development and provide relational engagement by attending well-child visits with families and health care providers to ensure a child and their family's priorities and concerns are addressed as well as by providing home visits and telephone check-ins.[25] A Family Specialist gets to know the families, provides information and education on healthy early childhood development, ensures children access preventive services—such as screenings—and works with the rest of the DULCE Interdisciplinary Team to connect families with existing community resources and needed supports.

"A parent couldn't follow what her child's doctor was saying because the interpreter assigned to them spoke a different dialect of Mixteco than the parent spoke. The parent did not feel comfortable letting the interpreter and doctor know that the dialect interpreted was not her own dialect."

–TCP Family Engagement Parent Discussion Groups

Many county Help Me Grow systems provide an assigned care coordinator that serves as the central point of contact for families. These staff provide a myriad of supports to families: They help identify gaps and barriers to services, connect families with community-based services and programs, provide health education and parenting guidance, educate families about their options and the service delivery system, and assist with developmental screening-related activities such as scoring, sharing results, and linking families to the appropriate developmental services.[26] HMG care coordination staff can be social workers or similar health or human services professionals with training or experience in early childhood development or special education.

A care coordinator provides a trusted relational contact to families who can often serve as an advocate for and with families ensuring that the multidisciplinary team understands the child and family's needs, concerns and objectives. While maintaining a single contact person might be difficult for small programs, coordinator staff with similar lived experience can make the difference between a family's ability to fully engage in their child's doctor's visit and not being able to do so. For example, this consideration may determine whether the coordinator knows to provide the family an interpreter that speaks their specific dialect.

Additional skills HMG affiliates have identified as essential for HMG care coordination staff include: empathy and non-judgment in listening and speaking, trustworthiness, having the ability to adapt their language and approach

to meet families where they are, and having the ability to understand difficult circumstances and responding appropriately to help families.[27] Some counties, depending on resources and capacity, aim to moderate the caseload for HMG care coordinator staff to allow them time to fulfill their family-directed functions, such as listening to family needs; providing education and information on child development, behavior management, and assistance; and providing advocacy and follow-ups with families as needed.

HealthySteps integrates into their health care team a HealthySteps Specialist (HS Specialist) who meets with families at well-child visits to assist them in screening and addressing frequent and complex issues that "physicians sometimes lack the time to address including feeding, behavior, sleep, attachment, depression, social determinants of health and adapting to life with a baby or young child."[28] HS Specialists have been trained to provide care coordination, parenting counseling and support, as well as perform universal screenings, compliance monitoring and quality improvement processes. The minimum requirement to be an HS Specialist is a bachelor's degree, with most HS Specialists having backgrounds as social workers with training in mental health, psychologists, early childhood educators, or nurses with experience in early childhood development.[29]

Wellness Together has Regional Social Work Specialists (in some areas, specialists are from central offices) that maintain a network list of local service organizations and agencies. A Regional Social Work Specialist could help students and families enroll in Medi-Cal, make referrals to navigate their health plans or find local assistance with immigration issues. They provide referrals to families and youth to meet social support needs in collaboration with a WT Mental Health Specialist, and either the Mental Health Specialist or Regional Social Work Specialist maintains communication with the school counselor, other clinicians and a network of local service organizations and agencies to address any identified needs.

☑ Parent/Caregiver Team Member

As part of the multidisciplinary team, families play an important role in determining action plans that will help address their children's needs and improve health outcomes.[30] Effective care coordination is relational and starts with building family trust. Care coordination models such as those used in DULCE and HealthySteps demonstrate a "gold standard" for incorporating a child's caregivers in the care team as experts in their child's care to cultivate their strengths and assets as integral to the team's decision-making for their child's health care plan. (Youth themselves can also be included in decision-making for their own care.)

Other programs such as Wellness Together provide family engagement services that bring together families and students (kindergarten through grade 12) with the school support team and Wellness Together, as well as any other supports the youth or family identifies, which may include a coach or a minister. (For youth ages 12 and over who do not want a family member such as a stepparent involved, that request is met.) Together they develop academic, social-emotional and personal goals for the child or youth over the next 13 weeks, and all commit to those goals and the plan to get there.

In recent conversations with parents of children in Medi-Cal as part of the Equity Through Engagement project,[31] parents often expressed dissatisfaction with the level of communication they receive from health care providers

regarding, among other aspects, information shared across different providers, treatment information, referrals to other services, and updates on Medi-Cal applications and eligibility of services. Parents also expressed a desire for health care providers to take their concerns as parents more seriously and recognize the importance of their role in the understanding and decision-making process regarding their children's needs.

For example, **DULCE's design and execution rely heavily on parental leadership and participation** to ensure that the right interventions and approaches are meeting the needs of children and addressing other family needs impacting a child's healthy development. DULCE also relies on feedback from parents to personalize care and relationships with Family Specialists as well as to improve the overall DULCE structure.

HealthySteps recognizes parents as experts in their children's health care needs. HealthySteps educates parents to become advocates for their children by providing educational resources that help parents understand their children's growth and developmental needs as well as to more effectively communicate with health care providers and other professionals regarding concerns, challenges and milestones through the different stages of their child's development. Additionally, HS Specialists collaborate with parents in problem-solving common parenting challenges such as safety, feeding, discipline and limit setting. Here the parent/caregiver is given the opportunity to receive advice reflecting on their own history and how it impacts their parenting as well as their own parenting style and strengths as a parent.

☑ Clinical Team

A clinical team composed of physicians, mental health professionals, other health care professionals and social workers is established in care coordination models to assist in determining where a child should be referred next in terms of general and specialty health care treatment based on need.[32,33] In order to best assist children, a clinical team builds channels of collaboration, communication and cooperation to ensure that all aspects of care coordination for the physical development and social-emotional needs of a child are addressed and evaluated by the team as a whole and as a child moves from one specialty to another.[34, 35]A clinical team also communicates with the corresponding care coordinator

about concerns, recommendations and treatment options. Coordination between clinical team members and the care coordinator is critical to ensuring that children are referred to and connected with appropriate specialists or other social services, as well as assisting families during transitions and follow through.

For example, DULCE includes a clinical team as part of their care model: a medical leader or pediatric clinician, a mental health professional and a medical legal partner liaison. The primary care or pediatric clinician is housed in the clinical setting. The clinician communicates with the DULCE Family Specialist outside the exam room to identify whether a family has been able to be reached by the clinic as well as to raise other concerns observed. For example, if a clinician knows a mother of a newborn has had mental health issues in the past and is concerned the mom might not be receiving assistance, the clinician communicates with the Family Specialist to reach out to the mom. Subsequently, the clinician and Family Specialist work together to make sure the mom is connected to a mental health professional. Additionally, the mental health professional meets with the Family Specialist on a weekly basis to discuss the number of families that were seen the previous week, how many are in crisis, why they are in crisis, and gather information about parent-child interactions.[36]

The Wellness Together program team consists of Mental Health Specialists (MHSs), which are licensed therapists and associates who work as trainees gaining experience toward clinical licensure. The program partners with graduate schools, giving associates the opportunity to train under licensed therapists and build clinical work hours in exchange for school credits. This clinical team works closely with school counselors to address students' mental health needs.

☑ Legal Partner

Legal partners play an important preventive role within the interdisciplinary team by identifying legal issues before they become serious problems. Children are able to thrive when their families have access to the tools and resources necessary for a healthy and nurturing environment. Integrating a legal partner into the team of providers caring for a child offers a family the concrete support and services that address a family's needs and help minimize stress caused by challenges.[37] These legal partners provide support and training to Family Specialists to screen for legal issues related to social determinants of health, provide legal information, and refer families for legal intake if necessary.

For example, DULCE has partnered with public interest law organizations such as the East Bay Community Law Center. These organizations dedicate a portion of an attorney's time to support DULCE and also deploy paralegals and law students to support DULCE[38] to help identify legal risks and barriers and facilitate remedies. DULCE legal partners may attend weekly team case reviews with Family Specialists to provide legal-problem-solving insight to Family Specialists, as needed, to help determine which families need acute legal assistance.[39]

In Alameda County, where the DULCE program is located at the county's Highland Hospital, 70% of the families served by Alameda DULCE are immigrants. Nearly half of DULCE families are referred for legal assistance through partner East Bay Community Law Center, often for immigration, housing and public benefits issues. Families report decreased anxiety and fear after receiving this legal assistance, directly impacting the mental health of parents.[40]

The other program models also have engaged with legal aid organizations to assist families with immigration or housing issues, although not always as an ongoing partnership as is the case with DULCE. For example, Wellness Together has connected families with legal assistance for immigration issues.

3. Family Communication and Feedback Loops

A major issue that parents raised in our Equity Through Engagement focus groups was wanting greater communication with providers about their child's care. While they may be on the team that makes decisions about the care plan, parents want and need to know the progress that is being made with a speech therapist, for example, and know what they can be doing at home. Similarly, the child's pediatrician will need to know when a referred support provider saw the child and what was the result of that visit or service—in other words, a feedback loop. Care coordination would include a protocol for communication and feedback among providers and organizations as well as with parents/caregivers.

While Wellness Together is centered around school-based mental health services, the program still communicates regularly, with consent, with the youth's family physician and the school counselor providing relevant information about their progress. The program regularly communicates with parents/caregivers about their child's progress as well as the parent's/caregiver's needs. For children over age 12, they are given agency to serve as their own spokesperson, setting their own goals with the program and choosing who will be part of their team.

Help Me Grow has a data system that tracks initial contact through follow-up from referrals to ensure the families' needs were met and serves as a single point of contact for the parent/caregiver as a person to turn to for asking questions or for assistance.

Using a technology called Welly, HealthySteps is able to keep track of information about families and close referral feedback loops. Welly is a web-based care coordination tool that is HIPAA-compliant and mobile-friendly. It is meant to optimize the skills of the HS Specialist while also smoothly recording data. HS Specialists may capture data for the whole family, organize care, manage referrals and follow up.

"A major issue that parents raised in our Equity Through Engagement focus groups was wanting greater communication with providers about their child's care."

4. Social Support Networks and Partnerships

Critical to effective care coordination models are their networks, relationships and partnerships with child-specific providers, such as schools and regional centers, and support services in the community through local CBOs and agencies. The network is more than a list of available specialists and organizations in the area. It includes organizations where there are established relationships (and optimally, partnerships) with providers who have demonstrated quality of care and respect for the families they serve. Established relationships more effectively help overcome barriers families face in trying to secure appointments, to access services, or to enroll in benefits, as well as ensuring follow-up and outcomes from those supports.

In some cases, local community-based or family-run organizations can themselves serve as a coordinator of care or the linkage from medical care to social and emotional supports in the community, particularly those that have the trust of community members to reflect and respect the cultural experience of the families served. Such organizations can also provide for families problem-solving and goal-setting support and decision-making assistance for needed treatments.

HealthySteps programs collaborate with community partners and other local, evidence-based programs such as home visiting and Reach Out and Read. HealthySteps programs also partner with onsite programs that include Medical-Legal Partnerships, Positive Parenting Program (Triple P), and Help Me Grow.[41] Additionally, in order to assist parents navigating a variety of systems, HS Specialists and other HS staff partner with community-based organizations who provide close follow-ups and assistance when necessary.

Help Me Grow cultivates its network by keeping an up-to-date directory of available services from reliable and trusted organizations and by linking service providers to one another to establish an integrated and strengthened support network for families. The success of HMG is also dependent on the ability of communities where HMG sites are located to come together around a shared goal of "helping children grow healthy and with the resources they and their families need."[42] For example, Health Me Grow Orange County partnered with 2-1-1 Orange County

(211OC)—a 24-hour emergency hotline that connects OC residents to thousands of local health and human services resources. Through this partnership, families and children, child care providers, early educators and health care providers have access to a specific toll-free number where they can obtain resource information.[43,44]

For each district, Wellness Together updates local directories of community resources, including housing, transportation, Medi-Cal, clothing, employment and food security. These lists are approved by the district and amended based on input from partners and families. The program ensures the youth or family receives a warm handoff connection to any organization in the directory.

5. Case Management System

Coordinating care relies heavily on the ability to conveniently acquire and distribute crucial data such as patient and provider data, benefit coverage and authorization details, as well as resource directories that may link families to other non-medical services. A case management system can organize a child's regiment of care within one location or across several settings, in which information is accessible, inputted and shared across all parties involved in a child's care. **Case management systems focus on personalized management needs among the various providers, including clinical data on diagnoses, treatments, assessment or screening results, referrals, caregiver/patient follow-ups, progress made, as well as claims and billing.** Using care coordination tools, like a case management system, can assist care coordinators in tracking and facilitating complex cases, coordinating with clinicians, and arranging a patient's goals, which leads to improved patient outcomes and reduces costs.

Help Me Grow Orange County developed the System for Tracking Access to Referrals (STAR)—a comprehensive online client database—to gather information about the children and families served, referrals, care coordination provided, communication with primary health care providers, and whether children were connected to services as a result of the referrals. Other Help Me Grow programs in other states participating in the National Network of Help Me Grow can use STAR for a fee that includes an annual membership as well as a one-time set-up and customization cost.[45]

Wellness Together's case management system tracks services provided across social and mental health services, with a real-time data dashboard, and shares non-clinical information with other team members such as the school counselor.

Several programs, CBOs and health plans use various community network navigation platforms or community resource and referral programs—such as "findhelp" (formerly known as "Aunt Bertha"), One Degree, UniteUS—with varying levels of functionality and utility in identifying available local social supports and making referrals and appointments. These systems may have case management functionality among the services. Having an available directory and referral functionality that works across a community and with various local providers and child-specific settings is an important component for effective care coordination. However, this report does not fully examine the different models.

6. Sustainable Financing Mechanisms

Sustainable funding is a major barrier to increasing access to adequate care coordination for children and families. As with the delivery of screenings and well-child visits, the functions of care coordination itself, particularly staffing needs, should be reimbursed or sustainably funded. Case management systems and infrastructure could be financed with one-time funding such as the DHCS-proposed Equity and Practice Transformation grants.[46] With regard to ongoing Medi-Cal reimbursement, as previously mentioned, Medi-Cal managed care plans currently are required to provide all levels of care coordination or case management to children, depending on need, in accordance with EPSDT with no additional payment beyond the capitation payment. In early drafts of Medi-Cal's Population Health Management Program, managed care plans would have flexibility on how to provide basic care coordination, either via in-house staff or contracted with outside care coordination providers.[47] In other words, health plans may or may not be contracting and financing with local programs already supplying care coordination to children and families. Moreover, care coordination in Medi-Cal is not currently measured and therefore not easily monitored. In fact, care coordination is not a category of service for purposes of managed care plan rate setting.

Care coordination could be delivered in non-medical settings, including in the home, school, regional center or community. Because each of these providers and organizations has varying degrees of financial infrastructures and payment models, seeking reimbursement through the medical model is challenging, requiring innovative approaches to bridge these varying financial structures and provide sustainable financing.

Specific programs have utilized various methods of financing to support their operations. HealthySteps sites reported receiving funding from different sources with private grants being the most common source. Other sources included health systems, pediatric department funds, Graduate Medical Education (GME) or residency training funds, and tobacco tax and/or settlement funds (through First 5).[48] Many HealthySteps sites are reimbursed by Medi-Cal and private insurance for their medical services.

Across the country, Help Me Grow programs use a combination of funding and in-kind support to sustain their services, including United Ways/211, state agencies, private foundation donations, corporate partners and federal grant-making agencies.[49] In California, most of Help Me Grow financing comes from local First 5 commissions through Prop 10 funding. Due to declining First 5 Prop 10 funding, some local HMGs and First 5s have partnered with counties to leverage local investments to generate federal and state funding, such as Medi-Cal Administrative Activities (MAA billing), Mental Health Services Act Funding and Medi-Cal EPSDT benefit claims.[50] Another avenue is offering HMG as a resource for foster parents as part of the foster care program to help secure funding from child protective services agencies.

Some Healthy Step sites and Help Me Grow programs have explored reimbursement for their care coordination and child-health-related services from managed care plans. Partnerships between Medi-Cal managed care plans and local HMG programs are emerging but are not well established yet. Each depends on individual relations and partnerships with local Medi-Cal managed care plans because currently Medi-Cal does not yet require plans to contract with local organizations or programs for child-centered care coordination.

Ohio's Medicaid program began a pilot program to create a new payment pathway that recognizes the value HealthySteps Specialists can provide to families during brief interventions and counseling. Allowing reimbursement for certain preventive medicine counseling codes, overall billing reimbursement is sufficient to cover the costs associated with HealthySteps Specialists' salaries.[51]

Without managed care plan performance measures and a rate setting category of service for care coordination, it is difficult to ensure accountability. As such, many families must assume the difficult responsibility of coordinating care for their child and/or, when possible, seek outside help from systems and programs like those mentioned throughout this report. Currently, there is no monitoring or measurement of the care coordination provided by MCPs nor is their specific funding devoted to supporting care coordination for children.

Moving Forward: Recommendations

While care coordination has been and can be provided directly from managed care plans, care coordination—including basic care coordination—is best when relational and embedded in the community being served. Managed care plans could better serve children by contracting with and funding local organizations and programs to provide care coordination that demonstrates capacity and experience with meeting the core functions and fundamentals of care coordination infrastructure. There would likely be multiple entities to partner with depending on the model or setting in which the child is served, such as part of a pediatric medical home, a school clinic, or a culturally centered community organization. Part of care coordination is not only supporting the staff that serve as the care coordinator but also the infrastructure and local support partners that interact with that coordinator (such as CBOs or school mental health staff).

Many pediatric practices and settings will need assistance in incorporating care coordination into their workflow (and funding for the additional staff) or partnering with other organizations to provide care coordination functions. As Medi-Cal designs its Population Health Management program and service, the following policy recommendations will help California build toward the care coordination envisioned in EPSDT for all Medi-Cal children:

EPSDT medical necessity must override any Population Health Management care management eligibility qualifications

First and foremost, the PHM stratification of "risk" and eligibility criteria to determine the level of care management should not undermine a child's access to appropriate care management based on EPSDT medical necessity. While it is unclear whether children are able to access this required benefit now, the new PHM program should not create eligibility criteria that would override a level of care coordination EPSDT warrants for a child. DHCS and managed care plans' algorithms and eligibility criteria should not allow PHM qualifications to interfere with what EPSDT determines as medically necessary for a child. If a child needs complex care management based on EPSDT medical necessity, the child should receive it, regardless of whether they meet PHM qualifications for such services.

Provide outreach, training and infrastructure support for care coordination activities

Based on our ETE project interviews and focus groups, families and pediatric practices are often not aware that any form of care coordination is available to families through their managed care plans nor that there are varying degrees of care coordination children could qualify for. EPSDT already requires Medi-Cal Managed Care Plans and health plans to educate families on their rights, which is not occurring effectively.

- **Medi-Cal should train, partner and contract with CBOs to provide outreach to families about the availability of care coordination**, assistance with making appointments for referrals, interpretation services, transportation, and guidance in determining in which circumstances higher levels of care management are available.
- **CBO Navigator grants could be supplemented** to include this outreach and training.
- **Pediatric practices and programs should be provided training on how to access care coordination and care management for the families they serve**, including the availability of new benefits like dyadic care and CHWs.
- **Medi-Cal and health plans should provide technical assistance and invest in practice infrastructure** for transforming workflow and claiming Medi-Cal reimbursement for staffing those care coordination

activities if clinics, providers, or CBOs directly provide care coordination or subcontract with programs like those noted in this report.

Contract with community-based organizations and/or community health workers to provide care coordination functions

Managed care plans should be directed to build upon and partner with existing local care coordination programs available to their child enrollees, rather than duplicating efforts.

- **Medi-Cal should provide incentive payments when plans contract with CBOs for CHWs** rather than hiring them in house, similar to states like Michigan.[52]
- **The proposed Equity and Practice Transformation grants should support developing approaches to sustainable financing** within local practices and programs.

Provide childhood development training and infrastructure-building assistance for community health workers

DHCS and managed care plans should support CHWs and their affiliated CBOs or pediatric practices in developing means of seeking reimbursement for CHWs' care coordination and relational health care functions.

- **The proposed Equity and Practice Transformation grants could be increased and expanded to include CHW infrastructure support**, or a similar but separate grant program could be created for CHWs.
- **The governor's budget proposal to train a CHW workforce should explicitly incorporate training on child health, childhood development and relational health.**

Require explicit accountability for managed care plans' care coordination responsibilities

Adding a new PHM requirement alone will not effectuate the availability of care coordination, as evidenced by the decades-old EPSDT requirement and its unknown performance to date.

- **Medi-Cal should clarify appropriate care coordination,** namely community- and family-based pediatric models of care or CBOs with CHWs, and not health plan call centers.
- **Care coordination requirements should be measured and reported** by developing performance metrics to which health plans are held accountable, such as closed feedback loops from referrals[53] and patient satisfaction surveys.
- **Care coordination should be added as a category of service in managed care plan rate setting methodology,** as required by federal Medicaid managed care regulations.[54]

Fund and support Accountable Communities for Health

In addition to building care coordination infrastructure to serve the individual, the PHM program requires a macro-level approach to population health interventions. Local Accountable Communities of Health (ACH) can serve that function: ACHs are community collaboratives that identify community needs and resources and develop and invest in community-based interventions and community care coordination systems to meet those needs. It is the goal of ACHs not to focus on a single intervention or program, but rather to ensure that all of the community's programs work together in harmony to achieve the greatest possible benefit.

- **Medi-Cal and its managed care plans should invest in the establishment of local ACHs** and partner with them in the shared implementation of population health interventions.

Conclusion

As stated in DHCS' Medi-Cal Children's Strategy, Medi-Cal is "an essential tool for pursuing DHCS' strong commitment to addressing entrenched health inequities and the resulting disparities that diminish children's health outcomes and life prospects." The upcoming implementation of Medi-Cal's PHM program coupled with DHCS' Medi-Cal Children's Strategy offer promise for actualizing meaningful and sustainable care coordination for all Medi-Cal children. There is an understandable wariness that this new PHM requirement will become another check-box exercise, a requirement in name only. Because the Enhanced Care Management (ECM) benefit is designed as a specified array of services, the benefit and its accountability will be more tangible. Basic care coordination is less defined and not yet measured and thus is not clear whether it exists. **Until an infrastructure of basic care coordination is deliberately built, funded and monitored, child health advocacy leans into qualifying as many children as possible into an ECM model to ensure that even basic care coordination is accessible for Medi-Cal children.**

With more than half of California's children enrolled in Medi-Cal, ensuring Medi-Cal is delivering the right care at the right time in the right setting is an overdue state commitment to invest in the well-being of our children's future.

"With more than half of California's children enrolled in Medi-Cal, ensuring it is delivering the right care at the right time in the right setting is an overdue state commitment to invest in the well-being of our children's future."

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The Children's Partnership

California Children's Trust

The Role of First 5s in Home Visiting: Innovations, Challenges, and Opportunities in California

REPORT
July 2022

FIRST 5 CENTER FOR
CHILDREN'S POLICY

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Alethea Arguilez, Executive Director, First 5 San Diego County

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Anna Bauer, Executive Director, First 5 Butte County

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Maria Diaz-Ruiz, Home Visitor, First 5 San Benito County

Angie Dillon-Shore, Executive Director, First 5 Sonoma County

Thanh Do, Former Deputy Chief of Community Health & Wellness, First 5 Santa Clara County

Melody Easton, Executive Director, First 5 Nevada County

Ruth Fernandez, Executive Director, First 5 Contra Costa County

Oscar Flores, Senior Programs Manager, First 5 Monterey County

Juanita Garcia, Projects Coordinator, First 5 San Diego County

Sarah Garcia, Executive Director, First 5 Tuolumne County

Kim Goll, Executive Director, First 5 Orange County

Fabiola Gonzalez, Executive Director, First 5 Fresno County

Tammi Graham, Executive Director, First 5 Riverside County

Michele Grupe, Executive Director, Cope Family Center; First 5 Napa County Commissioner

Kathi Guerrero, Executive Director, First 5 El Dorado County

Alejandro Gutierrez-Chavez, Research & Evaluation Specialist, First 5 San Bernardino County

Mary Ann Hansen, Executive Director, First 5 Humboldt County

Samantha Hernandez, Quality County Program Officer, First 5 San Benito County

Nicole Hinton, Executive Director, First 5 Modoc County

Lenette Javier, Program & Evaluation Administrator, First 5 San Diego County

Serena Johnson, Executive Director, First 5 Inyo County

David Jones, Executive Director, First 5 Stanislaus County*

Carla Keener, Director of Programs, First 5 Alameda County

Suzi Kochems, Executive Director, First 5 Trinity County

Lisa Korb, Family Support Program Officer, First 5 Contra Costa County

Alejandra Labrado, Home Visiting and Parent Liaison Manager, First 5 Sacramento County

Teri Lane, Executive Director, First 5 Calaveras County

Amira Long, Executive Director, First 5 Del Norte County

Nina Machado, Executive Director, First 5 Amador County

Roland Maier, Executive Director, First 5 Kern County

Colleen Masi, Parents As Teachers Home Visiting Program Manager, Cope Family Center

Scott McGrath, Deputy Director of Systems & Impact, First 5 San Bernardino County

Heidi Mendenhall, Executive Director, First 5 Tehama County

Michele Morrow-Eaton, Executive Director, First 5 Tulare County

Julie Murphy, Program and People Director, First 5 Napa County

Hannah Norman, Early Childhood Initiatives Director, First 5 Fresno County

Sarah O'Rourke, Former Program Manager, First 5 Orange County

Kelsey Pennington Bhatnagar, Director of Community Health & Wellness, First 5 Santa Clara County

Elizabeth Poole, Deputy Director, First 5 Shasta County

Petra Puls, Executive Director, First 5 Ventura County

Camilla Rand, Deputy Director, First 5 Contra Costa County

Clarissa Revelo, Program Officer, First 5 Kings County

Megan Richards, Deputy Director, First 5 Solano County

Carla Ritz, Executive Director, First 5 Lake County

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Pat Wheatley, Former Executive Director, First 5 Santa Barbara County

Theresa Zighera, Interim Executive Director, First 5 San Francisco County

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Executive Summary

Because of their long-standing commitment to home visiting and presence throughout California as innovators, funders, collaborators, conveners, and direct service providers, First 5s hold a wealth of knowledge about the current landscape of home visiting across the state. Highlighting both innovation and challenges, this paper explores the ways in which First 5s play a role in home visiting in California.

Interviews with 54 of the state's 58 First 5 County Commissions indicate that First 5s have significant involvement in home visiting services and systems. First 5s' resource investment in home visiting has been long-term: about half of First 5s have invested funding and/or other resources in home visiting for 10 years or more. First 5s with involvement in home visiting noted that the consistent presence in their communities facilitated relationship-building with both families and community partners, such as local universities, other community-based organizations (CBOs), libraries, and Family Resource Centers (FRCs). Several respondents linked the strength of these relationships to a more robust knowledge of the needs of their local communities, informing strategies and action to better meet those needs.

First 5s have pivoted and adapted funding levels and programming to meet the changing needs of their communities, including when state and federal funding for home visiting has become available. Over the last five years, First 5s have made significant shifts to adopt a systems-level focus and to center race, equity, diversity and inclusion (REDI) in programming. First 5s' commitment and role at the county level render them important coordination partners to county departments in the continued implementation of a wide range of home visiting and other programs that meet family needs.

Introduction

First 5 County Commissions in all 58 California counties (hereafter referred to as "First 5s") have been committed to supporting young children and their families since their creation resulting from the passage of Proposition 10 in 1998. This ballot initiative developed out of a growing awareness of the critical importance of the prenatal to toddler period to support children's growth and development across the life course. Because of the documented success of home visiting in improving child and family outcomes, First 5s were early adopters, designers, funders, and champions of voluntary home visiting services. Home visiting provides essential support to California's infants, toddlers, and families, pairing trained and trusted early childhood professionals with families to provide developmental guidance, coaching, and referrals to other health and social services. In addition to strengthening the parent-child relationship and increasing overall child and family well-being, home visiting services yield impressive dividends to communities, states, tribes, and the federal government not only in human capital but in reduced government expenditures.[1]

Over the past four years, California has significantly expanded public funding for home visiting services. These investments reflect an increased public acknowledgement about the science underpinning early brain development and plasticity, as well as the impact of toxic stress and Adverse Childhood Experiences (ACEs). Moreover, the COVID-19 pandemic has exacerbated stress, isolation, and mental health concerns among families with young children, further underscoring the need for family resiliency services.[2] Because home visitors have had success at quickly adapting to service delivery over virtual platforms, home visiting has received additional recognition as a flexible service capable of meeting the changing needs of families.[3]

Because of their long-standing commitment to home visiting, First 5s hold a wealth of knowledge about the current landscape of home visiting across the state. Highlighting both innovation and challenges, this paper explores the ways in which First 5s play a role in home visiting in California.[4]

Research Methodology

The First 5 Center for Children's Policy initiated a qualitative research project involving a series of interviews with 54 First 5s across the state.[5] The following themes emerged from the narrative interviews:

- History of home visiting investments and successes
- Shifts to equity-driven practices
- Factors contributing to First 5s' transition to systems-level focus

This paper presents the findings of these interviews and their implications for home visiting in California.

Findings

1. FIRST 5S HAVE SIGNIFICANT AND LONG-TERM INVOLVEMENT IN HOME VISITING SERVICES AND SYSTEMS.

42 out of 54 (or 78%) of First 5s interviewed indicated active involvement in home visiting.[6] First 5s delineated their involvement in home visiting services and systems in four main ways, described in Figure 1 below.

FIGURE 1: FIRST 5S' ROLES IN HOME VISITING SERVICES

Percentage of First 5s in each type of service

35% offer **Comprehensive Support,** involving:

- Funding to local community-based organizations or other entities that provide home visiting services
- Consultation to assist organizations in improving home visiting service delivery
- Assistance in coordinating with other local entities or service-providers to improve referral pathways and braid funding for home visiting services

26% offer **Financial Support,** involving:

- Funding to local community-based organizations or other entities that provide home visiting services

9% offer **Direct Service Provision,** where:

- First 5s hire home visitors as staff to provide home visiting services to families

7% offer **Consultation and Coordination Support,** involving:

- Consultation to assist organizations in improving home visiting service delivery
- Assistance in coordinating with other local entities or service-providers to improve referral pathways and braid funding for home visiting services

> "What guides our work is when families can realize their own inherent worth, values, and strengths. We aim to create a safe, trusting, reflective space for that to happen."
>
> **—Oscar Flores**
> *F5 Monterey, Senior Programs Manager*

About half of interviewees indicated that their First 5 had invested funding and/or other resources in home visiting for 10 years or more. First 5s with over 10 years of involvement in home visiting noted that the consistent presence in their communities facilitated relationship-building with both families and community partners, like local universities, other community-based organizations (CBOs), libraries, and Family Resource Centers (FRCs). Several respondents linked the strength of these relationships to a more robust knowledge of the needs of their local communities, informing strategies and action to better meet those needs.

Indeed, home visiting's capacity to facilitate relationship-building in multiple contexts is one of the key reasons underlying First 5s' long-standing involvement. Many interviewees highlighted how home visitors build strong, trusting relationships with families with young children. The combination of social support and resources (such as child development guidance, referrals to health and social services, and sometimes concrete supports like diapers, wipes, and books) provided by home visitors create an environment that reduces families' stress and enhances caregivers' relationships with their children. Several interviewees also highlighted the flexibility of services as another major factor contributing to home visiting's enduring role among First 5s' other family resiliency initiatives and programs. Home visiting programs are able to "meet families where they're at," adapting to families' needs and schedules. This flexibility further builds trust between the home visitor and the family, facilitating the visitors' understanding of the family's needs, and enabling them to determine and procure the supports to best address those needs. This ultimately results in a range of improved outcomes enhancing the well-being of families and young children–individuals who are often impacted by poverty, structural racism, and other social inequities.

> "If a parent gets off at 7pm, and that's the only time they can connect with us, we will fix our schedule so we can support that parent. If we have to meet a family in our center late at night, we will be there."
>
> **—Rosie Contreras**
> *F5 San Benito, Home Visiting Supervisor*

Perhaps not surprisingly, the ability of home visiting to substantially influence outcomes for families and young children is a major reason why First 5s have had such a consistent interest in home visiting. Many of the early-adopter First 5s noted how they initially implemented home visiting because of its effectiveness in reducing child maltreatment. Over the years, however, many First 5s have also recognized how home visiting can also positively improve numerous other outcomes related, but not limited to: prenatal health, postpartum depression, children's physical health (including immunizations, Well-Child Visits, and dental visits), and children's school readiness.

First 5s dedicate significant portions of their budgets towards home visiting because of its demonstrated effectiveness in improving child and family outcomes across multiple domains.

Nineteen percent of First 5s estimate dedicating a third or more of their budgets, an additional 29% estimate allocating between 15% and 30% of their budgets, and 23% estimate allocating between 1% and 15% of their budgets.

2. FIRST 5S ADAPT PROGRAMS AND APPROACHES TO MEET CHANGING NEEDS.

First 5s have the ability to flexibly meet community need, more so than other public entities at the county level that are bound by additional state mandates. Over the 20 years of First 5s' existence, they have adjusted funding and programming as needs change and lessons are learned. First 5 Imperial County, for example, described how their home visiting efforts have evolved in significant ways to meet community needs. Initially, First 5 Imperial started with light-touch home visiting programs, then shifted to providing more intensive services, like case management, nurse visits, and specific supports to children with hearing issues. For the last 11 years, it has funded Project NENEs, which is a 30-week Home Instruction for Parents of Preschool Youngsters (HIPPY) program that supports families with children ages 3 to 5. A recent review of early childhood data reflected low breastfeeding rates in the county, so First 5 Imperial is working to add home visiting services that focus on infants and toddlers.

A major adaptation voiced by many First 5s included pandemic-related pivots. Home visiting programs administered by public health departments suffered significant setbacks as many public health nurses were temporarily reassigned to COVID response teams. At the same time, many First 5s recognized the growing needs of families with young children in their communities, particularly families who were economically insecure. Several interviewees described flexibility and responsiveness of their local First 5s to COVID, adapting to and meeting the changing needs of families by swiftly transitioning to virtual home visiting approaches. Most First 5s described how their funded programs began supporting families with basic needs, distributing food, diapers, and formula.

3. FIRST 5S ARE SHIFTING TOWARDS EQUITY-DRIVEN APPROACHES.

In recent years and particularly galvanized by the racial reckoning of 2020, some First 5s across the state have made a more explicit and focused commitment to Race, Equity, Diversity, & Inclusion (REDI). Interviewees identified a range of activities and policies that reflect this increased commitment. First 5 Butte County, for instance, intentionally pursued opportunities to support the county's Hmong population through culturally-relevant home visiting and other family strengthening services by partnering with the Hmong Cultural Center. First 5 Sutter County, for example, noted the importance of home visiting staff who reflect the racial/ethnic make-up of the community and are sensitive to any language and cultural barriers. Some First 5s are reconsidering their grant-application processes to facilitate equitable opportunities for local community-based organizations that administer home visiting. First 5 Humboldt County sends Requests for Applications (RFAs) to organizations that aim to impact structural racism through their work, and offers additional assistance in completing applications if needed. In grant applications for home visiting and other local programs, First 5 Merced County has taken intentional steps to remove as many technical components in their grant processes to eliminate bias towards academic or higher educational language.

Another major REDI-focus area in which First 5s have grown in recent years includes community and family engagement efforts, which influence home visiting approaches and investments. While many home visiting program models and grantee requirements involve some degree of family and caregiver feedback (sometimes through surveys or focus groups), several First 5s indicated a desire to strengthen their community engagement efforts. Several First 5s, such as First 5 Alameda, Placer, Nevada, Contra Costa, and Humboldt Counties, prioritize parent and community engagement by including parent representatives in collaboratives, Community Advisory Councils, or even on the Commission itself. By intentionally seeking out family voices in this way, First 5s can improve the effectiveness of their programs, including their home visiting programs.

> "I think it's absolutely essential to be effectively hearing from, engaging with, and incorporating feedback from families. And I think the more we engage with families and the better we listen, the more effective the outcomes are going to be for the families and for our partners."
>
> **—Hannah Norman**
> *F5 Fresno, Director of Early Childhood Initiatives*

First 5s also acknowledged the need to continue improving processes for engaging parents and communities in decision making. First 5s noted that more direct community engagement is needed across systems and programs.

> "My vision is for a human-centered system that keeps parents connected to and engaged in the home visiting system so they can feed into and inform the work."
>
> **—Karen Scott**
> *F5 San Bernardino, Executive Director*

While many First 5s are stepping back to take a deep look at equity practices through funding, service provision, and practices, there are systems-level barriers at state and local levels, which hinder efforts to improve equity practices in home visiting. Hiring culturally and linguistically diverse staff is a challenge for many First 5s, especially in more rural settings. Due to these hiring challenges, some counties are not able to provide adequate multicultural or multilingual services. The issue of hiring diverse staff is even more present in areas serving tribal or migrant populations. Because these groups may be less likely to trust providers who do not share language or cultural backgrounds, First 5s and their funded home visiting programs struggle to provide culturally-relevant services to families in these areas.

As part of equity considerations, some First 5s are actively engaged in discussions about the pros and cons of targeted versus universal home visiting approaches. In some more diverse or densely populated areas, targeted home visiting and programming allows counties to serve high-risk populations or specifically underserved communities. Some consider this targeted approach to be the more equitable approach to home visiting. However, in areas where populations are less diverse, or in areas where programming for underserved populations is robust, some First 5s endorsed a universal approach to home visiting referrals and recruitment to reach families not traditionally seen as high-need for intervention. In these instances, interviewees felt that the universal approach was more equitable. This variation highlights not only distinct community needs, but perhaps also different definitions of equity.

EVIDENCE-BASED VERSUS EVIDENCE-INFORMED HOME VISITING MODELS

Another salient topic echoed across several interviews is that of evidence-based versus evidence-informed or "home grown" models. Of those counties that offer home visiting programs, most offer at least one evidence-based model, such as Nurse Family Partnership (NFP), Parents as Teachers (PAT), or Healthy Families America (HFA). Many First 5s described making significant investments to gain accreditation and implement these evidence-based models, in some cases because of the models' researched impact on improving child and family outcomes, which they believed would increase stakeholder buy-in. Other counties appreciated the implementation and evaluation features accompanying some evidence-based models. Other First 5s noted their interest in supporting evidence-informed models to better serve a community through tailored, culturally-relevant programming that may deviate from existing evidence-based curricula. First 5 Butte County, for example, funds Tu Tus Menyuam, which is a Hmong-language home visiting and parent support program operated by the Hmong Cultural Center. Some First 5s expressed frustration about the threshold requirements of public funds requiring the use of evidence-based programs. A common concern voiced by many respondents was the high cost associated with implementing evidence-based home visiting models, and doing so with fidelity. Moreover, they expressed concerns that evidence-based models may not be as responsive as home-grown models to unique populations' needs.

4. FIRST 5S ARE ADOPTING A SYSTEMS-LEVEL FOCUS AS THE LANDSCAPE OF HOME VISITING FUNDING CHANGES.

As home visiting funding has changed over the last 20 years, the level of First 5 involvement in home visiting for much of the state has shifted from providing direct service or large financial support to driving broader systems-level approaches. First 5s cited varying factors contributing to these shifts, mainly related to funding constraints and new home visiting opportunities. As Proposition 10 revenues decrease, counties must leverage funding to maximize impact.[7] For example, many First 5s are leading efforts to integrate home visiting as a part of a larger system of care for families, including through Help Me Grow systems and Family Resource Centers. These approaches allow counties to offer wraparound services for families, including early literacy, WIC, and other assistance programs.

> "The Family Resource Center model, it's really designed to be highly participatory with the program participants. The model lends itself to taking ongoing feedback from the participants in order to try and assess what resources, referrals might be needed for them."
>
> **—David Jones**
> *F5 Stanislaus Executive Director*

FAMILY RESOURCE CENTERS

While Family Resource Centers (FRCs) offer out-of-home family strengthening programs, many of the services provided by traditional home visitors are still offered in these alternative settings, and are another focus area of First 5s in their efforts to support families. FRCs are often located in at-risk or high-need communities and while some counties invest in both home visiting and FRCs, a subset of counties shifted focus to exclusively funding FRCs. Across several interviews, First 5s described how FRCs typically serve as centralized community hubs where families can access a wide variety of services and resources. These might include basic needs assistance, parenting education, individual and family counseling, domestic violence support groups, housing support, as well as referrals to health care and other services, like home visiting. In a number of counties, FRCs also directly operate home visiting programs.

First 5s saw their role as direct service funder shift as new federal- and state-level funding streams have become available to fund home visiting:

1. The passage of the federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program, authorized as part of the Affordable Care Act in 2010, was a significant milestone in the expansion of home visiting, providing the first national funding for home visiting programs using evidence-based models. The corresponding California Home Visiting Program (CHVP), funded by MIECHV, along with State General Funds starting in 2019, is administered by the California Department of Public Health and represents the state's program implementation. CHVP operates in 34 counties.[8]

2. The CalWORKs Home Visiting Program (CalWORKs HVP) provides state-level funding and mirrors the federal MIECHV list of eligible models. In State Fiscal Year (SFY) 2018-19, the California Department of Social Services created this new benefit to offer home visiting to all CalWORKs beneficiaries who are pregnant or the caretaker of a child less than 24 months of age at the time of enrollment. The program was initially funded through federal Temporary Aid to Needy Families (TANF) and has subsequently been expanded to include State General Funds. The CalWORKs HVP operates in 42 counties.[9]

3. Early Head Start-Home Based Option (EHS-HBO) provides the range of Early Head Start services through weekly home-visits with enrolled families. Funding for EHS-HBO comes from the federal Office of Head Start in the U.S. Department of Health & Human Services. Early Head Start grants are direct funds from the federal government to local programs and do not flow through the state government. Approximately 14,000 Early Head Start Home Based slots are funded to local grantees across the state.[10]

In 2019, First 5 California released Home Visiting Coordination Grants, authorizing up to $24 million over 5 years, for local, regional, and statewide coordination efforts toward sustainable, unified home visiting systems. So far, approximately $12 million has been invested on Home Visiting Coordination projects in counties to improve referral systems, strengthen coordination among providers and programs, improve the quality of programs to be more responsive to California's diverse families, and more effectively braid and maximize funding sources at the local level.[11] This grant has also provided essential resources for counties to conduct their own home visiting landscape reports, regardless of their current level of involvement in home visiting. In many cases, this funding opportunity allowed counties to better triage their resources, ensuring that resources were distributed to the organizations and communities most in need.

SMALL POPULATION COUNTY PERSPECTIVE

In California's rural small population counties, there are significant infrastructure barriers that raise the costs of appropriately and effectively implementing home visiting programs. Families with young children are often not clustered in central, accessible areas. Communities may have limited internet and cellular service, as well as lower access to health care and other social services. For some counties, the nearest hospital or care facility might be in another state; for others, it's hours away in another county. Transit is also a challenge for families who lack access to a car in small population counties where public transit is unavailable. Even if families do have access to transportation, the long distances to areas with services sometimes require families to travel for hours to access services.

> "We are no longer investing in home visitation programs. It's not because we don't believe in it, it's because we need a better service delivery system. The focus of our home visitation work is to build a system that improves referral coordination, networks existing programs and then expands capacity."
>
> **—Kathi Guerrero**
> *F5 El Dorado Executive Director*

First 5s have developed innovative coordination strategies to optimize home visiting efforts, increasing collaboration with county governments, community-based organizations, and other public agencies. About a third of respondents described successes in building relationships with partners to enhance home visiting for families and reduce duplication. First 5 Placer County, for example, works closely with the FRC network in their community to implement Parents as Teachers (PAT), an evidence-based home visiting model. First 5 Placer pays for and holds the accreditation for PAT. FRCs are then able to implement the PAT curriculum, reducing the costs for any individual FRC to offer the model.

A number of First 5s streamline processes to refer families to other services or resources, such as housing, social services, and health care. First 5 Merced County used the Home Visiting Coordination grant to develop strategies for improving successful referral follow-up by facilitating warm hand-offs, or introductions, between clients' providers. First 5 Humboldt County recently made sizable investments in a community information exchange to develop a closed-loop referral system that is integrated with social service systems and electronic health records.

Area for Further Research

Defining "home visiting." Across interviews with First 5s, there was a considerable difference in their descriptions of program goals and other features, raising questions about the definition of the term "home visiting." This variability in home visiting definitions reflects the flexibility of services and programs to meet the specific needs of the families they serve. These varying definitions create challenges, however, when trying to communicate about the services and to evaluate trends and assess effectiveness of home visiting across the state.

The goal of services described by interviewees ranged from ameliorating effects of adverse childhood experiences, to child abuse prevention, medical intervention, or school readiness. Indeed, home visiting has demonstrated outcomes in many domains and can be implemented flexibly depending on a family's need. Interviewees not only identified a range of goals associated with home visits, but also varied with respect to a number of factors relating to home visiting implementation. Some counties include low-intensity case management, or infrequent programming, within their definition of home visiting, while other areas only consider higher dosage programming as home visiting.

Clarification on the definition and goals of home visiting will not only aid in future policy and advocacy, it will also allow for clearer communication with families and communities.

> "[Home visiting core team members] developed a little video [...] to educate people about what home visiting really is. Several of the core team members were recipients of home visiting and they have first-hand experience of what they thought. In fact, one of the local partners denied home visiting services because she didn't want people to come in judging her on how clean her house is. It seems like in the county when people say home visiting services, I think they see that as very similar to CPS...are you going to turn us in? When it comes to parent engagement with home visiting, there are families that don't know what that means. They're really hesitant about that. That's one area that we're going to really work on to promote community education on what it is, and more importantly, what it's not."
>
> **—Tim Clark**
> *F5 Lassen, Executive Director*

Conclusion

Narrative interviews for this project revealed the shifting landscape of home visiting in California, which reflect First 5s' successes in developing innovative home visiting approaches that are responsive to family and community needs. First 5s' innovation in this space cannot be understated, especially considering the tremendous societal changes that have necessitated shifts in the home visiting field. As some of the earliest adopters of home visiting programs and innovative experts deeply familiar with the needs of their local communities, First 5s are a source of invaluable information to help California meet this moment of change for family-serving systems. First 5s' long-standing commitment and role at the county level make them important coordination partners to county departments in the continued implementation of a wide range of home visiting and other programs that meet family needs.

Endnotes

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4. In this paper, we present examples and stories from First 5s to illustrate innovations and challenges in the field of home visiting in California. This paper is not meant to be a complete audit of all First 5s' experiences in home visiting.
5. All 58 First 5s were contacted for this project; 4 counties were unable to participate.
6. Those First 5s who were not involved indicated they had never previously funded home visiting or recently decreased funding to home visiting.
7. Until 2019, the largest investment in home visiting was through local First 5 County Commissions. First 5 revenue is generated by a state tax on cigarettes and other tobacco products imposed by Proposition 10 (1998) to fund and coordinate services for children from birth to age five. First 5 investments in home visiting direct services have declined, prompted by the decline in tobacco tax revenue and will likely continue to decline with anticipated loss of tobacco revenue.
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